Mâmawoh kamâtowin: Coming Together To Help Each Other: Honouring Indigenous Nursing Knowledge

by

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ABSTRACT

"*Mâmawoh kamâtowin*: Coming Together To Help Each Other: Honouring Indigenous Nursing Knowledge is the result of coming to know and understand my own Indigenous experience while working with four Indigenous nurse scholars Alice Reid, Evelyn Voyageur, Madeleine Dion Stout, and Lea Bill. Using an Indigenous research approach I draw from the collective experience and attend to the question of how Indigenous knowledge manifests itself in the practices of Indigenous nurses and how it can better serve individuals, families and communities. This research framework centers Indigenous principles, processes, and practical values at the center of the design. It inclusively captures four key components of the entire research process, which are based on Cree/Métis understandings of creating respectful research activities; enacting ethical relationships; being responsible for the gathering, documenting and analyzing the data, and ensuring that mutual reciprocity is honoured. The findings from this research were four main threads of understanding including roots of being, entanglement of roots, on nursing terms and living the practice. These were further articulated through ontological and epistemological considerations. What was central to this study was that Indigenous knowledge has always been fundamental to the Indigenous nurses' ways of undertaking nursing practice regardless of the systemic and historical barriers faced when providing healthcare for Indigenous peoples. The outcomes of this research showed many important aspects to building Indigenous knowledge in nursing scholarship such as how nursing education and the delivery of nursing service to Aboriginal

communities needs to ensure that local Indigenous peoples and the community knowledge systems are at the core of nursing standards and healthy public policy. On a smaller, but more significant scale, this work helped me personally to look at my own Indigenous experience from which I glean meanings of belonging; these women helped me to come ‘home’ to a feeling of being in my own family and community and in the nursing discipline.

PREFACE

This thesis is an original work by R. Lisa Bourque Bearskin. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project title ***Mâmawoh kamâtowin*: Working Together To Help Each Other: Honouring Indigenous Nursing Knowledge**, study number, Pro00022568, September 12, 2011.

DEDICATION

First, I give thanks to the Great Spirit for bringing me into this world as and for providing me a with a mother, grandmother, and family who have loved me unconditionally; and especially to my Uncle Gilbert Half, who has walked with me throughout this study, reminded me of our traditional ways, and instructed me to stay close to the women, because he knew that, traditionally, it would be the women who could teach me the knowledge.

To the Indigenous scholars, Alice Reid, Evelyn Voyageur, Madeleine Dion Stout, and Lea Bill: Without your support this work would not have been possible. Thank you for your kinship while I learned more about the language and traditional ways of being and the opportunity to explore our history so that I could write an Indigenous nursing story of resilience, courage, compassion, and hope; for a future where Indigenous knowledge and our history contribute to the development of a more humanized Canadian society. Your giving of yourselves clearly marks the manifestation of Indigenous knowledge as a touchstone in nursing and informs how you approach you practice and service to Indigenous wellness. I will never be able to express my gratitude to each one of you forevermore. I will be forever indebted to you, and I will carry your spirits of Indigeneity in my own blood memory. I hope that this work will continue to bring those colourful meanings to the continued search for *miyopitmasiwin* (‘good life’). I will remember our experiences and use them as signposts as I navigate through my next journey. Your words will fuel my hunger and desire to know

more about traditional understandings and how they will play out in our nursing fields.

To the other part of me, my twin boys and my twin girls (Raymond, Riley, Danielle, and Domonique), I express my unconditional and enduring love to you; every day you watched over me as I wrote this dissertation. I can say that this work has also become part of you, and I am grateful for your unending support that helped me to see the completion of this writing. To my boys: Thank you for the daily hugs despite my daily resistance. You both have been gifted with compassion for others; please remember to take care of yourselves. To my daughters, who inspire me and leave me in awe: I would travel to the depths of the unknown for you, and as I watch you both enter your own journeys into a nursing career, I pray that you will never turn your face away from another, no matter the situations in which you might find yourselves.

To my brothers, Oliver (passed), Claude, Philip, and Robert whom I have not seen in the last 20 year, I promise to find you. I write this for us so that a piece of our story can be told to our grandchildren who are yet to come. Your courage and determination in the face of adversity amaze me every day. Your weekly phone calls distracted me (smiling), but when I didn't hear from you, I immediately became concerned. I loved knowing that you too were in this with me, and I know that hearing my distressed voice was difficult for you, but you still called back. We will never forget, and we will make our future better than our past.

To my cousin Darlene: You are my rock as you carried my suffering with you and made me laugh all the way through, while reminding me why I needed to continue. To my nieces and nephews: Thank you for teaching me why this work is so important. After listening to you talk about your experiences in school, I want you to know that you can do anything you set your heart to do. Never let anyone tell you that you are not smart enough. You can be anything you want to be.

To the Indigenous women in my research circle who listened to me lament and watched me cry many tears in our circles of conversations: You too have become part of me, and I am thankful to each of you for instilling seeds of love and hope in my *beingness*. Dr. Angeline Letendre, Dr. Evelyn Steinhauer, Dr. Rebecca Sockbeson, Dr. Jeannette Sinclair, Dr. Claudine Louis, and Annaleah King, and Rochelle Star, to name only a few, are the women with whom I have collectively shared this learning experience and made lifelong connections.

To my nursing peers, who were always cheering me on from the sidelines: Your encouraging cues and warm smiles were extremely comforting. There are too many to list here, but I must give special attention to my friend Cheryl Robbins, who was not afraid to ask me those tough questions. Thank you for choosing me. I appreciate all of your reading and chopping of this document. To the Access research team: Thank you for asking what I thought and teaching me how to share what little I know. To Linda Pasmore, who helped me with edits, thank you. Your skill to see what I could not is amazing.

Just as I began this acknowledgement, I want to finish by giving thanks for Creation and access to our natural bounties that are part of living our lives, simple things such as breathing, and the mental capacity to think through all of the diverse roadmaps so that I can follow with an open and responsive heart full of compassion and understanding to alternate ways of knowing and being in the world. This one little narrative contributes to the shift of the grand narrative of Indigenous peoples in nursing alongside Canadian history. I have been extremely fortunate to arrive at a place where we can come together not only through our families' reconnection to our Cree roots and our Beaver Lake community, but also as concerned nurses who have worked towards the achievement of social justice for Indigenous peoples in Canada. Last to my dad, Raymond (whom I never met) and my grandmother Lucienne, Langevine who never forgot me and always protected me and made me aware of who I was. With all my love, all my relations.

ACKNOWLEDGEMENTS

To my supervisors, Dr. Brenda Cameron, Dr. Malcolm King, and Dr. Coar Webber Pillwax: Thank you for your tireless efforts to push me beyond what I thought was possible and, more important, what I thought I was capable of achieving. Your friendship, leadership, and scholarship have shaped this work into something manageable and inspiring. Brenda, thank you for your ability to push me further into the meaning of nursing practice and what it really means to be a nurse and how we act that out in the living; they are imprinted on my flesh, and I will learn to wear them in the most incredible ways. Philosophically, you helped me to discover the art of questioning by always asking, why? You opened up the world to me through your words and gave me access to my own being in nursing. Cora, no words can describe how I feel about your support and guidance. Your scholarship was instrumental to the development of my own critical Indigenous consciousness and the many levels of intellectual inquiry and its relevance to community. Your presence and ability to carry your students through those most difficult moments and to secure a safe place for us to think, feel, and respond have been life-giving in so many unseen ways. Malcolm, your generosity and willingness to create learning opportunities that were rooted in Indigenous research helped me to solidify my future aims, and your leadership encouraged me to access my own understanding.

To Rose, my dearest Elder: You have become part of my family. You listened to my rants and brought humility into my life, always seeing the beauty and love in people. You not only resemble my mom, but also act as though you

are her; and I have so much respect and admiration for all that you do. Your presence in this work has pierced my heart and my spiritual soul. I thank you and love you.

To my reviewers Dr. Donna Kurtz, Dr. Anita Molzahn, Dr. Pauline Paul thank you for your diligent reading, honest feedback, and critical insight. I will take what you give me and make it fit. To Dr. Linda Ogilvie, thank you for facilitating the most memorable oral defence and allowing me to integrate my children and traditions into this experience. Your guidance was exceptional through this final phase.

Terms and Terminology That Inform This Study

I have used many terms throughout this text that indicate the political orientation of my work. *Aboriginal* is a broad term that obscures the distinctiveness of Canada's original peoples, who are identified as First Nations, Métis, or Inuit (RCAP, 1996). *Indian* is still used as the legal term in the Indian Act and the Constitution of Canada (see section 35(2) of the Constitution Act, 1982), but it is rarely used otherwise and can be considered offensive when non-Indigenous peoples use it. (Note: First Nations people in Canada still use *Indian* as an insider term or as a form of satire.) Other terms such as *Native Americans Indians* or *First People* is not used in this dissertation because their use excludes Métis and Inuit peoples. The term *Native* was considered more appropriate in earlier years; it refers to peoples who originate from a specific place or local territory. I use this term only in the context of the specific source. For the context of this study, I use the term *Aboriginal* in reference to all First Nations, Métis, and Inuit peoples unless otherwise specified. Additionally, *Aboriginal Peoples* of Canada and North America include many different cultural groups who are Aboriginal, but might or might not share a common language, experiences, customs, or traditions. I make a distinction by referring to *Aboriginal People(s)* because it is all encompassing rather than the term *Aboriginal people*, which implies that they are all the same; however, we know that this is certainly not the case. Similarly, I also use the term *Indigenous* extensively in this work to recognize the global context of Indigenous peoples' rights according to the United Nations; it is now a much more appropriate term in that it refers to a specific group of individuals who possess distinct cultural

attributes with rights to Indigenous titles and are descendants from a traditional territory in the context of national histories and local peoples (Battiste, 2000, 2002; Battiste & Youngblood Henderson, 2000, United Nations, 2014).

Even though I have lived these terms, from *Indian*, *Native*, and *Aboriginal* to *Indigenous*, I have always been Cree. I do not speak fluent Cree (Northern Plains); however, I felt that it was important to use Cree terms within this work as an opportunity to articulate a greater understanding of my own language and Cree/Métis identity and how they inform my practice. In Cree traditions individuals are often addressed by kinship rather than by proper names (Makokis, 2009); note the use of the Indigenous nurse scholars' traditional names in this work. Further, the use of Cree terms signifies my cultural agency and political orientation as a form of resistance to the legislated terms for identity. LaRocque (2010) reminded me that language is the epistemological basis of culture and that, as Indigenous writers, we must begin with language to unpack the colonizing approaches entrenched in our thinking.

Language is a universal tool for translating information and knowledge of cultural groups, and an as social determinant of health essential to improving the health outcomes of Indigenous peoples (National Collaborating Center for Aboriginal Health, 2010). I draw on this principle to explain briefly the two basic writing systems: The syllabics system introduced to the Cree in the mid-19th century and the Standard Roman Orthography (SRO) which uses letter of the alphabet to represent Cree Language; a spelling system. (Ratt, 2012), which is what I have used in this study.

According to Ahenakew (1987) understanding the Cree language contains many different patterns when speaking and writing, and dramatically change from dialect to dialect. Cree language is the most prevalent in Canada and consists of five main dialects (R, L, N, TH and Y). Not all of the dialects are mutually understandable by others groups; however, most people will be able to pick up central meanings. The Y dialect speakers are known as *Plains Cree*, and they are generally from regions in Saskatchewan and Northern Alberta (Ratt, 2012). In my family's case the Cree spoken is a mixture of the Michif (which combines Cree and the Métis French) and the Northern Plains Cree. Combining these two languages results in a unique form of terms and speech specific to the region where my family was raised. This has made my own exploration challenging in terms of maintaining consistency in the use of a specific terms. Therefore in specific cases I used the Indigenous nurse scholars words directly as they provided or words that my Uncle Gilbert shared with me in this process.

In this study I worked with the SRO system and drew on a Cree language course, EDPS 501[1] that I took with John Crier and Cora Weber-Pillwax in January 2010. In analysing the structure of and meaning in Cree language, I was able to draw on the traditional knowledge found in the language (key words) that was shared with me to critically examine the significance of knowledge in relation to this study. Although most Indigenous programs have introduced writing as a method of learning in what has been an oral tradition, it is not the

[1] University of Alberta, Course EDPS 501: Meaning and Structure of Cree Language. Course Objective: With course instructor, a Cree language & traditional knowledge teacher and the students will examine the roots and structures of Cree words that carry significant and ancient values and root meanings related to Cree knowledge systems and ways of being.

focus of this study. Making language learning accessible by way of curriculum and/or experiential study is imperative. Informing students that Indigenous language too is important and relevant not only to Canadian history, but also in contemporary society is crucial. It is important that French, German, and many other languages be accessible via immersion studies, but I feel that Indigenous languages need to be represented in the same manner to sustain the depth and development of a critical Indigenous consciousness.

Attending to language and what I consider to be important features of this work is the etymology of language. Because of the diversity of languages among the Indigenous nurse scholars, I attempted to decipher only words that are significant to the threads of this study and my own self-understanding. I use the terms and their meanings as the participants shared them, but in many cases I used to the *Alberta Elder's Cree Dictionary* (Waugh, LeClaire, & Cardinal, 1998) and the *Online Cree Dictionary* (*nehiyaw masinahikan*) for further meaning. This analysis was key to my thinking about how Indigenous knowledge manifests and facilitates a deeper understanding of family and traditions of Cree/Métis peoples. For example, this note below reflect my understanding of what Elder John Crier offered in a classroom discussion and continues to guide and support my own self-understanding:

> Language sets the foundation of our existence as *nehiyawak* (four souls) or *iyiniw* (first people). The Cree term *wahkohtowin* refers to the acts of being in relationships (kinship). It enfolds everything around us and can be symbolized as a circle or container (boundaries) in which we live, and dwell. It becomes a way of living in ceremony. The first step is to find meaning in the structure of ideas that are embedded in the words. You take that in so that you feel it and own it so that you give yourself permission to speak the language? A Cree life is about preparation to be

in good standing to the Great Lawmakers. (J. Crier, personal communication March 27, 2010)

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CHAPTER 1:

UNFOLDING THE RESEARCH THESIS

> "But what is nursing?" asked I. . . .
> "Here", I said, "Here it is." The practice of it begets the nature of it. The acts are the flesh, the bedrock of nursing, anew each time; taking into oneself another and making space for her. (Cameron, 1998 p. i)

Cameron's (1998) poem "Seeking Nursing" begs the question about nurses' understanding of nursing and its practices. It excites me to think about the sacredness of our bodies in the field of nursing knowledge in relationship to people as we engage in the everydayness of nursing. Furthermore, with regard to ethics and politics, Cameron (2006) described the ineffable thing that is excluded from the discipline: to ensure that we remain in tune with the realities of nursing and people. As my nursing supervisor, Cameron encouraged me to clear the theoretical jargon from my head and guided me back to my heart to look at the importance of observing myself in nursing practice before I judge others. I grew up hearing this teaching of knowing oneself, but because of situations that were beyond my control, I speculated throughout life, fitting pieces together the best that I could, reluctant to look inside myself. I am grateful to Cameron for showing me a future of nursing grounded in nursing as I began this doctoral journey. She provoked me through discussions of nursing philosophy to draw on my own experience and prodded me to conduct this research. From this point my nursing questions surrounding Indigenous knowledge are deeply connected to the experiences of colonization and the historical trauma and are intertwined with questions of identity, displacement, decolonization, equity, and power.

My doctoral research was an inquiry into the experiences of four Indigenous nurses to learn more about how their Cree/Métis perspectives have been central to their practices of nursing. Specifically, then, the aim of this work was to draw on Cree/Métis understanding through Indigenous research methodologies (IRMs) to explore how the Indigenous knowledge systems embedded in the nursing practices of four Indigenous nurse scholars intersected with Western nursing. In undertaking this work, I paid close attention to Cree ways of being, knowing, and acting, because it is at this very point where the hierarchy of knowledge reveals how Indigenous knowledge has been covered over. At the beginning of my learning my mentor and co-supervisor, Malcolm King (2005), explained that building Aboriginal capacity to do research is part of reducing the inequities and well worth the investment if we are going to do things right. Putting these thoughts into action, I found resolve in King's (2003) novel *The Truth About Stories*, in which he explained the importance of specific stories that need to be told at certain times, and I believed that this was the time to search for these stories of Indigenous nurses, to reveal and present a research story. As Weber-Pillwax (1999), another mentor and co-supervisor, explained, the central tenet of IRM is that the one who searches becomes the "active center" to also reveal and present his or her own story along with the emerging stories of those who are re-searching from within their own worldview. Therefore, in this dissertation I begin with my own initial life experience. I then move into the pertinent literature that informed the study as it progressed and map out the historic and current state of Indigenous People in Canada. I follow this with a

discussion of selected nursing literature that informed this developing inquiry and allied literature that was pertinent to the aim of the study. I then connect my own experiences with the four Indigenous nurses' life experiences into a collective story of being Indigenous nurses in Canada. The substance of this study is grounded in nursing's primary concern, the health of people, and, for this study, the health of Indigenous Peoples of Alberta.

My Intentions for the Study

In keeping with IRM (Weber-Pillwax, 1999, 2003), I worked with four Indigenous nursing scholars (a) to learn and understand how Indigenous knowledge influences their nursing practices; (b) to question whether the integration of Indigenous knowledge into learning and teaching experiences creates culturally safe environments in nursing practice, education, and research; (c) to reflect on the influence of Indigenous knowledge development in current nursing and community realities; and (d) to understand how delineating four Indigenous nurses conduct their nursing practice (the findings) might inform and enhance current nursing policies and practices in nursing when working with Indigenous Peoples. In this last point I refer to enhancing not only the nurse-patient relationship, but also the overall health of the population, as Reutter and Kushner (2010) discussed. These authors stated that, with the emphasis in nursing literature and education on the nurse-patient relationship over the years, nurses have not been able to advocate well or be politically active at the population level: "Although nurses work to remedy some of these inadequacies within their own agencies, these interventions at the individual, family and even

community level do not address the root causes of these health inequities" (p. 275). The Indigenous nurse scholars in this study echoed the need for health policy that addresses systemic health inequities through Indigenous knowledge development and the identification of the politics of knowledge development in Indigenous health (Fridkin, 2012; Hernandez, 2012).

The Research Questions of the Study

The central research question in this study is "What are the experiences of Indigenous nursing scholars who draw on their Indigenous knowledge in the practice of nursing?" Additional questions at the outset of the study were as follows:

1. How does Cree Indigenous thought and ways of knowing and understanding manifest themselves in the actions of Indigenous nurses?
2. What factors facilitate the integration of Indigenous knowledge into the practice of Indigenous nurses?
3. What challenges do Indigenous nursing scholars face when they attempt to engage their traditional ways of knowing within their nursing practice, and how do they counteract these challenges?

Foreword to the Study

My own experiences growing up in my Cree/Métis family, defines who I am today. I like many other Indigenous families, know about behaviours that stem from our colonialized past that produced intergenerational historical trauma. I have come to understand that my early experiences and, in particular, my early

exposure to nursing in reference to *nikawiy*,[2] influenced my original calling to nursing and how I engaged in this research.

An important feature of my doctoral work is captured in a saying that *nohkôm* [3] repeated to me many, many times: "Never forget where you come from." These words continue to motivate me to critically examine my own Cree-Métis Indigeneity. I have situated the work from a Northern Plains Cree-Métis perspective. *Mâmawoh kamâtowin*[4] ("to help each other in a collective sense") is a Cree term that roughly translates in English to mean Indigenous community development (Sparklingeyes, 2011). As I struggled with how best to approach this work, I chose to search for meaning in a good way, grounded in Cree/Métis traditions of respect, and honouring a knowledge system that has not yet been critically examined in nursing. It has not been an easy path, and Tuhiwai Smith (2012) explained that, undertaking IRM is difficult for Indigenous students who live two realities: one of the research and the other of Indigenous life that is fraught with historical trauma and experienced stigma. The goal of my research work was not to separate my life from my work, but rather to work within a specific context as a whole as described by IRM where the 'self' is a central aspect of the study.

All of the Indigenous people with whom I talked or about whom I read in the literature to date advised that, to develop a deeper understanding of our own

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[2] *nikawiy* is a Cree term for 'my mother.' According to the *Alberta Elders Cree dictionary*

[3] *nohkôm* is a Cree term for 'my grandmother' according to the *Alberta Elders Cree dictionary*

[4] *mâmawoh kamâtowin* is a Cree term used to describe the meaning of Indigenous community development.

ways of being and knowing, we must base our work on the beliefs, values, and practices of the peoples we work with. Just as we are born into the world, we learn to see first the faces of our mothers, and we come to know of our place in the world through our life experiences within our family unit, which then shapes how we think and act. Similarly, the final research circle with the Indigenous nurse educators, colleagues, and nursing students confirmed the key concepts from the analysis. Questions on the meaning of *maskihkîwiskwêw* [5] (a Cree term translated and used in the English context meaning nurse) surfaced. The quest to understand what this traditional role might mean today in the contemporary realities of nursing practice and in the healing practices of Indigenous people is not the scope of this study, but an important consideration when we look at the history of Aboriginal nurses in Canada.

I believe that it is necessary for Aboriginal individuals, families, and communities to understand health and wellness from their own perspectives, because it will help them to take ownership of the related issues. Taking ownership means acknowledging the causes, risks, and illnesses we face to identify solutions that advance the delivery of nursing care in a culturally responsive and harmonious way. More significant, I hope that this work will contribute to a much-needed deeper understanding and application of Indigenous ways of knowing through which Aboriginal people's voices are necessary in designing and delivering health care services.

[5] *maskihkîwiskwêw* is a Cree term that roughly translates to 'nurse' as described and spelled by the one of the co-searchers in this research study.

Creating the Dissertation/Laying the Foundation

The work that I describe in this nursing dissertation began to take shape after I read Kurtz's (2011) dissertation on the contributions of urban Aboriginal women in health reform. Kurtz is a Métis scholar who situated herself as the 'other' (insider and outsider) and offered the reader a clear understanding of how her work using and Indigenous research framework impacted her as a researcher, a nurse, and a person coming into her own identity. In reading her work, I appreciated her honesty and sharing of the long-held stereotypes that she carried growing up and the impact that they had on her own upbringing. After reflecting, I felt much stronger and more willing to commence my own story of coming to understand what nursing means from my own personal perspective.

In this first chapter I give shape to the dissertation just as a nurse would in setting up a plan of care. I discuss the background, purpose, and questions in accordance with my own perspectives on Indigenous ways of knowing, being and doing. In fact, what I do is outline my roadmap to help the reader follow the different layers of thoughts and processes of the research process.

In chapter 2, I locate myself as the researcher in a context that explains why this study has been important to me. I draw on my own lived experience against the backdrop of nursing, and I tell my story and explain why my interest in nursing and *maskihkîwiskwêw* became my life calling. I interject my reflexive journaling in response to my observational experiences to point out the significance of Indigenous knowledge in health and healing.

In chapter 3, as I review the evidence, not only did I walk with my eyes across the written terrain, looking for proof, but I also began to think intently about what it meant, what the research was telling me, and how these studies have contributed to the greater review so that it could strengthen the background of this study. I present my understanding of how the concept of culture in nursing is applied to knowledge development in nursing practice to care for others from differing cultural backgrounds; specifically, the First Nations, Inuit, and Métis peoples with whom I have worked. I begin by identifying the First Nations, Inuit, and Métis peoples to set the context for the historical, political, and social constructions that have led to the current state of un-wellness. The review of the theoretical concepts of cultural discourses that follows brings up important issues of colonization and power that intersect with the social determinants of health heighten my understanding of the experiences of Cree Indigenous nurses in nursing practice.

In chapter 4, I articulate a research framework that stems from Cree/Métis scholars such as Weber-Pillwax, Kovach, Kirkness, and Wilson. In their own unique way, each of these researchers set a pathway that helped to lead me in a direction of doing research in which I felt that I was able to enact a Cree/Métis way of knowing and being, but also, primarily, maintained my integrity and intentions in doing this work.

In Chapter 5, I describe each of the observational experiences in more depth, to give the reader an idea about the activities and events that were part of this study. I also incorporate my own reflexive journaling notes and poetic verses

to show to the reader the impact these experiences had on me personally, publicly, professionally, and politically. I draw on the nursing literature to provide the reader with the theoretical orientation that foreshadowed this study.

In chapter 6, I report my findings from this study. I weave together the specific threads that emerged from analysing the experiences of the Indigenous nurse scholars/mentors who were the co-searchers in this study and who are my mentors and teachers.[6] I express the meanings as threads and patterns that continued to surface as I became immersed in the experience and my own critical reflexive thinking. I continually move my thoughts between the experiences, conversations, and journal entries to stay alert to my reactions and decipher what was important information. Their stories described the process of their endurance while working within acceptable nursing terms in the face of marked resistance as they worked toward giving a life energy to the ways in which they could incorporate Indigenous knowledge into their nursing practice.

Finally, in chapter 7, I come full circle back to the original questions and intentions that I delineated at the outset of this study. I highlight the rich contributions of Indigenous knowledge development in contemporary nursing. I also discuss the implications of this for nursing practice by identifying the factors that facilitate and challenge future possibilities for enhancing nursing practice with Indigenous knowledge. Without this work, we run the risk of not seeing, knowing, and therefore not acting in the best interests of Indigenous Peoples in Canada.

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[6] Cree ways of learning are based on reciprocal relationships.

CHAPTER 2:

COMING TO KNOW

> The first peace, which is the most important, is that which comes within the souls of people when they realize their relationship, their oneness with the universe and all its powers, and when they realize that at the center of the universe dwells Wanka-Tanka, and that this center is really everywhere; it is within each of us. This is the real peace, and the others are but reflections of this. (Black Elk, in Brown, 1989 p. 115)

Recounting an Experience

Walking down that long white hallway, it seemed that it took us forever to reach Room 310. The look on my mother's face and the sounds from the night before were imprinted on my memory; bloodcurdling screams and pleas to stop hitting echoed in my mind. Witnessing the violence was not an unusual occurrence, and we (my brothers and I) were familiar with the fear, as we often had to tend to the aftermath of the violent rage. This time was different though. I had been called to the front room as I had been many times before, only to find my mother's body on the floor, not moving, no crying, and covered in blood, with a baseball bat lying close to her.

As I approached her, an unfamiliar odour hit me, masking the smoke and liquor smell I was accustom too. Her face was white, and I noticed the growing pool of blood under her body. I could see the gaping cutting and knew immediately she needed help. I hollered for my brother to help. We grabbed a sheet—or not sure if it was a towel—and I used masking tape to tie it into place, as he snuck out of the house to get help. I noticed that she was not breathing right. I could hardly hear her breath for the snoring coming from the couch as he was passed out now. Quietly crying, I wiped her face, and her eyes rolled back in her head, and I held her as tightly as I could. As my mother lay motionless in my arms, I kept her close to my body and prayed she would be OK (I wanted to give her my life). I sat in silence, when I want to scream, looking into her face, watching as her lips turned blue, and aware of the almost silent air exchange between her and the world. I had never been so scared, and I was not sure whether I was more afraid that he would wake up or that she would die.

As we entered the hospital room, all five of us under the age of 11, we were afraid. Nohkôm *and Uncle had not told us anything other than that we had to go to see her. She laid there wrapped in the clean white sheets and this huge white bandage that wrapped half her face from the eyes up, and the other half was so swollen I could not see the shape of her chubby cheeks as I could only make out the part in her lips.* Nohkôm *was quiet, and my younger brothers wanted to climb all over her, but me and my brother held the younger ones, and I knew they were scared, and I kept telling them Mom would be OK. I remember seeing a*

small space of her face between the white bandages wrapped around her head, and I saw the spot where I had noticed the blood the night before. Was she still bleeding? Was she going to be okay? Would she wake up? I listened to her breathing, and it seemed easier. I asked if she could hear me. I told her we needed her. As I touched her hand, I felt her warmth and what I thought was a twinge. My body trembled in fear, and nohkum was praying in Cree and watching nikawiy's *face, looking for a response. She held her daughter's hands and was touching her gently; at the same time, she brought this little bundle from the sides of her wheelchair and pinned it to the inside of* nikawiy's *gown, placing it close to her heart. I never asked any questions about the pouch, but I wondered about the significance and the mystery of it.*

For three days we sat at nikawiy's *bedside, waiting, even though the doctors had told* nohkôm *that she would not live past this week, and it was in our best interest to say goodbye.* Nohkôm *refused to leave, so I stayed with her and watched* nohkum *take care of her. She would rub my mother's body with cream frequently throughout the day. She was so gentle; she would use long, slow strokes and cradle each joint in the palms of her hands. She would then gently raise my mother's head and bring the edge of a cup close to her lips so that the medicine would flow into her body. Different nurses would come into the room and warn* nohkum *to stop applying the cream. The doctors told us that it was bad medicine and could harm her. When the nurses changed the gown, they unpinned* nikawiy's *pouch and threw it in the trashcan next to her bed. The look on* nohkôm's *face was one of horror. She snapped at them in Cree: "*Kayawia awas!*" She picked up the pouch from the trashcan and, with a sharp tongue, told them in English that they had no business touching the pouch and that she would take care of it. One of the nurses was silent for a moment and then replied, in a snotty tone, "I'm sorry, Mrs. Bearskin, but I cannot ask you every time we want to change her gown," before leaving the room abruptly.*

Finally, when a nurse caught nohkum *putting eye drops in* nikawiy's *eyes, the nurse got mad and she demanded that* nohkôm *stop, or she would have to ask her to leave the hospital. In the hallway outside the room you could hear the nurses chatter: "We should just call security." "I do not have time for this! I am not going to ask her every time we need to change her gown!" "Did you see those kids they are so dirty", "Why do they come in here thinking that they can just do what they want?" "Can you smell that in there? Are they playing with matches? Don't they know they can kill her with that?" "Why don't they just say goodbye and make arrangements with family?"*

I recall hearing these slurs and watching the nurses' reactions to both nohkum *and* nikawiy. *I sensed the nurses' discomfort when they walked into the room; it was as though we were invisible. They seemed afraid to touch my mother. I sensed a distance, and I could feel their piercing looks and see their lack of compassion and concern for us in their faces. They used big words, and I wondered what they meant. I watched them tend to her physical body, but they didn't speak to her. I wonder if they just thought she was dead. I heard their*

whispers about how ill cared for we seemed to be. I saw their body language. They turned their backs and didn't talk to us. I will never forget those feelings of shame, guilt, fear, distrust, and anger. I vowed to myself that I would never care for someone like that. I imagined that I would become a nurse who would talk to everybody, regardless of where they came from, and that I would be kind and be supportive of people who were different, because I knew then that my nohkôm *was different; I witnessed her different approach.*

In today's context, there are many stories of the violence that First Nations, Inuit, and Métis peoples still experience. As nurses, we come face to face with violence in our everyday practices. This story might be hard to read, but I tell it not to garner sympathy, but to share a personal experience similar to many First Nations, Inuit, and Métis peoples. I also know that nurses struggle with their personal moral convictions when they are confronted with the results of a violent act. Truly, nurses in these situations experience what Cameron (2006) called the *unpresentable*, such as the case above of my Cree mother, her body severely damaged by another human being. Yet even though I acknowledge the difficulty that my mother presented to the nurses, their response was to offer us racialized care that rendered us uncivilized and without human dignity, human rights, and the human touch. They paid no attention to our family, who were suffering from this horrific act. We became invisible. On our side of the experience we learned to develop resilience to survive, and my story is what fuels my curiosity and passion for nursing.

Family Relations

Coming to understand my life experiences as those of a Cree/Métis person has reconnected me to my own spirit and all of Creation. It has taken me a long time to put words to my life story as I experienced it. The horror that I remember as a young child, watching my mother being beaten and helpless, is a constant

reminder not only of the pain and brutality that she experienced, but also of her physical, emotional, and mental strength to survive these experiences. The experiences and the relationships within them have inadvertently shaped my thinking on many levels, but it was *nohkôm* (Cree, 'my grandmother') who is the touchstone for my world of being. She never wavered in her belief in the power of the spirit, prayer, language, and natural law. She was not a ceremonialist or what some would call a traditionalist, but she had her language and her understanding of what it meant to be Cree. She was a hard worker who was extremely resourceful. I recall her as being very astute, aware of all the locations of her medicines and the processes of harvesting. As I grew older, I saw how she was able to survive with few resources and this helped me to become strong and caring for my family, especially my mother and brothers. Despite the dislocations from family, language, education, and love, my initial recollections of my grandmother have kept me grounded and sustained my hope that something greater than myself would come from our experiences.

Nohkôm's birth name was Marianne Bearskin, and her father was Alexandre Bearskin, not his traditional name but one that he was given for the convenience of the Indian agent. His original name was Miyoskipisim. My great-grandmother's name was Margaret LaRocque; she was known in the community as a traditionalist because of her knowledge of childbirth, traditional-medicine, and ceremonial practices. My great-grandmother, a Cree/Métis, and my great-grandfather, a Cree from Beaver Lake Cree Nation, had 16 children of their own. It was arranged that my grandmother would marry Liam Half from Goodfish

Lake, but I was told that the arrangement lasted only a short time before my grandmother left. She had one son with Liam, Uncle Gilbert, who has become an active co-searcher and helped me to put together a clearer picture of our familiar roots. He has told me his-stories about the difficulty of growing up and his grandfather's struggle to survive once the reservation system came into effect. Uncle Gilbert remembers the hunger and told me that he and his grandfather would secretly sell chopped wood for money. His stories about hunting and trapping were revealing, in that he remembers the long periods of time that his grandfather, Alexandre, would go away, only to return with enough meat to share with other community members. To this day he talks very little about the suffering and poverty he witnessed. Uncle recalls the worry of his family as the way of life began to change drastically with the arrival of the government and the Indian agent: "Everything changed so fast, and the worst thing that happened to us was the welfare system."

Family members shared other stories about our great grandfather, Alexandre, that left me with the impression that, originally, the Bearskin family was very wealthy because the family was so large and my great-grandmother was known for her skills in delivering babies, treatment of people who were sick, and knowledge of ceremonies. They told me that her family had cows, horses, and chickens, which she probably received in return for her help. They were a respected family because of their generosity and willingness to help. I have heard from others in our community that my great-grandfather, Alexandre Miyoskipisim

Bearskin, was recognized as one of the community's best hunters and that he was a chief for a short time before the reservation system came into full effect.

This oral history warrants consideration and explains some of the suffering and deaths of Cree people from the late 1880s to the early 1900s. The stories of loss stem from the belief that the strategic distribution of infested blankets and the killing of the buffalo to eradicate the Indian population led to devastating effects on the original inhabitants (Dickason & McNab, 2009). In our family, we were told that these blankets were sent across the Canadian landscape via the railway, and Alexandre (my great-grandfather) was eager to obtain some for his family. Shortly after he gave them to his children, they began to die, one by one. Of a total of 16 children, he was left with 4 after the crisis was over: my grandmother, Marianne; her brother, Lazarre; her sister, Annie; and a boy who had left the family and the community when he was very young (no one knows where he ended up). In the summer of 2010, I went to visit their mass gravesite at Beaver Lake, where it is estimated that 1,500 people are buried. As I stood in that space I felt an indescribable and strange sense of connection and belonging to this a sacred site where the bones of our unknown family lay. No headstones or markers acknowledge this site. In a profound sort of way I began to feel something greater as I struggled with "How did this happen?" and "Who are my relations?" and "Why did I not know about this mass grave?" to arrive at "Why has this story been hidden, not told to us?" I felt a deep sense of connection and a yearning to know more.

After the death of my great-grandfather Alexandre, my grandmother, Marianne, left the reserve and went to live with her partner (my grandfather), Oliver Bourque. She used to tell us that she resented the control over their lives, so she moved in with *nimosôm (*Cree, 'grandfather'), and they raised their seven children in a Métis community just outside Beaver Lake, a Métis community known as Mile 51 near Philomena. I understood that *nikawiy* learned the knowledge from her father and mother and *nicâpân* (my great-grandmother). Uncle Gilbert told me that she doctored him when he suffered from stomach problems, headaches, or pain. She never claimed to be a medicine woman, but it was clear that she knew what to use and how to use it. She never explained what she was doing, but I became aware of it by watching and helping her to harvest certain plants and roots and preparing ointments for her eyes and the teas that she would drink. This explained to me many years later what she was doing when she cared for my mother in the hospital as she recovered from her injuries, because back then I wondered and questioned *nohkum*'s approach and beliefs when my mom was so close to dying. I always wondered why we were so devalued and why it seemed that people had no regard for what was really going on. I thought many things and was puzzled about what we had ever done.

I did not have the understanding to comprehend the historical events that were taking place and why we lived in a time that violence against 'Indian' people was acceptable. What I came to know many years later was that it was Harold Cardinal (1969), an Indigenous activist, who lamented that Indigenous Nations in Canada were "facing the prospect of termination" (p. vii). This marked the

beginning of a growing Indigenous consciousness, and leaders in Alberta began to gather themselves to develop a political response to the growing issues that Indigenous people in Canada faced.

On the other hand for me this was the beginning of one of the darkest periods in my life. At five years old I was taken away from *nohkôm* and sent to Vancouver, British Columbia, where I lived between strangers and my mom. I believe that my mother tried to make a better life for us, but she was caught in the fight for survival, and we found ourselves in some very unfamiliar and unsafe situations. Over the years I learned to pretend that I was not 'Indian,' as I became intimately aware of what it meant to be an Indian. I found comfort in Cardinal's (1969) interpretation of *The Unjust Society*, because it challenged what I grew up believing in that it was bad medicine that was causing our suffering; I did not know that other Aboriginal families were tormented as well. I was no different from so many others. I was neglected and coached to think that Indians were bad people. But I knew something different, something of which I had caught a glimpse, and that was the love and the traditions that my *nohkum* shared with me. Over the years I left it bundled and inscribed on the inside of my heart. Only recently have I opened my heart and unravelled my own experiences and the knowledge inscribed in my being from my time with her.

In the early 1970s there was a tolerance for violence against Indian women and children; I know this because, on many occasions, I witnessed my mother's abuse and attempts to leave and reach out for help. The police never removed the abuser from the home, and I think it was because he was White, appeared calm

and collected, and spoke well. My mother, on the other hand, had only a Grade 3 education, did not speak English well, and at times would scream at the police for not protecting her. Out of fear, she would never formally lay charges against him. She always tried to leave, but with five children and living in poverty, it was difficult for her to find places for us to live. I still remember the nights she would try to escape, only to return bruised, battered, and beaten. Regardless of what was happening, my mother was always able to overcome it, and I believe that she tried to protect us and loved us with all of her heart. Coming to understand my own experience and wondering how I was going to find my way out of the chaos became my way of surviving.

From the early age of six or seven, during our time in British Columbia, I had been caring for our family, responding to their cries, cleaning the mess, consoling my brothers, and suffering as a child living with domestic violence in my home. Worsening conditions in the house inevitably led to interventions from the child welfare system. Finally, at the age of 16, I was living independently. During this time, of all the homes and people with whom I lived, two teachers (Judy and Allan Grimes) and a young family (Beth and Don Humphrey), helped to prevent my own demise. They were people who did not see the 'Indian' and reminded me to be proud of who I am and helped me to negotiate the emotional upheaval that I was experiencing as an 11-year-old girl. Judy and Beth were both extremely compassionate, patient, and tolerant of my behaviours despite my harmful actions, they recognized the importance of my family by acknowledging the hurt and loss and my need to reconnect with my family roots. Each of these

families supported my involvement with my family despite the resistance they received from Child Welfare. In my early teens I returned to Lac la Biche and began a new relationship with my mother and family.

By the time I was 18, I had begun to put my energy into becoming a nurse and looking for ways to help the rest of my family survive and sustain a life together—at a time when health practices and policies that did not protect the very nature of humanity, let alone families, at the heart of First Nations, Inuit, and Métis peoples. I always wondered why I was not allowed to stay with *nohkôm* and why the authorities took me away from my roots, where I had spent the first five years of my life.

Now, this wonder has evolved into a critical examination of my life experience as a Cree/Métis person. On this journey I am learning to critically examine my life experiences in relation to my nursing practice alongside our Canadian history in relation to Indigenous peoples. This has led me to question why nursing as a profession was unable to respond to the violence perpetrated against Indigenous women and children and fell so short on compassionate caring and advocating for the most vulnerable in their midst. Why is it still acceptable to marginalize Indigenous people in a system that we know is fractured? When we still see the real impacts on the families of the murdered and missing Aboriginal woman in Canada, I wonder, why has there not been more action? What is at issue?

Locating Myself in Nursing

As I continued to critically examine my own self-understanding, I began to see the story of nursing. I found that nursing's historical and social struggles were somewhat similar to the experiences of First Nations, Inuit, and Métis peoples, at least in one aspect. Both struggles were based on the ideology that men and science governed and legitimised roles in society. In studying the history of nursing, McPherson (2006) noted that, even though gender, class, and ethnic policies shaped nursing, the nursing pioneers resisted the dominance of medicine and science to persevere with their own nursing knowledge and to help build the Canadian health care system. Donahue (2011) offered a full, vibrant representation of nursing from the origins of nursing and the influence of nature through the Renaissance, into a new world, followed by the war and the revolution and transformation of knowledge, ending with the healing spirit in a global context. These illustrations began with human nature and ended with a reuniting of the human spirit in nursing practice. For me, Donahue's work validates what captured my attention early in my nursing career as I wondered about the privilege of certain knowledge systems, why the beliefs and actions of my *nohkum* and other Aboriginal nurses had not received similar attention, and why the understanding of Indigenous knowledge systems and traditional medicine in health care practices was not integrated into nursing literature. With time and more nursing experience, I continued to advance my learning and understanding of the human experience in health and my relationship to that experience as an Aboriginal person. I noticed that my way of thinking, writing, and talking had

been profoundly affected. I found myself in a space and a place in which I could, with an increasing degree of confidence, re-examine the issues of Indigeneity in health and nursing care with the expertise and support of academic advisors, Indigenous nurses, and Indigenous knowledge holders within the academy. As this study progressed, I continued my learning journey with the Indigenous nurse scholars/mentors; it was more than a physical sharing of experiences: it was a shared experience of understanding and knowledge of Indigenous nursing practice and how this interplays with our experiences as Indigenous nurses. I know that the relationships that we formed through this research mean that I will walk with each of them for years to come. I looked forward to the journey, because this is the labour of IRM, and to do anything else would be wrong.

I began this chapter by describing a situation that heavily influenced my personal life to show how I have learned from one specific situation of nursing my mother to raising questions about my nursing practice. This early marker in my journey is a story that keeps me focused and helps me to find resolve and gives meaning to my approach in working with First Nations, Inuit, and Métis peoples.

Crossing Paths With Aboriginal Nurses Across Canada

Even though I had been nursing as a licensed practical nurse (LPN) since 1983, it was not until 1995 (the year that I graduated from my BScN program) that I participated in my first Aboriginal Nursing Association of Canada conference. It was an important opportunity to connect with other Aboriginal nurses from across the country to discuss and learn about nursing practice issues

in Aboriginal health. It is also where I first met Lea Bill, Evelyn Voyageur, and Madeleine Dion Stout (I did not meet Alice Reid until 1999), all of whom have been involved in various capacities with the Aboriginal Nurses Association of Canada (ANAC).

Lea, Evelyn, and Madeleine were speaking about nursing practice, drawing on their personal experiences in nursing practice as Indigenous women. I cannot recall their words, but I remember feeling humbled and comforted and having a deep sense of belonging that empowered me to think about how I might begin to do the same. I appreciated their honesty and their concerns about Aboriginal health and nursing practice in First Nations communities. I cherished the feeling of being empowered after I listened to them tell the audience that we need to shape policies and advocate for community health from within our own Indigenous identities. Their presentations excited and energized me, and I began to think of ways that I might be able to do things in my practice just a little differently. I recall listening intently to the words flowing from their tongues, in some cases in a language that I did not understand, but I felt a sensation run through my body, watching them and feeling a heightened sense of awareness as they spoke about the need to provide better care to our Aboriginal peoples. They spoke about issues that I had personally experienced, but somehow their talks were different: The unspeakable familiarity expressed in their words caused me to reflect on images of *nikawiy* and *nohkôm* swirling in my head. I recall the awe and heaviness in my heart, and I wondered, What if? What would Indigenous nursing practice look like—Indigenous knowledge of traditional medicine and

ceremonies in the hospital? What would Indigenous nursing policy represent? How would the nursing practice I learned in school be different if we were to actually integrate Indigenous knowledge into our professional contexts? How would this make me a better nurse? How would this improve Aboriginal peoples' health?

Reflecting Back on Personal/Professional Practice

Shortly after I graduated from nursing school, and almost a year after I had lost my mother and brother, I found my way into a circle of strong Indigenous women who were also registered nurses. Later I will return to the beginning to set the context and show the significance of this research and my previous encounters with the Indigenous nurse scholars/mentors. I will also share some of my own experiences of working in First Nations, Inuit, and Métis communities.

Almost 20 years later I still search for ways to integrate my understanding of Indigenous knowledge into my life philosophies and the foundation of my nursing practice. Working in Paul First Nation, Maskwacis (Hobbema), and Iqaluit, Nunavut, gave me a strong foundation on which to shift my thinking from what I had learned in nursing school to incorporate my Cree understanding into my community health and teaching roles. These experiences were life changing. With each new relationship I soon began to see the transformation unfold before my eyes. These experiences pushed me personally into the depths of my own pain and into the suffering of others. It showed me a side of humanity that was extremely difficult to accept but one that would uplift my spirit and the opening of

my heart and mind to the influence of Indigenous knowledge and traditions of healing.

Wherever I went, I continued to hear about the wonderful work of the four nursing leaders to whom I refer as the co-searchers in this study. I had never actually talked one-on-one with any of them, but I found myself now reading their articles in the nursing literature and using their work as required readings for 14 Inuit nursing students in their first-year nursing program. It was a remarkable experience to hear the students' critiques and reflections on the topic of culture and health. Living and teaching in Nunavut filled me with questions about my role as an educator and nurse and the purpose of the health care delivery system in diverse cultural settings. These inquiries took me further to question my own approaches to responding to the victimization of Indigenous people and the horrific, long-lasting trauma that were triggered by their experiences with the health care system.

Having struggled through these experiences, I was forced to return home to attend school in 2005 to attain a master's degree, which would help to secure my position in the Nunavut Territory. I knew from that moment that I wanted to continue to work in this area, and especially in nursing education. I found such a gap between what we were teaching students in nursing and the lived realities of Indigenous life. In many cases, delivering pure content in pathological and nursing theory terms triggered something that caused the students to feel unsafe and devalued as persons. For example, when I taught about the pathophysiology of tuberculosis, I recognized the uneasiness that came over the students and the

blank stares that replaced their engagement in the lecture. The students had withdrawn from the class and were sitting in silence, with their heads down. I questioned them about their understanding of the material. Although the students said that they were okay, I knew better, because I was astutely aware that something was not right, and I wondered what it was. My thought was that something had happened in the community. When one student got up and closed the door, I asked her to leave the door open, but the students would not talk with an open door. What they shared with me that day is forever imprinted on my memory. They told me about their experiences with tuberculosis in the community, they spoke about being taken away on a ship and being tattooed, and I remember looking at the tattoos on their hands, thinking about the children who were removed and the horror they must have felt. I realized that, to work with this population, I had to ensure that I had a better understanding of the historical trauma that co-exists with the delivery of the content and be prepared to actively engage students in further discussions. I had to make the students feel safe by validating their experience before I could teach the theoretical concepts and standards of nursing practice.

My attempts to understand the Indigenous human experience made me more committed than ever to learn more and to teach full time. I wanted to create opportunities for students to learn from our Indigenous nurses to avoid further harming these Indigenous learners by only medicalizing health care. With this in mind, I began another nursing journey to learn more about both the Indigenous

and the Western knowledge systems with the aim of studying the development of knowledge in nursing.

In 2007 when I began my PhD studies, lost in reading Western European philosophers' and Western nurses' writings about dead White male philosophers, my view of the world began to unfold. I started to think deeply about the context of Aboriginal health and nursing philosophies in relation to Indigenous knowledge. Later I would learn that the continental philosophers tried to articulate what it is to be a human being during a time when the hegemonic view of science was being applied to human beings as well as to nature. Because I was struggling with the theoretical content and my learning approach was more about doing than knowing, I began to explore ways to enact what I was learning. I sought various ways to take on a leadership role and drafted a proposal that would set in motion the development of an Aboriginal scholars' conference on primary health care and Indigenous research strategies. Together, a group of students and supervisors began to plan a professional conference on Indigenous health, and we brought together students, nurses, physicians, teachers, and community members. The conference title, "Merging Boundaries," was the theme of the Indigenous scholars' conference, and we had a well-rounded representation of professionals from across Canada who were working in Aboriginal health and had integrated components of Indigeneity into their health care practices. Alice Reid one of the nurse scholars/mentors in my study was a strong contributor to these discussions and highlighted many areas of concern about Indigenous peoples access to

nursing and health care service delivery that go unnoticed in the general population.

The next session that I organized with my supervisors was an Indigenous nursing scholars' discussion on cultural safety[7] in the context of nursing. I invited each of the four women to a panel discussion on Margaret Scott Wright Research Day that my supervisor, Dr. Brenda Cameron, and I would facilitate. The discussion was well received, and the women presented to a standing-room-only crowd, eager to hear what the others had to say. I was surprised by the interest and recognized that my jumping-off point to my research inquiry would be to ensure that cultural safety remained a key thread in my inquiry. By the end of their talk their original ideas on how nursing practitioners could advance and enhance their practices inspired me more. The information about Indigenous knowledge and the complexities associated with integration stuck to me like Post-It™ notes to the pages of a book. This experience penetrated my deepest convictions, and my wonderment grew. The critical questions that needed to be asked were now open to all in an academic space. I began to wonder about this academic institution that I had been attending for over 12 years: Was it changing, or were there simply more of us now to collectively engage in Indigenous thought? I felt that it was my time now to venture into the world of the Indigenous intellect, where I could embrace the face with which I was familiar, but I had never had a chance to look deeply into the eyes and soul of the Indigenous mind.

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[7] *Cultural safety* was coined by Irihapeti Ramsden, a Maori nurse, to address issues of culture in nursing in the Indigenous population in New Zealand.

Seeking the Support of Others

For the first time in my academic learning I found myself in a class with other like-minded students, where we engaged in a critical discourse on IRM. An Indigenous woman scholar, Cora Weber-Pillwax, offered the course—one of the first in which I was able to fully participate in a knowledge system that I understood and where I was able to pose critical questions about the perceptions of Cree/Métis people and how I could use Indigenous knowledge as a methodology in my work. I embraced every single moment and appreciated all of the conversations because I found that in our mutual understanding, I did not have to defend or explain my beliefs because all of these other women had similar understandings. I began to explore all that there was to know about Indigenous research methodologies. One of the fundamental principles of an Indigenous research framework, according to Weber-Pillwax (1999), is that researchers need to be fully aware of their intentions and clear about what they are seeking to understand. Therefore, as I continued to develop my scholarship, I was very aware of my lack of and misguided understanding of Indigenous knowledge, because I recalled that my relationship to "good medicine" came as a result of witnessing what I thought was "bad medicine." I never forgot about those early memories with my grandmother while she cared for my mother 30 years earlier. I began to think about how I could work from an Indigenous center and whether the other Indigenous nurses whom I had met previously could support my exploration. I realized that my past experiences continued to generate sadness, but something had changed when I met these women. They reawakened

something inside me, something that bound me to a higher purpose and a deep personal transformation. I was not sure which direction to take or which questions to ask. In my fear I would go back to what I had learned from my *nohkôm* and *nikawiy*, to observe and to be helpful first before asking any questions, to learn to listen before I uttered words, to think about what was being said before reacting and responding—skills and capacities that I continue to learn to master.

My Offering/Giving Protocols

Thus my ceremony began: a research inquiry with four experienced Indigenous nurses attuned to their inner beings and grounded in their ways of knowing and performing in a practice that honours the knowledge of both Western and Indigenous knowledge paradigms. In ceremony I asked for guidance and made my offerings in the lodge, seeking ways to proceed. The protocol required that I approach each of them as I began my inquiry into a deeper meaning of Indigenous nursing practice. I presented tobacco to each of them and asked for their guidance in seeking answers to questions that would help me to improve my Indigenous nursing practice. According to my Uncle Gilbert earlier, when he referred to working with the women, he told me in his mixed Cree, "*ohtahwataw*,"[8] which he explained means 'to go and witness' or 'to go and understand.' In reflecting more on his instructions, I draw on N. R. Steinhauer's (2008) work to find meaning. It is a similar term—*nâtwahtâw*—that she used to explain her search for a Cree model in education, which I explain more in chapter

[8] Uncle Gilbert suggested that is the proper way to find something out. Spelling was not retrieved from the Cree online dictionary but rather through pronunciation.

four. For my own purposes I wanted to approach my work from my Uncle's original instructions, so asking questions early in the process was not an appropriate way to seek a deeper understanding. Rather, I needed to spend time with the women to observe and offer my help as they worked in their respective fields of practice. These women do not proclaim to be or advertise their capacity as healers or traditionalists, but they do acknowledge and instructed me to go back to look at the meaning of *maskihkîwiskwêw:* a role in traditional Indigenous societies that requires greater research and understanding and potentially the next phase of my journey. However, at this early point in my research journey, once they accepted the tobacco, I knew that there was no turning back and that I would be connected irrevocably and responsible to each of them as a way of honouring our nursing work and relationships and as a way of respecting natural law and seeking guidance.

*Tawaw/*Welcoming Indigenous Nursing Scholars

Tawaw is a Cree greeting of welcome. A more accurate interpretation is "there is room or space." It is a concept on which I draw from my own lived experience; as my mother would say, "There is room for everyone." But nursing has also taught me always to draw on different knowledge such as physiology, medicine, psychology, sociology, and business, to name just a few. Now, here too in my studies, I welcomed the space to be able to situate Indigenous knowledge at the center of my thinking. In this space it was important not only to listen to what the Indigenous co-searchers had to say about their life experiences, but also to engage and participate in their experiences as nurses. Their

interactions with people and stories, enriched with traditions and knowledge, filled the pages of my journal and supported me with theoretical concepts such as culture, Indigeneity, colonization, conciliation, equity, and resilience, never forgetting cultural safety. I ventured wholeheartedly into the depths of a new consciousness, unaware of what was to unfold, but courageous enough to take on the challenge. This set in motion the release of the restraints that had kept me bound to one way of knowing and being in the world and the tension that I felt when I delivered nursing education from the one worldview of nursing. The history of colonization is also revealed in the stories of Māori nurses who express a similar discomfort. Mckillop, Sheridan, and Rowe (2012) explained that the influence of a Eurocentric perspective has intentionally and unintentionally undermined their own Indigenous knowledge.

Sitting and engaging with the women, I was able to embody an old knowledge system that offers insight into ways that help to advance the health of Aboriginal people and, in particular, other Aboriginal nurses in Canada. In setting the context for this study, I introduce the nurses in the order in which the research study unfolded, with a brief profile and background. Each of the Indigenous nurse scholars has held many positions across the spectrum of nursing practice—from nurse's aide, community health representative, licensed practical nurse, clinician, educator, and administrator, to advisor—but each has always been a researcher, re-searching for ways to improve not only their own practice, but also the health of their families and communities, as well as nations in the

local and global context. Their work has helped me I would not have been able to develop my own critical Cree/Métis consciousness.

Alice Reid is a Cree/Métis nursing scholar who has practised in many communities in a variety of nursing roles over the last four decades. She is a Cree speaker who was born and raised in Sandy Lake, Alberta, a small, isolated Cree/Métis community in northern Alberta with strong cultural and linguistic roots to her own family. Alice is the second eldest in her family, with the special status of being a twin. She was raised learning to hunt and trap and value traditional ways of living. Her understanding of Cree medicine and health care practices began early in her life. Her mother was a midwife, and her father was a well-respected ceremonialist. Alice has two children of her own and two adopted and four great-grandchildren.

Alice is highly respected and widely recognized by the community, health practitioners, educators, and government leaders in Alberta. Her knowledge has enhanced her abilities and her personal capacity to serve the entire membership of the community as an Aboriginal nurse practitioner. Many Aboriginal peoples continue to rely on her integrity and commitment; to her, this would perhaps be her most noteworthy accomplishment. Alice has made significant contributions to nursing practice and to students' scholarship in the Faculty of Nursing and the Faculty of Indigenous Peoples Studies at the University of Alberta.

Evelyn Voyageur is a fluent Kwak'wala[9] speaker from the Kwakwaka'wakw Nation of the Dzawada'enux Band. She was raised by both of

[9] A language spoken by some First Nations peoples from the northeastern part of Vancouver Island.

her parents and her grandparents, who did not attend residential school. She is the second oldest in a family of 10 and grew up in her village of Kingcome Inlet, in Northern British Columbia. She grew up living with the land and learning from community members until she was 9 years of age, when she was forced to go to residential school in Alert Bay. She has 4 children, 15 grandchildren, and 22 great-grandchildren. Evelyn was married to a Cree man for over 30 years and worked in his northern Alberta Dene community.

Evelyn has also worked in many different areas of nursing practice. She has had a broad range of experience in hospitals and communities in British Columbia and Alberta since the early 1960s. She completed her PhD in 2003 and continues to work on many nursing curricula projects with universities and national nursing organizations. Currently, Evelyn is employed by North Island College and teaches First Nations cultural awareness to both faculty and students. In her role as an eminent scholar and Elder in residence, she brings excellence and creativity to the teaching and learning environments. She has a comprehensive knowledge base of First Nations health situations and experience in research. Evelyn generously shares her wisdom and insight into new innovative approaches in nursing education. She delivers many presentations on Indigenous knowledge in nursing, cultural safety, and competency to many community agencies.

Madeleine Dion Stout is also a fluent Cree speaker who was born on the Kehewin Cree Nation, Alberta. She grew up in a family of 12, including her mother and father; her grandmother lived with the family until she died during Madeleine's final year of nursing. Madeleine was known as *kētēskwew* in her

family and community, a name she has proudly reclaimed. She too was a student of the residential school system, which she successfully reimagined as an incentive to achieve her dreams, including of becoming a nurse. *Kētēskwew* was raised with a strong sense of traditional Cree values and beliefs. She has a supportive husband and two daughters and is known as '*kohkom'* to three. She has earned many achievements and awards for her leadership in Indigenous health and research over the course of her career, which she attributes to her ancestors' identity and the strong sense of belonging and usefulness engendered by her family and community from her early years to the present time.

Kētēskwew has been a registered nurse since the late 1960s and is now self-employed as the president of Dion Stout Reflections Inc. She draws from her Cree lens in her research, writing, and lectures on First Nations, Inuit, and Métis health. She is also known for her strong critical insight into policy development perspectives. Her ideas and interests have evolved through the course of her work as a nurse, which has found her at innovative and anticipatory board tables and initiative such as the Mental Health Commission of Canada and the First Nations Health Authority. Kētēskwew's work is both philosophical and practical in nature and she has generated a deepened awareness and appreciation the Indigenous languages, and identities and their applications to the health of Indigenous peoples. Her current work on inequities in Indigenous health, women's wellness, and maternal child health draw on her own original instructions, leveraged from her Cree literacy and upbringing.

Lea Bill was raised by her parents, and her grandmother taught her traditional systems of natural law and healing; this knowledge has enhanced her integrated ability to facilitate people's reconnection to their spirit from a place of truth, honour, and respect. She is married and has three children and one grandchild. She is also a registered nurse with an extensive background in community health and is practising in a First Nations health center; she has been employed by Health Canada for the past 20 years. Lea is known as a traditionalist and practices her Cree traditions, which she incorporates into her own day-to-day living. She is a fluent Cree speaker from the Pelican Lake First Nation in Saskatchewan.

Over the years Lea has learned to appreciate the diversity of various knowledge systems and life experiences and recently established Spirit Feather Consulting Company to expand her work in the field of healing. She is poised with ancient wisdom that comes from understanding the Cree natural law, which she integrates into her daily life. Lea continues to be instrumental in leading and participating in research projects on the health of Aboriginal communities. One of the projects involved working with ten different communities in northern Alberta and NWT to document the perceptions and experiences of Aboriginal people with regard to the impact on their health of industrial development and progress. In her publication *"Report of Wisdom Synthesized form the Traditional Knowledge Components"* (Bill, Crozier, & Surrendi, 1996), she described how traditional knowledge was used to enhance science inquiries. She was also

involved in Roxanne Struthers' (1999) phenomenological studies on the experience of Indigenous healers.

Emanating from my relationships with the four Indigenous nurse scholars came four remarkable experiences and conversations with one visible common element, the notion of relationality from which all of our professional experiences originated. They are all connected and bound together through the historical analysis of our life experience in Indigenous nursing work.

Weaving the Stories of Indigenous Women Together as Sinew[10]

There is no way to express the profound connection I felt when I linked my experience with these nurses to the Cree language. Listening and seeking meaning in the oral tradition requires a different level of consciousness to fully comprehend the depth of Indigenous knowledge. I start with language and key words that the Indigenous nurses scholars helped me to uncover as a way to bring Indigenous understandings closer to my own being. Words such as *kisimanito*, *ayîwak peyak iskwew ohkomimâw*, *okâwîmâw*, *ekwa maskihkîwiskwêwak*[11] ("Great Spirit/Creator/God, women, grandmothers, mother, and medicine women") give meaning to this work. I include these words here as they have significance to my continued learning and understanding how we relate to each other is beyond the individual identity. My uncle explained to me that in fact, traditionally, he would identify his relation to me as *nisis*, meaning my mother's brother or father-in-law instead of uncle. Recognizing this significance the

[10] A term that is used through out this document and borrowed from the Healing and Language in Culture research project led by Dr. Weber-Pillwax and funded CURA-SSCHR. It is used as a metaphor to represent the strength of women in this study and explained in chapter 5.

[11] Cree terms I draw on to further my own understanding of kinship and referenced according Waugh, LeClaire, & Cardinal (1998).

importance of traditional ways of knowing I will refer to the Indigenous nurses, using both their English and traditional names throughout the study. Coming to learn more about traditional knowledge and language was a key outcome for this study, but it also proved to be a full-time study of its own.

Throughout this research I found myself occupied with concepts and ideas of fitting in, finding support, getting through, covering up, covering over, trading in, bringing in, hitting the wall, nobody's listening, empty bags, no help, bearing witness, letting go, coming out, walking through, standing up, getting to know, looking within, being present, bringing up, finding self, living with, and staying safe—all common thoughts that emerged throughout the conversations with the Indigenous nurses. I call these *courageous* conversations because I believe that they emerged from the core of these nursing scholars' experiences. Being courageous is an action that has to do with a way of being, such as, in this case, the women's speaking openly about what they believe despite the consequences, benefits, or time required to achieve the desired outcome. They all stood strong in their own unique way: by me, with me, and in me in more ways that I could ever imagine. These beliefs all originate from the core; the original Latin word for courage comes from the root word *cor*, meaning 'heart' (Skeat, 1963). In the Cree language the word for heart is *miteh*; *mi*[12] is a common root word often used to reference the 'body.' Courageous (*cor*) conversations originate in the heart, in the body (*mi*). When I probed the Cree language, these understandings became clearer to me over the length of the study.

[12] This concept was explained orally by Willie Ermine at the Blue Quills College during a guest speaker series on Traditional knowledge March 2008.

As I began to question my thinking about this research inquiry, I was captivated, overcome, intrigued, vested, mindful of, and attentive to the lessons and meanings that manifested in my relationships with the nurses, mentors, and helpers as *maskihkîwiskwêwak* in modern times. I improved my ability to discern between Cree ways of knowing and being in a realm that brings in historical and modern day understandings of language that penetrated the senses of my mind, heart, spirit, and body beyond what I ever expected. All of what I was able to take away from these experiences led me to this incredible and very privileged opportunity to examine what is at issue at the crossroads at which Indigenous nurses in Canada find themselves. The tensions from the intersection of the ontology (being/doing) and epistemology (knowing/known) are clear in my findings. I refer to the tensions that reside within Indigenous nurses when their knowledge and understanding intersect with nursing ways of knowing and doing in relation to 'who' they are within nursing's professional settings and professional roles. These tensions often stretched my thinking beyond my mind to the heart, emotions, and spirit of natural law. Yet too, I see that these nurses demonstrate the courage to face their own realities with dignity and respect and work hard to honour their own ancestral roots. As Drees (2013) cautioned, Indigenous peoples need to confront their realities with wisdom and courage to reveal prescribed ways that have been enforced by a government mentality that fails to address the root causes of health concerns for First Nations people. These exact inequities are the reason that Dion Stout (2012) called for a paradigm shift that focuses on "interventions that draw on *nahi*, fairness, rather than *tipi*, equal.

For *nahi* to be realized, the focus has to be on explicit values and inequities—variations in health status that become unfair" (p. 12).

In summary, I located myself in relation to my own familial experiences and to the Indigenous nursing scholars/mentors with the intention of situating this discourse in the nursing-life experiences of four Indigenous nurses who have worked in Alberta in the Aboriginal health field for the past four decades. They have been extremely supportive in moving this work forward and continue to be my nursing advisors. I have used an Indigenous research approach to ground my inquiry into my own unique ways of knowing and being and to acknowledge and honour the Cree/Métis ontological and epistemological ways into which I was born and have been gifted with the sensibilities to find my reason for being. As they talked, I listened and thought about the meanings behind their words and allowed myself to experience the deep-seated feelings attached to my own colonial experience. As they engaged with people, I watched and pushed myself to think beyond what I was seeing. These lessons and teachings that evolved through these processes are significant to my findings and discussed further in chapter 6. I will now reflect on the landscape of written literature that grounds Indigenous knowledge in nursing practice and will discuss the details of the specific methodology that I used to navigate the shared expressions of this Indigenous-nursing inquiry.

CHAPTER 3:

EXPLORING THE WRITTEN TERRAIN

IN TELLING MY RESEARCH STORY

> Only through subjectivity may we continue to gain authentic insights into truth. We need to experience the life forces from which creativity flows, and our Aboriginal resources such as language and culture are touchstones for achieving this. (Ermine, 1995, p. 110)

The purpose of this literature review is to highlight key areas that pertain to my research question about Indigenous nursing knowledge. I have selected literature that presents the Indigenous peoples of Canada, from within my own health context, to problematize how successive governments of Canada have established policies about Indigenous identity that are problematic to individuals, families, communities and the nation's well-being. Then I turn to the concept of culture to show how it has been taken up in the development of nursing knowledge. Following this, I discuss how nursing knowledge has evolved over time, including the concept of culture as a reductive mechanism with regard to specific cultures. To conclude the literature review, I discuss Indigenous knowledge in nursing and review selected articles that present findings that have generated nursing knowledge from work with Indigenous peoples.

To build on Ermine's (1995) quotation above about using our subjectivity, our language, and our culture as touchstones to investigate truth, I start with my experience with the nursing literature. The meaning of the word *truth* in Ermine's quotation speaks to me as authentic understandings that give us insight into what we investigate. His advice to develop a relationship with Indigenous knowledge

is a unique and individual entity that requires an acceptance of one's own existence in one's own place. As the reader will see in the identity review section, the issues of identity continue to be regulated and misappropriated by a system of government control, which remains a contentious issue. In this specific study I strive to reinterpret important markers that shape the Indigenous 'self' in my nursing practice.

When I first decided to study the experiences of Indigenous nursing scholars who have committed themselves to a life of nursing service, I recognized that an abundance of printed material centered on cultural-care models in nursing. I had learned many of these models in my previous nursing education, but because of my research question, I was looking at them differently. In a more extensive review, it became obvious that Indigenous knowledge in nursing has been relatively unexamined in Canadian nursing literature. Even Indigenous literature that has set out guidelines for working with Indigenous people was sparse. It then became important to me as a emerging Indigenous nurse scholar to focus my attention on a literature review that would show how Indigenous knowledge and work with Indigenous people have been taken up in nursing. I have spent many hours reading and reacting to nursing literature by trying to understand what the authors said, what position they took, what their intentions were, what they hoped to achieve, and what the impact on my own thinking was.

I found it difficult to find evidence in the Canadian nursing literature on the lives of Indigenous nurses and their contributions to a life of nursing service in mainstream health as well as in their rural, remote, and northern communities. It

was surprising in the wake of the historical and ever-increasing health disparities of Indigenous peoples that a health profession such as nursing has a limited capacity to advance information to able nurses to better understand how inequities are generated in Indigenous populations. National nursing organizations such as ANAC (2013), the Canadian Nurses Association [CNA] National Expert Commission (2012), the Canadian Association of Schools of Nursing [CASN] (2013), and the Health Council of Canada (2012a, 2013) have called for better ways to address the health disparities of Indigenous peoples in Canada. Indigenous and non-Indigenous nurses with whom I work continue to express a desire to answer this call for change and now look to their own practices for answers.

Other than *nohkôm* and *nikawiy* and their original life experiences, key nursing leaders who helped to shape my thinking about the exploration of culture in nursing include theorists such as Nightingale (1860/1969), Leininger (1985), and Watson (1985). Through my readings, my growth and understanding of the nature of culture and human-to-human experiences in nursing led to my continued wonderment, questioning, and uncertainty. Why are discussions of the culture of all ethnic groups so objective, with finite knowledge? Why is it so prescriptive? Why is diversity subsumed under so few concepts? I accept that this way of generating knowledge of culture along with other concepts was a historical way of conducting nursing research (concepts, constructs, paradigms, nursing theories), and I know that this was within the context of a particular time and place in

nursing. However, these concepts of culture continue to be taught as the way to view culture and guide nursing standards of care.

In advanced nursing studies, I began to dwell on the work of hermeneutic phenomenologists such as Cameron (1998), who showed me that generating new understandings—in her case, about nursing practices—can bring out important and taken-for-granted human qualities that inhere in different nursing acts. In thinking this through, I questioned how new understandings of, first of all, the literature on health disparities and the mandate of the Canadian Health Act could be inclusive of all, no matter what a person's culture or status might be. How can research carve out a space in the landscape of nursing practice for Indigenous nursing and Indigenous nursing scholars? From here, I began to critically question nursing as a practice discipline and our commitment to meeting nursing's social mandate to improve the health of First Nations, Inuit, and Métis populations. Nursing, like other health professions, is complex because it deals with the nature of human beings in the context of health in everyday life. Many compounding factors affect nurse's ability to improve health and health outcomes. An example is the current business-model approach to nursing service delivery in First Nations, Inuit, and Métis communities (Health Council of Canada, 2013; Romanow, 2002). Reutter and Kushner (2010) discussed how the current neoliberalistic ideals favours a free-market capitalist system that is a driving force behind health care delivery. However, part of understanding the inequalities in health care is to create a contextual understanding along with epidemiological findings, among others. In addition, Duncan and Reutter (2006) conducted a

critical policy analysis of the health care delivery system in Alberta and found that the move from a social model of care to a business model created more disparities for all in access to health care services. These authors issued a call to action that requires a shift of thinking from the individual to the collective community within the socio-political economy as a way to decrease the health disparities. More recently, McCallum, (2014) explained through a historical analysis of Indigenous nurses' work the need for policy and knowledge development of Indigenous women's work to illustrate how these disparities have been created and sustained.

Next I draw on literature that has shown that Indigenous identities and knowledge permeate Canadian history. However, as I move forward and examine a historical and cultural nursing story against the backdrop of the health of Aboriginal people in Canada, I hope that this literature review will situate the reader in the context of the research question and foster an understanding of the nature of the research questions. Although I find it troublesome to always begin with the long list of health disparities that Aboriginal peoples face, because they are constant reminders of my own losses and suffering, it points to the significance of this study. Elders and Indigenous scholars today frown upon this way of publishing anything connected to Indigenous peoples that first reveals their disparities, limitations, and genetic makeup. However, I proceed.

Indigenous Peoples

Diversity

According to the United Nations ([UN] n.d), the population of Indigenous people is over 370 million worldwide; they live in 70 different countries and are acknowledged as the inheritors, practitioners, and holders of unique cultural ways of relating to other people and their environment. Indigenous peoples have retained social, cultural, economic, and political characteristics that are distinct from those of the dominant societies in which they live and represent a rich diversity of religions, traditions, languages, and histories. For the purposes of this study, I have defined *Aboriginal* as including all people who are descendants of the original inhabitants (First Nations, Inuit, and Métis people). I use the all-inclusive term *Indigenous* synonymously with *Aboriginal* and *First Nations, Inuit, and Métis* peoples.

In Canada, Indigenous peoples are the fastest growing population in the country, totalling 1.4 million; they represent almost 4.3% of Canada's population, and 61% self-identify as First Nations, 32.3% as Métis, and 4.2% as Inuit (Statistics Canada, 2013). According to the federal legislation outlined in section 35 of the Canadian Constitution Act of 1982, Aboriginal People are comprised of these three distinct groups of people. Since 2006 Aboriginal populations have grown by 20% compared to just over 5% of the non-Aboriginal population; 21% live in Ontario, and almost 60% live in one of the four Western provinces. The median age for an Aboriginal person is 23, compared to 41 for non-Aboriginal persons, and 46% of Aboriginal people are under 24 years of age (Statistics

Canada 2013). In addition, 34% of Aboriginal children under 14 years of age live with their mothers in lone-parent families, and 2.7% of children under 14 years of age live with grandparents, with no parents present (Statistics Canada 2013). Further, statistics show that just over 30% of Aboriginal families with children younger than 15 years of age live in poverty (Loppie-Reading & Wien, 2009).

More specifically, Romanow (2002) reported that Canada has more than 605 different First Nations communities, each with its own unique history, language, traditions, and ceremonies; however, it is important to note that some people prefer to identify themselves as part of their linguistic group (e.g., Cree, Blackfoot, Dene, or Chipewyan), whereas other people would refer to themselves according to their community of origin (e.g., Blood Tribe or Beaver Lake Cree Nation) or Treaty area. For example, Alberta has the third largest territory that covers three Treaty areas; 6, 7, and 8 are comprised of 45 First Nation communities (Alberta Government, 2013) and a large population of Métis peoples. I introduced below briefly statistics of Métis and Inuit peoples to support the context of the study.

Also recognized under the Constitution of Canada the Métis peoples have a unique and distinct identity. According to the Alberta Government (2013), the only province in Canada to designate land for the Métis people is Alberta, which is home to eight Métis settlements. According to the Métis Nation of Alberta ([MNA] 2014), as of 2010, seven regions across the province have over 35,000 members, many of whom do not have a land base. Over the last decade new agreements, frameworks and Tripartite processes with Federal, Provincial

governments the MNA has supported the advancement of Métis peoples in working towards self-determination. With these changes it is important to note that the Métis Nation of Alberta membership has grown over 300%.

Also a distinct society, the majority of Inuit people live in Canada's newest territory, Nunavut. The population is diverse and crosses four northern regions, Nunatsiavut, Nunavik, Nunavut, and Inuvialuit. The Inuit comprise just over 4% of this population and represent 0.2% of the Canadian population. Alberta has a relatively low number of Inuit in the province: just under 2,000 people (Alberta Government, 2013). An important consideration to add to this description is to note that the Inuit now live in regions that have been designed and imposed over the centuries by Government control (Amaogoalik, 2007).

These population statistics offer just a glimpse into the cultural diversity of the Indigenous populations across Canada, yet they lack any significant cultural or traditional descriptions that do not in fact show Indigenous peoples' strength, resilience, or diversity. Statistics Canada (2013) researchers estimated that if the overall Aboriginal population continues to grow at this same rate, it will triple the non-Aboriginal population by 2018.

Indigenous Ways of Knowing and Being

Indigenous ways of knowing and being have survived extensive subjugation of the Indigenous peoples throughout North America (Battiste, 2013; Brown & Strega, 2005; Kovach, 2009, Weber-Pillwax, 1999, 2001, 2003, 2008). Barnhardt and Kawagley (2005) explained that

> Indigenous societies interpret reality in different ways from those of mainstream societies. Indigenous peoples throughout the world have

> sustained their unique worldviews and associated knowledge systems for millennia while undergoing major social upheavals as a result of transformative forces beyond their control. Many of the core values, beliefs, and practices associated with these worldview have survived and are beginning to be recognized as being just as valid for today's generations as they were for generations past. (p. 9)

To focus my understandings of Indigenous ways of knowing and being, I draw mainly on the research work of Cree/Métis scholars such as Weber-Pillwax and occasionally blend in other prominent Indigenous scholars. Weber-Pillwax (1999, 2001, 2003) maintained that Indigenous ways of knowing and being are inextricably linked through language and constructed from living, the integral meaning of relationship, and the spiritual dimensions of Indigenous thought, and the centrality of orality consciousness. She examined the influences of Northern Cree and Métis people's identity formation and consciousness and showed us a way to center our questions on lived experiences. This approach helps to unpack and balance the socially assigned categories of identity that continue to shape Canadian perceptions. Weber-Pillwax showed that Indigenous ways of knowing and being are informed by the stories of Elders as specific knowledge holders who carry the histories of our ancestors as these are embodied within, and carried from one generation to the next. Others who discussed this way of being are Couture (1991b, 2013), Ermine (1995), Lightning (1992), to name just a few who have impacted my learning. Indigenous ways of knowing and being, found in ceremonies, songs, and dreams in unique ways of understanding our relationship to the spiritual world, are essential to our identity (Cardinal 2001; Letendre, 2008; E. Steinhauer, 2008; N. R. Steinhauer, 2008; Steinhauer-Hill, 2008; Weber-Pillwax, 2003). Indigenous ways of knowing and being are self-generating and

are tied to a place and the people who live in that space (Basso, 1996; Donald, 2012; Ermine, 1995; Sinclair, 2013). "We carry the mysteries of our ecologies and their diversity in our oral traditions, in our ceremonies, and in our art; we unite these mysteries in the structure of our languages and our ways of knowing" (Battiste &Youngblood Henderson, 2000, p. 9).

From my own experiences I recognize that Cree/Métis people have their own Indigenous ways of viewing and relating with the world. They have mindfully constructed traditional education practices and pedagogies by observing natural processes, adapting, and sustaining the plant and animal world as part of life's processes. Indigenous people who live in accordance with natural laws learn through language, demonstration, observation, self-reflexive thinking, and experiences embedded in stories about compassion, humility, and intelligence that are deeply rooted (Archibald, 2008; Baskin, 2011; Battiste, 2002; Castellano, 2000; Hart, 2002, Lighting, 1992; Tuhiwai Smith, 1999/2012; Weber-Pillwax, 1999, 2001, 2003; Wilson, 2008). Indigenous ways of knowing and being are "inherently, political, reformative, relational and deeply personal approaches that must be located in the chaos of colonial interfaces to create spaces for Indigenous knowledge within existing and new curricula" (Phillips, Whatman, Hart, & Winslett, 2005, p. 7).

Indigenous scholars are fully engaged in a system of education for all people that respects the epistemological and pedagogical foundations of both Indigenous and Western ways of knowing. The activities and actions of Indigenous peoples in communities throughout the world show that a significant

shift is underway in which Indigenous ways of knowing are being recognized as consisting of complex knowledge systems with an integrity of their own and one that lies no further than the self (Ermine, 1995; Tuhiwai Smith, 2012). The depth of Indigenous ways of knowing and being are rooted in these histories and offer insight that can benefit everyone, from individual community members to nurses, educators, and researchers, as we pursue ways to advance theoretical and practical Indigenous knowledge.

Fallout from the Legalization of Identity

The legalization of Indigenous Identity has always been an uncomfortable discussion amongst my own family. The reason for this is some members self-identify as Métis and others as Status or Treaty, non-status, and others as not at all. I was raised in Lac La Biche and self-identify as Cree/Métis from the Beaver Lake Cree Nation. I was the first one in our family to receive my status under Bill C-31. Because my mother was unable to provide documentation of her birth, she was not reinstated until after her death in 1994. I remember the day that I received the letter in the mail from the Department of Indian Affairs. The Government of Canada had approved her status as a Registered Indian under the Indian Act. It evoked a sense of loss in me, but at the same time it made me laugh because she would have been happy to know that she had finally received her official recognition of 'Indian Status.' I could see her smile, and I knew that it would have meant so much to her to receive that number. However, in a strange and sinister way I wonder what it would have really meant to her and regret not

ever having asked her what it was like for her to be born on reserve and raised in an Métis community.

Even though the Métis are recognized as distinct peoples in Canada, they are not governed by the policies outlined in the Indian Act. They do not receive any benefits afforded to Treaty or Status registrants; in fact, my Uncle Gilbert still talks about the severe impact of this on the Métis peoples. He explained that it was hard for him to be full-blooded Cree and grow up in Métis homesteads:

> After the Government came, it separated everyone. The half-breeds were not allowed into the town of Lac La Biche or in Beaver Lake, and the Treaty Indians were not to be seen with the Métis or the White peoples. The Métis got very little help even though some of the people took script, which gave them a piece of land, but many really suffered. The people who stayed on reserve were promised support from the government but received little, because they did not know what they were entitled to because everything was in English. But the Métis people they did not get anything. (Personal communication, August 12, 2010)

I recall similar stories that my mom told me, but she never talked about the impact of government involvement and the enactment of Canadian laws that erode the Indigenous way of life. Chartrand and Weber-Pillwax (2010) used an Indigenous community-based research approach and focused on the criminalization of the hunting and fishing rights of Aboriginal peoples. Numerous semi-structured interviews and formal community gatherings generated narratives from over 100 self-identified First Nations, Métis, and non-Status people. The findings from their study confirm that the continued criminalization of hunting and fishing, which are means of sustenance, is still detrimental to the self-identification of Aboriginal peoples, because the participants did not describe identity as separate from their traditional harvesting

activities. "The effective criminalization of traditional harvesting practices through alteration or control of access to the land and its resources strips away Aboriginal identities, traditional beliefs and practices and ultimately the means of individual and collective Aboriginal survival" (p. 123). This work brings into focus the issue of identity and citizenship, according to Weber-Pillwax (2008):

> This intricate web of legislations, both provincial and federal, has initiated in many ways and continues to maintain the Métis communities' insidious paralysis and genocidal process that advantage the state in its consistent refusal to acknowledge the outstanding rights and entitlements of Métis as Aboriginal peoples. This state positioning almost guarantees that the civil, political, and social rights of citizenship for Métis people will likely remain at the level of rhetoric and discussion on state planning agendas. (p. 204)

It is clear that the projected growth rate and experiences of Indigenous people in Canada will worsen if the struggle to negotiate our own identity continues. Weber-Pillwax (2008) forewarned:

> As long as people struggle for survival as individual and families with distinct identities and ways of being, we cannot engage in the struggles that are necessary for political justice and the establishment of our right of citizenship even in our own communities. We can only hold the ideals in our hearts and look in shame at the beauty of our country, Canada. (p. 204)

Politicization of Indigenous Identity

To attend to the political complexities of Aboriginal people's identity, I draw on the research of Palmater (2009), a Mi'kmaq woman who took up the challenge and contested the legalized definitions of Indigenous identity. She grew up outside her community of Eel River Bar First Nations in northern New Brunswick. In a family of 12, she was the first to attend university, where she studied law. In 2009 she finished her PhD and in 2011 published her dissertation,

Beyond Blood: Rethinking Aboriginal Identity and Belonging, in which she argued that individuals of Indigenous ancestry should determine their own citizenship. In a recent interview about her involvement in the Idle No More revolution, she talked about her education journey and reported:

> The real challenge was remembering my roots. I've always grown up with Mi'kmaq laws and Mi'kmaq ways of thinking and had to consistently stay grounded so I wouldn't get lost in colonial ideology on how to think and how the world works. . . . Law school strengthened my belief that I am a citizen of the Mi'kmaq nation and not a Canadian. (Hasselriis, 2013, p. 19)

In her research Palmater (2009, 2011) talked about the suffering of six generations of her family, all of whom have been excluded from their nations because they are not registered under the Indian Act. She contended,

> Any system, whether maintained by the Crown, bands, or self-governing Nations, will fail to meet the basic principle of fairness and equality if they rely on blood quantum, genetics, gender or race-based criteria to include or exclude people from recognition, membership, citizenship or from partaking in the benefits and responsibility of their heritage passed to them by their ancestors. (p. 26)

Palmater (2009, 2011) explained further that First Nations people are classified as either *Treaty* or *non-Treaty* and *Status* or *non-Status*, depending on whether they are registered under the federal Indian Act. Registered Status Indians represent almost 75% of all First Nations. Treaty Indians are First Nations whose ancestry can be traced back to the First Nations people who signed treaties in Canada; however, Treaty Indian does not mean Status Indian. Aboriginal persons can have status as per registration under the Indian Act but can be excluded from the community band lists and exempt from the Treaty rights administered at the community level. The benefits afforded to Status Indians

include, for example, limited funding for education, health care, and access to the resources of traditional lands; whereas Treaty benefits include the same benefits that Status individuals receive, as well as others such as the royalties from oil and gas revenues that are accorded to all band members.

In the context of Métis peoples, Weber-Pillwax (2003) described how social and political identifications contribute to the identity consciousness of Métis people in northern Alberta. In her research she noted that the Government of Alberta's formation of colonies was an attempt to offer some reprieve to a group of peoples who were suffering from extreme poverty. However, ultimately, the polices resulted in further discrimination: "The Métis had become wanderers in their own homeland, unsheltered and unprotected, facing continual starvation and illness because they were prevented from building their own homes or growing or gathering their own foods and medicine" (p. 96). Over the years I too have heard many of my friends introduce themselves as landless, bandless, and homeless. I knew what that meant, but it was only when I started university that I became increasingly uncomfortable and confused about how I should identify. For a while I identified as Métis, then as Treaty, and then as Bill C-31; but now, finally, I identify as Indigenous from a Cree/Métis and French heritage. It was somewhat demoralizing to fluctuate among all of these forms of identities. I moved from denying my heritage in the early 1980s to trying to identify in the mid 1990s when it became a much different experience because our Indianness began to matter. It was in university that I began to realize exactly how Indian and Métis identity had been socially constructed by a system that perpetuated

stereotypes about Indigenous people. During my studies I found myself coming to know and understand more fully why I was given this life and why my calling to nursing led me to other Indigenous nurses and students who continue to do similar work.

Recently, Sinclair (2013) completed her research on her own experience with the legislated definitions of Aboriginal people that left her feeling invisible. Even though she has always known who she is and identified as Indian or half-breed, she was recognized as Métis. Using a mixed-methods approach and drawing on Indigenous research methodologies and her own history to conduct an auto-ethnographic case study to research her familial roots, she documented what she called a "voice from the inside" (p. 7). Her research has contributed to the growing body of Indigenous literature on the relationship with the self and the relationship of Indigenous peoples to the places of their ancestry while having to live within the nexus of legislation that defines who Aboriginal people are. Her work has offered insight into the intellect of Cree/Métis scholarship. It has revealed a hidden history of a dislocated family from the Slave Lake area.

Sinclair (2013) reported the birth and death dates of family members and described her tortuous experience in trying to access her own history:

> Governments both federally and provincially withhold important data from Indigenous people, which is to be complicit in the oppression of Indigenous people in this county. Restricting access to information for Indigenous peoples serves to strengthen the imbalance of power between church, state, and the Indigenous people. More importantly, it maintains that such restricted access ensures ongoing invisibility of Indigenous peoples [and] their histories. (pp. 170-171)

Sinclair's (2013) research process allowed her to symbolically and intellectually scribe names on the graves of her great-grandfather, thus reclaiming, restoring, and fulfilling her own curiosity and sense of identity. This connection through similar self-understandings helped me to understand how she strengthened the physical bonds with her family that were once split and pitted one family member against another. In a sense, coming to know one's self through research is a process that supports healing and re-inspires a sense of belonging and purpose to life.

Sinclair (2013) reconnected to her history and took back and opened herself up to centuries of ancestral pain that people carry from being dislocated from one place of identity. I believe that this type of ontological research work helps to reconnect a deeper awareness of one's spiritual connection to life, before, during, and after our identities have taken hold and been defined by outside sources.

Weber-Pillwax (2003), Sinclair (2013), and Palmater (2009, 2011) are just three of the thousands of others who have all been excluded from access to traditional ways of knowing, being, and identity through policies that stem from legislation outline in the Indian Act.[13] Definitions of who is eligible to be recognized as an Indigenous person of Canada and who is not continue to be painful reminders of "what it is like to feel invisible without land, without a band, without a history" (Sinclair, 2013, p. 24). I view this type of research as informative for non-Indigenous and Indigenous scholars such as myself to explore

[13] The Indian Act is one of the oldest, most racist, and most sexist government policies that still continues to determine how First Nations, Inuit, and Métis people are recognized and dealt with in Canada society.

identity in contrast to the national narrative of Indigenous peoples. In reflecting on Sinclair's research, I continue to think about how the current changes to legislated identities of Aboriginal people continue to separate our histories and our identities from our own experiences. As our country continues to become more diverse, I wonder what will happen if we continue to tell the same narrative of Indigenous people and what will it mean to the generations of families behind us. Will uncovering what has been covered over in the dominant narrative about Indigenous people affect their health and wellness? And if so, how?

Disparities

Canadians are amongst the healthiest in the world; in fact, according to the selected international Human Development Index (HDI) scores, Canada's high development indicator of .937 ranks 8th in the world. However, there is significant disparity among the Aboriginal populations in Canada in that Indigenous communities ranked 33rd (.851) on that same HDI scale (Cooke et al., 2007). The endless list of difficulties that plague Indigenous people in Canada continues to be perpetuated through a problem lens when they work in medicine, nursing, social work, and business. But I find that this approach fails critical thinkers because it keeps attention narrowly focused on the population rather than the systemic structures that lead to poor population health. According to the UN Department of Economic and Social Affairs (2009), Indigenous people throughout the world continue to face systemic racism, discrimination, and exclusion from political and economic decision-making. This international committee reported that Indigenous people exhibit the poorest health status, have

been displaced from their ancestral lands, and are deprived of the resources (physical, cultural, emotional, and spiritual) that ensure their right to life (UN, 2009).

This story is no different in Canada, where current disparities in the health of Aboriginal Peoples in relation to non-Aboriginal Canadians are a serious cause for concern. According to the United Nations Human Rights Council (2014), James Anaya, the UN Special Rapporteur on the Rights of Indigenous Peoples, highlighted a wide array of "devastating human rights violations" (p. 4) in Canada. He outlined many of the historical issues and stated that the poor health of Indigenous peoples in Canada is "exacerbated by overcrowded housing, high population growth rates, high poverty rates, and the geographic remoteness of many communities, especially Inuit communities in the north" (p. 10).

King, Smith, and Gracey (2009) emphasized that the underlying causes of poor health are linked to the socioeconomic deficits related to colonization, globalization, migration, and loss of language and culture, which are intensified by the displacement of Indigenous people from the land, disconnection from their identity, and the devolution of self-determination over the last 100 years. In a report to the Senate Sub-Committee on Population Health, Reading (2009) explained that the causes of increasing health disparities in Canada stem from the absence of First Nations, Inuit, and Métis people's participation in developing health care solutions. The policies do not meet their specific needs, and "many social determinants of health are beyond the scope of the health care delivery system, such as changing diets from traditional to non-traditional foods, food

insecurity, stress due to economic factors, pollution and environmental degradation and global capitalism" (p. 1). Reading also stated that social determinants are the root causes of disease, disability, and death, which are influenced by risk factors such as smoking and obesity, and that these risk factors have been criticized as causing health care professionals to blame the individual at risk. To find ways to reduce these disparities, health care professionals must work toward understanding that these risk factors are socially rooted and consequently require social solutions. In recognition of the historical and intergenerational trauma, the Canadian Institutes of Health Research–Institute of Aboriginal People's Health [CIHR–IAPH] suggested that healthy public policy framed from a social-determinants health perspective holds the greatest potential to improve the health and well-being of Aboriginal people in Canada. The 2009-2014 strategic directions for health research call for actions that create "Pathways to Health Equity for Aboriginal Peoples" (CIHR–IAPH, 2013b).

In keeping with equity and the mandate of the World Health Organization (WHO) and the UN to recognize health as a human right, nurses play a vital role in their capacity to understand how the health determinants predict health and illness concerns, but they must be educated and prepared to take action based on their assessments. Nurses' responsibility is to "identify how basic human rights (adequate housing, employment) are 'out of reach' for many if not most First Nation, Inuit and Métis peoples" (A.N.A.C., 2009a, p. 9). From a rights-based perspective, I believe that the health of a population is not only our greatest concern, but also our greatest resource.

Similarly, the Canadian Community Health Survey (Statistics Canada, 2013b) revealed that First Nations, Inuit, and Métis people (who were living off reserve) reported that their perceived health status was poorer than that of non-Aboriginal peoples. Current research has continued to show that Aboriginal peoples are rapidly acquiring lifestyle diseases such as Type 2 diabetes, heart disease, and mental health illnesses. These diseases have been clearly associated with colonialism, poverty, malnutrition, overcrowding, and environmental contamination, coupled with inadequate clinical care (CNA, 2012; Health Council of Canada, 2012b, 2013; King, 2010; Gracey & King, 2009; UN, 2014). Interventions to address these alarming differences are urgently needed, as are interdisciplinary and intercultural efforts to reduce current health disparities by increasing the political commitment to policy development and training for more Aboriginal health care professionals (King, 2005). It is important to understand health equity from the perspective of Indigenous peoples through a knowledge exchange and mobilization process to enhance nursing practice and access to health care delivery (Cameron et al., 2014; CASN, 2013; CIHR-IAPH, 2013b; Dion Stout, 2012).

Loppie-Reading and Wien (2009) also reported that the strongest predictors of Indigenous health inequities are the social determinants of health, which are viewed from a holistic perspective that includes the past, present, and future. These authors categorized the social determinants of health for Indigenous people as distal, intermediate, and proximal determinants. The distal determinants include political, economic, social, and historical contexts that

influence both the intermediate and proximal determinants of health. Historically, many of these distal determinants of health such as colonialism and racial and social exclusion have created social inequalities that are detrimental to the self-determination of Aboriginal peoples in Canada.

The intermediate determinants, such as the inability to access health care and education, result in the decreased likeliness of individuals' developing healthy behaviours or having the necessary opportunities to secure employment, not to mention lacking the cultural continuity of traditional and intergenerational connectedness that is often cited as a primary cause of many of the social problems that First Nations face.

The proximal determinants of health are those that are more likely to have a direct impact on any aspect of health—physical, emotional, mental, or spiritual—such as lifestyle choices; clean air, water, and soil; access to adequate food; proper housing; and traditional health practices.

Adelson (2005) pointed out that cultural, linguistic, and social differences have played a significant role in health equity. In the case of Aboriginal people, the important differences include location (urban, rural, or remote), gender, age, employment, resources, level of political autonomy, and recognition of Treaty rights. Additionally, Adelson discussed the complex governance structure involved in delivering health care services to First Nations, Inuit, and Métis communities that makes access to health care more complicated. Thus, the promotion of health and healing in Aboriginal communities requires action related not only to treating diseases and addressing culture, but also to the inequities that

continue to exist in Aboriginal health (A.N.A.C., 2009b; UN, 2014). These inequities heavily influence individual health behaviours by creating social conflict, hostility, insecurity, and violence across gender and race (Valaskakis, Dion Stout, & Guimond, 2009)

Raphael (2009), a scholar in the study of health inequities, reported that Canada is falling behind other countries in promoting the health equity of its population. In particular, Aboriginal people are especially vulnerable to the health-threatening effects of deteriorating conditions of poverty, employment, housing, and working conditions (King, Smith, & Gracey, 2009; Raphael, Curry-Stevens, & Bryant, 2008). In response to these growing disparities, the WHO (2011) suggested that the social mandate to address the determinants of health lies in an approach aimed at capacity building, collaboration, participatory governance, and measurement strategies that all sectors of society must adopt (Health Disparities Task Group, 2004; Mikkonen, & Raphael, 2010).

Again I must note that the literature on Aboriginal people and health is inundated with studies that have drawn attention to the health disparities. With regard to interpreting the importance of the relationship between culture and health for Aboriginal people, these studies are often based on essentialist ideas and a medical model for health care delivery (ANAC, 2009a; Browne & Varcoe, 2006; Gray & Thomas 2006; Gregory, Harrowing, Lee Doolittle, & O'Sullivan, 2010). Further, there is ample documentation of flawed and unethical studies of Aboriginal people over the past decades. One that particularly struck me early in my tenure as a graduate student was a research presentation that Dr. Arbour

delivered at the Global Indigenous Health Research Symposium in July 2008, which was hosted by the Center for Aboriginal Health. Dr. Arbour presented a case study in which a researcher obtained blood samples from more than 800 Nuu-chah-nulth community members for declared research on arthritis and then used the samples to carry out mitochondrial DNA studies to determine the ancestral origins of the people of the community without the participants' consent. Some years later, after this researcher became well known for his work in genetics, the community members discovered that their blood samples had not been used for the stated intended purpose, and they had not consented to the actual use. Feeling violated and harmed, the community began a reconciliation and political process to have the blood samples returned to them, and a community health research board was struck with the mandate to set up ethical research standards for community research (Arbour & Cook, 2006).

This type of early research on Aboriginal people in health began in anthropology with the use of non-Indigenous perspectives to analyze and interpret findings, and it resulted in the characterization of key aspects of the social groups, such as genetics, language, and communication Ranco (2006). What I have found difficult as a nurse and now as a new researcher who is trying either to use some of this research evidence in practice or to make sense of it in a research design are several inconsistencies and fallacies. For example (a) the authors lacked insight and did not hold consultations; therefore they misappropriated Indigenous knowledge; and (b) they included inaccurate statements or claims about Indigenous identity and knowledge about approaches to health and healing. For

example, Douglas (2013) referred to the Aboriginal peoples of Canada by using the Canadian legalized definitions and policies of multiculturalism. Even though her intention was to share what she has learned about Indigenous populations, her research can be heavily criticized because it lacks depth and a critical analysis of how Indigenous knowledge is conceptualized and assimilated into the dominant discourses on the mosaic of Canadian values. According to MacDonald (2014), the Canadian government's multicultural ideology emphasizes the public and social importance of immigration with the passing of the Multiculturalism Act in 1988. This policy legally established Canada's multicultural heritage, which must be preserved and promoted; however, it does not recognizes the rights of Aboriginal peoples in Canada. From an Indigenous standpoint, liberal theories of minority rights, tolerance, equality, and multiculturalism facilitate the misrecognition of Aboriginal peoples and who they are in relation to Canadians and the Canadian state. Therefore, they do not promote good relations and can be considered another form of assimilation and colonialism that further marginalizes Indigenous people (Turner, 2006). The results of this outsider view can sometimes overlie what is most important and possibly even hide knowledge or negate understanding when research is evaluated through a non-Indigenous lens.

Propitiously, to counteract these features that profoundly affect the Aboriginal peoples of Canada, a body of qualitative literature has emerged that has focused on the life experiences of Aboriginal people in health (Desjarlais, 2011; Kurtz, 2011; Letendre, 2008; Martin, 2006; Struthers, 2003). Similar research studies that have investigated Indigenous experiences and perspectives

are like 'truth bombs'; for example, Heavy Head and Blood (personal communication, March 5, 2009) explained how the way of life of the Siksikas (in a Southern Alberta community) heavily influenced Abraham Maslow's research when he visited Southern Alberta in 1938. Smith and Feigenbaum (2013) also documented part of this story and Maslow's intellectual betrayal of his mentor, Dr. Benedict, when he misappropriated Indigenous knowledge. I found it surprising that the images, culture, and philosophies of the Siksika peoples shaped Maslow's (1943) research on the hierarchy of needs and human development model. It became clear to me that Heavy Hand and Blood believe that Maslow designed his published model on the hierarchy of needs as a tepee, as exemplified by his conceptual development of self-actualization. I was stunned for a few days, thinking about the story of Maslow watching from afar and witnessing the traditional giveaway[14] ceremony and how he had interpreted it. I was confounded mainly because I had studied this hierarchy at the beginning of my nursing education to determine health needs and nursing actions. I began to think that Indigenous knowledge and traditional practices are part of nursing and health care, but they have not been accurately cited as the originators of the ideas, the original people of Canada.

M. Brant Castellano (personal communication, September 27, 2010) called into question how information and knowledge are translated. She is an Aboriginal research ethicist who spoke to the need for respectful treatment of Indigenous people in research and denounced studies that continue to disconnect

[14] A Cree gifting ceremony that honours individuals (alive or passed) and the sharing of gifts as a form of social bonding.

knowledge from its original sources. Research on disparities must be addressed from an Aboriginal perspective that honours their own knowledge, experiences, and language, against the protocols of academics and policy makers (B. Castellano, personal communication, September 27, 2010).

The literature above helped me to center this study on Indigenous ways of knowing and being in the practices of Indigenous Cree Métis nursing scholars. Questions that are important to this study are: How did Indigenous nurses live through these times of assimilation and cultural warfare that some today term *genocide*? What has nursing's response been to the political policies that guide nursing practices? How can we address health disparities in nursing if we continue to use cultural concepts devoid of critical Indigenous inquiries? How does such a populous group in Alberta and Canada have so little visible presence or voice in generating knowledge and policy? And, more important, why is there so little active promotion of or involvement in the use of Indigenous knowledge in nursing education to improve the devastating health outcomes so evident in Canadian society?

Cultural Considerations in Nursing

Historical Context

Cultures from around the world have been classified into hierarchies that range from primitive to modern. *Culture* is a complex word in the English language, not only because of its intricate historical development in several European languages, but also because it embodies important concepts that originated in several distinct intellectual disciplines and several unique systems of

thought (Johnston, 2003). Culture comes from the Latin word *cultura*, which stems from *colere*, which has a range of meanings that include 'to inhabit,' 'to cultivate,' and 'to protect'; it was primarily concerned with tending crops or animals (Barnhart & Steinmetz, 2006). Johnston (2003) looked back at the origins of culture as the process of human development and cultivation of the mind, and in the late 1700s the meaning was extended to include a general social process that involved civility and class associations. In the 19th century the word was used to express ideas of civilization and progress, to distinguish between humans and materials, and to describe the work and practices of intellectual and artistic activity; it was linked to class distinction, with claims of superior knowledge. Culture begins to play a role in human life by rendering meaning to particular ways of life with communal values that locate a people in a culture and become incorporated in their self-identity (Johnston, 2003).

In examining oneself as an Indigenous culture bearer against the prescribed norms of Western culture, it is easy to support a philosophy of essentialism that creates checklists of stereotypes. But Ramsden (2002) strongly asserted that it is in the work of building a critical Indigenous consciousness that these stereotypes and categorizations are defeated. Examining these prescribed cultural identities is helpful to develop a critical cultural analysis in which Indigenous scholars can discuss issues and the effects of colonization and racialization on personal and professional identities (St. Denis, 2007). This is where my question on culture continues to lie, and I consider it crucial to this study. What is it about Canadian culture that could be the problem in recognizing

the use of stereotypes? Is Canada holding back from repairing the wounds between cultures? And does today's education make us less cultured, less sensitive to culture? Is our culture killing us?

To answer the above question I found myself going back to the etymology of culture, the aspect of *protect* in terms of the original notion of culture that slipped away over the centuries, especially in relation to nursing. Skeat (1963) looked at culture from its origin, the Latin word *cultura*, 'to till.' To till is to breed or cultivate, to till for a purpose and meaning in one's life; to plant seeds of life or sow death. Protect, as we understand it today, is to guard, which has elements of 'to cover' and 'to cover in front.' Has nursing, to date, put enough effort into covering, protecting, or tilling for an understanding or into investigating culture deeply outside of already developed and taken-for-granted concepts? One of the key principles of cultural safety is protection against individual, structural, and institutional racism, a knowledge development in nursing that goes back to one of the original meanings of culture, which I will discuss later. I saw myself as tilling the soil in this study to cultivate a deeper understanding of Aboriginal nurses' knowledge and provoke thoughtful discussions about how culture is constructed.

Many contemporary critics of past cultural definitions and theories, such as Bell hooks (1990), an African American scholar, and Emma LaRocque (2010), an Métis literature scholar, have criticized these views of culture. hooks and LaRocque suggested that we focus on the construction and representation of culture and identity as a progressive configuration of elements that include race,

culture, class, gender, and sexuality to signify a system that includes ideas, attitudes, disposition, norms and rules, and linguistic, literary, and artistic experience. hooks spoke of the importance of cultural studies as a radical critical intervention that can be meaningful in contesting, constructing, and confronting cultural perspectives. Cultural studies can enhance a person's ability to speak specifically about how culture influences knowledge development and the politics of differences and *othering*.

LaRocque (2010) expressed her concern over the dehumanization of Indigenous people in Canadian literature and its effects on culture and Canadian intellectual responses to 'difference.' She clarified that this othering often draws on binary constructs to distinguish between them and us, and civilized and savage. How we alter approaches to redirect the colonial gaze to understand traditional and contemporary interpretations of Indigenous knowledge depends on Indigenous scholars' location and situation of their stories of dehumanization in the larger global and historical context.

In thinking about culture from LaRocque's (2010) point of view it opens a dialogue between people as a starting point for the process of reflexively questioning one's perspectives and thereby creating experiences in which "we can hear one another 'speak in tongues,' bear witness, and patiently wait for revelation" (hooks, 1990, p. 133). As a critical cultural theorist hooks described this space where we can hear one another as one "where we need to be mindful of the way discursive practices and the production of knowledge are easily appropriated by existing systems of domination" (p. 132). By inquiring into our

life-world experiences rather than relying on a checklist of cultural attributes or adhering to popularly held opinions, we can move closer to understanding the meaningful lifeworld of another (Kleiman, 2006). Lorde (1984) stated:

> It is learning how to take our differences and make them strengths. For the master's tools will never dismantle the master's house. They may allow us temporarily to beat him at his own game, but they will never enable us to bring about genuine change. (p. 112)

hooks drew on this idea when she referred to research practices and concepts developed in absentia of the people we study.

Considering the brevity of this discussion on the historical context of culture, it is only a reminder that the original meaning of culture was never static and was otherwise used to advance the notion that some cultures were more cultured or civilized than others. As the authors above discussed, they can become sites of representation that operate in power and service (Johnston 2003). From this view, recognizing that we are all cultural beings stems from personal values and beliefs, at these sites of beliefs are the tensions from the varying philosophical perspectives.

Philosophical Underpinnings of Culture

Nursing draws upon traditions in anthropology, sociology, philosophy, feminism, critical social theory, and postcolonialism to examine culture in health (Browne, & Varcoe, 2006; Leininger, 1978; Lynam, Brown, Kirkham, & Anderson, 2007; Racine, 2003; Tang & Browne, 2008). These authors suggested that there is a need to critically analyze culture further to identify the different dimensions that social context constructs and shapes. In critically examining culture in terms of politics rather than inheritance shifts the dominant

philosophical discourse of essentialism in nursing to focus on the socially constructed representation of culture and identity. I will briefly critique the discourses of essentialism, humanism, and postcolonialism in nursing.

Essentialism. Essentialism has deep roots in nursing that stem from the philosophical tensions that underlie pedagogical approaches to culture. In their critical reflections on culture in nursing, Gray and Thomas (2006) argued that essentialist ontology does not serve nursing well within our growing pluralistic society because it is grounded in the view that only one reality exists independently of subjective perceptions. The authors asserted that essentialist propositions are based on positivist ideals that focus on objectivity, which can result in a checklist of attributes and neglects the consideration of the social and cultural differences that influence professional relationships. In the context of studying whiteness, Martin-McDonald and McCarthy (2008) recognized that essentialism did not adequately address their inquiry into working more effectively in Indigenous communities because it narrowed their view to issues of race and cultural attributes.

A one-size-fits-all approach will not work any longer as individuals from various cultures begin to find and express their voices, and more work needs to be done on moving from the notions of othering to engaging with others and as the other (Duffy, 2001, 2010). Ideas that shift our thinking from a "static, fixed understanding of culture (essentialism) to a notion of culture as a dynamic process understood contextually through historical, social political and economic lenses (constructivism)" (Gregory, Harrowing, Lee, Doolittle, O'Sullivan, 2010, p. 1) is

needed to gain a greater understanding of how nursing educators and students take up the concept of culture. As I show in this study, non-nursing students (who are still in a health science program) were more likely than nurses to take up constructivist philosophies, leaving me to wonder, why?

Contemporary cultural discourses need to shift from an essentialist view towards looking at culture in terms of local and global historical encounters and the specific dynamics of the interplay between insider and outsider perspectives (). To the Indigenous nurse, nursing still subscribes to a narrow definition of culture to minimize complexities and uncertainties (Dion-Stout & Downey, 2006). General considerations of race and ethnicity are packaged at an individual level and thereby promote cultural stereotypes (Gray & Thomas, 2006). Education that recognizes individuals as cultural beings within their lived experiences fosters a sense of identity. It is evident that a move beyond essentialistic ideals that dominate the cultural discourse in nursing is needed to broaden the conceptual lens within the constructs of society and how specifically Indigenous people in Canada are affected (ANAC, 2009a, 2009b; CASN, 2013).

Humanism. Nursing scholars have embraced humanism to understand human well-being and dignity (Holmes, 1990; Patterson & Zderad, 1988; Watson, 1988). The overarching tenet of the humanist philosophy is that individuals are unique and carry a responsibility to each other (Kleiman, 2006). Playle (1995) wrote that humanism essentially remains within a dualistic position and that "re-humanizing notions of research must occur in acknowledgement of centrality of the personal, not only in the area of study but also within the process" (p. 983).

McCabe and Holmes (2007) pointed out that a humanist philosophy benefits researchers who study vulnerable populations because it maintains that both the individual and the practitioner bring their own experiences to situations of culture that are embedded in power relations.

On the other hand, Traynor (2009) critiqued humanism in nursing and claimed that the language is largely idealistic and superficial and contributes little to useful knowledge. Traynor added that humanist philosophies encourage the reproduction of unexamined professional ideology, which some consider not scientific enough because it is unexamined material. In nursing education the philosophical stance of humanism calls attention to the concepts of equality and individual freedom but does little to recognize the differences between the nurse and the client with regard to racial, ethnic, or class distinctions (Campesino, 2008). These categories then become conceptualized as a function of varying cultural groups rather than reflections of social categories that are embedded with power differentials.

Postcolonialism. Proponents such as bell hooks (1990) and Homi Bhabha (1994) engaged in intellectual discourses in response to the reactions and analysis of the cultural legacy of colonialism. In nursing during the last decade, the central features of postcolonialism have been used to critique culture, race, and gender to expand the understanding of the foundational concepts and facilitate the development and improvement of nursing education in a global society (Anderson et al., 2003; Campesino, 2008; Kirkham & Anderson, 2002). Postcolonial theories redirect our attention to the inequities, disparities, and power imbalances

in health care (Browne et al., 2009; Racine & Petrucka, 2011). In nursing practice we need to be able to ask critical questions to reveal, transform, and expand our consciousness of humanity and how groups of people are treated when they try to access health care services. Language is often linked to a sense of identity, and from this position Kirkham and Anderson encouraged us not to think about culture in terms of race or blood, but rather to think about how the dominant culture creates the "everyday experiences of marginalization" (p. 2). Postcolonial theories offer a way to look at the shifting realities and individual meanings of experiences situated in aspects of health care and the larger social context and within nursing itself (Browne, Smye, Varcoe, 2005; Holmes, 2006; Holmes, Roy & Perron, 2008; Kirkham & Anderson, 2002). Holmes, Roy and Perron suggested that a postcolonial stance is a direct call for the "politicization of nursing affairs" (p. 49) and that a "double decolonizing process is imperative if we wish to escape, even if temporarily, from the violence of these colonization processes" (p. 46).

Brown et al. (2005) contended that postcolonial perspectives provide direction for research with Aboriginal peoples to redress inequities and understand how historical and social positioning shapes the current context of health care. This position acknowledges that cultural identities have histories that are constantly undergoing transformations because they are framed by the interplay of history, culture, and power. However, the notion of context does not necessitate a postcolonial stance; it is fundament to the position that is grounded

in Indigenous knowledge; for example, “Where does Indigenous knowledge fit in relation to the postcolonial?” is a question that follows.

The discourses of essentialism and humanism in nursing have often met the need for knowledge development in nursing. However, in these days when child poverty, violence against women, terrorism, and natural disasters dominate our lives and population health becomes more and more endangered, it has become more important to understand why we think what we think. Understanding how postcolonial perspectives shape thoughts in nursing is a starting point for critical reflection. But there are critics of these perspectives within the Indigenous people themselves. Elder Rose Martial (personal communication, September 21, 2009) commented on the numerous theories that are being developed, including postcolonial theory, that have made the dominant culture feel better about colonization and perhaps made its members understand and gain insight into the plight of Aboriginal and marginalized people. Also Kelly, Shultz and Weber-Pillwax’s (2009) discussion on knowledge systems is important to Indigenous people’s identities because Indigenous knowledge is situated in the geographical locations people come from. In this context the postcolonial discourse is not yet a reality because still today the colonial policies such as the Indian Act have to do with the control of the land, and that is where the attention is focused. There has been little support for the exploration of Indigenous knowledge development, and, in fact, there are more controls over the land today than ever before. Still, these theoretical frameworks have not led to

any significant changes in health care delivery or knowledge development with Aboriginal peoples.

Cultural Models of Nursing

Since the early 1990s there has been a phenomenal growth in nursing literature on cultural competence and as a result an array of cultural training programs and cultural assessment tools have been developed. By increasing nurses' awareness of the various constructs of nursing theory, nursing models have helped them to understand and embody nursing philosophies to guide knowledge development in nursing scholarship (Fitzpatrick & Whall, 2005). Nursing models serve as frameworks for nursing practice, and I have included three prominent theoretical models in nursing education—transculturalism, cultural competency, and cultural safety—to support my position that further studies are needed to evaluate the use of cultural safety as a theoretical framework to examine the constructs that shape and contribute to Indigenous ways of knowing. History tells us that it is time to leave these models behind, because nursing has not fared well in reaching excellence in Aboriginal health (CNA, 2012).

Transcultural nursing. Transcultural nursing theory is deeply rooted in anthropology, in which researchers seek an understanding of the cultural characteristics of different societies. Nursing theorist Madeleine Leininger (1978) first coined the term *transcultural nursing* and brought attention to the cultural needs of her patients. She developed her culture care diversity and universality model on the premise that care and culture are inextricably linked. Leininger

encouraged nurses to learn about cultural groups to be able to provide culturally congruent health care. Many theoretical frameworks have continued to be developed and build on her research that is similar in scope and perspective (Giger & Davidhizar, 2002; Spector, 2004).

Transcultural nursing theory is a well-established framework, but the philosophical origins have not been fully recognized (Rajan, 1995). Theoretical and practical knowledge focuses on understanding individuals and their responses to health and illness (Gustafson, 2005). In contrast, Culley (2006) argued that this model does little to transform ideas on equity and power and the idea that "cultural boundedness remains fundamental to transcultural perspective is still an issue of 'us' learning about 'them'" (p. 146). This perspective does little to shift our thoughts to help us to understand culture from our own position and maintains a limited view of diversity. In the pan-theoretical approach to theory development, most nurse theorists in the past have shied away from power relations and politics, yet Reutter and Kushner (2010) challenged us to attend to the power and politics of nursing if nursing is ever to make a difference in the health of community or populations. Postcolonial theory theoretically takes us back, but concrete results are required to affirm its truth.

Cultural competency. The term *cultural competency* is an evolving process demonstrated by a set of congruent knowledge, skills, attitudes, policies, and structures that come together in a system or agency or among professionals that enables the system, agency, or professionals to work safely in cross-cultural situations (Campinha-Bacote, 2002, 2003; CNA, 2010a; Cross, Bazron, Dennis,

& Isaacs, 1989). Although the CNA has recognized cultural competence as an imperative concept in nursing practice, it has contended that it does not address systemic and structural barriers and is therefore inadequate to fully address health care inequities. Furthermore, nursing schools are a long way from providing evidence that nurses are in fact providing culturally competent care. In reality, concepts of culture in nursing education continue to be taught from the essentialist point of view (Gregory, Harrowing, Lee, Doolittle, & O'Sullivan, 2010).

Cultural competence has been discussed extensively in the literature, and many approaches are framed by qualitative designs to study how students, faculty, health care professionals, and health care institutions develop cultural competency in health care practice (Benkert, Tanner, Guthrie, Oakley, & Pohl, 2005; Brathwaite, 2003, 2005; Campinha-Bacote, 2002, 2003; Doutrich & Storey, 2004; Ekelman, Bellos-Haas, Bazyk, & Bazyk, 2003; Jeffreys, 2006; Ryan, Twibell, Brigham, & Bennett, 2000; Wilson, 2010). These authors have addressed the perceived lack of theoretical and experiential knowledge in nursing education. Researchers often measure cultural competence by using a variety of transcultural self-efficacy tools (TSETs), inventory scales, and open-ended questions or surveys to determine nurses' level of cultural competence. The findings reveal that nurses have gained a perceived level of confidence over time after cultural immersion experiences, clinical workshops (Doutrich & Storey, 2004), or curriculum changes (Jeffreys, 2006) were integrated into nursing programs. The participants self-reported increased awareness of biases, improved communication skills, and increased flexibility and creativity when they were immersed in

cultural learning. The question needs to be asked, if the development of tools reflects the intelligence and knowledge development of the day, can these tools be applied to all populations?

The limitations of these research studies are that the designs reinforced the participants' feelings of being outsiders looking in. The researchers entered classrooms, clinical settings, and academic institutions with permission; but the participants viewed them as experts and were unable to become immersed in a culture and its people. Very few studies documented the level of confidence before the learning situation, and many neglected to list the outcomes to determine nurses' and students' levels of cultural competence. Self-reporting can also be misleading because the participants might have an exaggerated opinion of their cultural knowledge and level of care.

This was the case in an independent research project for my master's degree that involved undergraduate and graduate nursing students who were learning to care for Aboriginal peoples (Bourque Bearskin, 2007). Using a qualitative design framed in IRM, I examined the perceptions of nursing students who were learning to become culturally competent or culturally safe in working with Aboriginal individuals. I separated the students into Aboriginal and non-Aboriginal groups to promote freedom of expression and prevent the domination of the discussion by one group over the other. In the session each group used the principles of the talking circle. The students shared their personal stories and goals for learning, which was followed by a didactic inquiry into the knowledge, skills, and attitudes required to work and learn about the concepts of cultural

competence and cultural safety. In my review of the data it became apparent that the participants held a strong conviction that, with regard to learning to become culturally competent in working with Aboriginal people, nursing education did not meet their needs, and each group confirmed that they knew very little about working effectively with this population. An unexpected finding was the strong correlation between confidence and competence. The non-Aboriginal cohort reported a distinct lack of knowledge and understanding of Aboriginal people, yet still rated themselves as culturally competent based on the premise that they were aware of the basic constructs of culture that they had learned in nursing school. The Aboriginal cohort group rated themselves as less competent when they were learning to work with Aboriginal people despite their diverse and distinct knowledge of their own social constructs. A limitation of these findings is that the students self-reported their level of competence, and the sample was small. However, the study presented valuable data on which to build further research on the experiences of Aboriginal nurses and their realities in delivering culturally safe nursing practice.

Similarly, Jeffreys (2006) examined the multidimensional process of teaching cultural competence and offered insight into all levels of nursing education. The author developed a tool (TSET) to evaluate the confidence levels of associate-degree nursing students who were working with clients from diverse backgrounds. The findings from this study show that the students were the least confident about their knowledge, more confident about interviewing clients, and the most confident about their attitudes toward transcultural nursing theory.

Jeffreys recommended that future studies be carried out with different groups of students and health professionals to compare the similarities and differences in the confidence levels of the participants from a variety of cultural groups. Therefore, continued investigation of the lived experience of promoting culturally safe learning and self-efficacy is warranted.

In other studies on cultural competency in nursing that focused specifically on Aboriginal populations, Neary and Dickerson (1999), Reeves and Fogg (2006), Weaver (2001), Wepa (2003), and Wittig (2004) explored the perceived needs of Native American nurses, student nurses, and nursing faculty with regard to teaching, learning, and working with Indigenous people. Weaver investigated the extent to which nursing education respects the norms and values of students from Native American populations. This study built on Campinha-Bacote's (2002) theoretical framework of cultural competence and clarified the body of knowledge required in education programs. About 88% of the students expressed a desire for more cultural content in the curriculum. The respondents identified four main concepts—diversity, history, culture, and contemporary realities—as important knowledge areas for students that curricula must address. The fact that these studies included participants who were Indigenous nurses and faculty who were working with Aboriginal nurses increased the likelihood that the results would be considered important indicators in future nursing education programs.

Wittig (2004) replicated Weaver's (2001) work and found similar results. Using a convenience sample of 28 nursing students in their final semester of

nursing, she examined the perceived needs of students (knowledge, skills, and attitude) to offer culturally congruent care to Native Americans. The students considered knowledge of cultural factors and spiritual belief of great importance, as well as good communication skills and open, respectful, and caring attitudes. Campinha-Bacote's (2003) cultural competence model also framed Wittig's content analysis of the data. In contrast to Weaver's study, Wittig's research reflects the importance of curriculum in the development of cultural competence in nursing education and suggests that students are grasping the necessary concepts of culturally congruent nursing care. A recognized limitation of this study was that Wittig collected the data from a one-time survey, but the implications of curriculum development for the knowledge, skills, and attitudes required to develop culturally competent nursing care are relevant. This type of ongoing discourse on cultural competency and cultural safety education within nursing practice continues to raise salient issues of racism and discrimination (Racher & Annis, 2007).

Cultural safety. During the last decade a Maori nursing researcher with extensive experience in educating future nurses identified cultural safety, a relatively new concept, as an outcome of cultural competence (Nursing Council of New Zealand, 2005; Ramsden, 2002). Ramsden asserted that cultural safety extends the current definitions of cultural competence beyond personal characteristics and that nurses need to understand *self* and their own culture and theory of power relations. The author defined cultural safety as an outcome of nursing that enables those who receive the service to define safe service. This

research offers insight into the historical and political issues surrounding the delivery of health care services in the Maori population. Ramsden described it as a critical appraisal of the political movements of self-determination, decolonization, institutional discrimination, and power imbalances in the health care system. Cultural safety in nursing

> Addresses power relationships between the service provider and the people who use the service. It empowers the users of the service to express degrees of felt risk or safety. Someone who feels unsafe will not be able to take full advantage of the primary health care services offered. (Papps & Ramsden, 1996, p. 494)

Ramsden (2002) explained that cultural safety stems from critical social theory as an outcome of learning to work with Indigenous people and is defined by those who receive it. The National Aboriginal Health Organization (2006) asserted that cultural safety is built on the principle of biculturalism, which differs from transcultural nursing concepts in that transcultural-nursing care develops from the dominant culture. It is a controversial term in that some believe that adopting this approach is comparable to 'force-feeding' culture. However, the strength of the concept lies in the fact that cultural safety in nursing education focuses on teaching students about Indigenous colonial histories and the impact on people's health, and they learn to self-discover attitudes by tracing them to their origins and reflecting on nursing practice. This is a major shift in education strategies and curricula to incorporate biculturalism and self-understanding of identity as a foundational tenet.

The building blocks (competencies) required for cultural safety include cultural awareness, knowledge, understanding, and sensitivity. Cultural safety is

not about cultural practices; rather, it involves the recognition of the social, economic, and political position of certain groups within society, such as the Aboriginal people in Canada, and the consequent impact on their health (A.N.A.C., 2009b). In addressing these challenges in nursing education, three national nursing bodies (A.N.A.C., CNA, and CASN) collaborated on a project to articulate a cultural safety framework to identify best practices in relation to First Nations, Inuit, and Métis students. This framework lists the core competencies considered important to create a culturally safe environment. The competencies—postcolonial understanding, Indigenous knowledge, respect, communication, inclusivity, mentoring, and support—are considered important areas for further development in nursing (A.N.A.C., 2009b).

Cultural safety is concerned with fostering an understanding of the relationship between minority status and health status as a way of changing nurses' attitudes from continued support for the current dominant practices and systems of health care to more support for the health of minority groups (Arieli, Friedman, & Hirschfeld, 2012; Gibbs, 2005). Cultural safety is intended to counter the tendencies in health care that create the culturally unsafe situations that arise when people from one ethnocultural group believe that they are demeaned, diminished, or disempowered by the actions and the delivery systems of people from another culture (Wood & Schwass, 1993), as well as to acknowledge and address social justice as a means of reducing the power differentials and the consequent health inequities and institutional discrimination

(Browne et al., 2009; Canales, 2010; Drevdahl, Canales, & Dorcy, 2008; Rigby et al., 2011).

With regard to the issues on cultural safety, research is shifting from the notion of integrating concepts of culturally specific content to a more self-reflexive, social, political, and economical critical consciousness of working together in nursing education, as Doutrich, Dekker, and Pollock-Robinson (2012) maintained. They used an interpretive hermeneutic method to explore the meaning of cultural safety to nurses in New Zealand and the United States. Using snowball and purposive sampling, the recruited 12 nurses (staff and faculty) who recognized that the reflexive relational awareness of being and living biculturalism in nursing is significant to their own learning and teaching. In particular, cultural safety needs to become part of nursing registration. Two experienced and knowledgeable researchers completed the hermeneutic analysis. Questions arose about nursing pedagogy within the context of Maori history that brought greater attention to the otherness of the health care system. However, serious limitations were that no Maori nurses were interviewed, and there was little evidence of member checking or validation of the results with the participants. The strength of this research is that, after three decades, the ideas of cultural safety and the importance and recognition of the New Zealand Treaty calls on nursing to initiate greater acts of equity. This is starting to happen here in Canada. This transference to improved health care shows a growing mindfulness of cultural safety and allows nurses to push open the widening boundaries of nursing care for Indigenous Peoples. Doutrich et al. also reported the many

challenges that non-Indigenous nurses face in integrating the concepts of cultural safety into their practice. Of concern is the ability to manage painful issues that arise when nurses engage in self-understanding that calls their beliefs and actions into question.

The current discourse on cultural safety is an attempt to integrate concepts of culture specific to Aboriginal health into health care practices (Walker, Cromarty, Kelly, & St. Pierre, 2009). My concern with this approach is that, from an Indigenous perspective, the concept of culture alone does not fit with the development of Indigenous knowledge. Indigenous knowledge is the manifestation of human knowledge, heritage, and consciousness and is a means of ecological order (Battiste & Youngblood Henderson, 2000). However, if nursing were to put cultural safety foremost in knowledge development, I wonder whether it would keep people safe and reduce health inequities or generate more stereotypes.

Knowledge Development in Nursing

Broadly defined, knowledge development is the collection, creation, adoption, dissemination, review, revision, translation, and mobilization of information and research in a particular subject area. Nursing theorists Chin and Kramer (2011) explained the importance of emancipatory knowing as a moral imperative for knowledge development in nursing as a practice discipline. They described emancipatory knowing as a means of addressing health disparities and enhancing nursing praxis. Accordingly, the authors referred to nursing praxis as a process of integrating theory into practice by means of reflective thinking:

"Crucial reflections and actions that constitute praxis at the individual and collective level continue to energize change in the direction of creating emancipatory knowledge that makes visible how equitable and just social structures can be created" (p. 7). When nursing consciousness rises, the development of nursing knowledge relies on the continued education and enrichment of nursing values and skills generated from the lived experiences of nurses and patients (Risjord, 2010). Risjord recognized the salient and silent features (faces) of nursing knowledge:

> To the public, nurses embody the best of modern health care. Efficient, effective and caring nurses are the center of the patient's experience. The other face is largely invisible to the patient, even though it has been part of nursing since the time of Florence Nightingale. Nursing requires knowledge. (p. 2)

Much indecisiveness exists today about what knowledge constitutes nursing knowledge and how nursing knowledge is developed. The *Concise Oxford Dictionary* (Thompson, 1995) defines knowledge as what one knows with clarity and certainty in relation to the perceptions and understanding of facts. However, this definition does little to clarify what nursing knowledge is because nurses perceive knowledge based on their own unique experiences, which are different for each nurse. Etymologically, knowledge comes from the Greek word to *gno*, 'to know' (Barnhart & Steinmetz, 2006). Kikuchi (1992) contended that science is unable to answer questions about nursing; rather, it is through philosophical inquiry that the development of nursing theory will flourish (Kikuchi, 1997). From a philosophical standpoint, Johnson and Ratner (1997) considered nursing knowledge something that is perceived or held in

consciousness and suggested that if it is verifiable, it becomes true. These authors recognized that nursing knowledge is both subjective and objective, which lends itself to the speculative knowledge (know-that) and the practical knowledge (know-how) of nursing practice. Knowing how must be drawn from the ontology of nursing because here the complexities of nursing knowledge can be fully explored.

The evolution of nursing knowledge began with Florence Nightingale. Her book *Notes on Nursing: What It Is and What It Is Not* (Nightingale, 1860/1969) makes the very clear distinction that nursing knowledge is based on multiple factors that she called the laws of nature, health, and nursing. More than a century later Carper (1978) described the intricate nature of nursing's epistemology in seminal work on patterns of knowing that are constructed from the empirical, aesthetic, ethical, and personal experiences of nurses in the body of nursing knowledge. Understanding the influence of these patterns is essential to establishing a sense of the knowledge that has become most valued in nursing and the knowledge that we are missing. I marvel over nurses who continue to practice in advanced settings, borrowing knowledge from various disciplines to expand their repertoire of understandings of multiple ways of knowing. Yet I question why Indigenous knowledge has been excluded from the development of nursing knowledge. Of particular concern for me now is how Indigenous knowledge can influence nursing practice and contribute to the advancement of nursing knowledge. Vital to this exploration is a basic understanding of the philosophical assumptions that underlie the various nursing paradigms and theories from which

nursing knowledge has been traditionally developed so that I can uncover what I have taken for granted in my own practice. Schlotfeldt (1989) argued that nursing needs to reach an agreement about the human phenomenon of concern to nursing and suggested that knowledge of the discipline requires recognition of society's changing needs and distinguishes the uniqueness of each person: "Personal knowledge of individual groups of persons is needed for nurses to respect the uniqueness of those for whom they provide exemplary services" (p. 8). Emphasizing nursing content rather than nursing process will better serve the discipline of nursing (Donaldson & Crowley, 1978) to establish a knowledge base that services society. Fawcett (2006) pointed out that a sense of curiosity, commitment, and courage are required to push nursing knowledge development forward and recommended that, heading into the future, nurses will be more cognizant of alternate ways of knowing; however, Fawcett argued that the challenge will be our individual and collective ability and willingness to take risks and position nursing knowledge at the center of nursing practice.

As we continue to debate and develop nursing knowledge, it is important to recognize the influence of different nursing paradigms on nursing knowledge. Paradigms and theories of nursing help nurses to view, guide, predict, and explain nursing practice. Paradigms give rise to a way of explaining how things work or, in the case of nursing, how people/nurses function (Shapiro & Freedman, 2001), whereas theory is defined as "a set of concepts, definitions, and propositions that project a systematic view of phenomena by designing specific interrelationships among concepts for purposes of describing, explaining, and predicting" (Tomey

& Alligood, 1998, p. 4). In nursing education these paradigms evolve from the distinct and hierarchical form of knowledge that comes from nursing theorists, most of whom are well educated and privileged European women. This is not a bad thing, but it demonstrates that the vast majority of nursing knowledge has been framed by an unfamiliar approach that our First Nations, Inuit, and Métis people have not predominantly taken. For the purpose of clarity, I will briefly discuss prominent nursing paradigms and how theories continue to shape knowledge in practice. As well, I use this knowledge or review as the backdrop for my exploration of an Indigenous paradigm in nursing so that Indigenous nursing knowledge can be utilized to advance and shape the current context of nursing practices. I do not advocate for one paradigm over the other; rather, in the tensions of all of these paradigms, I open myself up to the discourse on Aboriginal health and Indigenous nursing knowledge.

Paradigms and theories. I will consider the respective paradigms of empiricism, interpretivism, and critical social theory with the various ranges of grand, midrange, and situation-specific theory to explore their influence on nursing knowledge. Weaver and Olson (2006) outlined the predominant nursing paradigms used in research and suggested that the development of nursing knowledge has been influenced by a range of paradigms—positivist, postpositivist, interpretive, and critical social theory—each with its unique qualities and varying levels of nursing theory. For example, the philosophical assumption of positivism is that only one reality exists, independent of the context. Truth is determined based on the verification or disproval of

observations. What is known is verified through a sensory experience, but cognition and perception are separate entities. The aim of knowledge development is to explain and predict nursing phenomena, free of value and under the control of well-established rigour that will result in generalizable findings (Allen, 1985; Forbes et al., 1999; Monti & Tingen, 1999).

Furthermore, Im (2005) and Tomey and Alligood (1998) argued that grand theories have been influenced by the principles of empiricism, which has led to a strong unity of nursing knowledge that cannot be tested empirically or verified theoretically because of its abstract nature. Grand theory is complex and broad in scope and addresses the nature and goal of nursing, and the fundamentals of grand theory are considered general, abstract, and impractical.

The interpretive paradigm focuses on understanding the human experience in health (Weaver & Olson, 2006). Allen (1985) described the interpretive paradigm as a theory that explains the meaning, ground, motivation, or reason for human action. The premise of interpretive paradigms is that there is no single view or truth, but rather a range of views that can be validated from various perspectives to achieve a full understanding of a given situation (Monti & Tingen, 1999). They view the individual as a living organism in an open system that is not reducible to parts. The human experience explored from a subjective perspective helps researchers to understand concrete experiences and explicate patterns of behaviour to uncover the meaning and concerns inherent in nursing practice (Forbes et al., 1999). Criticisms of theories generated from the interpretive position include loss of objectivity, adherence to established norms in

health care, and the fact that these theories are not amenable to testing or refutability (Cody, 2000; Cody & Mitchell, 2002; Weaver & Olson, 2006). Elements of middle-range theory are identified in the interpretive paradigm because of its roots in hermeneutics and post positivism (Im, 2005). Researchers have argued that middle-range theories have a narrower focus and limited variables and are considered neither broad nor specific because they can address only certain components of the domain of nursing (Liehr & Smith, 1999; Tomey & Alligood, 1998). Mid-range theories have been considered the blueprint to close the theory-practice gap but also criticized for drawing or borrowing knowledge from other disciplines, which has raised a number of concerns about the distinctiveness of the nursing discipline (Johnson, 1968; Risjord, 2010).

More intangible and complex than the first two paradigms is critical social theory, which offers a more holistic outlook for nursing practice. It encompasses aspects that empirical and interpretive paradigms cannot capture. Critical theory paradigms are built on the work of theorists such Habermas (1973) and Freire (1970) who examined relationships of power and the underlying structures that create social inequities (Mohammed & Hudson-Barr, 2006; Weaver & Olson, 2009). This perspective is based in realism, which considers truth universal but not accessible to everyone. Observations are subjective and not value free, and the human experience is structured by social meaning (Butterfield, 2002). Knowledge generated through this lens exposes oppression and power imbalances in marginalized individuals, families, and communities, which gives nurses an opportunity to explore the social constructs that influence race, gender, and

marginalized populations (Allen, 1985; Mill, Allen, & Morrow, 2001). A critical theory perspective helps nurses to analyze existing problems in nursing science to create social change. The limitations of this framework, according to Mill et al., is that it is often relevant only to oppressed populations because of its Eurocentric nature and paternalistic effect on nursing practice.

In accounting for individual sociocultural realities in nursing practice realities, Dickoff and James (1968) suggested that 'situation-producing' theories are needed to support nursing practice. Im and Meleis (1999a, 1999b) proposed that situation-specific theory is a more detailed level of theory that focuses on specific nursing situations and creates a framework for nursing interventions. It is less abstract and is confined to developing an understanding of a specific population. Situation-specific theories build knowledge using nurses' abilities and intuitive methods by taking into account the sociocultural realities of the individuals and the discipline that nurses serve (Im, 2005; Tomey & Alligood, 1998).

As I mentioned previously, the paradigm discourse in which I have engaged does not pit one against the other; rather, it shows the plurality of knowledge and the hierarchical structure in the development of knowledge. The truth is that Aboriginal nurses were not able to share their Indigenous knowledge in this development. The philosopher Risjord (2010) engaged in philosophical discourse on the types of knowledge that are important to nursing as a discipline and a practice. He discussed knowledge as a patch quilt of ideas and theories that fit together in a collage of patterns that produce a vibrant and eclectic underlay.

Part of this patchwork quilt is the knowledge particularly important to specific groups. Important to this dissertation are the sociopolitical and historical constructs of Aboriginal health in Canada.

Indigenous nursing knowledge development. From time immemorial customs and practices of Indigenous women have played a huge role in establishing a sound knowledge base for the traditional healing practices of First Nations, Inuit, and Métis peoples (Anderson, 2001, 2011, Burnett, 2010; Drees, 2013). A prominent nursing historian, Donahue (2011), documented the historical events of nursing beginning with civilization that explained the premise of nurturing as essential to the preservation of life and the survival of the human race. The author considered nursing the oldest of the arts and the youngest of the professions and pointed out that it has undergone many phases. In 1893 Bordoe (as cited in Donahue, 2011), who wrote on the primitive man and the discoveries of medicine, acknowledged that original people's care for the sick generated some of the first ideas on nursing care and medical treatment.

Correspondingly, Burnett (2006) and Cashman (1966) studied the establishment of health care services by Aboriginal and non-Aboriginal women in Alberta. Cashman wrote about the contribution of Indigenous Cree women, who supported the Grey Nuns in their establishment of nursing services in Lac Ste. Anne, Alberta. Here the people built a mission to protect the Cree people, not only because the war between the Blackfoot tribes was taking its toll, but also because the medical people and missionaries were impressed with the knowledge that Indigenous women used to cure ailments and illnesses with herbs, roots, and

berries. Cashman explained that the relationship between the missionaries and the Indigenous healers was not clearly understood, and the rapid influx of settlers changed the social and political economies for both the Indigenous peoples and nursing:

> Indian medicine was changeless, as the West itself seemed to be in the first year of the Grey Nuns at Lac Ste. Anne. But unimaginable changes were soon to seep over the West, and in 1859 and 1860 in England, Florence Nightingale (1860/1969) and her ally, William Rathbone, would do things to change the face of nursing as much as the rush of history would change the face of the West. (pp. 8-9)

Thus the story of nursing in Alberta began in 1859 (Cashman, 1966), and my own discoveries in my family take me back to this same time period when my great grandmother and great grandfather were known to both practise traditional medicine and provide a service to community peoples.

Similarly, Burnett (2006) revealed that female missionaries drew on Indigenous knowledge for their own medical and nursing work, using the specific skill set and healing knowledge of the Blackfoot, Blood, Peigan, Stoney, and Sarcee women. The growth of White settlement and advances in medicine fundamentally transformed the relationship between the First Nations people and the early nursing pioneers Jesuit missionaries, who are credited with the genesis of health care in Canada.

Contemporary realities. *The Winter We Danced* (Kino-nda-niimi Collective, 2014) is an honest, flowing rhythm of personal experiences expressed in ways that resonate deeply within the simple acts of humanization. A story of the voices from the Idle No More Movement is a personal and collective resistance to the continued colonization of Indigenous people in Canada. This

opposition, despite what the media often portray, originates from love—love of the land, water, and air. Sylvia McAdam (as cited in Kino-nda-niimi Collective, 2014), one of the four founding members of Idle No More and a Cree scholar at the University of Saskatchewan: said it best: She was "armed with nothing more than a song and a drum" (p. 65); that is all it took. People organized themselves and initiated rallies; sit-ins, teach-ins, and flash mob round dances at legislature buildings and schools, in the streets, and at major malls across the country. The drummers sang their beautiful songs, and the people danced in a spirit of rematriation. The people planted a seed of curiosity, and fellow Canadians retaliated with slurs and degradation, only to soon lift the veil of denial. It created a critical wave of awareness of the issues important to not only Indigenous people, but also all Canadians—Indigenous people who engender Indigenous ways of knowing and being, knowing that it is much more than the binary opposite of Western knowledge. Batiste (2002) explained:

> Indigenous knowledge benchmarks the limitations of Eurocentric theory—its methodology, evidence, and conclusions—and reconceptualises the resilience and self-reliance of Indigenous peoples, and underscores the importance of their own philosophies, heritages, and educational processes. Indigenous knowledge fills the ethical and knowledge gaps in Eurocentric education, research, and scholarship. (p. 5)

The Indigenous nursing scholars in this study focus on their own ways of knowing and their own understanding of community wellness and illness prevention that interplay in the integration of Indigenous nursing knowledge. Frameworks for and approaches to Aboriginal health nursing that are informed by Indigenous nursing knowledge are under a critical eye. Across the country we are seeing First Nations, Inuit, and Métis nursing leaders advocating for knowledge

development grounded in their worldview. Early in her career, Jean Goodwill (as cited in A.N.A.C. Scholarship Application, n.d.), a founding member of A.N.A.C., stated:

> I think the basic sense of personal responsibility that forms an important part of a nurse's training must be the guiding ethic in any profession involving human and social services. For many of you, I would predict that the greatest test of your professionalism will be your ability to apply your knowledge in a practical way, to put yourselves at the service of those communities and individuals whose need is greatest.

Additionally, Jocelyn Bruyere (as cited in ANAC, 2005b) explained:

> A.N.A.C. could be a political force to be reckoned with in nursing and in the Aboriginal health field. And to be a political force, not just with the federal government, but with Aboriginal leadership and the nursing profession as well. The Aboriginal Nurses Association of Canada continues to be that bridge. (p. 29)

A.N.A.C. had its first official gathering of nurses in 1975, where 41 Aboriginal nurses began to map out their own destiny. Expressing their concerns on matters related to Aboriginal health, they supported each other and began to build a bridge between bicultural nations (A.N.A.C., 2005b). The founding members, Jean Goodwill and Jocelyn Bruyere, both Cree nurses, were instrumental in focusing attention on the gaps in Aboriginal health and advocating for ways to design and deliver nursing interventions to First Nations, Inuit, and Métis populations. This understanding was a way to counteract the continued marginalization of Aboriginal people. Over the past 39 years Indigenous nurses in Canada have been combining their Western education with a firm grounding in their own languages, cultures, and healing traditions. The support that I received by being connected with some of these nurses has encouraged me to continue the

laborious work of advancing Indigenous knowledge. Indigenous nurses are in a unique position to facilitate change and ways of thinking about Indigenous people's health and to develop policies and frameworks for traditional health care practices that can be used in health care research, education, and practice. Through continued investigation, the divergences in integration will be brought out into professional discourses.

Integral to this work is my own Cree/Métis knowledge system. I take notice of the meanings of terms used in healing and health that are expressed in the Cree language. Etymological tracing will help the reader to understand the original meanings and intentions that are informed by the Indigenous language, knowledge, values, and beliefs and are further integrated throughout the body of this work. The etymological significance of the Cree word for *nurse*, *maskihkîwiskwêw*, which translates in English to 'medicine woman,' is that, traditionally, it has referred to women who hold traditional knowledge of the earth's plants and medicines (M. Bearskin, personal communication, n.d.). In comparison, the word nurse comes from the Latin word *nurtricia*, which means 'to nurture,' in reference to feeding and nourishing and caring for the sick (Barnhart & Steinmetz, 2006). The difference in meanings is the notion of relationship to the land. Understanding the origin of terms helps to distinguish features of Indigenous nursing knowledge and Aboriginal health nursing practice. *Indigenous* comes from the Latin word *indigena*, which means 'originating in the region or country where found.' *Aboriginal* in its root form—*ab*, which means 'before,' and *original*—is defined as 'first in time.' *Health* comes from the Latin

word *haēlth*, which means 'being whole or sound or well' (Barnhart & Steinmetz, 2006). For the purpose of this study, Indigenous knowledge informs Aboriginal nursing practice.

Dion Stout, Stout, and Rojas (2001) stated that if an Indigenous paradigm is to be useful, it must begin with a common vision guided by the values and priorities of the community: "Aboriginal People must maintain the integrity of their traditional knowledge" (p. 2). We have created our Indigenous perspective from our experiences situated in the traditions and customs of our people and shaped by our ancestors, land, and mental, emotional, physical, and spiritual relationships with each other (Bill, 2012; Dion Stout & Downey, 2006; Struthers, 1999, 2003). It includes all generations and cycles in time and space for the manifestation of compassion and respect in the development of our self-understanding associated with identity formation, which is central to the creation of Indigenous knowledge (Couture & McGowan, 2013; Dumont, 2005; Lightning, 1992; Weber-Pillwax, 2003.

In the context of everyday experiences, Aboriginal nurses continue to reveal and carry the burden of increased morbidity and mortality for Aboriginal peoples. These disparities have made me wonder about the influence of nursing knowledge and query how the development of nursing knowledge has influenced nursing practice for Aboriginal individuals, families, communities, and nations.

I have been able to draw on the excellent and innovative work of Dr. Struthers (1999), an American Indigenous scholar, who in the late 1990s began her own research journey to uncover the experiences of Indigenous healers

within a Western context. The author did not name her research process *Indigenous research methodology*, but it is clear from her writing that she followed Indigenous processes and protocols and that her continued relationship with and commitment to Indigenous nursing knowledge development were key outcomes. I discuss her study closely here because it was one of the first. Employing a phenomenological research inquiry to illuminate the experiences of six traditional healers, she used purposive sampling to select her participants. Because the nature of the research required the author's engagement with sacred knowledge, an important consideration was an apt understanding of the history of criminalization. Some participants were hesitant, and some completely disagreed with the type of research that Struthers was proposing.

However, with support from her knowledge holders, Struthers (1999) was encouraged to continue. Some of the invited participants graciously declined, and she therefore had to widen her search for participants to Canada and all of the United States. She immersed herself in traditional protocols of her participants' when collecting data through multiple methods and included uninterrupted open-ended participant interviews that lasted from one to three hours in participant-selected locations. Struthers was extremely cognizant of the importance of oral transmission and therefore required constant support from her participants through member checking to ensure in her analysis that she had translated the data accurately and appropriately, including the translation of Cree and Ojibwa language. The author asserted that the phenomenological method was the most appropriate approach considering that an empiricist investigation would not

suffice to capture the lived experience of healers in keeping with her research question. Considering that this line of research had not previously been undertaken, Struthers was trailblazing a path for Indigenous nurses. However, she did not critically analyze the political and social environments that influenced healers, as she would have if she had used Indigenous research methodologies. The findings of her study support continued exploration of the phenomenon of Indigenous women healers. She reported that the spiritual gift of healing is self-generating, entrusted to a higher faith, mastered through lifelong learning, and interconnected and balanced within our existence of creation. For the purposes of my research I envisioned the need to learn more about the researcher's understanding of the "wholesome self", a finding of her study. I hope to understand more about this concept as Indigenous nurses work in contemporary times with the personal, public, professional, and political disenfranchisement of Indigenous people in Canada.

In another qualitative study, Moffitt and Wuest (2002), non-Indigenous scholars, explored the ways and the degree to which culture is integrated into students' experience of learning with the goal of delivering culturally appropriate care. In their qualitative participatory approach, the researchers used purposive sampling to recruit 16 participants (9 participants self-identified as Aboriginal, and the others were Caucasian). They described Indigenous ways of being as inquisitive, receptive, interactive, and reflective; they included Elders who mentored and shared stories, learned on the land, and used sharing circles to

disseminate knowledge. The findings of this study suggest that it is time for nursing curricula to integrate differences rather than sameness.

Lowe and Struthers (2001) also studied the essence of Native American nursing to investigate how nurses practice the profession of nursing. Using a qualitative descriptive design, they collected data over two years from students, nurses, and other professionals who attended an annual Native American conference in 1997-1998 and completed their project in two phases. In the first year they collected data from 11 focus groups (203 participants) and used thematic analysis to identify phenomena that are important to Native nurses. In the second year they presented these themes back to seven focus groups (192 participants) to identify the core concepts appropriate to the creation of a cultural conceptual framework that outlined seven concepts that Native American nurses thought were of greatest importance to their practices in nursing. The framework included spirituality, caring, holism, traditions, and the trust and connections that Native people understand, which are grounded in intertribal values and exemplify the wholeness of Indigenous knowledge. Lowe and Struthers recommended further study to identify concepts that Indigenous nurses feel are important to the phenomenon of nursing practice. This particular study is relevant to my work because it provided a foundation for what must be considered in the integration of Indigenous knowledge into nursing education

Further to this, Struthers and Peden-McAlpine (2005) described the similarities of a phenomenological research approach and the nature of the narratives that Aboriginal populations use. The authors suggested that a narrative

approach is best suited to Indigenous ways of learning because it is deeply rooted in the preference for experiential knowledge. This experience is transmitted through the tradition of storytelling. Indigenous Elders and eminent scholars believe that using Indigenous pedagogies will help students to create culturally safe learning environments that encourage them to maintain their cultural identity, thereby supporting the continued resiliency and the capacity-building goals of Aboriginal people and enhancing health in a holistic manner.

The integration of knowledge from nursing, health, and Indigenous sources forms a unique body of knowledge that can inform Aboriginal health nursing. These understandings must emerge from the agreements, affirmations, and negotiations of people to be able to re-examine the structural barriers that stand in the way of increased equality for Aboriginal peoples within the Canadian health care system. Nurses have the potential to engage in discursive discourses with Aboriginal people and to open spaces for dialogue to give Aboriginal people more control over their own matters and what is important to them. To make theory accessible, it must be translated in such a way that communities and practitioners can embrace it and critically reflect on the existing practices and theories that are informed by knowledge (Gergen, 2007; Gergen & Zielke, 2006).

Experiences of Indigenous Nurses

The next series of studies introduced in this literature review specifically addressed Aboriginal nurses' experiences in nursing. They are vital to this review because they support the direction in which I am advancing in my own learning.

Smith, McAlister, Gold, and Sullivan-Bentz (2011) called for the resolve of Aboriginal nursing education through the inclusion of Indigenous knowledge systems. Drawing on literature published in the last 10 years, the authors included 36 of 721 peer-reviewed articles and Aboriginal health websites retrieved from six databases (Medicine, Nursing Psychology, and Education) using the key terms *Aboriginal*, *nursing education*, *recruitment*, and *retention*. Smith et al. analyzed the literature using a socio-ecological and decolonizing framework to highlight the relationships between the individual and the multiple social contexts of the recruitment and retention of Aboriginal nursing students in an academic environment. This analysis is particularly important because it addressed issues from a social-determinants perspective, a context for discussion of Indigenous self-determination and interdependence within an academic environment. The authors explained that there is an inherent relationship with Aboriginal people in Canada that requires further exploration and advocacy to recognize and incorporate Indigenous knowledge to enhance the educational, recruitment, and retention strategies of Aboriginal people in nursing education programs.

In focusing the results, Smith et al. (2011) described the barriers and facilitators that offer insight into the current realities and possibilities that could enhance Aboriginal nursing education in Canada. They further broke down the barriers into the characteristics of Aboriginal students and academic learning environments, such as high school completion rates, intimidation in dealing with postsecondary institutions, limited information on study options and career

exposure, financial hardship, and the lack of support with regard to cultural identity and the struggles related to living close to their communities. The barriers to preparing youths for university continue to be rooted in their history of colonization and marginalization (p. 8). Once they transition into a university setting, academic environments become places of limited support and the lack of experienced faculty to teach Aboriginal students because of the lack of preparation, understanding, and sensibility to Indigenous issues. Smith et al. concluded that a rigid and competitive learning environment includes discrimination, racism, and stereotyping, where Aboriginal students continue to experience a greater sense of isolation and lack social, cultural, and financial support.

In summary, this literature supported what I had already known from my own experiences: that despite the challenges Aboriginal students gain access to nursing through laddering approaches, a facilitator that continues to improve access to education. Bridging programs to increase their success in math and science, improve high school completion rates, and ease their transition to postsecondary institutions, as well as improved marketing strategies, have recently increased the number of Aboriginal students who attend postsecondary education. Smith et al. reported that action-indicator activities that foster individual and collective growth, such as dialoguing with Elders and community leaders, attending cultural workshops and events, and including cultural content—culture, history, health, and cultural care—are congruent with and relevant to Indigenous people's life experiences. A cooperative, circular learning approach

that involves storytelling, experiential learning, authentic learning, reflexivity, and case-by-case approaches is highly recommended. Recruitment strategies need to occur early. The essence of Aboriginal people in postsecondary education is helping to create welcoming and collaborative events that include Elders and other Indigenous knowledge holders from various professions. The authors of this review presented a well-reasoned appraisal of the current literature using a socio-ecological decolonizing approach to enhance the understanding of knowledge development in nursing.

Parent (2010) addressed nursing education for Aboriginal students and made recommendations. Recognizing the disparities in human health resources in nursing practice, she sought answers to uncover the optimal structure and functions of nursing education for Aboriginal learners. Parent assumed that Aboriginal student learners possess different ways of knowing, that they come to education with diverse backgrounds, that Aboriginal people can provide better care for Aboriginal people, that nursing programs do not address Aboriginal content, and that nursing programs do not have enough financial resources to implement different approaches. Using a Delphi research approach, Parent examined current educational practices; curricula content, pedagogies, and student support systems geared to Aboriginal students and incorporated a mixed-method approach to collect her quantitative and qualitative data. She described the Delphi technique as a consensus-building tool and the best way to complete the study because it allowed her to collect subjective data from a purposive sample of 15 individuals known for their expertise in the field of Aboriginal nursing. She

asked three rounds of questions after she tested the tool with a group similar in size to the original sample.

Parent (2010) used a series of questions that an Aboriginal advisory group developed to collect and analyze her data. The first round of questions helped her to identify prominent themes with regard to curricula, teaching strategies, and psychosocial support for Aboriginal nursing students. The second round required ranking and rating, for which she using a Likert 5-point scale. In the third round she refocused the questions to collect information on the perceived importance of each identified structure. The fourth round was the qualitative component of the study, and Parent interviewed five participants to verify the results.

Using content analysis, Parent (2010) analyzed the data to evaluate, synthesis, and categorize the responses and looked for a high level of agreement to develop themes from the responses to each question. She consistently built her qualitative data from round one into the other three rounds by using the reliable process of quantitatively ranking and rating the statements and using descriptive statistics while focusing on identifying optimal program structures, which indicated a level of confidence in the findings.

The findings from Parent's (2010) study on building optimal structures in nursing education reveal the need to pay greater attention to the three important aspects of social support, teaching strategies, and curricula. More attention is also required to the philosophical assumptions of Indigenous worldviews in nursing curricula and the need for greater collaboration and focus amongst health care professions on the determinants of health. Other concepts such as racism,

oppression, and policy action with regard to Indigenous peoples need to be incorporated. In terms of teaching strategies, the results focus on strengthening approaches to addressing learners' needs and styles of learning. Other activities include peer and faculty mentorship and the integration of more art, storytelling, and experiential learning opportunities. Parent identified social support as programs that integrate an academic, social, financial, and personal focus. Access to Elders, more Aboriginal faculty, and peer tutor support, in addition to funding, are critical. Overall, the need for optimum curriculum, teaching strategies, and psychosocial supports is serious, a constructive finding, and realistic in that, rather than more resources, thinking about doing things differently is required. Parent's study is important to my work because one of the consistent findings in this consensus-building activity with Aboriginal nurses is the central theme that it is essential to articulate Indigenous knowledge and pedagogies in nursing education.

In collaboration with A.N.A.C., Rowan et al. (2013) designed three-phased, mixed-methods, sequential triangulation research study aimed at understanding how to integrate cultural competence and cultural safety as knowledge into undergraduate nursing curricula. The methods included three phases. First, they extracted information from pilot sites, grey literature, and peer-reviewed literature to identify, main categories from Donabedian's (1988, 2005) structure, process, and outcome model, the factors associated with integration. Following this, Rowan et al. administered a survey to 82 directors and/or deans of English-speaking schools of nursing and then interviewed 12 senior administrators and/or faulty members. A core group of Aboriginal and

non-Aboriginal researchers analyzed the data using a qualitative approach. The researchers piloted each of the interview guides to assess the accuracy and appropriateness of the questions. They then identified themes by using NVivo 9, which resulted in two-level coding and classification of the contextual and structural processes and outcomes. Twelve faculty of nursing employees from across Canada completed the initial survey, for a response rate of almost 50% of the total surveys sent out. After an intensive review and many discussions, Rowan et al. identified several facilitating factors such as leadership, partnerships and networks, and educational supports for students, which they recorded as potential strengths. The main concerns with the study are the lack of policies to recruit and retain faculty members who were willing to self-identify, the financial resources, and the outcome-evaluation strategies to assess the level and effectiveness of cultural competency and cultural safety concepts in nursing education. Rowan et al. developed a conceptual model of integration that offers insight into how schools of nursing support the integration of cultural competency and cultural safety into their curriculum. This initial study provides nurses with information on the theoretical and practical implications of integrating the concept of culture (competency and safety) into nursing curriculum. Understanding the contextual and structural processes and outcomes in nursing better prepares educators to respond to Canada's growing diversity with regard to First Nations, Inuit, and Métis students in particular. The limitations of Rowan et al.'s study were the self-reporting concerns and perceived levels of integration because the second phase of the study included only schools that reported a high level of integration. It

would be interesting to compare these results with those from schools of nursing that initially reported low levels of integration of cultural competency and cultural safety. The authors asked questions in this study that are still relevant and pushed me to consider them in more depth:

> How can we improve recruitment and retention efforts for Aboriginal students and faculty? What are effective means of preparing and supporting faculty? Can improved cultural competency and cultural safety educational systems help educators become more responsive to the needs of diverse student populations? What is an appropriate process and outcome measurement strategy? Does integration of these concepts in baccalaureate programs have a lasting effect or should there be continuing education reinforcement and if so how frequently? (p. 9)

The last two studies by Indigenous nurse researchers Desjarlais (2011) and Kurtz (2011) offered insight into the lived experience of Indigenous nurses in Canada, on which I have extended my thinking more specifically about nursing knowledge development. In the last study the researcher was not Indigenous to Canada, but the findings are extremely relevant to the Canadian context because she conducted the research using a participatory approach with Mi'kmaq women from the eastern provinces. These research studies were very helpful in that they helped me to understand the importance of an Indigenous critical inquiry and fully examine the factors involved in knowledge development in nursing.

Desjarlais (2011) used a narrative inquiry (Clandinin & Connelly, 2000) to explore her own life experience as a person who identifies as an Aboriginal nurse. She worked in nursing and nursing administration for many years and drew on her life experience and those of three other nurses. Her story was grounded in multiple worldviews, and she explored what it was like for other Aboriginal nurses who were navigating their way through nursing education. These

experiences offer insight into the historical and social factors that shaped the nurses' lives. It is a story of the resiliency of Aboriginal nurses and the issues that they overcame to be successful in their nursing education. The narrative inquiry approach was appropriate to Desjarlais' exploration of the relationship between the women's stories and their lives, because storytelling is a common and comfortable way for Aboriginal people to share their experiences. She selected her participants from her lived experience, and her only criterion was that they to be willing to share their stories and self-identified as Aboriginal. Desjarlais analysed the narratives from the perspective of historical, institutional, and Aboriginal voices. One of her findings that is important to me is the commonalities in their lived experience as Aboriginal nurses, who reported that they did not have the time or resources to deal with their own past hurt. They were immersed in helping others that they forgot about or neglected themselves. One of the participants made an important observation: "Interesting that we market nursing as a 'caring' profession, but we still have difficulty with students who are different" (p. 104). Desjarlais suggested that this speaks to the violence that continues to be perpetuated in academic and health institutions. This resonates for me when I think back to my own practice, when I was caring for my mother and had given birth to two sets of twins as a single parent while I was pursuing my nursing education, and to why I wanted to conduct this study. The narratives in Desjarlais' study are important stories because they speak directly from an insider perspective. It is evident that she was in relationship with her experience with the data and her participants. A number of significant findings

led me to consider the importance of uncovering the voices of nurses who want to give back to their communities. Paying attention to the roles of Aboriginal women and the effects of intergenerational trauma as well as the participants' personal experiences with health care at an early age is mandatory. For me, these are all extremely important findings, but one thread really spoke to me because it fits so closely to what I consider one of the greatest contribution that Aboriginal nurses can offer: It is the finding that the collective experience of working together from within our own Indigenous consciousness is essential to the development of nursing knowledge.

Desjarlais (2011) talked about the experience of "leaving no one behind" (p. 153). One of her participants explained that "it isn't about competing as individuals; it is about achieving as a group, as ten little Indians" (p. 172). The notion of sticking together and working together resonates in the metaphor of the garden that she used to portray the place wherein the act of re-member-ing is unearthed, a space where one can till the ground and sow new thoughts that will open up spaces for the invisible voices and in nursing practice for all nurses to reflect on their own subjective experiences, which is what I have done in my research study. The narrative threads that are revived speak to childhood experiences, the importance of home, and the journey through the landscapes of nursing and together raise many questions about why these experiences are important, which is a stated limitation of this study by Desjarlais that I hope to continue to explore. The questions are, what is this experience is about, and why

are the elements of self and the notion of 'the other, as the other' so vital to the Indigenous consciousness?

In another study Kurtz (2011), a Métis scholar, wrote about her personal experience as a child growing up unaware of her roots of Aboriginal identity. Using an Indigenous research approach, she created a research story of Aboriginal women's experiences and their relationship with the health care system. The author situated herself as a person unaware of her own identity, but clearly aware of how society, including her parents, have held strong stereotypes about and discriminatory attitudes toward Aboriginal people in Canada and how this has impacted her life, especially with regard to her calling to nursing. What I appreciated about this study was the researcher's brutal honesty. As one of those Indians in one sense and as a nursing researcher in another sense, Kurtz's journey has evoked memories that I find rather difficult because the images of the "savage Indian" continue to percolate and stir up old emotions and memories of the dirty words "You are just a stupid Indian, just like your mom!" I still turn this dirt over, still today, and I pray for these memories to fade. This was the only research study that made me stop and take out my smudge bowl and pray. I asked for strength not to judge and to be able to let go of some of the feelings of shame, guilt, and control that were growing in my heart. As I continued to read the heart-wrenching experiences of Kurtz's participants, they became as vivid as though I had lived them.

Kurtz's (2011) study supported my research approach in that it brought to life my own experience. I connected with the stories and the women's healing

and their strength to resolve, forgive, and love, despite their marginalization, dehumanization, and criminalization in all aspects of their lives over the years. This research study uncovered what I have found so often taken for granted about access to health care. It has breathed life into my thinking and given me hope that, through these stories, we can begin to understand better ways for nurses to bring together a group of people to explore opportunities to improve our own lives.

Kurtz's (2011, 2013) approach and methods were congruent with the values and beliefs of Indigenous philosophies that I have known. Her analysis of the circles integrated and wove together a lived experience in which she was one of the women. Kurtz not only honours the women's voices in her writing, but also creates opportunities for the personal transformation and liberation of Indigenous women living in the Okanagan, British Columbia. Her study offered promise about how health professionals might enact public health policy; unfortunately, this did not happen. However, Kurtz, documented evidence that hits home for Aboriginal nurses and nursing alike because it puts them in the circle of caring that signifies a relational aspect that is important to nursing practice and points to the need for policy development to address discrimination in access to health care services.

Studies on the life experiences of Aboriginal nurses have uncovered some key perspectives in the context of Aboriginal health. For example, in a recent Canadian study Etowa, Matthew, Vukic, and Jesty (2011) found that the life experiences of Mi'kmaq nurses in the Atlantic region included racial and

discriminatory acts that played out in their health care setting; culturally safe education and training were lacking in their context. These authors state that "deconstructing other societal and systemic power structures are central for understanding the forces that would drive and sustain positive change" (p. 11). Using a community-based grounded-theory research approach, Etowa et al. interviewed in depth 22 Aboriginal registered nurses in Atlantic Canada and used field notes as sources of data. A team of non-Indigenous and Indigenous nurses conducted the analysis by using a rich set of data and categories that naturally emerged from constant comparative and atlas programming facilitated coding of the data. Etowa et al. offered little information on the specific processes of analysis and data management, in terms of the community engagement process for analysis. However, their work encourages further study in that it challenges us to continue to develop Indigenous-nursing knowledge.

The results of this review have revealed that the integration of knowledge from nursing, health, and Indigenous sources results in a unique body of Indigenous knowledge as well as nursing knowledge that can inform one's own practice of nursing. In these studies we have seen that nurses have the potential to engage in discursive discourses with Aboriginal people and to open spaces for dialogue where Aboriginal peoples gain self-determination in the design, and delivery of health, education, justice and economic systems. Aboriginal people are certainly capable of doing this, and it is an integral part to health. We can no longer continue to ignore epistemological and ontological tensions arising from the cultural dissonance (Malewski & Jaramillo, 2011; Josewski, 2012)

CHAPTER 4:

METHODOLOGY

> It begins with human curiosity and a desire to solve problems. It is at its core an activity of hope. (Tuhiwai Smith, 2012, p. 203)

To be human is to think, to question, and to seek answers through ways of knowing and being in the world. Inherent to Indigenous ways of knowing is a highly practical and intellectual analysis of intertwining experiences that involves a "knowing-ness of the colonizer" (Tuhiwai Smith, 2012, p. 8), a recovery of ourselves, an analysis of colonialism, and a struggle for self-determination. In making my roadmap to navigate through this research, I constantly reminded myself that I need not write to justify Indigenous knowledge; rather, I had to write to lay claim to a methodology that I would follow from beginning to end. This chapter begins with a detailed description of why using an Indigenous research methodology was important to answering the question, how does Indigenous knowledge manifest in the practice of Indigenous Cree/Métis nursing? To support my position I identify emerging Indigenous research exemplars that specifically stem from the Cree/Métis perspectives in this study. Following this, I discuss the design and model that I generated from previous research and outline the central aspects, processes, and philosophical foundations that are inherent to this research process. In this section I include my plan for data collection, analysis, and interpretation. To explain the meaning of Indigeneity from a point of self-understanding, I pull elements of hermeneutic phenomenology that van Manen (1997) and Indigenous researchers such as Ranco (2006) who discussed

these researchers extended, disclosed, and transformed the contextual meaning of being Indigenous into disciplinary understanding. Elements of this analysis helped to create structure to manage and interpret the textual data. I conclude this chapter by identifying potential ethical concerns and issues of rigor in Indigenous research according to the Canadian Institute of Health Research's (2007) *Guidelines for Research Involving Aboriginal Peoples* as a benchmark against which to measure appropriate and ethical considerations in health research with Indigenous peoples.

Locating Myself in the Landscape of IRM

Indigenous research work is grounded in the context of self-understanding (Desjarlais, 2011; Hart, 2002; Kovach, 2006, 2009; Kurtz, 2011, 2013; Sinclair, 2013; Weber-Pillwax, 2003; Wilson, 2008), which required that I step back to reflect upon my own personal and professional goals for this doctoral research. I knew that I had arrived at a crossroad in learning how to make and find meaning in my nursing practice centered within my own Indigenous knowledge system. As I made sense of Indigenous ways of knowing and being from within a Western framework, it became clear to me that I needed to incorporate the principles, processes, and values of IRM into this research to be able to fully understand the ways in which Indigenous knowledge in the context of Aboriginal health shows itself and why this is important.

In the experience of colonization around the world, Indigenous knowledge tends to take on less significance than Eurocentric knowledge, which the academy implies is the superior knowledge system (Battiste, 2013; Dei, 1996; Tuhiwai

Smith, 2012). Similarly, Indigenous professors have spoken of their own experience with regard to the denial of colonialism and have advocated for the contextualization of Indigenous research by Indigenous researchers with Indigenous peoples[15] within colonialism to prevent further marginalization (Absolon, 2008; Battiste, 1998, 2013; Hart, 2009; Sockbeson, 2011). My research began to unfold at this interface, and for these reasons I undertook it with a community of Indigenous nurses who were informed on Cree/Métis ways of knowing and being. To ensure that I would meet the demands of Western research, I mapped out the details and descriptions of the process, principles, and values to maintain the ethical requirements and integrity of Indigenous knowledge in the research process.

Over the last seven years of graduate studies, one overriding question that kept me going was my original question: How do I incorporate Indigenous knowledge into my nursing work? My interests in health, healing, teaching, and learning began long before I began my advanced nursing studies. However, about midway through my coursework, at a very difficult point in my learning, I realized that this would be a point of no return. I would have to dig deep within myself and look at what it really meant to place myself at the core of this research. During Dr. C. Weber-Pillwax's (personal communication, June 24, 2010) address to Aboriginal graduate students at a the annual Network Environment for Aboriginal Health Research, hosted by Kloshe Tillicum in Vancouver, I heard and recognized the wisdom and anguish it would require of me to fully engage in IRM. These insights stimulated me to wonder and think

[15] A term that Michelle Hart used; she adapted this saying from the Maori people.

more deeply about IRM and what I would have to do to fully embody this experience. She explained:

> Indigenous knowledge is in our being as lived. It is at the intersection of ontology and epistemology where we need to begin to explore deeply our thoughts, because it is here where the people hold the knowledge. To survive in an academic environment, we do not need to give up who we are to do research with our communities. It is a difficult place and space in which to be situated, but we must forge ahead with critically analyzing our own ways of being in relation to the world if we are to positively impact not only ourselves, but also our communities.

Thinking more about what it meant to be critical, I began the real journey of retrieving my own sense of Indigenous identity. I drew strength from the work of E. Steinhauer (2008), who examined the experience of education and the decisions with which parents' grapple when they send their children to school. This study resonated with me because it spoke to the importance of making decisions based on doing what is right for children. The parents told their stories of experiencing racism and discrimination in the public school setting honestly, but they knew that when their children attended on-reserve schools, they would face greater inequities in, for example, academic success, programming, equipment, educators, and even access to clean water in some cases. I too recall these difficult decisions and ultimately sacrificed one for the other in my own life and in my teaching in communities, and it reminded me why this work in nursing is so important. My thinking about the individuals with whom I have worked over the years and the tensions and distrust surrounding both traditional medicine and Western medical treatment informed this study.

E. Steinhauer (2002) explained that "relying upon a methodology that permits and supports the experiences, thoughts, feelings, and spiritualties of Cree

pedagogies is a way of honouring the community's knowledge system because it is grounded in their own way of being and knowing" (p. 33). It is a way of maintaining integrity as an Indigenous Cree scholar who often moves to intellectualize Indigenous thought within and as a result of the research process. Tuhiwai Smith (1999) also argued that all too often Indigenous researchers have been forced to work from a Western knowledge base that does not account for the experiences of Indigenous peoples:

> Every aspect of the act of producing knowledge has influenced the ways in which Indigenous ways of knowing have been represented. And that representation is important as a concept because it gives the impression of 'the truth.' When I read text, for example, I frequently have to orientate myself to a text world in which the center of academic knowledge is either in Britain, the United States or Western Europe: in which words such as 'we,' 'us,' 'our,' 'I' actually exclude me. (p. 35)

For these reasons this Indigenous research process evolved from a specific Cree knowledge system, and my own experiences within that perspective provided the distinctive frame of reference for my thinking about concepts such as culture, colonization, and Indigeneity that are central to my worldview and thus extend into my nursing practice.

Critical Indigenous Vantage Point/Thinkers

Indigenous researchers in almost every discipline are investigating the experience of Aboriginal Peoples by using Indigenous methodologies. Specifically for the purposes of this inquiry, I have drawn mainly from the work of Weber-Pillwax (1999, 2001, 2003, 2004, 2008), Kovach (2009), and Kirkness and Barnhardt (2001), who have completed work in the area of Indigenous People's education programs in faculties of education and in the discipline of

social work. Other seminal work on which I have drawn includes scholars such as Shawn Wilson (2001a, 2001b, 2008), an Opaskwayak Cree from northern Manitoba; Joe Couture (2013), a Cree/Métis philosopher originally from Alberta; Willie Ermine (1995, 2000, 2007), an Indigenous ethicist from Sturgeon Cree Nation; and educators from Saddle Lake Cree Nation. Through this growing body of work I became aware of the growing critical concern of doing Indigenous research and the different levels of Indigenous knowledge and its development in nursing, while at the same time working toward cultivating a compassionate mindfulness of my own Cree/Métis experience. According to Stout (2010) in her report on the mental health challenges of urban Aboriginal women, mindfulness means "knowing mind fullness [*Kiskayitamawin miyo-mamitonecikan*]" (p. title page). In my own limited understanding, knowing from this Cree perspective means knowing all there is to know about mental health, which "includes self-esteem, personal dignity, cultural identity and connectedness in the presence of a harmonious physical, emotional, mental and spiritual wellness" (p. 23).

In these various landscapes, critical Indigenous scholars are developing deeper, more situated and contextual understandings of key issues in Indigenous research through a mutual understanding of globalization (St. Denise, 2000), resistance to colonialism (Turner, 2006), and movement toward self-government and sovereignty (Alfred, 1999, 2009). Allies of this movement, to name just a few, include David Smith (2014), a prominent non-Indigenous educator who has appealed to the wisdoms of Eastern and Indigenous knowledge systems in addressing global crises. Additionally, Denzin, Lincoln and Tuhiwai Smith

(2008), qualitative researchers, have called for the dismantling, deconstruction, and decolonization of Western knowledge systems from within. These are calls for critical theorists to ground their work at the local level in research, education, and practice to provide further evidence of ways to enhance personal and professional performance and pedagogies within a political environment (Denzin, Lincoln, & Tuhiwai Smith, 2008).

In doing so, Indigenous peoples are taking the stance that Indigenous intellectual work in research is extremely rigorous, political (Sockbeson, 2009, 2011), and grounded in the science of its own culture (A. Marshall, personal communication, June 26, 2009). Through this evolving research new ideas, concepts, terms, and positions on knowledge development are taking hold. For example, Hart (2009) explained that the terms *Indigenist*, *Indigenism*, and *Indigeneity* can have different meanings, but they are all associated with the origins of Indigenous consciousness. Hart drew on his own personal experience of coming to know these terms on many levels. He explained that in his own research and practice, the debate over anti-colonialism or anti-oppression led to a tension that forced him to take a stance against the marginalization of Indigenous knowledge. He called for Indigenous practitioners to recover their own Indigenous knowledge and take up critical inquiry using social justice and human rights as a shared responsibility grounded in the everyday realities and not from some theoretical position.

In this research, I was fortunate to be able to engage in Indigenous inquiry and Elder Albert Marshal's (June 26, 2009) way of "two-eyed seeing." Elder

Albert Marshal spoke at the 2009 National Gathering of Graduate Student in Aboriginal Health hosted by the Atlantic Network Environments for Aboriginal Health Research. He discussed ideas about the elements of Indigenous knowledge integrated into traditional science in the spirit of growing knowledge. His position and discussion brought the Western and Indigenous knowledge systems together as an expression of our own knowledge, our own stories, and our own science. He explained that, as Indigenous people, we draw from these two worldviews when we consider our experience historically: traditional knowledge from the ancient philosophies and Western knowledge from cognitive imperialism and the colonization of our consciousness (Marshall & Bartlett, 2009; Martin, 2012). We know that as humans we cannot walk through life with only one of these perspectives. To live in wholeness, people must be interconnected in a relational way with both knowledge systems. Learning to see through both eyes, the Indigenous and the Western melded, is about interdependence and ecoliteracy; just as nature has rights, so do humans have responsibilities. Just as

> Nature teaches us that seeds germinate when the environment is appropriately cared for and that the roots will reroute themselves. So if you think about all knowledge as centuries old, we too have integrative knowledge systems and when we learn to center ourselves in the learning and not hide behind the texts it becomes clearer (A. Marshal, personal communication, June 25, 2009)

These words helped me to understand how to integrate my non-Indigenous life experience into my research.

This depth and breadth of Indigenous understanding helps me to think more consciously about respecting parallel ways of knowing. As Ranco (2006), an Indigenous anthropologist, explained, Western research lacks a "deep

theoretical rumination on what Indigenous research brings and how they may shift the theories that underpin research in the first place" (p. 61). He called for the understanding that comes from the subjective difference to avoid the mistake of using hermeneutics as a way to understand the 'other' and questioned its use to protect and enhance our own Indigenous ways of knowing. Manu Meyer (2008), a Hawaiian scholar, also wrote, "Hermeneutics unearths for us historical understanding shaped by those who speak it, write it, teach it. This history will inevitably change our present understanding and alter our future direction if we all let truth soak deep" (pp. 54-55). Her understanding of hermeneutics made me think about the importance of language, its influence on understanding ways of knowing, and how I as an Indigenous nurse scholar would use my own language to unearth Cree/Métis ways of knowing.

Using an Indigenous, critical-reflexive, hermeneutic analysis is a way to support and extend the work of other Indigenous people who are using decolonisation as a process to recognise underlying population issues. Scholars such as Dr. Sherwood (2009), an Indigenous Australian educator, while developing curriculum for Indigenous health students, works together with community members to reshape ideas about the health and well-being of the local Indigenous peoples. Dr. Sherwood noted that creating pathways in decolonization in health care requires "personally critiquing and reflecting on the Western cultural paradigm of history, practices and constructs that have informed all our assumptions and perceptions" (p. 27). In doing critical research I begin to unravel and question everything that I had come to know and learn in both of my

worlds—as a Cree/Métis person in the nursing profession. Throughout this intense learning, I have continued to speculate about my own integrity, authenticity, and morality in taking up this work from my own positioning, and my courage to continue searching realms of the unknown has been the impetus to move forward to fully explore the deeper meanings of Indigenous research.

Indigenous Research Paradigm

Wilson (2008), a Plains Cree scholar, emphasized that the four main components of Indigenous research recognize the importance of Indigenous knowledge systems, and he used the idea of ceremony to describe the knowledge with which he has been gifted. He identified the important features of an emerging Indigenous research paradigm as an interrelated set of underlying beliefs and assumptions that include an understanding of the nature of our being (ontology) and our knowledge (epistemology), how we develop that knowledge (methodology), and our ethics (axiology): "The ontology and epistemology are based upon a process of relationships that form a mutual reality. The axiology and methodology are based upon maintaining accountability to these relationships" (pp. 70-71). The symbiotic relationship of these four elements distinguishes IRM from any other research paradigm and shows that IRM manifests the lived realities of Indigenous processes, values, and beliefs. Wilson (2001b) likened the experience of the research process to that of a ceremony: "Research for and by Indigenous peoples is a ceremony that brings relationships together" (p. 8). Given the relational qualities of an Indigenous paradigm, it was

reasonable and expected that I would undergo a transformation in how I think and perceive the world as I embraced the notion of research as ceremony.

A key assumption of Indigenous ontologies is that multiple realities exist and that this multiplicity of truth lies within each person. Truth then becomes focused on our relationship to those truths (Wilson, 2008). Ermine (1995), a respected Cree scholar and ethicist, explained that "those who seek to understand the reality of existence and harmony with the environment by turning inward have a different, incorporeal knowledge paradigm that is termed Aboriginal epistemology" (p. 103). He further articulated from this standpoint that "Aboriginal epistemology is grounded in the self, the spirit and the unknown" (p. 108), where we may gain "authentic insights into truth" (p. 110). Ermine reminded us that prayer is an important feature of Aboriginal ways of knowing: "Prayer extracts relevant guidance and knowledge from the inner spaces of consciousness" (p. 109); it encompasses the language, ceremonies, songs, and experiences of the 'old ones' or 'the ones who know' who have effectively created a corporeal expression of our life force by creating community. This kinship (the created community) then becomes the culture of accumulated knowledge that balances the different areas of life and being. It does not separate the intellectual, social, political, economic, psychological, and spiritual forms of life from each other or from one's ontological and epistemological foundations, but subsumes them into one another and/or makes them an integral and necessary part of the greater whole (Ermine, 1995).

With regard to his thoughts on IRM, Wilson (2001a, 2008) spoke to the importance of relational accountability as fundamental to the larger Indigenous reality as an ethos that guides how people interact and respond in and with the world around them. The values of respect, relationality, responsibility, and reciprocity, as Kirkness and Barnhardt (2001) first discussed in educational contexts, link them directly to the idea of accountability to the relationships and how each integrates its own knowledge system that supports traditional teacher-learner situations. In traditional ways of learning, Indigenous scholars require time to discern Indigenous forms of thought. As Couture (1991a) explained, the process of learning is "what goes together" from the observations and direct experience, which are the primary forms of oral education. "Non-dualistic thinking develops a physical image of the spiritual…the thoughts of the 'world' are as creatures and processes of growth and becoming and not as abstract concepts and explanations" (p. 60). The breadth of Indigenous knowledge is beyond what we know, and these dimensions are found not only in the mind processes of Elders, but also in the land and the stories, the songs and the ceremony that they carry with them. Therefore, trying to do the right thing in the right way, I chose to document some of the learning events through my own lens. As Dion Stout and Downy (2006) explained, being responsive and connected to the totality of one's environment is vital to embracing and understanding the depth and breadth of Indigenous knowledge. I suspect that, from this place, the collective empowerment of Indigenous nurses and, Indigenous nursing knowledge can be understood and articulated.

As I stated previously, many scholars, such as Kovach (2009, 2013), E. Steinhauer (2002, 2008), Wilson (2001a, 2001b, 2008), Ermine (1995, 2000, 2007), and Weber-Pillwax (1999, 2001, 2003, 2004, 2008), have delineated the principles, processes, and values of IRM. Given that they are Cree scholars whom I have come to know, I realize that I share similar cultural teachings and practices; as a result, their writing has significantly shaped who I am becoming and thus the foundation of my research approach. For this study I draw on the core principles of Weber-Pillwax (1999), which are the underpinnings of my research design; I have placed them inside the circle in Figure 1.

My Indigenous Research Framework

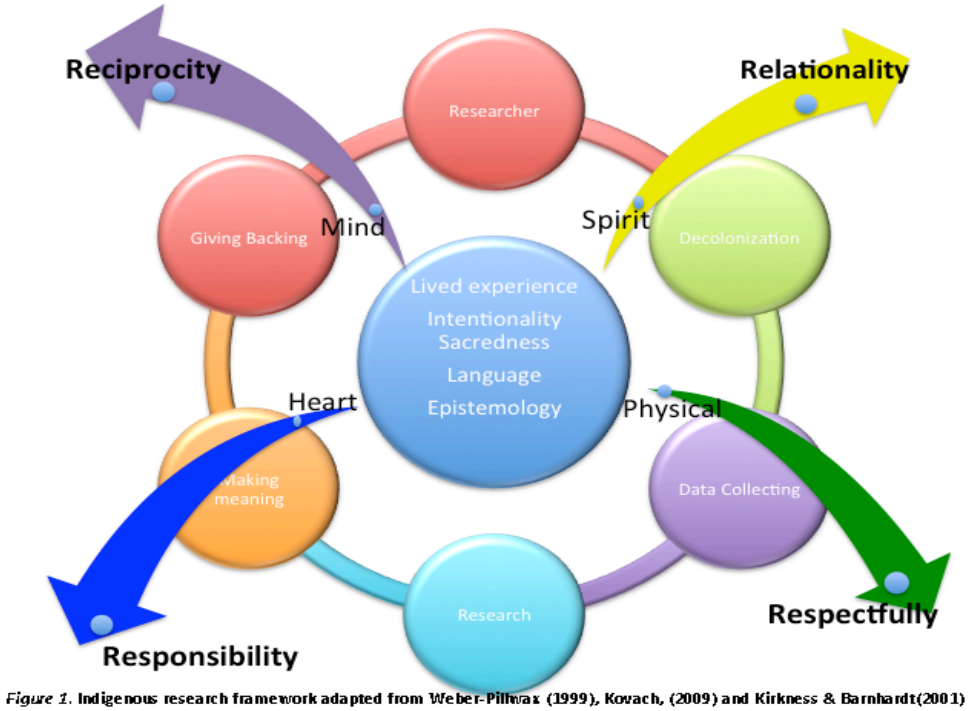

Figure 1. Indigenous research framework adapted from Weber-Pillwax (1999), Kovach, (2009) and Kirkness & Barnhardt(2001)

Figure 1. Indigenous research framework (adapted from Weber-Pillwax, 1999; Kovach, 2009; Kirkness & Barnhardt, 2001).

In the next layer of the design I use Kovach's (2009) research process to build into my inquiry self-understanding, cultural protocols, elements of relationality, decolonizing practices in gathering knowledge, and making meaning of the research data through relational and ethical processes to give back to the community. Kovach's specific features of IRM are represented in Figure 1 on the outer edges of the circle. These two approaches, fused together in this diagram, represent my ontological and epistemological beliefs and foundations for this study.

Recognizing that all methodological and axiological components are not separated, I have illustrated them as coming from the center sphere of the circle to symbolize and embrace the wider space of the design and the environment in which I conducted the activities of this study. The four values—respect, relationality, responsibility, and reciprocity (Kirkness & Barnhardt, 2001)—are values to which I hold myself accountable as I incorporated them into the everydayness of the research process. This framework inclusively captures four key components of the entire research process and is based on Cree understandings of creating respectful research activities; enacting ethical relationships; being responsible for gathering, documenting, and analyzing the data; and ensuring that mutual reciprocity is honoured.

In the subsequent section I discuss the assumptions embedded in each of the principles, processes, and values depicted in Figure 1; and following this, my specific research methods and the data analysis in this study. Together, I bundle

these experiences, principles, concepts, and values to pay tribute to Indigenous ways of knowing and being in the world, with the goal of cultivating a specific regard for First Nations, Métis, and Inuit people.

Philosophical Foundations of IRM

Given my previous interpretations of Indigenous research, I will now explain in more depth the philosophical underpinnings of the principles, processes, and values given to this research with Aboriginal nurses in the context of infusing Indigenous knowledge into my approach. In any research the searched-for answers to the research question are often just the beginning. Sometime we might be fortunate enough to delineate clear answers; however, many times unexpected findings bring out many other questions and purposes that generate new knowledge based on old understandings. The aim of this study was to draw out some of those fundamental truths in Aboriginal nursing and nursing practices. I believed that achieving such study outcomes would move the continuing discourse on Aboriginal health nursing beyond the dominant Western discourse of othering to a collective dialogue that would enhance critical Indigenous inquiries for nursing, education, and research.

Principles of IRM

According to Weber-Pillwax (1999, 2003), IRM is a way of carrying out research with Indigenous peoples and communities that respects and incorporates principles that people involved in the research consider acceptable and appropriate. Further, IRM is based on several key assumptions, such as that Indigenous ways of knowing and being can be fully understood only from an

Indigenous perspective, which reflects the ways in which Indigenous people move and interact in the world. A community-based research process is one approach that is compatible with the desired process and outcomes of IRM and encompasses a major aim of Indigenous research in that the purpose and outcome of the research need to be directed by the needs and desires of the involved members and/or community. This is based on the premise that the researcher, the participants, and the partners all bring their own unique perspectives to the research and should be considered the experts and acknowledged within the work. According to A. D. Letendre (personal communication, January 31, 2010), the expertise of the research team is an articulation and understanding of the methodology that forms the framework for this study. In other words, just as the lived experiences of the participants involved in the research represent their expertise, researchers themselves also bring this source of expertise from their own lived experiences. In this instance, these lived experiences and/or expertise include living life daily as a Cree-Métis woman, mother, sister, aunt, niece, granddaughter, community member, or nurse.

Weber-Pillwax (1999) clarified that the key principles of IRM are not prescriptive measures that everyone needs to take; rather, they come from her own situated understanding of what it means to work with Indigenous peoples and how we come to know and be in the world as Cree-Métis beings. These principles include interconnectedness, intentionality, lived experience, transformation, sacredness, and groundedness in Indigenous theories and language, which I have embedded throughout this research and inform my

underlying assumptions. These core principles require attention if an Indigenous system of thought is to generate appropriate knowledge and understanding to promote ethical nursing practice in working with Aboriginal people.

My own cultural teachings based on many of these principles support the natural movement of internalizing the concepts into research actions. The potential harnessed in these principles can give life, energy, and direction to the researcher and the research inquiry and can be viewed as an opening or avenue to the ancestors and their knowledge through dreams, visions, and ceremonies or the source from which Indigenous knowledge emanates (C. Weber-Pillwax, 2003; personal communication, November 2, 2006). Because of my life experiences (seeing, knowing, understanding), I have some insight into the values of traditional health and its positive impact on health and well-being.

As Indigenous people across this country begin to transform their old ideals, I recall Elder George Breton saying:

> To be an Aboriginal person in the 21st century, Indian people must talk to their families, community knowledge holders, and Elders to ensure that they continue to move beyond mere survival, because, as history has demonstrated, we are a very resilient people who have survived and are in the midst of change to resist the effects of colonization and reclaim our place in Canadian society. (BearPaw Media, 2006)

I am also very mindful of M. Dion-Stout's (personal communication, October 3, 2005) comment that "Indian people are starting to get up off their knees and sitting in for what they believe in." The consensus is that engaging in conversations, reconnecting ourselves to our knowledge, strengthening relationships, participating in ceremonies, attending celebrations, and respecting not only ourselves, but also each other will guide us to a renewed understanding

of ourselves as Aboriginal persons. Likewise, during this transformation, as Ermine (1995) stressed, understanding our Indian philosophy will direct us on an inner journey of the self in our search for truth and justice. At the core of understanding how living is interconnected with the past, present, and future is a space where our hearts can be in balance with our minds. Cora Weber-Pillwax (personal communication, November 2, 2006) explained "Indigenous research scholars may find themselves as the 'active center,' 'a piece of the heart' in the growing corpus of knowledge." Considering these principles requires an intellectual, analytical, spiritual, and relational critical review. Drawing on the past can strengthen the heart; in the present, intellect is being shaped by Indigenous knowledge systems; and in the future, from the centrality of these core principles as a means of generating new ways of thinking being and doing together, the process of IRM requires equal attention.

Concepts and Processes of IRM

Kovach (2009) situated Indigenous methodologies as an emerging approach to research with Indigenous peoples within the larger context of qualitative research for both Indigenous and non-Indigenous researchers. She maintained that Indigenous methodologies fit into the qualitative landscape because IRM encompasses the characteristics of other relational qualities of qualitative research such as narrative inquiry or phenomenology. These similarities create a common ground from which to begin to understand alternate ways of knowing in research, as is the case in Kovach's use of IRM as "a way of upholding Indigenous thought through a personal interpretive tribal lens" (p. 174)

and “an offering to the Indigenous community and members as a way to conduct research in a respectful way that honours and upholds tribal paradigms” (p. 19). This individual and communal centered approach speaks to the importance of authenticity, ethics, and self-understanding, which extend the interpretive nature of qualitative research. In fact, IRM is the frame for qualitative-rich approaches.

Specifically unique to Kovach’s (2006, 2009) research approach are six nonlinear processes that she used in her work with Indigenous social workers. The phases that she described are aspects of her own individual preparations and relationships to the research process. In her quest for knowledge, Kovach proposed that Indigenous inquiry is cyclical and relational in nature and that it compels her to look back at the influences and impact of colonization on her own personal and communal tribal epistemologies. To ensure that she correctly interpreted the data from her conversations, she worked collaboratively with Indigenous scholars to reconstruct them in a way that was meaningful and beneficial to support the broader scope of Indigenous people and the way that the academy takes up Indigenous research.

Similarly, my study is also grounded in this collective Indigenous experience, where the principles shape how I have incorporated Kovach’s (2009) six concepts of researcher, research preparation, decolonizing ethics, knowledge gathering, meaning-making, and giving back. In the next section of this chapter I will explain how the research process springs from the tenets of respect, relationality, responsibility, and reciprocity as I have represented them in my research study.

Values That Guide IRM

Kirkness (1988), a Cree Indigenous scholar, actively espoused the importance of Indigenous education in Canada. During her tenure she worked tirelessly to preserve Cree values and language through legislative procedures and a moral commitment to revitalizing Indigenous language and education. Furthermore, Kirkness and Barnhardt (2001) defined four underlying reasons that First Nations people were not engaging or being successful in higher education:

> The problem is often cast in more human terms, with an emphasis on the need for higher educational systems that respects people for who they are, that is relevant to their view of the world, that offers reciprocity in their relationships with others, and that helps them to exercise responsibility over their own lives. (p. 1)

The authors described respect as a way of acknowledging Aboriginal People's communities by valuing their diverse knowledge systems, which include culture, tradition, history, politics, and processes. It is important to recognize the relevance of the lives of students as cultural beings to avoid the imposition of a reality that is often significantly different from their own. Reciprocity is achieved in a learning process in which knowledge exchange benefits the learner, the community, and the university. Both learners and teachers must be committed to accepting the responsibility to participate in acknowledging and dismantling power differentials through active engagement.

Again, relationality is probably the most prevalent shared value of Indigenous peoples across our Canada. We understand the connection not only to ourselves, but also to the entirety of our environment, including the mountains, the animals, and the air we breathe, as a connection to the Creator. J. Ochiese

(personal communication, September 4, 2009), a Cree traditional knowledge holder and historian, explained that essence of our Cree-ness is understanding that our relationship to the spirit world as *nehiyawiwak*[16] involves two spirits, one of the body and the other of Mother Earth connected by life and the breath we share. Indigenous peoples creation stories are founded on this premise, which means that we need to understand these values and beliefs so that the foundation of our learning comes from within ourselves as Indigenous beings. For the purposes of my work I chose the value of relationality rather than relevance only because of the fundamental core value that was instilled in my own belief system. I feel strongly that these four values are central to my own ontology, epistemology, and methodology assumptions.

Methodological Features

The methodological features encompass the data-gathering and analysis-synthesis phases of the research process. These phases are governed by the particular details or rules of the research method used (Wilson, 2008). In this study the complexity and abstract nature of IRM lent themselves to the idea that there was no stepladder approach; I therefore moved back and forth constantly between the principles, concepts, and values of Indigenous research as depicted in the conceptual framework. Trying to remain true to the methodological and axiological aspects of IRM and the ways of gathering and analyzing the data was challenging because these processes often take on a life of their own. As R. Heavy Head (personal communication, January 15, 2011) explained, we need

[16] A Cree term meaning used to refer to Cree people. The prefix of the word signifies the number four and is translated to mean 'four aspects' of being Cree.

to avoid the generic Indigenous-paradigm language and recognize Indigenous research as place-based diversity to avoid categorizing knowledge and descriptive statements of what Indigenous knowledge is. During a meeting with the CIHR-IAPH Aboriginal Health Research Summit Advisory Committee on September 16, 2010, the discussion of data analysis took on new meaning for me as I listened intently to a number of Indigenous scholars around the table. They reminded me that we are entrenched in Indigenous knowledge and that the restoration of the pre-eminence of space is the place where meaning is attached. Cree-ation of the Indigenous lens is bound to our spirit, and a profound sense of force or energy is required to relearn traditional knowledge in contemporary ways. With this understanding, it made sense to me to return to the Aboriginal nurses for further dialogue to find out how to best analyze the data.

For the purposes of this study, certain aspects of van Manen's (1997) hermeneutic phenomenological reflection suited the methodological dimensions and features of this conceptual IRM framework. Van Manen's (1997) form of reflective examination as an approach to understanding fits with the relational aspects of IRM because it (a) avoids diagnostic labelling and reductionist categories and (b) keeps me close to the experience by acknowledging the fore-understandings and essential meanings of the Indigenous nurse scholars. Gadamer (1989) described fore-understanding as the prejudices and prejudgments that researchers bring to any form of inquiry. Hermeneutic phenomenological reflection orientates the research and the researcher to the components of both descriptive and interpretive perceptions of a lived experience; moreover, it is

about how people go about understanding the world in which they live (Gadamer, 1989 ; van Manen, 1997). In pursuit of a deeper understanding of the Cree concepts and knowledge used in nursing practice, I paid close attention to the dynamic and cyclical interplay of several of the following methodological themes that van Manen (1997) outlined. For example, I explore the etymological significance of Cree terminology and the intersubjectivity of individual stories and their pedagogical significance to arrive at essential meanings. Yet my analysis process did not follow definitive steps. I pulled elements of hermeneutic phenomenology to garner reliable and valid understandings in this Indigenous research. Therefore, in keeping with the principles of IRM, self-reflexivity and the activities and directions of the participants were at the forefront of my decision to select the most appropriate methods of data gathering and analysis.

Fitting Together All Aspects of the Research Process

In this section I return to the specific processes that were integral to my activities of inquiry and explain how they related to my study and influenced the research process. I begin with how I made sense of the word *respect* and the need to develop respectful research activities. Under the topic of relationality, I explain the process of engaging in relationships and selecting participants. Next, I discuss my responsibility in decolonizing my own thinking while upholding the ethics of gathering and documenting the research data through an Indigenous Cree/Métis lens. Last, I address the value of reciprocity and its connections particularly to the data-analysis process to make meaning of the inquiry. Throughout this research study I adhered to the requirements of Cree/Métis protocols, which I hold in the

highest regard, and the etiquette as required and as the Indigenous nurse scholars explained them as I sought a more in-depth understanding of how Cree Indigenous knowledge systems are manifested in the activities and actions of nursing with Aboriginal people.

Respect

E. Steinhauer (2002) explained that the most misconstrued component of research with Aboriginal peoples is the ideological notion of respect. She pointed out that respect involves more than knowing and following protocols; it is also about how we carry ourselves in our relationships with others. Steinhauer drew from the teaching of her Elders, who used the Cree term *kihceyihtowin* in talking about respect. Respect is fundamental to a Cree way of life; it means to hold someone in high regard. It is demonstrated through the acts of helping and listening intently, and at the core of respect is the virtue of humility. With regard to nursing, Dillon (1992) and Bergum and Dossetor (2005) made similar criticisms and suggested that respect relates to an individual in a community of mutual concern and mutual aid through an appreciation for the individual and his or her interdependence (Dillon, 1992). Etymologically, the meaning of respect originates from the Latin word *respectus*, which means 'regard' or 'a look back' at something (Barnhart & Steinmetz, 2006). Bearing in mind these meanings, I used relational respect to guide my work. Self-respect, an important part of relational respect, is an important teaching, followed by respect for others, the Creator, and all living and nonliving things. In mutually respectful relationships we share power rather than having power over or empowering others (Bergum &

Dossetor, 2005). To demonstrate respect, I was mindful about the Cree meanings of compassion, kindness, love, and honour. I continuously looked back at my own Indigenous knowledge and teachings and made every effort to acknowledge an environment that would support an Indigenous teacher-learner relationship as they directed. This included traveling and meeting with the nurses in their own working environments and being open to the nurses sharing themselves freely and willingly in the context of conversations about the Indigenous identities and philosophies that were important to them.

Respectful activities. In keeping with the underlying principle of respect, my research activities in this study included the following practices: (a) following the cultural protocols and practices of the four Indigenous nurse scholars involved in the research to engage in respectful relationships; (b) participating in conversations with these four Indigenous nursing scholars to gain a deeper understanding of Indigenous knowledge and experiences in nursing; (c) using critical reflexive journaling to draw out and identify Indigenous nursing knowledge concepts from the conversation in which language, ceremony, art, and songs were used; (d) initiating a circle of understanding (talking circle) with the four Indigenous nursing scholars to present the emerging findings and gain insight into what I learned and how to move forward in a way that would respect their traditional teachings; and (e) identifying aspects of the research findings in this study for the purpose of planning a future study at the end of my doctoral program. Although ambitious, I will consider this preliminary framework for another study in which I will facilitate a circle of understanding with a larger

group of Indigenous nursing scholars to discuss the findings and initiate further discussion on the broader scope of Aboriginal nursing.

The insights of these Indigenous nurse scholars fostered a greater understanding of the realities, knowledge, skills, and attitudes relevant to the practice of nursing. This knowledge can be shared to enhance learning experiences and develop best practices in nursing by situating Indigenous knowledge and nursing practices at the center of nursing in working with Aboriginal populations. The objective of sharing experiences in the circle of understanding was to generate a critical understanding of nursing to promote practices that respect the values and beliefs of Aboriginal people and advance Aboriginal health in the nursing discipline.

Relationality

Wahkohtowin, a Cree term that describes 'relationality,' is another original foundation of Cree/Métis life (Cardinal, 2001; Weber-Pillwax, 1999; Wilson, 2001a, 2001b, 2008). Relationships do not just shape Indigenous reality; they *are* our reality, and Indigenous researchers develop relationships with the idea of attaining or enhancing enlightenment (Wilson, 2008). S. Wilson (personal communication, September 13, 2010) stated, "We are not just humans knowing and doing, but rather human beings that see the world as a spiritual entity, and our thoughts are built from that relationship." Therefore, it was morally imperative that I establish trusting and mutually respectful relationships with the Indigenous nurse scholars as my mentors, my peers, and vital members of the academic research team and respect the knowledge systems themselves that came with

those relationships. I also needed to recognize that establishing these relationships would involve distinct power differentials that would add a layer of complexity to the research. This recognition necessitated that I take steps to neutralize potential negative impacts on the research in relation to how I posed the questions and interacted with others. In recognizing that I still had much to learn, I willingly opened my mind and heart to this exploration. I value these teachings from traditional knowledge holders, and with an attitude of humility I learned from the nurse scholars and teachers who graciously agreed to assist me on this research journey. Remembering the importance of relational humility is the cornerstone to being human, which is a message from Elder John Crier (personal communication, October 29, 2009), Cree knowledge holder and advisor from Samson Cree Nation in Maskwacis.

> We do not come to be by random design, but rather by a greater design that flows from the rhythm of life, from the stories of the people, the collective whole. We need to be emotionally, intellectually, physically, and spiritually connected to the world of speech and language because speaking through the spirit will enable us to bring back new forms of life that add to the great mystery of life.

My interpretation of this teaching is that we are all bodies with a specific intellect and an obligation to share and contribute to the betterment of our world. Each person has a spirit, a special gift, to nurture and develop; and each must earn the knowledge that goes with the gift. I therefore selected the Indigenous nurse scholars based on my previous experience with them. I saw each individual as possessing in a distinct way a special gift: a spirit that nurtures Indigenous mindfulness in health.

Selecting the co-searchers. This study involved a purposeful sampling technique to recruit Indigenous nurse scholars. I approached these nurse scholars based on their experience as Aboriginal registered nurses. Connecting with these nursing leaders through my involvement with ANAC and through the support of my academic supervisors, I facilitated a presentation entitled Extending the Margins of Aboriginal Health Nursing Practice: Education and Research (Margaret Scott Wright Research Day, Faculty of Nursing, University of Alberta, 2008). The presentation involved four Indigenous nurse scholars who are considered leaders in the field of Aboriginal nursing. In fact, their combined nursing experience exceeds 100 years. At that time I offered protocol to each of them and asked if they would be willing to engage in further dialogue and activities to contribute to the advancement of Indigenous nursing knowledge in nursing education, and all four agreed. I was elated when they agreed, yet I quickly found myself questioning my own intentions and purpose. To settle my thoughts, I sought the experience of Elder John Crier, who encouraged me to attend ceremony. He advised that beginning this work would require much more than just a commitment to studies; it would take the rest of my life to fully engage in a research journey on which I would wrestle with and be challenged to fully recognize Cree/Métis ways of knowing and being.

Responsibility

Nâkateyimowewin in Cree ('to look after something') indicates the action of looking after something and often used in reference to a grandmother or matriarch of a group (J. Crier, personal communication, January 29, 2011). In

traditional Aboriginal societies women hold extreme power as givers of life, healers, and nurturers; and they shape the thinking of all members (Armstrong, 1989). As the only girl in my family, I came to know this responsibility intimately. In English *responsibility* is derived from the Latin word *responsus*, which means 'to respond' or 'to be answerable to something' (Barnhart & Steinmetz, 2006). E. Steinhauer (2008) explained the importance of accepting responsibility for conducting research as a conscious awareness of doing the right thing to ensure that no one is harmed and posed a question about the whether a person even has the right to conducting research. As I began the next phase of my research with the Indigenous nurse scholars, I was very aware of and attuned to the impact, concerns, and hardships of research for Aboriginal people because it was my responsibility to ensure that this research process would have no negative impacts but would, instead, nourish the Indigenous intellect. I was conscious of and recognized the need to create ethical and mutually respectful relationships as a moral imperative.

In my work with the Indigenous nurse scholars, as I mentioned earlier in the study I use the Cree word for research, *nâtwahtâw*. It means "there is something there that one may find if one seeks it in a humble and optimistic way" (Steinhauer-Hill, 2008, p. 5). As a researcher I deepened my understanding of ways of honouring and contextualizing an Indigenous worldview. It was therefore my responsibility to ensure that I conducted every part of the research process in a sacred manner. I also had to ensure that the acts of asking, searching,

generating, collecting, organizing, and analyzing, synthesising, and sharing data would respect the Indigenous nurse scholars in a deep, relational way.

Methods of acquiring data. To maintain this relational accountability, I used a combination of methods to carry out the research, including participant observation/time, one-on-one conversations, and research circles of understanding to facilitate the sharing of stories and experiences. During all the phases of the research it was paramount that I continue to develop and maintain trusting relationships to support the sharing of meaningful experiences and teachings with these women. I kept them informed about what the research would entail at the outset by providing them with invitation letters requesting their willingness to participate (Appendix A), followed up with an information letter that outlined the specific expectations and purpose of the research (Appendix B), and then provided them a letter of consent (Appendix C).

Beginning with participant observations, I made myself available to attend activities in which I could fully immerse myself in the research experience. As I waited for their reply to the invitation, I made suggestions for possible activities in which I would share or help in a learner role as an essential way to achieve these goals. Once we had mutually decided on the activities, I asked about specific protocols and processes for which I would need to prepare. This form of experiential learning was important to give the relational quality to the research process (Kovach, 2009). As Weber-Pillwax (2001) suggested, IRM requires "a context that is consciously considered and purposefully incorporated into the

research by the researcher" (p. 166). What better place to learn more about yourself than when you are immersed in the experience with others?

These experiential opportunities gave me time to absorb the whole experience in its entirety before jumping into specific research questions. It also gave me valuable time to unpack concepts and ideas on what it means to be Indigenous and the social constructs that have shaped who I have become. This process was necessary to establish good, helping relationships (Baskin, 2011). Much of this time I spent questioning my own assumptions and sharing my perspectives as part of the research process. Using reflexive journaling throughout each of the experiences, I kept a collection of daily writings that captured my thoughts, feelings, and questions. Often in the form of prose I developed some pieces that captured not only the experiences of victimization and racialization, but also the power of healing and promises for a better future. I documented my dreams and desires and my pleas for direction.

Also during this time I sought guidance from each of the Indigenous nurse scholars on what should constitute data in this research study. I used this opportunity to actively engage with other people and open myself up to the realization that I did not know what to do next. I listened to many stories, participated in some ceremonies, and began my own inner spiritual journey. On a more superficial level I collected basic demographic and descriptive data, on which I reflect in chapter 5. I anticipated that the data would include photographs, pieces of journaling, artwork, and recordings of songs or ceremonies from each of the participating nurse scholars, and I decided that, to narrow the

findings, I would focus on the collective story of the Indigenous nurse scholars rather than run the risk of objectifying the Indigenous experience.

After I spent time with each of the Indigenous nurse scholars, we engaged in one-on-one conversations to hear their stories and experiences (past, present, and future) of everyday life as Aboriginal nurses, which I recorded and had transcribed. Once we reached the point where I had translated the meanings of the initial conversations and the nurses were comfortable with my interpretation, I held a larger dialogue (a circle of understanding) by bringing the four Indigenous scholars together again for deeper reflection on the stories and the information that I had collected in the previous activities. In this circle my research supervisors, the Indigenous nurse scholars, and other Aboriginal nurses contributed to some of the key insights into the importance of Indigenous nursing knowledge. This circle format promoted equality by flattening out the differential power balance that can exist between researchers and participants and created an open space that encouraged teacher-learner dialogues and pushed our reflexive thinking deeper into the meanings of self and our relationship with Indigenous knowledge and Indigenous communities (Archibald, 2008; Baskin 2011; Kovach, 2009).

To guide the circle I asked a few probing questions (Appendix D) to cue the conversations with the Indigenous nurse scholars and ensure that the information they shared focused on their collective experiences. In this atmosphere it was appropriate to broach the questions and emerging themes from their experiences, opinions, values, and feelings with regard to Indigenous nursing

knowledge that arose from our one-to-one conversations. It is important to note that all of the women knew each other. This, in fact, helped me as the researcher and learner to create the necessary environment for a deeper level of dialogue.

Documenting the data. Kahakalau (2004) explained that a major factor in IRM is the ability to be reflexive—to question one's personal assumptions, values, and beliefs. During the first stage of engagement researchers must initiate an inner search to discover the question and take account of the influence of their own thoughts and presence on the investigation; in other words, they must persistently and consciously assess the relationship between the knowledge and the ways of gaining knowledge. This understanding fostered and extended my own understanding of IRM within the current prevailing landscape of Western systems in nursing research. As an Indigenous nurse I have wondered about environments that are conducive to the integration of Indigenous ways of learning, seeing, and knowing into nursing practice; and I ask the following questions: Are we creating culturally safe nursing practice for Indigenous peoples? How can we come to know and understand culturally safe nursing practice by engaging with Aboriginal nurse scholars and traditional knowledge holders?

Tuhiwai Smith (1999) explained in her seminal work on decolonizing methodologies and practices that it is relevant and important that Indigenous researchers "address social issues in the wider framework of self-determination, decolonization, and social justice" and "position themselves clearly as an Indigenous researcher in Indigenous context, histories, struggles and ideals"

(p. 4). Acknowledging decolonizing methodologies and practices better prepared me to engage in a reflexive thought process to articulate questions to explore Cree-Métis ways of being, seeing, knowing, and dwelling in nursing. Such actions can result in the freedom from oppression that Freire (1970) described as *conscientization*, a way to liberate and deepen the understanding of the internal and external structures that cause oppression. Once individuals reach this realization, then their ability to mobilize thoughts into action can influence, change, and empower them to seek answers to critical questions on ways to move beyond the effects of colonization on self, community, and society. As teachers, the recognition that we are all cultural bearers, as Freire (2005) describes us, is the point at which our critical inquiry begins.

While I collected and documented field notes through an Indigenous lens, I paid close attention to the colonizing practices and ideas that might have had an impact on the understanding or ways of knowing (tribal epistemologies) of the Indigenous nurse scholars who were involved in this research. Exercises such as writing field notes to capture my own thoughts and feelings and thinking reflexively to determine how they might influence the research process were key to helping me to recognize the internal and external structures that are sources of oppression for Indigenous peoples and certainly have a bearing on nursing and nursing practice.

During the one-on-one conversations and the circle of dialogue, I sought permission from the Indigenous nurse scholars to tape-record each session, and I had the recordings transcribed word for word. From the beginning of this process

I began to interpret meanings from my own perspective. I was alert and attentive to variances in meaning between the languages. To ensure that the data were reliable and valid, I used member checking and returned to the participants for verification and clarification; relying on the Indigenous nurse scholars' interpretations for accuracy required additional time and effort. This sense of relational respect and responsibility is the cornerstone of an Indigenous research paradigm in which the Indigenous nurse scholars, researcher, and contextualized data are not only interrelated, but are also based in relationship to the content and people involved (Weber-Pillwax, 2003; Wilson, 2008).

Reciprocity

In the context of Indigenous research, one of the questions that I asked was, How do we ensure that reciprocity is addressed in every aspect of the work as the differing Indigenous protocols and expectations for relationality might require? *Reciprocity* in Cree, *Kiwe totahkocik*, indicates a returning or going home to "them" (J. Crier, personal communication, February, 10, 2011). The origin of the word reciprocity in Latin (*reciprocus*) means 'to return or give back in the same way' (Barnhart & Steinmetz, 2006); it led me to think about what this work could offer the community. My primary aim was to give back to the community an understanding or clarity of the meaning from this research so that this work could support the community of nurses in ways that would benefit the greater community of Aboriginal nurses, patients, and their families. Reciprocity, according to Kirkness and Barnhart (2001), is accomplished through a multilayered learning process of exchange that is mutually beneficial to both

parties. In this case I must ensure that both the community of nurses and academic institutions will benefit from effective education and research relationships. These types of reciprocal relationships can create new ways of learning to transform worldviews from the old ways of being and knowing to benefit contemporary realities. In recognizing the language and culture of Indigenous people as living processes, Weber-Pillwax (1999, 2003) reported that knowledge through active participation helps us to make sense of the world. Important to this process was also seeking permission to use their material and specific quotations from them (Appendix E). In this study I looked at how Aboriginal nurses practiced nursing in their realities, and therefore ensuring opportunities for ownership of the use of the data was equally important to me.

Data analysis. The work of several Indigenous researchers—Weber-Pillwax, Kovach, Wilson, E. Steinhauer, and Letendre—heavily influenced the analysis of the research data. Their work helped me to come to a meaningful understanding of hermeneutic phenomenology as an appropriate vehicle through which to elicit an Indigenous way of understanding and analyze the research data. In a conversation R. Sockbeson (personal communication, January 15, 2010) explained that hermeneutics is most closely aligned with Indigenous ways because it comes from within us. As Gadamer (1998) wrote, understanding and interpretation are inseparable, and therefore the hermeneutical approach asks the researcher to engage in a process of self-reflection that is embedded in and essential to the interpretive process. In nursing research, Letendre (2008) uses the phrase and the analysis process of *Indigenous hermeneutics.* Basing her

research's interpretative frame on the work of Meyer (2003), Letendre extended the work of Meyer to validate her own interpretation of her research data as a form of Indigenous hermeneutics. Letendre also recognized that, in the case of cervical cancer, the process of analysis in Indigenous research involves specific Indigenous knowledge, protocols, and processes that result in a deepened understanding of ways of knowing and research to better address the needs and honour the unique contributions of Aboriginal women's knowledge.

Process of analysis. The process of analysis involved a constant movement back and forth from the written text to the experience to help me comprehend their underlying meanings. This inductive process began at the point of data collection and carried on throughout the research process. Conscious of my own thoughts and the origins of their meanings, coupled with the thoughts and words of the Indigenous nurse scholars, I documented and questioned emerging convictions and certainties. This process helped me to appeal to lived Indigenous knowledge from the experiences of the Aboriginal nurses, who became actively involved in generating, positing, sorting, questioning, understanding, and recontextualizing the data.

The phases of this analysis process involved maintaining a deepened commitment to the nature of the lived experience, as van Manen (1997) described, including investigating the experience as lived in the life world, articulating essential matters, writing and rewriting to capture the essence of what is often covered over, maintaining a strong relation to the experience and not settling for what is on the surface, and constantly stepping back to examine how each of the

parts contributed to the whole experience. I managed the data by converting the field notes and interview data to digital form as soon as possible after I gathered them. I formatted the transcripts into a document with wide margins, numbered each sentence, and used identifiers for quick retrieval.

The initial stage of the data analysis involved listening to and reviewing the audiotapes of my conversations with each Indigenous nurse for accuracy and a sense of the whole story. Next I drew a roadmap of the threads on large poster-board paper to make meaning for each Indigenous nurse. I drew separate roadmaps for each nurse. I then reviewed my journaling and field notes and mapped out my key thoughts on the threads alongside each map. From there I went back to the transcripts and reviewed each dataset line by line to ensure the appropriateness and accuracy of the threads on the roadmap.

I gave a copy of the roadmap to each Indigenous nurse scholar and asked for clarification and interpretation of the language (Cree and Kwakwaka'wak) and its context and received valuable feedback from each of them. Following this, I again read the transcripts as a whole to gain a greater sense of the nurses' life experiences as Indigenous nurses based on their feedback. I did a line-by-line analysis and made notes in the margins about key statements and ideas, using the IRM model that I discussed above. While I did this and gained consent from the Indigenous nurses, I asked another Aboriginal nurse who served as a research assistant to review her own clean transcript and to use the same format and IRM model to generate her own understandings of the emerging threads. This method supported and enhanced the reliability and trustworthiness of the data in keeping

with the principles of IRM. After a four-hour discussion of our individual interpretations, during which we both reflected deeply on the resilience of not only these women, but also ourselves in some instances, we compared the ideas and stories to create a fuller description. The nurses' stories triggered both memorable and challenging stories of practice for both of us. For example, after we read Alice's transcripts, the research assistant realized that she was all too familiar with the roads about which Alice spoke: She was currently employed in the same community. The Aboriginal nurse expressed her sorrow that things had not improved much from Alice's time and discussed similar issues with regard to access to health care that she was currently facing.

Next, we collectively collapsed some of the key statements that represented the threads to generate key themes. I continued to populate each of the Indigenous nurse scholars' roadmaps to arrive at a full range of ideas that represented each of their individual her-stories. To get a better picture of the whole experience, I then considered each individual roadmap and revised it to ask the question at the heart of the roadmap, how does Indigenous knowledge manifest itself in the experience of Indigenous nurses? My goal was to obtain a rich description that would accurately capture the experiences of these Indigenous nurses who are recognized as traditional knowledge holders. I used a different-color marker to represent each woman, and vibrant threads full of historical and intellectual accounts of a life lived with compassion, love, and forgiveness became visible.

The second phase of the analysis required a deeper layer of thinking that involved meaning making in an Indigenous nurse's world and the generation of themes. The relationships and nature of the text guided the analysis, and many aspects of Cree ontology and epistemology emerged. Again I immersed myself in audio and textual data and roadmaps to make certain that the stories and anecdotes were as close as possible to their original form. This is a way of checking in IRM to ensure that in the analysis process I was not losing significant information that the Indigenous nurse scholars had shared. Once I identified the key themes, I used a collaborative interpretive approach to follow up with each of the nurses. I spent time with each of them in e-mail and telephone conversations to ensure I was representing their views without superimposing mine. In writing up the findings, I used the themes (four key threads that emerged) to structure the final analysis and wove the contextual meanings into the overall experience. In writing the themes, I remained close to the intent of the research process identified in my research model.

During my final research circle with all of the Indigenous nurse scholars, I presented them with a concept map (Appendix F) to seek feedback and become engaged in a more in-depth conversation as I explored, synthesized, validated, and crystallized some of my original understandings. I found very satisfying our collective arrival at an interpretation through the use of the circle. Member checking and peer debriefing in the process of analysis validated the interpretation and meaning of the textual data. I also paid special attention to the Cree language that the Indigenous nurse scholars used and with assistance from other Cree

speakers (noted throughout the study) I explored their meanings. I kept my interpretation of the meanings in their original form so that I would not lose in translation the teachings that they shared in our conversations. The use of key Cree terms in the descriptions of their lived experience that appeared from this interpretive process helped me to decipher the significant meanings of language and how I could apply to my own knowledge and thus my nursing practice.

Ethical Concerns

To address the ethical issues inherent in this research, I paid significant attention to the Canadian Institutes of Health Research's (2007) ethical guidelines for research with Aboriginal People to inform my decisions about morally right actions when I worked with the Aboriginal nursing scholars. Because of the nature of this study, not all of the principles apply to this particular research process; my research framework addresses those that do apply. However, in consideration of the potential to access sacred knowledge, I discussed with the Indigenous nurse scholars in detail what they were comfortable sharing to avoid the appropriation of sacred knowledge. Also, as I stated above, I asked each of them for input into what I would include in the written dissertation and what I would not. I wrote an information letter for the Indigenous nurse scholars to sign, as the Health Research Ethics Board required, with a special note to inform them that they were free to omit, add to, or edit any part of my writing for this dissertation. In addition, I asked the Indigenous nurse scholars whether they were willing to self-identify as a way to honour their contributions to this work. I also respected their preference for anonymity if they chose. All of the Indigenous

nurse scholars/mentors preferred to let their names stand. In final consideration of the ownership of the data, each Indigenous nurse scholar has become a co-owner with the freedom to use any piece of the textual data for further personal or professional use. This decision supports the ethical practices of working with Indigenous people and is also sanctioned by the First Nations Information Governance Committee (National Aboriginal Health Organization, 2007). "The principles of Ownership, control, access and possession [OCAP] enable self-determination over all research concerning First Nations (p. 1).

Issues of rigor. I also needed to address another consideration that dealt with the issues of rigor and credibility. To ensure rigor in IRM, as a researcher I had to constantly use member checking with the Indigenous nurse scholars as a tool to ensure the accuracy of the data. Throughout the methods section I addressed rigor in different ways. Nonetheless, with regard to Western frameworks for research, I referred to Meleis's (1996) eight criteria to ensure the trustworthiness of the data. To develop culturally competent knowledge, I addressed the principles of contextuality, relevance, disclosure, identity, power differentials, empowerment, communications styles, and time and reciprocation. At each phase of the data analysis I again reviewed Meleis's principles.

This study involved the active participation of Aboriginal nurses at a time that was convenient for them. I conducted circles of conversation using the principles of the talking circle, which allowed them to share their knowledge from their own unique perspectives. This process of the talking circle recognizes identity, power differentials, and communication style as potential variables that

can affect the outcome of group discussions. The key concepts of relational respect, responsibility, and reciprocity are inherent values of this research process that benefitted not only myself as the researcher, but also the other Indigenous and non-Indigenous nurses alike.

Limitations

The limitations of this study include the issues of self-reporting and managing my own personal experiences. I created an audit trail of my subjective interpretation of the events with reflective journaling. Even though the nature of IRM includes this subjectivity, it was important that I increase my awareness of my own assumptions and biases to thoroughly unpack their significance and influence on the interpretation and analysis of the results.

I critically reflected on my assumptions and opened up the analysis (with permission from the Indigenous nurse scholars) to other team members (Indigenous nurse scholars, a research assistant, my supervisory committee, and peers who were also engaged in doctoral studies). In addition, in conversations about values and beliefs, memories of personal events can lead to emotionally charged responses. Because I was concerned that some might find it difficult to express their feelings, I was attentive to the spiritual, emotional, physical, and intuitive signs that indicated when someone was beginning to feel uncomfortable. I was prepared to stop the conversation and reconvene it at another time. But this was not required during my time with the women, except in one community event where one of the community members not directly involved in the study asked me

not to record conversations or take notes. I dutifully responded, put my notebook away, and turned off my recorder.

Summary

The overriding aim of this research was to advance a specific approach to research with Indigenous peoples using the principles of IRM. Using IRM as my overall approach to achieve the objective of seeking knowledge in a good way, I asked Indigenous nurses to share their experiences and insights into how they approached their nursing practice and incorporated their own cultural knowledge. In this research I uncovered some factors that facilitated or inhibited these Indigenous nurses' integration of Indigenous knowledge into their practice of nursing given the complexities of nursing in Aboriginal communities. The questions that guided this research were heavily influenced by my wonderment and my intention to learn and understand how Indigenous nurses approach their nursing practice.

CHAPTER 5:

BEING WITH INDIGENOUS NURSING SCHOLARS

Human existence revolves around the sharing of experiences and the idea that the self becomes an outcome of individual activity constituted by a set of practices within a given historical context (Weber-Pillwax, 2003). Sharing in an Indigenous way is often done through stories because in every action there is a story to tell (Hodge, Pasqua, Marquex, & Geishirt-Cantrell, 2002; King, 2003). I would add that in every story knowledge is revealed. As Archibald (2008) explained, the translation of Indigenous knowledge occurs through community members linked to one another through their experiences and not through the rewriting of stories in text form. Knowledge is shared not to become the holder of stories or knowledge, but, rather, to retell our stories so that their meanings become bound to the person's words and their intentions are then set in a specific context that cannot be frivolously circulated (Weber-Pillwax, 2001). In addition, Hampton (1993) wrote about redefining Indigenous education and contended that the transmission of stories and experiences formed from memory creates valuable knowledge. Memories of my lived experience and my time spent with each Indigenous nursing scholar brought the descriptions and my learning to the life texts below, which I know will reveal more about the telling and the teller as much as or more than each participant shared while I was with them.

My time with each of the Indigenous nurses was a very unique learning experience. In looking at the whole picture, I came to realize that each of the Indigenous nurse scholars had played a significant role in the translation of

Indigenous knowledge. For instance, my experiences with Alice focused on the family unit. Evelyn's invitation to the village helped me to center my thinking on nursing education and the role of the community in education. The time that I spent with Kētēskwew helped me to intellectualize and concentrate on the philosophical, political and personal aspects of Aboriginal health care, with a specific focus on Indigenous nurses in Canada. My final experience with Lea led to a deeper understanding of Indigenous healing and self-care and its effectiveness with historical trauma. She integrates from her own knowing in nursing by relying on her understanding of Cree knowledge systems.

When I was with the nurses, I participated at many levels: I attended events that the scholars hosted either as a participant or as an observer, I had conversations with the scholars, I travelled to places with them, I met with them whenever our schedules allowed, and I conducted a final talking circle with all four of them together. But, overall, one of the most significant things to me was attending to my own healing and my growing capacity to become attuned to a different level of consciousness regarding Indigenous knowledge. As a nurse, I do not remember having received any explicit training on the spirit of knowledge, but it was evident that a spirit of knowledge, of Indigenous knowledge systems in particular, was deeply rooted in the nursing scholars' consciousness. Each experience with them drew me into the many facets of being indigenous and the realization that personhood unfolds in the collective, as Weber-Pillwax (2003) stated above. What I observed and interpreted from these experiences is that the Indigenous nurses demonstrated a spectrum of Indigenous nursing knowledge.

From the internal to the external, a range of ideas from *maskihkîwiskwêw*, *gilgaletl'lak*, *and kētēskwew* to *kikatikameskew* came from self, family, community, and society.

The First Crossing: We Are All Creatures of Creation (Alice)

To be known as *maskihkîwiskwêw*, to her clients and community Alice acknowledged that we are all creatures of creation and that each one of us has a purpose in life:

> *My life began by being resuscitated by my grandmother and father. I was the second twin born. I always wondered why me, why did I have to be the one. Maybe it was because I seem to have been in the other world for a little while. I always knew there was something more, something in the spirit connection. I come from a healing profession and I happen to be a nurse. I found over the years if you didn't have the spirit relationship to traditional medicine then it did not work. I have learned to recognize the gifts of seeing and I see the beautiful, beautiful spirits of our young people. We learn from one another, everyday I'm amazed at what we learn. Everyday we have teachers, and we have our young teachers.*

Even though *maskihkîwiskwêw* (Alice) taught me much more than what I share here all her teachings are extremely relevant to this research inquiry. Most significant was her teachings on family wellness. To help me connect to the deeper meanings I draw on the Cree term *ka peyakoskanewihk* which translates to family (all in one family) meaning that we are 'are one', all related by one bond, one tribe, one nation (Waugh, LeClaire, & Cardinal, 1998). This notion of oneness helps me situate the importance of *maskihkîwiskwêw* nursing work regarding human centered practice.

During our first encounter I recall sitting at the table, eager to listen to the Indigenous women's presentations on nursing practice in First Nations, Inuit, and Métis communities. She captivated my attention by telling us that what we are

looking for we will not find in the university setting and that it is up to each of us to determine how we need to learn and what knowledge we need to seek:

> *Go back to your families. The fire has been lit. We are at a unique time in our history; we need to reconnect to our grandmothers and grandfathers for the teachings on respect. Our families are breaking down, and we must work harder now than ever before. I had to exchange my nursing bag for backpack, rifle, and rubber boots. The nursing backpack needs to be orange to be seen clearly in the rugged terrain, and the much-needed rubber boots were much more effective walking in the trails rather than the white shoes—an iconic symbol of nursing practice. And last, it was good to carry a rifle to scare off the bears. But the biggest shift and easiest move for me to make was to work with the knowledge of the medicine bundle. Each of us has access to our own knowledge system, and each of us must go back to our practice and think of ways that we bring this to our care.* (A. Reid, personal communication, July 9, 2010)

Something significant pierced my heart that day after listening to Alice and I realized that I had to go back to my own family to do this research work. Her stories of her experiences as a nurse resonated within me and reminded me of why I wanted to be a nurse in the first place. Hearing her experiences, I was able to reconnect to my own life calling and began to understand a little more about my family's experience and growth of my children. This was the beginning of our relationship; her wisdom helped me to find confidence and comfort in the catharsis of our own Cree/Métis knowledge. She validated my experiences as a woman, mother, and nurse.

During my time with Alice we undertook many adventures. I will discuss, first, her annual women's healing retreat and, second, selected conversations about her work. The Family Sipisiw Foundation (Sandy Lake, Alberta) was a four-day Aboriginal women's cultural and healing retreat in a northern Cree community. Alice and her sister, Joyce, hosted 10 women and 6 youth. We

worked as a collective to helped each other to maintain camp duties and participated in traditional Cree and other Indigenous ceremonies and healing practices, including formal sharing circles, in which we shared traditional knowledge and teachings in culturally appropriate ways. We practised with each other, offering and receiving our own gifts of healing and sharing energies and knowledge. Sharing circles were a form of discussion that encouraged each of us to contribute to the forward movement of Indigenous healing practices. These activities bound us together as women to promote each other's wellness as well as that of our families and communities.

Alice has worked with Cora Weber-Pillwax in other community projects; they are from the same family, and their vision of women as leaders and healers is represented in the metaphor[17] of the sinew in the moose, an animal that has always been the life-means of boreal forest peoples. Just as the sinew holds the strength of the moose together, a woman's activity reflects the sinew of her individuality and thus supports the sinew of her community. As Aboriginal women, we are the invisible sinew, and Alice's work strengthens it. The sinew of each heart and the spirit of northern Aboriginal women interweave to strengthen us through the articulation of our own healing-hearts network. As I began my analysis to figure out how all of these experiences are connected, I came across a journal entry dated July 2010:

> *Field Note: Breaking trails: It is summertime, and it's hot out—28 degrees. I can feel the sweat pouring out of my skin. We were packed into a car and heading north on Highway 2A, destination Sandy Lake, with no air conditioning. It seemed like the old days with my mom and brothers*

[17] Metaphors are used in Indigenous learning (Cajete, 1994).

traveling home to my auntie's all piled in the car; what sweet memories. We were nervous, my girls and I, to be going off to our first family healing retreat. I couldn't say no because it was part of my commitment to my research work. So I packed up the girls, and off we went. I was so glad to see a few familiar faces when we arrived because I wasn't sure if I was going for the right reasons, because I wanted to be there to collect data, but I wasn't sure I was ready to be there, because a feeling in the pit of my stomach told me so. Not focusing on the meaningfulness of the gathering, I was focused on the task of my research inquiry, thinking, How am I going to take notes in such an intimate circle? Was I going to tape? And how do I go about getting consent? Happy to see us, the ladies helped us settle in, and we gathered for the first round.

In ceremony we prayed for our grandmother and grandfather and our families; we offered our tobacco and wisped the smudge close to cover our whole body, and we gave thanks for being in the circle. As I stepped back, I watched the smoke of the smudge twirl up towards the sky, and I watched the silvery-color patch of air float up through our bodies, deep into our hearts, minds, and deep into our sprit. I closed my eyes, and it became clear the image of my grandmother and mother were right there before me, and I smiled and relished the warmth that overcame my body. We went around the circle, each of us introducing ourselves—who we were and where we were from and what brought us to the retreat—sitting in my chair as the circle of 10 women and 4 youth continued one by one. It was booming loud for me, but this very faint voice said, "Hi. My name is Dominique Bourque, and I'm not sure where I am from. I never got to know my family, and I'm here because I had to." I was shocked. My heart felt very heavy; I wanted to slither deep into my seat. I was so embarrassed: What was she saying? She didn't know who or where she was from? And low and behold my other daughter Danielle said the same thing. But as each of the other youth spoke, it became clear that my girls were not the only girls feeling this way, each with their own stories of tragedies and tears; you could hear the suffering in each of their voices, each of the youth. The obvious disconnect was so clear. Here I had been such a strong advocate in the public, professional, and political eye, but not in our personal lives. Each of us was desperately in search of that connection to who we really were and where we were from. The suffering I felt personally that day stays with me still, and I realized that I was exactly where I needed to be, not for the research, but for our own family healing. I grasped the impact of my own actions and understood that all these years I had carried the disconnect; I had come to know how to speak, but I yet had not learned to walk it and let go of that shame and dysfunction and had now passed it on to my girls. It explains so much to me; even though this was not the first time I knew I needed to deal with me.

Attending the Family Sipisiw women's retreat with my daughters helped me to gain some clarity in terms of using traditional ceremonies as a means of healing and uncovering truths in connection to 'the self' because this skill uncovers nurses pragmatism and agency. I witnessed the girls' discomfort about not knowing their origins, but with each waking day I felt a new energy shift. Through the circle we gave life energy to that tension that invited an opening into our hearts. The girls began to embrace the ideas and approaches, which in turn activated their curiosity, and they were soon expressing themselves in the circle, sharing their troubles—the isolation in their school and their fear of standing up to people who continued to say things about their being Native. They in turn witnessed my emotional and spiritual pain and made connections to their own experience of growing up without their families or connection to the community. They participated in the sweat lodge ceremony, and for the first time we were connecting on a whole new level at which the other women in our retreat supported and nurtured us. The teaching of the medicine wheel helped the girls to recognize their own spirit and connection to Creation. In the rock healing session, I saw for the first time the deep pain in the face of my youngest daughter. As I watched her and Alice together, I could see my daughter's interest grow and like the embers of fire flickering aimlessly her questions spiralled in our thoughts. In the rock session Alice was teaching Dominique, to be in tune to her own intuition and encouraged here to listen to those messages as possible decision about what choices to make. She encouraged us all to pray, as a summoning of our own spiritual energy to show us the rock or the path that we each needed to take.

Dominique chose kindness and I chose forgiveness, and [she] expressed what kindness meant to her. In listening, she expressed her need to be more kind to her mother and to stop being so angry over our personal circumstances. During this experience I felt a much deeper connection to my daughter and I recognized that I too still held so much anger that stemmed from my past. I raised the girls to fear the idea of being poor, and being another statistic. I engrained in them what not to be instead of what to be. After these sessions I was inspired with hope that that we all I would come out of this difficult phase in our lives. I also now believe that this experience was instrumental in helping both of my girls to decide to become nurses.

In all of Alice's interactions with people, I witnessed anew the message that she delivers. It is all about healing family and the importance of reconnecting to our own spirit to re-strengthen our family's core and rewire our thinking back to our traditional healing practices as women healers. I witnessed her ability to draw out the negativity to provide a safe place for women and their children to share their understanding of their place in the world, and shed their shame and guilt to realize the power that they hold within. It became a little clearer that our strengths come from stories of love, belonging, and spiritual awakenings.

As a result of this incredible experience, our whole family has begun a turnaround, and since the retreat we have started on a healthful life path. We have strengthened our relationships to one another. Our family has begun gathering together at least once a month, even though some of us had not been together for the past 10 or 15 years. Under the guidance of my Uncle Gilbert we are

reconnecting to our community ceremonies; we hosted the third memorial round dance for our family members as a way to honour them and a gifting to our community. We appreciated being able to initiate protocol and call on natural law for guidance into each of our lives. During the organization of this event we were delegated specific tasks and as a family we worked hard to achieve them and if were unable to accomplish them, the community stepped in without ever being asked; we received all that we needed to meet the requirements of the family memorial. I firmly believe that the teachings with which we walked away that weekend that we spent with Alice and her community were pivotal in putting everything into motion so that members of our family could connect with the community. There is an important lesson yet to come. Re-member-ing pasts and relationships and where we are situated must always be the foundation for the intentionality of Indigenous research work.

Alice reminded me that our medicine bundles have survived, and the knowledge behind them continues to be shared with those who seek answers. Indigenous people are taking up the calls for free and informed consent, including the Treaty rights and protest against violence towards Aboriginal women in Canada. Families continue to be separated by policies that force a disconnection from cultural identity, and coping—sometimes not healthy coping—becomes a form of survival, a way for the people to mask their feelings and dull their pain. As a result, the many faces of anguish are revealed, and my mother's suffering is an example of this. She was left paralyzed as a result of being beaten, an incident sparked by the jealousy and fear of not knowing. It was Alice who really evoked

so many memories of nohkum that I held dear to my heart. It was not only the physical features but in so many ways her approach to people; a calm but feisty appeal. I wrote the following poem from my journal, dated 2010, after attending the Women and Sinew circle with Alice Reid, a participant in this study. Walking with Alice during this inquiry, I witnessed humility, strength, the heart work in which she engages. I soon begin to realize that the power of ceremony helps us to release what lies deep within the individual is endless, and the rippling effect deep beneath the spirit of our knowledge is immeasurable. The following verse taken from my expressive and reflexive journaling is a piece of the evidence that I witnessed with my time with *maskihkîwiskwêw.*

Alice walks the earth in a strong way; even though she's only four foot nothing.
She starts her days with breaths of gratefulness for all the Earth's bounty.
She uses her medicine, prayers, and ceremonies to cure our alignments away.
She nurtures our spirit with compassion to preserve our dignity.
She shows us how to climb the unknown and ignite the spirit along the way.
She helps us walk with our heads held high, searching for a fresh start and that original breath.
She plants love in our hearts to heal our weakened minds and wounded spirits.
She teaches us ceremonies so that each of us finds our gifts inside.
She creates in us the space of consciousness so that we can begin to live inside.
She explains to us that now we have to return it sevenfold.
She shares with us a sacred breath and tells us it's time to infuse it back.

This time with Alice helped me to understand what I was carrying forward. Of particular significance was coming to understand why I thought my mother's family believed that her injuries were a result of "bad medicine." It was

these expressions of medicine that convinced me that there was something of out there that inflicted this pain and suffering. If *nikawiy* had not set aside her traditional roots and her cultural ways in search of a better life and not desired to leave the "Indian" behind, would things have been different for her. Growing up I could not help but think that *nohkôm* was wrong and why she would make this claim? I wondered if it meant that *nikawiy* was to blame. To suggest that her injuries were a result of something greater rather than physical violence did not make sense to me as a child. I saw, felt, heard, and touched the violence; it is forever imprinted on my mind and on the scars on my body, and I never stopped thinking about this notion of 'bad medicine.' Nonetheless in this wondering my thoughts of 'good medicine' grew. As a result of this work, a key finding expressed by all nurses in this study refereed to the medicine bundle as the first nursing principle – "you are the medicine bundles".

Were the answers still in *nikawiy*'s recovery? Did I witness the intangibilities of the traditional healing process in *nohkum*? Why was she so secretive about what she knew if it brought life-giving energy? Over the years, and particularly now throughout this research, I have come to know that the power is grounded in a spirit known only to the healer and that offerings are made through sacred relationships and communicated through prayers and smudging with life's natural elements: sweetgrass, tobacco, cedar, sage, and *kinnicinik* (traditional tobacco). From her bundle *nohkôm* used her medicines and pinned a small medicine pouch on the inside of *nikawiy*'s gown close to her body, a place close to the heart. It was not until years later that I realized that this was a form of

protection and connection that signified *nikawiy*'s relationship to the spiritual world so that a power of self would guide her journey in the hope of either bringing her back to life or carrying her safely to the spirit world. I came to believe that the Creator worked through *nohkum*'s hands that day, despite being told that death was imminent and *nikawiy* would not live through the week.

> *And that's when it hit me. Suddenly I understood Alice Reid's story about turning our nursing bags into backpacks and exchanging them for a medicine bundle, packsack, rubber boots, and a rifle in our hands. The most essential was not the contents of the backpack but the medicine bundle and spiritual power of prayers of a healer; a nurse was needed.*

A Western-trained nurse with a nursing bag full of useful equipment and medications sits across from an Aboriginal patient who has his own medical bundle. Two bags are at play here. The contents of a typical community health nurse's bag consist of, for example, blood glucose monitoring supplies, scissors, stethoscope, and gloves. In contrast, only the inherited owner knows the contents of the traditional medicine bundle, which has been passed down through generations of families. It might also consist of a pipe, feathers, or specific roots and plants often known only to the carrier.

Intertwining my story with the time that I walked with Alice is a way for me to open up my exploration of the human experience of nursing through the lens of a Cree nurse. It highlights a piece of one truth, a fraction of a whole. My interpretation of events has been my starting point for spiritual healing and an opportunity to think deeply about my cultural beginnings and possibilities in positioning Indigenous knowledge at the center of nursing practice without limiting my experience to one worldview. It is in the practices of nurses that we

have access to the whole story, and it might better serve us as practitioners to hear the 'whole story' (Sandelowski, 1996)—which raises again the questions about why my mother's nurses could not see beyond the physical characteristics of their patient and why their observation of the physical body clouded the features of this woman's scared brown face. How could the caregivers not see beyond her injuries? Why could the nurses not embrace another's method of healing? I wonder about that time when it seemed to me that the nurses were heavily influenced only by an empiricist way of knowing. Was this why they offered only essential, science-based care and ignored the rest? Was it out of racial stereotyping or a fear of the unknown or embedded in the unpresentable: hatred for the other or the horror of what had been done to *nikawiy*'s body? Had we taken up too much of their space or just called on their moral consciousness so that they were forced to shut off their own emotional responses?

This is the lesson and direction that comes from my time with Alice, a reminder to look deep into ourselves and take ownership for our healing, learning, and teaching; to recognize the ways that we were taught and bring life to them so that others coming behind us can continue to build and honour Indigenous ways of being, knowing, and doing. This is not only in the personal, but also in the public, where we can reach so many more community-minded grassroots people. Whereas in nursing I had been trained mainly to take care of the individual and learned that the individual nurse's relation with the patient is foremost, here I learned from Alice something that came up again and again with the scholars: Nursing with Indigenous knowledge means that it is never just about the

individual nurse or patient, but that we must also pay attention to the whole, to population health (Reutter & Kushner, 2010). What I gleaned from Reutter and Kushner's writing is that as long as nursing focuses only on the individual, population health can never be achieved. However, it is important to balance the individual in relations to what determines their health. Yet here with Alice I saw this in action. The Indigenous nursing scholars demonstrated again and again this foundation of Indigenous nursing knowledge. In terms of the research question, this was something I knew at some level, but remembering how I was trained in nursing and mentored and preceptored by other nurses was very prescribed and empiricist. Yet these nursing scholars were probably trained the same way, and I saw the astonishing ways these scholars incorporated Indigenous knowledge into their nursing practice.

The Second Crossing: Coming Into the Village (Evelyn)

This experience with *gilgaletl'lak*, whom I first got to know as Evelyn, was rooted in community. Evelyn's traditional name translates roughly to "I crawl everywhere," in reference to seeking the teachings of her ancestors and sharing it from one generation to the next. It originates from her community and signifies to me the importance of naming that comes from community life:

> *I come from the Raven clan and the Wolf clan. My mother's father was head of the Raven family and my dad's dad was head of the Wolf family. I follow my dad's clan and even when I married a Cree from Fort Chipewyan I always follow my dad's side. I learnt the traditional knowledge passed down the generations. We had education, the elders were our teachers, we all had to know the beginning story of Kingcome Inlet and how to look after our people when they got sick and the plants to use. Teaching the children to survive off the land giving us skills to cope. They showed us how to live in our life and ways of sharing in the knowledge. It was be very specific to your tribe.*

This sense of communal living for me is represented by the term *mâmawâyâwin*, which in Cree means community living in community (Waugh, LeClaire, & Cardinal, 1998). It is from this meaning that I connect the above personal family account to my own professional learning's with Alice. I realized as I analyzed the data that being with Alice prepared me for the walk in which I was about to engage with Evelyn; prepared me as person, nurse, and researcher in Indigenous methodologies. First Nations women are seen as "guardians of Indigenous traditions, practice and belief, agents of change for their families and nations" (Valaskakis, Dion Stout, & Guimond, 2009, p. 2). My work with Evelyn is a clear example of an Indigenous knowledge approach that demonstrates the mutual benefits to cultural continuity and community development in nursing education. Often discourses in cultural continuity and community development focus on an analysis of deficit. This inadvertently perpetuates the social disparities, stigmas, and mythical dogma of Indigenous people's life histories and biographical accounts in Canadian literature (Valaskakis, Dion Stout, & Guimond, 2009). What Evelyn showed me was that this problematizing approach has harmed some Indigenous nurse trainees and that in her work the entire community educates nurses so it comes from a lived experience perspective. It provides more of a realistic picture to student nurses about the resiliency and strength of community members and ways to engage that facilitate a renewed understanding from a experiential perspective.

Evelyn married into a Cree family and lived in Fort Chipewyan for five years, where she worked as a community health nurse before moving to

Edmonton for another three years. Her passion for community health shone through her approach to nursing education. She currently works with North Island College, as a resident Elder developing and teaching courses in nursing that the community delivers. The community is Rivers Inlet, an isolated community north of Vancouver Island, home of the Wuixinuxw First Nation. We traveled by plane, boat, car, and foot into the tiny community. The season was changing from summer to fall. During the day the sun shone between the rains. Evelyn facilitates respectful and reciprocal relationships with the community in which she works, the community is responsible for what is taught to the student group, and the students live in the homes of the community members. Immersion into community life was immediate.

> *Field Note: Day 4 reflections: Listening to the fire, it speaks to us as we gather in the Big House. Our new teachers shared the protocol and process for entering the big house and meeting the four brothers—protector, wisdom, health and healing, and the warrior—to introduce ourselves and give thanks in ceremony. The four corner poles, about 15 ft. tall and 2-3 ft. in width, hold the sacred teaching of the Wuixinuxw people. Teachings on each of the four brothers were shared and represented the adoption of colonialism, debris of trauma, givers of human touch, and healing hands and hearts. The stories of the brothers echoed about when they lived in freedom and at a time that that was plentiful. The vision is to see the community accommodate change and for the sovereignty of their nation, but also to see the coming together of all nations and all people of the world. Evelyn's work is not about the "other"; it's about the self and what we know about ourselves, in relation to our communities. We need to learn about our own health-giving approaches to help us in coming to terms with the healing. This shifting of the hands as they move rhythmically to the drums; their hands are raised in honour of their ancestors. We are reminded to lead with an open heart and to accept the teaching of the Western world, but pushed to think inwardly in terms of our own Indigenous thoughts to channel our own understandings of our own healing. It is through human approaches that we learn the values of love and patience that will help us rise from our shackled past so that we can move forward to the present to learn from the uplifting of a community spirit. All of life is beautiful and, if we can open up our minds*

to the idea of relational spirit, [it] can bind us for eternity.

I sit and I watch how the crafter of this teaching and learning situation has supported the transfer of power to its community members. I see this invisible weight of traumas they carry. It puts a big responsibility on them to be the educators telling the history from their own perspective. The power and essence of the Big House is overwhelming; it's like you can feel the spirit of the four brothers and the story unfolding in the sacred space; it is one of those "on-the-ground approaches" that we need to be recognized in our academic institutions. The significance of ceremony, sharing knowledge of who we are, where we come from, and what we were hoping to gain from this experience, is the biggest challenge I have yet to uncover. Situating myself as equal to the ant I see crawling on the sandy floor, I introduce myself in my Cree language despite the thoughts of worthiness creeping into my consciousness, but as equal to this insect; it did not seem as threatening to me. I prayed that I could speak from my heart and that the blood memory would flood my cellular memory to help me speak from my own Cree intellect. Through this Indigenous lens, sharing knowledge of life, growing, death, being, knowing & doing can't be described in words. How amazing this place and community is, and their demonstrated connections to the land draw me into a mystery greater than myself. I feel enlightened, refreshed, and blessed to be working with Cedar as a way of connecting through doing, creating, and constructing our talent and skills. However, the effects of the natural elements are rising, and the measuring of the water takes on much more meaning. Assigning myself to this task of preparing for an emergency as the news reports are inundated with the warning of torrential rain showers. And guess what? In this tiny community we are in the eye of the storm. Being vulnerable is our only refuge, as it was clear from the community emergency meeting that its members have to respond. There was no hope of any plane coming in to get us until the weather clears. So the goal is for us to become the crafter of our own learning spaces. We could succumb to the stress of isolation and fear, or we could find comfort that there is a lesson to be learned and join in the work of filling the sandbags to protect the tiny community nestled in the majestic beauty of west coast land. The language that Evelyn speaks continues to resonate within my thoughts: "The purpose for our whole being can be found in the language," and she leaves us this one word from her language, Kwakwaka'wakw, *to think about* gilakasla*, a term that translates to the concept of 'coming into one's wellness,' used to greet people.*

During the time I was with Evelyn, stories from the community members echoed throughout the conversations. Community members' talked about their specific traditions, sharing from their own life experiences, was uplifting for all of

us. Listening to their traumatic life experiences as the beginning point of their community healing was profound and created a deep connection in me that evoked a feeling of shared history. During the day I immersed myself in their lives, and it did not take me long to appreciate the comfort of settling in. Something was very familiar about this experience, which brought me back to why this work is important. Uncovering the shared truths might have turned the non-Aboriginal students' world upside down because, as they stated, they had to unlearn all that they had learned about Aboriginal people and face the challenge of unpacking the myths and stereotypes they held. It was clear to me that this type of education would was going to have a significant impact on their learning and nursing practice.

For me, this experience once again signified a collision of worldviews, but this time specifically, coming into the village brought back to life my own experiences of trauma, but in a somewhat different light. I had four significant dreams while I stayed in the community, and each dream was about my brothers and me going through some terrifying times. However, what was unique about these dreams was the change in my perception of the trauma. For example, with regard to the event that I shared at the beginning of this dissertation, my dream of this same event has now gained a more humorous tone. Journal entry:

> *Field Note September 25, 2011: My brother Oliver had gotten stuck in the window as he tried to escape the house that day to go and get help for mom. While I stood outside the house and stood looking at him, we could not stop laughing while trying to push his 150-pound-body frame out of a very tiny window. There was humour in that sense of helplessness and simply because he looked so funny.*
>
> *Then running frantically around the small house, all the windows were smashed, but I couldn't seem to get out. And in searching for a way*

out, I found my girl curled up in a corner terrified and bleeding; her wrists were cut. As I pulled up her chin to look into her eyes, with the cheekiest sly look, she said, "Don't worry, Mom!" The feeling in my legs gave out beneath me, and I find myself trying to cross a river. The water is flowing swiftly, and there are two hilltops on either side of the river and the sun is blazing down. My friend Annaleah and Elder John are calling me over, but I am scared and I am reluctant to cross, and I am faced with the decision to cross or go back. I am thinking to go back, it is too dangerous, but to cross would be courageous. To go back to the hill I just came down was full of darkness and violence, and the hill on the other side of this creek was peaceful. Annaleah was sitting in the luscious green grass having a picnic and telling me to come eat*, and John was prompting me, to cross but as I began to wade into the water, and all of a sudden I am walking through the grounds during a Lac La Biche powwow. This event was something as kids we had waited for the whole year round. It was the highlight of our summers despite the grown-ups' fighting. I see Donna, my cousin, and I don't want to run into her because I know she knows my secret, so I run the other way and right into Chris, her brother. We spend the day hustling around town, where there are so many relatives in town, and the energy from the people's uplifted spirit was all around us; children laughing, older people chasing you out and scolding you for getting in the way. As we walked across the tracks the dogs began to howl, and my fear of dogs kicked in. My heart was racing, and I couldn't catch my breath. I was paralyzed; I couldn't move. I recall in those moments of fear Chris's hand grew ten times its natural size, and it took my hand and walked me through the bush, following this trail until we came to a fork in the road, and Chris then let go of my hand and said, "You have to go". But my heart was sad and my tears were heavy because he was the one person [with whom] I had experienced genuine trust. I turn to walk down the path,, seeing a mirage of faces go by as I strolled down the path and with this strong sense that something was in my hand, wondering to myself, Is this real? And I awake out of a dead sleep No, I was just dreaming. As I sat up in the bed I thought maybe something had run across my hand; maybe it was a mouse. And then I smiled.*

A new day began, and I wondered about the meanings of these connected dreams of different scenes that I had that night. I called my supervisor later in the day to express my concerns about the data that I needed to collect during this experience in this community. She told me to pay attention to the dreams, big or small, and note them in my journal. She also told me to concentrate on ways of

knowing, what it is like to be with the teaching, and how knowledge is imparted. She asked me to think about what I would like to see happen and not happen in nursing in relation to Indigenous knowledge and to pay close attention to Evelyn. Even though it was comforting to talk with my supervisor, I still had no more answers than I had when I came to this community. I did not know where to focus my thinking; so much of myself came into sharp reflection. I was submersed in the water in the constant heavy rains, fighting to catch my breath, when a community of strangers who were sharing their grief pulled me from my despair and offered me new insights into how to grow and connect to that human spirit, the will to survive. Here with Evelyn, I watched her walk with one foot in tradition and the other in culture, stepping in relationship with the community. Interpretations, subjectivity, and the context of individual experiences folded into one another and then into another story, all contributing to the collective story of how Evelyn incorporated her Indigenous knowledge into her role of nursing educator and fellow human being of all life.

Castellano (2006, 2009) wrote about the resurgence of women's roles in the early 1970s when women spoke together about their diverse experiences as they moved from the private world of family to the public world of community service. I think that is why my story at the beginning of the dissertation is so important for me to build upon: This seemingly singular experience has helped me to move from the private thoughts of the poor, ineffective caring for my mother and subsequent victimization towards a new approach to healing in

community that binds us together well beyond our own local and personal situations.

In one world I grew discontented, disliked the nurses for treating *nohkum* so disrespectfully, and was frustrated that *nikawiy* remained faceless in the presentation and representations of nursing care. Yet even now I understand that presentation is based mainly upon what is acceptable in the eyes of the discourse (Cameron, 2006). Cameron wrote that the use of representational forms in our discourse allows us to remove ourselves from what is directly in front of us, the bare being of our patients, and replace it with a concept or a metaphor such as self-care (Cameron, 2006). Although this theoretical view helps somewhat, it cannot replace what I experienced with those nurses that day. Bare being was not acknowledged in *nikawiy*, *nohkôm*, or ourselves as children; we were mainly heavy-laden concepts to them; we were other to them.

In the other world I was thankful for *nohkôm* and her practical wisdom and knowledge of traditional medicine and her persistence in applying what she knew my mother needed. The insight that I gained from this human experience with nursing has taught me the significance of nursing knowledge from two faces, each with its own unique features of Indigenous and Western thought. It has opened up a way to think philosophically about the embodiment and expression of nursing. As I continue to work in the health care arena, I see many faces of nurses and the cared-for. Although I have thought of myself in the pull between two knowledge systems, I see nurses are situated as well in working with dual systems of mandates, protocols and systems, and outcomes, on the one hand, and

what they see before them in the suffering of a person, on the other. I see now that working in these dichotomies in nursing can prevent us from seeing the whole face of someone: for the purposes of this dissertation, the perspectives of both Indigenous and Western intelligence. A verse that I wrote in my journal captures some of the prominent thoughts that I took away from the experience and ideas on how I will use them to guide my continued thinking:

> *The shadows of racism runs through this place*
> *This is not an urban myth, a façade or a hidden face*
> *Health and wellness remain a far-reaching dream*
> *Maybe it's time we look outside the classroom*
> *To support the communities to take up this plight*
> *Emancipation will lift the people up to what is right*
> *How can things change in the heart of community?*
> *It will be the voices that share their spirit*
> *Because to sit in silence is betrayal,*
> *So let us learn from our nature's gifts*
> *I ask the Nurses who take a stand and fight for human rights.*
> *Wondering if internationalizing will strengthen the mindset*
> *Who will step into the work of understanding privileges?*
> *If he inequities of values continue to be sharp as a razor,*
> *Whose flesh are they slashing and what scars are left?*
> *If we keep get beaten down every day for the last 200 years*
> *Then it makes it hard to see the choices we have.*
> *How do we measure the quality of life?*
> *Is it in the quietness of the significant other?*
> *Or the health of a mother and wellness of a child*
> *What will every generation thereafter look like?*
> *The disparities are staggering at best!*
> *So continue to put our lives in your charts while the inequities grow and we continue to fight*
> *Do we fear the potential or our ability to change? Will asking the questions keep us at bay?*
> *Bring them all into the Big House, and you'll see that is where the community is set free.*

Indigenous peoples continue to face the issues of racism, and the root causes are embedded in Western systems and structures (National Collaborating Center for Aboriginal Health, 2013). According to the Canadian Association of Schools of

Nursing (2013), addressing racism in Aboriginal health is crucial to the development of nursing knowledge. The focus on the sociocultural, historical, and contextual determinants of health provides a framework for addressing individual needs within a population focus.

The Third Crossing: Speaking to the 'Being' Cree in Health Care (Madeleine)

"Omaka-nipawistamahk piko ka-wi-tapistamahk: What we stand by is what we have to sit in for", as *Kētēskwew* told me; this sets the context for my continued work. I was extremely self-conscious of my lack of understanding of the Cree language. However, together as *nehiyawak*[18] (meaning 'Cree people') we can pursue the meaning of *miyopimâtisiwin*[19] ('good life') in contemporary living and learn how Indigenous knowledge pertains to nursing on a deep intellectual level:

> *How my experiences as a contemporary nurse in contemporary life, modern life, have fed in to Indigenous knowledge as it pertains to nursing is an extremely important enquiry. My nursing career did not start when I entered nursing school.*

This spirit of inquiry helped me to appreciate her ability to purposely help me focus in on the emotions, thoughts and expression of Indigenous knowledge in its present form. Her talks originating from *nehiyow iyinisiwin* (Cree for 'wisdom,' 'intellect,' 'knowledge') on maternal infant attachment and hold many features of what tradition brings to ones sense of wellness. This clarity helped to rethink some of my early memories, such as searching for my "belly button" and

[18] Cree terms retrieved from Waugh, LeClaire, and Cardinal (1998).
[19] A term retrieved from the Maskwacis online dictionary (2014).

how that was more a manifestation parenting. What I take away is the belief that we must continually examine our own habits of the heart because they are the most meaningful to us, as well as our connection to one another while we help each other to work together. Kētēskwew specifies that dualistic thinking is an outcome of modernity, and it must be continually challenged when it results in unbearable health disparities and the stigmatization of certain peoples (M. Dion Stout, personal communication, December 5, 2010).

Her explanations on the relationship between Canada and its Aboriginal peoples gave me a point of reference to begin to research and analyze the socio-political and historical control over Aboriginal people. These constructs, as we have seen, have had a negative impact on not only my family's health, but also in education and the direct links individuals, families, and communities practice of being well (Battiste, 2002; Dion Stout and Downey, 2006; Royal College of Physician and Surgeons of Canada, 2012; Weber-Pillwax, 2004). Purposely, this IRM inquiry has assisted me in the critical examination of my own nursing practice and made me much more vigilant in my exploration and its effect on my view of the world of nursing practice. Philosophically, it has pushed me to further explore the meaning of Indigeneity in nursing, and what it means to be Indigenous. Generally, I questioned what it meant to nurse in the face of others. Will using our uniquely situated voices and locations support Indigenous self-determination? Can it foster consensual, ethical, accountable relationships and alliances across our differences? Will this commitment to engagement in the face

of the other become fertile ground for social transformations in Indigenous communities?

The examination of local knowledge systems is core to Indigenous knowledge and is a message that I took away from my time with *Kētēskwew*. Her interests specifically involve Aboriginal health, which she has explored through an Indigenous Cree lens. Her work is philosophical and has generated a deepened awareness of the importance of language, identity, and original instructions from the Cree ancestral knowledge that she applies to nursing knowledge.

Since the beginning of my nursing career I have heard about Madeleine Dion Stout, but it was not until I began this research that I really came to know her. Our time during these past six years has taken us to the majestic mountains of Banff in the Cree/Stoney Territory, where we discussed her original instructions of nursing, to the plains of Manitoba, where she delivered an inspirational talk on maternal child health, infant attachment, and reproductive health. She spoke to the threat of hydrocarbons on health, the violence that Indigenous women face, and the poverties of wellness in First Nations families. For example, the following excerpt is a cautioning to which I have paid serious attention:

> *Today, First Nations, Inuit, and Métis struggle to keep a rightful place in Canadian society, and to hold on to cultural values, beliefs, ceremonies, and rituals at the same time. Even though cultures are critical to the survival of First Nations, a painful awareness exists on how risky it is to be limited to cultural beings only. If this idea takes hold, or takes a stronger hold, no one, not even us, will have to care for our other needs and strengths. This would not be fertile ground for infant attachment. Attachment traumas are real, and they can haunt children into adulthood. (Dion Stout, 2011, Keynote Presentation)*

These were two different experiences, yet there were similar undertones, which addressed issues of nursing safety in First Nations, Inuit and Métis communities.

Specifically during our stay in Banff throughout the Biennial Nursing Philosophy conference in 2010, I felt a little out of my comfort zone because most of the nurses were from the dominant culture of North American and European countries. A small group of us were from marginalized countries or from marginalized groups. But the moment that I saw *Kētēskwew*, she eased some of my fears. I am not sure why I found such comfort in her presence. I wondered whether it was an intuitive way of knowing, a deep-rooted connection, a sense of understanding that we might share similar perspectives. Whatever the reason, it was a good example of relational practice.

There are many interpretations of what I think Madeleine was sharing as she delivered her plenary presentation to nurses at the *Philosophy in the Nurses' World; Politics of Nursing Practice* Conference. For me, the most important story was the one of her mother and the loss of understanding between a client and nurse. It adds to my own story of my mother and exemplifies what nurses must come to terms with when they work with cultural beings:

> *In May 2000, a doctors' strike was in full force in Alberta. Complaining her chest had exploded, my 88-year-old mother was moved from the seniors' lodge on the reserve to a hospital. She was transferred back to the lodge and then on to another hospital. She was moved from one site to another over several days. She succumbed in the second hospital she was moved to. On her death bed she was given a sponge bath, during which she asked her nurse in her best English: "Am I low?" In Cree she would have asked "*e-nanayisosiyan*?" ["Am I dying?"] In her best bedside manner, her nurse replied: "No, Mrs. Dion. Your bed is just the right height.*

There is something very telling in this story about a fundamental basic human need, which is the need to be understood. I think about the importance of language and how as nurses we can bridge knowledge between cultures. This story called me back to my exploration of the significance of the face and, as nurses, how we respond to our patients with varying degrees of knowledge, compassion, and caring. As nurses we are trained to use our critical observation skills, such as the head-to-toe assessments that I have been accustomed to doing now without realizing it, always scanning the environment to ensure the safety of our patients. I wonder what judgments we are making when we are not seeing the whole face and what conclusions about nursing care we actually lay on top of our observations and how we position the other with that gaze. *Kētēskwew* talked at length about language and its relationship to our culture and knowledge. I think about her comments about blood memory in that if language is the essence of what constitutes a person's sense of identity, then what does that mean for generations of Indigenous peoples who have been disconnected from their language? Is it possible to retrieve the language, and if so, what are the best ways to approach this learning? The challenge she presented to me is to think about what to do if blood memory is negative and how I can reframe it so that it becomes positive. This enables me to continually move forward to uncover the full meaning of Indigenous nursing knowledge.

As I reflect back on our discussions, I realise that she shared many important concepts with me that have forced me to think outside of nursing knowledge and beyond to what Indigenous nursing knowledge might contain and

what the priority issues are. The complexities of *Kētēskwew*'s presentations will take me a lifetime to understand, but I am looking forward to finding the answers and responding to her calls for nursing action. Key concepts important to my own learning include her thoughts on 'gifted economy' and good medicine and bad medicine (*muskēkē* and *matsi muskēkē*), which she stated, "*have not been part of our modern nursing consciousness or even our mainstream healthcare discourse*." What I took away was a similar idea that I have been carrying with me for years, and that is the notion of politics being bad medicine when they do not serve the peoples in our society; it is an extremely important aspect of my own nursing practice. Overall, *Kētēskwew*'s contributions and ideas about how Indigenous nursing knowledge ultimately stems from issues of inequities. Her thoughts are often framed from a socio-eco-cultural perspective, and I feel that it is important to share what she has gifted to my learning. For brevity's sake I include only a small portion of her discussion as an important contribution to this work:

> *We found grievous fault with these institutions because they made us strangers on our home and native land, directly assaulted our children and parenthood, and added immensely to our mental stress. But our biggest criticism was directed to the intergenerational trauma, unequal power relations, and the identity politics residential schools have fuelled. Not surprisingly, our general health needs are made even more complex by the very resources we have at our disposal. We are re-constructing our health achievements and prospects above that of the political forces that can never represent us fully and beyond the new health institutions that are not rooted in our everyday experience and knowledge. . . .*
>
> *Every being in the margins suffers recurring punishment if made invisible [shut out] due to deep misunderstanding and divisions. To be inaudible [shut-up] with outraged words, deafening silence and wicked actions and inactions adds to the suffering. Insensitivity [shut down] adds yet another layer of marginalization. As I see it, bad medicine or* matsi muskēkē *comes from a look of hate or TLC [total lack of concern]. When*

> *sentiments are split into love and hate, with no way to negotiate both sides of the middle, unhealthy relationships and outcomes set in where certain people are unheard, unseen and humiliated to the point of soul withdrawal. . . .*
>
> *Social and intellectual movements are born to stand up to the shortcomings of politics. On the one hand, it is possible to use it to enhance the health prospects of 'isolated' communities and those who provide health services there. On the other hand, it can and will give rise to a privileged class with doers and do-not's, haves and have-not's and givers and give-not's creating new social tensions and schisms. Supplemental bureaucracy, the continuing downsizing, rightsizing mode of governments where supports and services are down-loaded at today's pace, place and space have to be reviewed, challenged and evidence informed. Otherwise, affected individuals will know the hurting flesh caused by the 'flight or fight' syndrome. Negotiating the medium between the sacred, sinister and silly ultimately belongs to the so-called powerless and politics we execute.* (MDS)

This glimpse into the Indigenous intellectual mind caused me to internalize and question all that I had come to know, and her expressions of nursing were reminders of some of my own early teachings. I knew the moment that Madeleine delivered her last words that she had left the audience thinking much more deeply about topics that most would take for granted. She challenged me to think beyond the individual poverties of the powerless and the hegemony of Western thought. Her introduction into Cree ontology (nature of Cree-ness) and epistemology (knowledge) gave me an opening to think about the power and politics in the wake of cultural pluralism. She suggested that Indigenous knowledge could move us to a new trajectory. As a student of *Kētēskwew*, in traditional Cree ways this work will continue to evolve. Her insight into the need to develop an Indigenous nursing knowledge framework is yet to be put into action. However, as Indigenous nurses in Canada continue to advance nursing practice, they too will be able to take up this work in new ways.

For now, I think that most people still struggle each day with Indigenous and Western ways of knowing and living. Keteskwew is clear that, to move on as Canadians we must acknowledge what happened to Indigenous people and bring old knowledge into new forms. It is time. We will not be less rich as a society by doing this. In the multiple worldviews of Aboriginal nurses health and health care must grow to further include Indigenous Peoples in the design and delivery of nursing services (Desjarlais, 2011). Madeleine expresses an innate insight into the holistic and collective understanding that will bear greater meaning to what can be found. After some deep reflexive questioning I wonder about these reconnections as expressed in the following versification, my process for making meaning.

We continue to resist colonization
Clinging to the land and our ancestor's relations
The warnings are clear and the water is dirty
The earth is showing us its despair, and destruction
It is never to late to take up our original instructions
To dance life back into the human hearts
By walking the talk that lifts others up
As human beings from time immemorial
We are all taxed with the questions of tomorrow
Can the gifts of our economy lessen the impact of capitalism?
Will consumerism make us consume ourselves in the process?
As Nurses do we really respect the knower and the known?
Or is it more that we don't know how to partake in the unknowing
It might just be that Indigeneity will rise and speak to the future
So the question remains? Is Nursing in search of better ways to be?

The Fourth Crossing: The Mountain Speaks to Me (Lea)

In getting to know *kikatikameskew* (Rippling water woman), I realized that one can never really know another's truths or understand why certain people come into our lives. But in the manifestation Indigenous knowledge systems we act on certain beliefs that sustain our identity and purpose in life. Lea embodies

holds natural law in its highest regard; it leads her through the everydayness of nursing practice.

> *Sacred father of all creation, thank you for the beauty and the wonder of this day Thank you for the beauty and the wonder of life, and all of the many blessings contained within it. And thank you for bringing us together into this sacred space, for the opportunity to share in spirit, to also welcome in the sacred ones, the grandmothers and the grandfathers who are the keepers of our knowledge, keepers of our medicine, and as I acknowledge the sacred mother of all creation I express my deepest gratitude and appreciation to her spirit, for all of the many aspects of her being that continue to contribute to us as human beings, and especially contribute to us and ensuring that our life experience is fulfilling and is blessed with so many gifts in terms of knowledge, but also in medicine, in healing and in experiences.*

Lea instils this belief in me that the wisdom we hold tells us that there is a greater life force that draws us to another's experiences. This was my experience of working with Lea Bill, a registered nurse with an extensive background in community health who is currently employed in that area. She is a fluent Cree speaker from the Pelican Lake First Nation in Saskatchewan. She was raised by her parents, and her grandmother taught her the traditional systems of healing that now give her an integrated ability to facilitate people's reconnection to their spirit from a place of truth, honour, and respect. Over the years Lea has learned to appreciate the diversity of various knowledge systems and life experiences to expand her work in the field of healing and the teaching of spirit energy. She is infused with ancient wisdom and uses the medicine wheel to share Indigenous knowledge and sacred teachings. Lea continues to be instrumental in leading and participating in research projects that involve the health of Aboriginal communities. One of the projects involved 10 different communities in northern Alberta and NWT, where the perceptions and experiences of Aboriginal people

and the effect on their health from industrial development and progress were documented. Lea's involvement in the research spans a number of years, especially her contributions to *The Knowledge of Our Mother the Earth* (Bill, Crozier, & Surrendi 1996), which has become a reference book on community participation at the University of Athabasca. Lea was also involved in Struthers and Peden-McAlpine's (2005) phenomenological studies on the role of traditional healers in health and wellness.

The purpose of this trip to the mountain was to engage in a relationship with Lea Bill, to study Indigenous nursing scholars in relation to their practice. In this particular setting with Lea, I was hoping to get to know her and to establish a research relationship. As it turned out, it became more of a healing journey for me—being able to let go of pain and hardship, recognize my own personal power, and incorporate spiritual energy into my nursing work. To me it was a story of survival, celebration, and achievement.

The event was the annual Spring Retreat & Vision Quest. It took place over four days, May 17–20, 2012. We were asked to prepare ourselves for the Constellation process and the fasting by decreasing the amount of caffeine and processed food that we consumed a minimum of two weeks prior to the retreat to begin the detoxification process. We followed this with a one- or two-day juice fast with lemon water to clear the toxins. In this gathering we would eat no food once we left the Sweat until we returned on Sunday.

We began the ceremony with the process of offerings while we set our intentions. The Sweat Lodge ceremony was required to maintain the integrity of

the process and as an opportunity for us to articulate our intentions for our trip to the mountains. It also prepared us to be more open to the gifts that we anticipated receiving from Nature in a peaceful and joyous way. The Human and Nature Systems Constellation is a process, along with the Medicine Wheel teachings, to foster the understanding that Nature not only is a great healer, but also helps the Indigenous nurse scholars to create inner peace and deepen their understanding of trans-generational patterns that affect their present-day experience and life path.

There could be no better place for a personal vision quest than Mount Kidd, with its serene and spiritual energy. It is situated in the beautiful Kananaskis region, a landscape with ancient bones buried deep within the ground and energy vibrations from what Cree people have come to know as Mother Earth. This site has been a special and unique location for my mentor and teacher, Nurse Lea. How fitting that this location is the space to which she had been retreating for over 20 years! The different nursing faces that she has brought to these sacred spaces include many other Indigenous nursing scholars and leaders such as Jean Goodwill, the co-founder of A.N.A.C.

> *Journal Entry: May 17 2012: I am reminded that wisdom sits here, instructed to open our minds to the spirit of mâmawoh kamâtowin, the creator of all life, Mother Earth, the giver of life unbound by the existential of life: time, space, and place that sits at the center of who and how we are in relation to the great spirit. I can feel my heart racing. I am scared: How am I going to muster up the strength to carry this 30-pound backpack into the mountain with no food or water for four days? How would my body respond? What if I got hurt? What if I had a panic attack? How would I keep my emotions inside? Gee, why did I come? Stop! Stop this nonsense! There are so many needs to focus on, what is out there in the now, in this very moment. Think about what brought me here and what do I want to get out of this. So many questions, so many worries; so reluctant to go within myself, fearful what might come out. I have to be strong, be okay with being weak and fragile. How do I do this?*

This is not me! I like to be in control! I have to manage all these thoughts and feelings, never mind going within to re-look at all my terrible actions. I made a lot of mistakes that cannot be undone and uttered bad words to my children that I cannot take back. Forgetting was over; I had to forge ahead, but I cannot see what this future holds, and I am scared. Am I really worthy? Who am I trying to be—a nurse, an academic? Or just maybe this will help me to be okay in my own skin. I want to wear the flesh of my grandmother and mother's skin; I need to help others see their way out of the darkness. Really? Why do I feel the need to help when I cannot even help myself?

I found many answers in the educational system and even a state of wellness because I did not have to fight for access to food, shelter or transportation. The water is so cold, it constricts every artery and vein in my legs, and each step in it is traitorous, especially with this pack on my back. My partner tells me, "Slow down. Take one step at a time." These were very familiar words. I realize that this is exactly how I have approached my entire adult years in my rush to catch up. How many times have I heard that saying, slow down, my girl! Lisa, just sit with it; don't rush the writing. Let go of your fears; trust the process. So I forced myself to give life to these words. Nurse Lea will not let anything happen to us; she has done this many times. Let go and give yourself to the entirety of this experience. Let go! Let go of what? I am not holding onto anything! Okay, if that is really how you feel. To be honest with oneself means that we need to be exposed. So what would I tell this group of strangers? Because I came to this circle professing my intentions, so I couldn't tell them about what I hold in thoughts; I couldn't share the images that I have seen; I couldn't tell the story I lived. What the heck am I doing here?

Up early today, feeling very lightheaded and weak and praying for strength to get through this experience. I reminded myself of that little girl sitting on the couch, watching my mom get the crap beaten out of her. So I thought, If she could endure that pain and physical punishment and come out alive, then this adventure with Lea would be a walk in the park. OMG! This is my point of reference for every single decision I have made in my life. The image of the face I did not want to look into. Here I sit in this circle, and they ask me to comment on the false faces we wear. I experience no words; can't speak; frozen in time! Make something up! Quickly, what are you going to say? It's my turn and I breathe deeply and reach for the talking stick with bright-coloured beads, red, blue, green, and yellow, all came to life, each representing these distant memories. I held the base firmly because my hands, trembling from fear, feeling like I want to fall to the ground, lump in my throat, and the tears swell, running down my face! Who would have imagined that I would find myself in these mountains 25 years later? As I spoke, I let the words spew from my tongue. I let them know of the many ugly faces and that my name was never Lisa but rather a name that someone thought would be better suited.

My name was Mona, and that is my birth name and what my family called me growing up, but in foster care a new identity was formed.

Why did I never reclaim this name? Why did I stick with Lisa? During this round, teachings of the spruce and pine trees were discussed. Nature: trees. Pine: masculine energy (movement). Spruce: feminine energy (nurture). The spruces have far-reaching branches so that they can carry more and provide more protection. We were instructed to go and sit under one with our backs to the trunk and be still, to listen to sounds that Nature provides to us and to hear the whispers of the wind and feel the energy transfer from the trunk of the tree to our bodies. I sat still and listened to the sounds of the forest, the rivers quiet, rippling over the rock, just gentle enough to remind me that I was not alone. I asked for a sign or some sort of indication that I was not alone. I talked to my mom and told her I forgive her and recognized that she had made some bad choices, but that I love her deeply. I told her that I can no longer carry her pain, that the violence and abuse was not my fault, and that I did understand why it was the way it was. To my brother Oliver, I asked for forgiveness for not being there for him and asked him to continue to protect the kids and I. I felt this surge of energy consume my body as I spoke to him. I think it was his way of letting me know that all would be okay even though I really struggled physically today; my blood sugars and blood pressure were low. I was dizzy, disorientated, and nauseated. I could barely hold my body up, and my legs were so weak. I made offering to the fire and laid my head on the ground and repeated the words, Please help me get through this. Help me to find the strength. I lay quietly for what I thought was over an hour, but it was only 10 minutes, and I see the faces. The images are blurry, and I wonder if these faces are of the women who I am working with or are they women in my family who had all come to tell me it is time to move on, time to think about the deeper meaning of this experience and the gifts that we possess.

As the four days came to an end with the breaking of camp, I was beginning to realize that I was very privileged to be there, to participate in a ceremony in which I would seek spiritual guidance and answers to so many questions: Why was I doing this research? What did I hope to accomplish? What called me back to my beginnings? Why was I so married to the fact that my story must be my starting point? There was significance in my story, and I felt more strongly than ever that, whatever I did, I must do it in a way that would

honour my mother and where she came from and to learn from her struggles while realizing at the same time that I was very privileged to be able to do this work.

We concentrated our energies on the last few activities, which were customary law. We offered prayers of gratitude for our natural world that day and to hope that the land would be left in its most natural state. In completing the process, we all trudged back down the mountain for our closing ceremony, feast, and giveaway.

Lea had taken me to a place where I could experience the nature of my own being and witness how she had integrated her traditional knowledge into her facilitation of this Vision Quest. It helped me to understand that, even though my family has been deceased for over 15 years now, I have a family system that is much bigger than I was aware. I think about her teachings on traditional family systems and the influence of and impact on the seven generations behind me and the seven generations before me, and here the pieces start to come together. I had lost my mother, brother, grandfather, and auntie all in the span of four years. The losses occurred while I was in the middle of my nursing education. I was just finishing my second year, about to enter my third year of studies, and because I had already taken time off to manage the challenges of being in a violent and dysfunctional relationship with my children's father, I could not take any more time off school. When I informed the school of the losses, I was granted a few days' leave, but the counsellor called me into her office to suggest that I consider taking more time to attend to my personal life. However, I did not see this as an option because my enrolment in nursing school had brought my family and me

closer because they were so proud of me. I think that it gave us hope for a renewed life, a new way of doing things, a new way to approach the healing that our family so desperately needed. I could not let go of their dreams, and after we laid them to rest, I was more determined to survive than ever before. I wanted the dream of the good life (*miyo pimatsiwin*), and I wanted to help those who were yet to come. I had to make a difference. I had so much experience with navigating the health care system from caring for my mother and grandmother, and if anything motivated me to do this work, it was their lack of access to health and wellness. Being a Cree/Métis woman who lived off reserve presented so many challenges in terms of accessing help for my mother and grandmother, who both had significant health and mobility issues and were confined to wheelchairs. I was living in one world at school and going home to another world; they were alien to each other, and I navigated them with pure passion and fire and the resolve never to let myself be the battered face of my mother that I had witnessed so many years ago. Eventually, many years later, I saw her resiliency, her scared face and the spirit in her smirk, her abilities to overcome life's challenges is what I carry today.

Phrasing questions within your own context means that you are taking ownership of your experiences and processes. Thus, it benefits you specifically and touches others in your family system in a beneficial way. What I learned from Lea was that returning to the natural law was healing for Indigenous spirit. Only in addressing these past experiences, coming out of colonization for certain, but also some experiences that we generate ourselves, can we start to make our

communities and ourselves healthy. For example, why is there a diabetes epidemic in Indigenous populations? What is it about our bodies that suddenly contract this sugar disease? Lea has demonstrated that our bodies carry these past injustices, these inequities, and they manifest themselves in different ways. Going to the roots to address them helps to release the stress and dis-ease that comes with healing.

As I continue to unpack these four experiences, I am often concerned that I did not collect the right kind of data during my observations. My reflective journals are full of descriptions of the women, what we did and why we were there and why their work is important. But at a more personal level, it was I who became entwined in the research process. The observational experiences all occurred for a reason, and the sequencing of events has now become much clearer to me in that this experience was a holistic and critical approach to uncovering meanings of Indigenous knowledge in a personal and professional nursing context. This is why I used IRM; this is part of IRM. Indigenous methodologies embrace and demand my experiences, personal and collective. And my *nohkôm* told me:

> *Don't be mad at your mom. You were given to her for a reason, and she loved all you kids, go and find out what it means to be a nurse. [She smirked.] Go; learn to be a* maskihkîwiskwêw. *[She giggled.] See what the* moniyaw[20] *has to teach you. It's good, my girl.*

In rethinking the cultural gaps, Bhabha (1994) noted that histories and cultures are constantly present and that when cultures come together, something

[20] A Cree term used in referencing 'white person' and stemming from the word soniyaw meaning "money" as described by my Uncle Gilbert.

new is created: a third (hybrid) space that enables the dichotomies to emerge and gives rise to something different, something new and unrecognizable. People will continue to try to find a hybrid space where synthesis and integration occur as they live through the contradictions. Because contradictions will always be present, we must continually question how to live well in places where competing epistemologies exist. In a way, I realize now, this study came out of my experiences of living some of the dichotomies of multiple knowledge systems. I find solace in Ermine's (1995) explanation that the ways of Indigenous knowledge development come through introspection and the dwelling in our own experiences. "The Old Ones had experienced totality, a wholeness, in inwardness, and effectively created a physical manifestation of the life force by creating community. In doing so, they empowered the people to become the 'culture' of accumulated knowledge" (pp. 104-105). By centering this work within the life realities of these Indigenous nurses, together we have critically considered the wisdom that comes from the roots of our upbringing and the spirituality that makes possible Indigenous nursing work.

Dwelling in the Fourfold

Upon continued reflection, I realize that I am coming full circle to a clearer understanding of what it is to be in the world as a Cree/Métis individual and nursing scholar. Congruent with Ermine's (1995) statement above, delving into the particulars of my story enriches my thoughts about nursing and clarifies the importance of connecting to the collective voice behind the meanings of Indigeneity. These faces in nursing practice inspire me to develop a program for

the advancement of Indigenous nursing research. As I pointed out in my personal narrative, the actions of the nurses who cared for *nikawiy* lacked the ability to observe the sick, but there I witnessed the powerful effects of traditional medicine, which included no pills, but an intensity of prayer and the spirit of knowledge. As I watched these two different knowledge systems unfold, I wondered whether perhaps my mother's nurses' lack of experience contributed to their incompetence or whether others who were more experienced held strong beliefs about how to best provide nursing care for this woman in the 'injured bed.' I have realized that embodying nursing practice apart from the Western way of thinking was not possible in this institutional setting. In nursing I learned to think from binary positions—Western and Indigenous, objective and subjective, mind versus spirit, and individual over community. What I wish I had learned was to value knowledge wherever it is found; for example, in the face and actions of my grandmother toward my mother. One knowledge system does not need to be valued over another, as Bhabha (1994) noted. We are all part of the human race, and each of us has a unique perspective that can contribute to world health.

Reading and internalizing research that recognizes Indigenous mindfulness brings me closer to home—to a Cree Indigenous way of learning, seeing, and knowing. Eminent scholars and traditional knowledge holders have reminded me that the ways of knowing unfolding before us are considered science. Little Bear (2000, 2009) defined science as the "pursuit of knowledge on the edges of the humanly knowable" (p. xii). The knowledge of traditional medicine from the teachings of *nohkôm* and other Elders with whom I have

worked is a good example of this. These teachings are sacred ways of knowing and can take a lifetime to learn. In contrast, in nursing I was trained to think from one worldview, which left my Indigeneity in nursing yet to be unmasked, left it unexplored.

In truth, as I stated at the beginning of this chapter, I as an Indigenous person, nurse, researcher needed to understand more of the spirit of Indigenous knowledge, how it is expressed in individual nurses and communities, to understand the depth of my research question, "How is Indigenous knowledge infused into the practices of these Aboriginal nursing scholars?" In this inquiry into how Indigenous knowledge manifests in the practice of nurses, it was imperative that I go back to the beginning and draw on the traditional roles of *maskihkîwiskwêw*. Grounding this inquiry in Cree understanding helped me to draw out the vibrancy and intellect of our Indigenous nurse scholars and healers to support the shift to valuing all forms of knowledge. This inquiry allowed me to live in the moment of the particular stories to form a community of nurses who are very attentive to living their pursuits within the realities of their own lifeworlds as an active, immediate, and felt process. Cameron (1998) has breathed life into my pursuits so that I can "be attentive to the life experiences of others, to understand being," so that we can continue to "breathe together, conspire and transpire together" (p. 272). This new life form that I gained from these experiences has helped me to articulate a vision and mission for my service.

To end this chapter, I have written the following poem to capture the significance and essence of the relationship that the women bring through their

stories and purpose of our coming home together. It embodies the love and esteem that I carry for my *nikawiy, nohkôm,* and what they taught and gifted me with before they went home to their final resting places in the great mystery of life.

The woman, carry their spirit
In the circle, it connects us to one another
Their voices express the experiences
That the heart holds closely in memories
Each with their own understanding
The spirit is dampened and clouded over.
We sit, we listen, and we talk to heal.
They say others will learn by accident
But there is a reason why we have all come together
Our faces are all mirrored in each other.
The women, some Cree, some Métis, and some Kwakwaka'wakw
In the circle the spirit is united
We hear the prayers and the songs
We see the hand lending its help
It touches our heart, nourishes our longing
Harmony of body, mind, and spirit grow strong
They teach me to learn how to wear our pain
For the essence of who we are and where we come from
Is forever imprinted into our mind, bodies, and spirit
And through the research where our re-searching begins
This is where the sacredness of our journey is honored
And where we begin *pitos isihiwewin.*

CHAPTER 6:

THREADS OF PRACTICE

> Speaking together is a collective expression of the concerns, thoughts, and aspirations that you hold for further generations of Indigenous people in Canada. Our contributions live in the manifestation of alternate approaches to life that come from the original inhabitants of this land. (Goodwill, 1975, p. 10; as cited in Secretary of State Canada, 1975, p. 1)

Indigenous women in Canada are taking on new leadership roles that build resilient communities, establish relational practice and liberate women as moral authorities (Kenny & Fraser, 2012). Jean Goodwill in the quotation above recognized the contribution of Indigenous nurses in Canada and their influence on nursing practice. Goodwill initiated, with others, the call for social and political action against the barriers to providing appropriate health care to Aboriginal peoples in nursing. Her work resonates within the four Indigenous nurse scholars in this study. This chapter illustrates how the life experiences of these Indigenous nurse scholars are entwined with nursing and reveals a way of being that is natural and organic, a way that helps me to understand the importance and centrality of Indigenous women' work to Indigenous nations and to nursing. Each of their contributions embodies a spirit of knowledge; a pattern of knowing, being, and doing that is symbiotically united. The women come from Indigenous societies. For me, they represent the 'sinew' that binds the collective hearts of understanding of Indigenous nursing knowledge that connect our ancestral past, present, and future. Please note, in certain places the nurse scholars, Alice Reid, Evelyn Voyageur, Lea Bill, and Madeleine Dion Stout have asked me to use their Indigenous names as they tell their experiences.

The findings of this research study are structured into two sections: ontological beginning and epistemological openings. Specific to each section are specific threads that resonate across the women's lives. For the purposes of this study I use threads rather than themes as threads represent the sinew of what the women were telling me. These threads are woven from the narratives of these Indigenous nurse scholars as they showed me the meanings and implications of 'being' in nursing with families, communities, nations, and, most importantly, self. As I write, I continually go back and forth between the textual data and the experiences, conversations, and reflexive journal entries to be attentive to my original intentions and the questions that evolved from my relationship with them. As I look back across these observational and conversational encounters, I see how the roots of racism are deeply embedded in the legacy of colonialism and relevant forces that inflicted havoc on Indigenous nationhood. This historical past creates points of resistance where the scholars' own personal agency, spirit of knowledge, and intellectual thinking are strengthened and continue to give breath and energy to the way they each honour, carry, and share their own Indigenous knowledge in their everyday lives. (See Appendix G: Threads of Practice).

Ontological Beginnings: The Routes of Racism Run Deep

The contributions of these Indigenous nurse scholars show that they have always lived their lives according to their roots of being. Regardless of their experiences in life, they always retreated to their original teachings. Their sense of Indigeneity was always central to their identity. They constantly remind us of

our own teachings of 'knowing who you are and where you come from' as foundational to our existence. Alice Reid affirmed the notion of identity in all of her discussions: "*We are all creatures of creation, and from that sense we are all one with unique experiences*." She spoke to these early roots on the nature of being, knowing and doing; in other words, the ontological and epistemological markers of her Cree/Métis worldview:

> *It is always with us. It is a given, and it is up to us to accept it or not. It is not something we claim; it is just being who we are and what we believe and how we behave. My father grew up in a traditional way and that was passed to me. We come from a line of great grandparents and uncles who all held different ceremonies.*

Alice does not question her knowledge and where it comes from; rather, she accepts that it has become hers through the translation and accumulation of life experiences and traditions handed down to her from her ancestors. This state of being, she reminded me, is the personal agency that every individual holds and is always in relation to our families, deeply rooted in the underground of our history and the land we come from.

Likewise, Evelyn also spoke to her early roots of existence and the importance of her Elders' teachings:

> *Indigenous knowledge comes from our Elders and our ancestors. It is what they left in us; it is in the teachings since time immemorial. My dad left us many audiotapes about our history, which was important. He always said, "You have to know who you are and how you come into existence. What is your family history? That was important in my culture.*

Evelyn's own inheritance of traditional knowledge was translated both orally and through extensive documentation. Clearly, her father is concerned about the loss of traditional knowledge and records his own early experience to pass on in the

family. This type of ethnography is a form of human science that is vital to understanding the historical past and the current diversity that exists between nations of Indigenous peoples. Evelyn talked extensively about how the notion of self is rooted in family, and during the observational experiences it was also clear that the notion of self was just as firmly rooted in the community. Evelyn shared a story that captures the philosophy of community wellness as a ceremony:

> *The Spirit dance is bound in the teaching of protection, and it used to be done in the early morning. And it only belongs to the Willie family, my dad's side, and my great niece holds the dance. It happens at four o'clock in the morning, and we would go to the big house. She carries a big basket to collect all the bad energy, and then she throws it in the fire. And that was how our day often began. She was also known as a healer.*

This story represents the spirit of her people, their relationship to knowledge, and their understanding of how to act in accordance with traditions and the collective. These traditions have captured the meaning and significance of her roots of being and explained how her own beginnings affected her identity.

Lea too described her roots as deeply embedded in her ancestors' identity and language:

> *It has always been there because right from the time I was very young my grandmother taught me. She was a midwife and a medicine woman, if you might call her that; she was* onanatawihowew*, which roughly translates to the one who helps with healing. It has to do with nantawih, meaning to support, or to bring up the body natawihiehiwewin. Or building up the body wiyaw. So it has to do with supporting the body. So right from the time I was young, I was witness to and participated in our traditional ceremonies, and I became a helper early in my life.*

When she was a young girl, Lea's connection to her grandmother set in motion a path that she would follow for the duration of her life. Her grandmother was a midwife and traditional healer who heavily influenced Lea's commitment to

healing and caring and encouraged her to pursue nursing to learn the 'Western way.' Lea grew up immersed in the helping relationship and learned the principles of natural law. She learned over the years to ground her nursing care in her own Cree knowledge systems, thereby nurturing her identity of self.

From an Indigenous perspective, our traditional Cree names represent a kindred spirit and a much deeper meaning. As Madeleine noted, our coming to know is often grounded in the names we hold that are interconnected with and interdependent on nature and natural law. Having this understanding brings us closer to our own knowing and being:

> *I was always called* kētēskwew *at home. It was not just a ceremonial name. It is, of course, if life is lived as ceremony. I was always known as* kētēskwew. *And when you are given that kind of name, you always remember that you are, as in my case, an ancient woman or child with an ancient spirit.*

It is clear from the Indigenous nursing scholars that the roots of our upbringing (being and knowing) run deeply into the familial landscape, deeply into the creation of our world. Our inherited traditional knowledge comes from the roots of our ancestries. Their families nurtured their spirit so that their backbones became strong. They learned to share their gifts so that the far-reaching branches of knowledge could take root in the minds and hearts of others. From the blood in their veins to the inscription on their minds, their spiritual and traditional experiences are entrenched in their being. As Couture (1991a) explained, the primal experience of being is the "accumulation of knowledge rooted in experience that is carried forward by oral traditions" (p. 59). He discussed this as a foundation of Indigenous existence where the inner and outer

worlds meet and where the spiritual and physical worlds are equally real and functional. Yet it is this deeper layer of consciousness that non-Indigenous people have a difficult time comprehending, and they often attribute this spiritual understanding as the lack of civilization of Indigenous peoples (Battiste, 2013).

This resonates with Alice's teachings on sweetgrass at the Women as Sinew retreat. She used a blade of sweetgrass to demonstrate that the unity of spirit is grounded in our understanding of and relationship with self, family, and Creation:

> *I use the example of the sweetgrass, where one has a root. It comes up through the Earth and grows upward toward the sky. Towards our higher being, the Creator. The grass grows in large fields, so I remind you that you are never alone as you walk forward. You are born to walk, and no matter [whether] you deviate from that in the end we all still go back to Creation. And so I look at the blades of sweetgrass as representing eternity: the mind, body, and spirit and how it is all intertwined. The strands can be different people we meet, or they can represent different paths [points to the strands that project from the one long braid] that stray off the main route. It helps us understand in a visual way in which we can choose to live our life and the significance of items we use in ceremonies. There are so many more teachings using the sweetgrass, and it helps to understand what we are doing in real life and how we walk that life and what our purpose is or how we stay healthy.*

As I interpret what the Indigenous nurse scholars said, I think about the pedagogy of spiritual knowledge. In her research with Cree and Ojibwa healers, Struthers (2001) stated that "most knowledge about culture and traditions was not learned by the Indigenous people from books, but from other people, dreams, visions, and genetic memory (memory of the ancestors, 'blood memory,' is in our genes and our cells)" (p. 275). This visceral level of knowledge expressed in blood memory plays a significant role in cellular development, and that cellular

memory can change one's emotional state (Pert, 1997). According to Elder Lionel Kinunwa (as cited in Steinhauer, 2002):

> We have ancestral memories on our blood; they are in our muscles, they are in our bones, they're in our hair. . . . These memories come out of the molecular structure of our being. . . . When you hear someone speaking your language, your molecular structure picks up those vibrations, because each language has its own peculiar patterns. (p. 76)

Hampton (1995) also talked about the significance of memory coming before knowledge; it is here that I see the implications of memory and knowledge of our routes and roots in life. As Battiste (2013) suggested, "Maybe this wisdom is taking its rightful place" (p. 17). In the case of this research, this beginning to understanding the meanings of rights and wisdom of Indigenous knowledge's in nursing is a main concern.

The Indigenous nursing scholars shared their memories of their life experiences as they made visible to me the roots of their identity, and I can see how they manifest in each of their approaches to nursing practice. When I think about memory, I think about the circularity of knowledge, because if knowledge comes from the wisdom and experiences of the people, then memory takes us back to the beginning of knowledge development. Memory is central to who we are and to our outwardly lived practices, and the Indigenous nursing scholars pull their ancestral knowledge into their everyday lives. Their truths and origins and their memories are central to the teachings that they share and receive. The Indigenous nurse scholars told me that we have no choice in the memories that we given, but we do have a choice in the memories that we accept, because they inadvertently and deeply shape who we are today and who we are becoming.

Ermine (1995) explained further that the reality of our existence comes from within and unto 'ourselves' as a form of incorporeal knowledge. We have a birthright and responsibility to critically examine and develop our Indigenous ontology so that it is clearly aligned with our Indigenous epistemologies. He called on us to do this in a way that honours and respects Elders and the knowledge holders. By honouring the roots of existence, we become fully aware of the relationship between who we are and why we continue to exist. On so many levels these Indigenous nurse scholars continually pushed me to think about what I was seeking to understand and why it mattered; how to show this connection between who we are and what we know is integral to this exploration.

Roots of Knowledge

To describe Indigenous knowledge, as an individual theoretical entity is to miss the meaning and significance of how it improves human relationships. We are integrally connected to being and therefore beyond the limitation of theories and models as a foundation. There can be no one definition of reality, because so many different sets of relationships make up Indigenous knowledge. Madeleine clarified this point further with regard to her formal learning:

> *My grandfather Solomon Youngchief was one of my original nursing instructors because he shaped my mindscape in my early years. He charted the sun's morning rays where they first hit our humble kitchen wall; using the screen door, I'd watched him build his gauge. Many pencil lines with Cree syllabics decorated our wall at the end of my grandfather's fastidious study. His lovingly executed lines mapped out the Sun's journey and yet another summer traversed by animate and inanimate beings. The syncretic knowledge he espoused taught us that Grandfather Sun rises in the east/*sakaststehnok*; it is full in the south/*apetoahkesknok*, sets in the west/*pahkisinohk*, and is a homing force in the north/*kewethtinok*. It is the sun therefore that demarcates place/*misiwe *and space/*misitawow.

Madeleine illustrated her grandfather's constant relation with the world, and after my conversation with her; I thought about the other things that this story taught me. For instance, how are these routes of knowledge central to issues of identity? I wonder whether I would dismiss the streaks or marks left on the wall. Would I recognize them as primitive mathematical interpretations of counting, or scientific methods for telling time, as the Inuit Elders used to track the sun? Or would I appreciate that Madeleine's grandfather was showing her how to always be a part of the world and not apart from it, to be constantly observant and use her judgments to make informed decisions by drawing on the natural resources? I draw further from this excerpt the meaning of living life according to our relationships to the Earth, sun, and moon and the genuineness of the natural world to determine the seasons, ceremonies, and stages of living in the human body according to our interactions with the Earth as a living body. In recognizing the holistic nature of Indigenous knowledge, Madeleine explained that the Earth tells us that the sun rises in the east and moves across the universe and settles in the west; as it does, it shows us the link to our own and other life forms. Our bodies come to live life based on the energy that the sun emits. In relation to nursing this teaches me about the relationship that Indigenous people have with their environment and the impact on personal wellness. Even though I have tried to reach a conclusion about Madeleine's grandfather's teaching, I might never know what he was teaching her, because what she learned was what she learned, and we cannot in any way know as a fact what she learned.

Through my own Cree lens, I conclude that Madeleine's grandfather was living a knowledge system that requires an in-depth observation of the Earth's natural elements. He was a scientist attentive to impart his knowing to others. He was embedding in Madeleine's mindscape subtle teachings of his way of knowing and of being observant. He showed her how Indigenous epistemology and ontology blend together in his Indigenous way of being, always observant of the Earth's natural elements, always watchful, always thinking and holding close these changes in the world. In sharing this experience, Madeleine introduced me to an ancient practice articulated in her memory of her grandfather's actions to assist me in moving beyond the borders and limits of my own knowing.

Lea also explained further the need to recognize our knowing and the origins of this knowing:

> *Once you know who you are and where you come from, your own wisdom and knowledge will be there, and you don't need to acquire and collect information because it's already in our being. That is how we are designed as human beings, as spiritual beings, as we have a direct connection to that whole library of Indigenous knowledge and archives that have been placed there by your ancestors.*

As I think more about what Lea said, the constant reminders that remembering our past will help us to move forward provoke me in many ways. Lea helped me to understand that we cannot walk away from our embodied knowing. She has recognized that Indigenous knowledge is in our being; it never leaves us. Struggling to apply this knowing requires reclaiming our Indigenous identity, language, and traditions.

Evelyn too reflected on these routes of spiritually based knowledge:

> *Spirituality can be a way of opening up our minds, bodies, and heart as a way to give meaning to our lives and respect to those who traveled before us and those yet to come. How do we support the new ways of interpreting these ideas that have been deeply rooted in our being? How do we negotiate these spaces between the mind and heart? How do we apply spiritual knowing with science-based learning?*

Responding to this constraint in her own learning about Indigenous knowledge, Gehl (2010) also known as Gii-Zhigaate-Mnidoo-Kwe an Algonquin Anishinaabe researcher, re-rooted herself in her own Algonquin ancestry. Through her work with Elders Shirley and Doug Williams, she was able to deepen her own understanding of knowing and being and acting in ways that honour the Anishinaabe clan system. She spoke about the limitations of defining knowledge using human consciousness alone when she stated that our hearts often generate knowledge in our practice on what we feel and how we interpret our experience.

I believe that this is what the Indigenous nurse scholars referred to when they focused my attention to the sources of and relationship to knowledge as spiritual beings. They each discussed the issue of the routes of knowledge and questioned our ability to open ourselves up to developing our own knowledge in nursing. Weber-Pillwax (2003) affirmed that Indigenous knowledge does not exist without Indigenous being and that the tension that arises from this intersecting relationship within the Western paradigm of learning is detrimental to the fullness and wellness of human development: "The significance of this indissoluble connection between being and thinking is never denied; one cannot think without being and the impact of individual being on thinking is factored into all thinking processes in a conscious manner" (p. 110).

In addition, Alice spoke to her concerns about the articulation of Indigenous knowledge and its inability to be compartmentalized into categories and classifications:

> *Learning from my own knowing [Cree/Métis knowing] helps me to explain my approach to life. We are spirit beings housed in a physical body. As nurses/doctors, we see that the physical piece is easy but it is the spirit part, which is hardest to get to. It is in the spiritual part of our essence of our being that we become the knower. We cannot contain Indigenous knowledge into specific objectives because we become it.*

Alice explained that learning from a Cree/Métis way of knowing helped her to see the life and spirit of everything in and around us. We begin to see the world as if rocks have lives of their own, and they become part of our lived realities. She said that the essence of who we are comes from the spirit and ways that we think are manifestations of the sacred life. As we bring the sacred into all that we do, we in turn bring it into our practice, and we learn to express the sacred by living it. However, this also calls to mind that it takes time to develop these skills and that it is obvious today that many other Indigenous people are still sifting through their early beginnings. Madeleine's comment "*It was a shock to my cellular memory*" is still very relevant today for those who are exploring who they are and where they come from, and it is still deeply rooted in our health and understanding of the world.

In this quest to unearth the meanings and significance of Indigenous Cree knowledge development, the unmistakable belief that Western ideology is not the only solution is evident. These Indigenous nursing scholars break open the questions on the origin of being and ways in which knowledge is transmitted. They all suggested that looking critically at our Indigenous consciousness is not

about privileging one knowledge system over the other; rather, it is about how these two knowledge systems contribute to each other. Lea spoke to this notion of knowing other knowledge systems:

> *I was raised in both Cree and English, and I was taught that you really had to work hard to show that you had the capabilities. It was in the showing of a person's ability or gifts as to whether they would be shown or what they would be shown. But I worked hard to learn from both ways before I was able to learn about traditional healing and natural law, and I learned that kinship was the foundation of how we were expected to relate to everything as a living being, because that is where life starts. And really, that is all we do in life: We can look back to who we are, and we can find order in those things. We do not build on our strengths; we keep trying to build our own structures. All we have to do is look at the body: It tells us that something is not working, and that is the natural law, how all the principles work together. How do we live in balance? You can't expect to dam a river and not see changes somewhere down or up the river.*

Lea's ideas are important and deeply seated in the notion of working together and the call to Indigenous peoples to address the very core of who we are as Indigenous peoples. The Indigenous nurses have committed themselves to ideas and possibilities that lie in the enjoinment, the union of Indigenous ontology and epistemology. Lea asked me to think about the meaning of *nehiyawak* (Cree people) and its translation, *newo*, meaning four, or *newayih* meaning four different kinds (Waugh, LeClaire, & Cardinal, 1998) and why our last experience ended up on the mountain (see chapter 5). It was not by chance; it was natural law, and as Lea stated, this instruction helps us to find balance as we move through this very intellectual and spiritual journey. It is important that we think about what came to us and how it helped us to make connections to every aspect of our being and to think about the spiritual union that our minds, bodies, and hearts create and what we learned from that experience. Evelyn also asked me to

remain watchful for the openings of self-discovery and self-healing. In this study we had a chance to truly and honestly engage in this discourse on Indigenous ways of knowing and being as a way to lead:

> *Yes, we have had a challenging past and present, but we cannot settle on this history. We must look to the language; that is where our culture is. And we must be very aware of our relationships and our own ways of knowing. We must understand our own values and beliefs and our history with colonization in order to be healthy. We need to work to change the hearts of nurses.*

These Indigenous nursing scholars clearly show a strong and unbreakable bond to their roots of family, traditions, language, and land. They have each contextualized their experiences as a way of relating to and understanding themselves in their natural community through oral traditions. Through their own unique experiences they share ways in which these different routes have given them life. As Evelyn showed us in an observational experience in chapter five, in working with cedar, the *Wuixinuxw* people still rely very much on nature to sustain their values, beliefs, and ways of maintaining health.

Alice's sweetgrass teachings also remind me that the roots of the medicines helped Indigenous peoples to live well. The roots of my own memories have taken me back to my relationships with my family and exposed the connections to the health care system, where my first conscious experience with traditional knowledge and medicine began. As I now try to access these routes to my own traditional knowledge, I must pay close attention to the threads that bind us and watch for the markers that catch my attention. Further questions include: what is it like to be an Indigenous nurse today? What new roots will germinate, and what will we do with the roots that keep sucking up the water but

do not give us new life? What opportunities exist to cultivate new routes to be critically mindful of thinking and why we think the way that we do. Why is one knowledge system privileged over another if they both sustain life? This is a challenge not only for First Nation, Inuit, and Métis nurses to decipher, but also for all people to varying degrees.

Entanglement of Our Roots: Living Through Points of Resistance

One of the central themes in this study is the Indigenous experience of colonization. The effects are as real today as they were yesterday: "*We have become unknown citizens in our own lands, and we have to just keep walking*" (AR). Alice's statement captures the historical and ongoing colonial experiences that continue to have an impact on nursing practice. As Tuhiwai Smith (2006) explained "western knowledge and science are 'beneficiaries' of the colonization of Indigenous peoples" (p. 92). Colonizing knowledge's has lead to increased feelings of isolation, voicelessness, and disconnection from identity, land, traditional, and economic poverties resonate. As Madeleine explains "*We tried so hard in those days to spray our Indianness away just to get by and fit in*". The idea of trying to fit and be respected as human beings during a time when families were significantly marginalized was problematic. Milloy (1999) wrote about the national crime of Indian Affairs' mandate to rid the country of the 'Indian problem,' which speaks to why so many Indigenous peoples in Canada have felt that, to fit in and be accepted into society, they could not be who they were made to be:

> *Residential school was a form of cultural genocide, the stories of survival were present in the faces of my patients, and that is when I really realized that I too needed to go back and think about my own experience.* (EV)

Against this political backdrop, over a span of 70 years the Indigenous nurse scholars have continued to live through the oppression and ideological systemic constructs that they long ago learned to survive. Despite this resilience, Lea stated that we can not forget those who come behind us:

> *So many of our people have bought into the idea of the script that we are incapable, and we see the evidence of this when we look at the statistics of health. But this is a multigenerational message that has been imprinted in the people, and it's not just our people; it is continuing worldwide.*

This oppression is resulting in many of the contemporary issues that arise from government control. The social disadvantages that continue to result in poverty, marginalization, and the misperception of identity are factors that lead to an early death, especially for Indigenous women and children (United Nations, 2014).

The Indigenous nurse scholars in this study have very personal, intellectual, spirited, and heartfelt perspectives on their own historical relationships as Indigenous peoples, but also on their own familiarities as nurses. Extending ideas on the health and wellness of Aboriginal populations through her Cree theoretical lens, Madeleine (Dion Stout, 2010) focused on future insights in her keynote presentation at the Philosophy in the Nurses' World: Politics of Nursing Practice conference, sponsored by the University of Alberta. In her discussion of the "Original Instructions and the Politics of the Powerless: Nursing in First Nations," she explained:

> *Nurses need to meet First Nations at their point of resistance and respect the fact that knowledge sharing is less a matter of seizing knowledge and*

> *cataloguing it and more about paying respect to the known, learning from the knowers, and fully participating in the knowing. The knowing of the prevailing context and conditions that shape the culture and structures we nurse in is a must.*

Brown and Sterga's (2005) definition of *resistance* has helped me not only to transform my own thinking as a way of making space for my own intellectual inquiry, but also to push the boundaries of what is acceptable research and knowledge development in academia. I refer to *points of resistance* to defined ideas, events, and trends that create tensions for Aboriginal peoples. Etymologically, to resist means to stand against, stand back, or withstand (Skeat, 1963). At these points of resistance, the Indigenous nurse scholars hold their ground against these continuing forces. For instance, Evelyn was quick to tell me that the notion that the settlers captured First Nations people is incorrect: "*We were never conquered peoples. We never gave up our identities or responsibilities to the government. When they say Columbus discovered North America, they were wrong*." She reiterated her father's views that there was an agreement to co-exist, to live in harmony with the 'Whites,' and to share our resources. It has been well documented in recent years that, in fact, Columbus was lost when he came across the Indigenous people and that they had existed in North American for centuries, long before Columbus's arrival (Dickason & McNab, 2009). Donald (2004, 2009) also explained that the original descendants here in Edmonton, the *Papaschase* people, had their own local understanding; through his research he has shown that cultural misunderstandings led to the controlling-settler ideology. The creation of Fort Edmonton through the strategies of the Hudson Bay trading post subjugated the original Indigenous peoples and

their knowledge. In his dialogue on colonialism, Donald demonstrated a more in-depth understanding of how the colonial practices led to the disruption and dislocation of the Indigenous economy that all of us must now readdress. The symptoms of colonialism as forms of separateness, landlessness, and placelessness of the people resulted in further dislocation of the traditional sites of trading. He has worked to retell and reclaim the untold stories that have been covered over. Similarly, I too hoped that this work would begin to reveal what has been concealed in Indigenous women's work and in nursing.

Colonization. The observational experiences of the participants in this study and the textual data in the transcripts have constantly revealed the need to understand the destruction and ravages of colonialism:

> *Colonization of our people has had a deep and devastating effect on our communities. It was a strategic plan; it was genocide. We were very accommodating at that time. Now we must never forget the six negative R's that ravage our homes. Rights, religion, reservations, RCMP, residential school, and research are the reminders that we must never forget and work to undo so that we can transform them into six positive R's: respect, reciprocity, reverence, relationships, responsibility, and resilience.* (EV)

The roots of this statement run deep in our historical past and are evident today. The colonial response continues to perpetuate feelings of powerlessness, alienation, and indignation on the one hand, whereas on the other hand, it gives birth to the idea of living a life full of hope, dignity, and kind-heartedness. As Kelm (1998) wrote:

> The bodies of Aboriginal people have been a central player in the drama of colonization in British Columbia. Sustained contact with Europeans fundamentally altered the physical health of First Nations, and that change

> has become emblematic of Euro-Canadian domination on both Native and non-Native people in this province. (p. xv)

Evelyn contended that we must continue to fight the notion that we are not healthy peoples:

> *Our peoples were very healthy before contact, and the disruption of our traditional ways must never be forgotten. Our forefathers struggled to retain our legal rights to the land and our own Indigenous knowledge. They concealed our ways of being and knowing from the public eye, and the knowledge went underground. But now we are seeing a more open discussion, an uprising of this knowledge. People are coming to our Big Houses; nurses, educators, politicians, students, and community people [are] learning to work together.*

The similarities in Alice's story of her father's resistance to the arrival of the White settlers in the north indicate his concern: "*He refused to sign the Treaties that were being forced on the people in our community*." Her father's resistance was not uncommon, and Alice adopted his position and began to appreciate her ability to understand the bigger implications for her community's health. During the course of this research I have come to know Alice as a strong advocate and voice for Aboriginal people; she is not afraid to speak up about the harmful effects of the mandated policies that govern health care services for First Nations, Métis, and Inuit communities. In 2010 the CIHR–IAPH hosted a roundtable of discussions known as the Four Directions Research Summits. As an eminent Cree/Métis scholar, Alice spoke about the historical circumstances embedded in every aspect of our lives and talked extensively about the work that must done to reclaim traditional knowledge and rid ourselves of the colonial backpack that we continue to carry from generation to generation. She stressed that we each need to unpack our own backpack; in her case, she incorporated her

traditional knowledge into modern nursing practices to free her patients of the seeds of doubt left in the colonial mindset.

Lea concluded that the effects of colonialism are the causes of so many diseases today:

> *The physical ailments are generally acquired because of lifepath choices, and we know that we inherit stuff from our ancestors and from those that are part of our family. And not just like a genetic disease; we inherit the psycho-spiritual trauma. And we know that this is one of the reasons why when we were little we would always say* kaya pastahowin*, which means, don't sin, or 'do not shatter' or 'do not break your spirit.'* pastaskowa *means literally 'to shatter something' or 'to break something.' And the worst thing is, if you were to go totally against natural law—for example, when you are little they always say* kayâkitimatah*, 'don't needlessly hurt, or cause suffering of anything; respect all of life and the little things that we take for granted.'*

The message to treat everything as sacred was part of my own upbringing and was instilled in us as children. We were taught values such as the need to be committed to treating everyone and everything with respect. These very teachings from a relational worldview have kept the Indigenous nurse scholars grounded in their own identity. Of course, I can only speculate now, but as a result of the Indian Act, have many families and communities continued to be blinded by the values espoused in equality? This attitude 'that we are all equal' continues to function at every structural level of Canadian society where issues of socialization, prejudice, oppression, privilege, and racism exits (Sensoy & DiAngelo, 2012). Madeleine's account is important to consider when Indigenous knowledge and language are internalized to benefit certain individuals and harm others:

> *Perhaps for this reason we resist patronizing labels like being referred to as "gifts to Canada" and our Aboriginal people." First Nations Elders, songs, and ceremonies are meant to bind agreements, treaties, and covenants at major policy events like the First Minister's Meeting on Health in 2004 in Kelowna, BC. What we lean heavily against is the relegation of our traditional practices to mere symbolic opening acts for promises and prayers that are not honoured at the end of the day. Yes, we steadfastly continue to acknowledge one another's territory—'space,'* misi-tawow*, and 'place,'* misiwē *—even though the promise of territory has been defined out of existence for First Nations because we own their territories in name only. The lands we are relegated to as part of the colonization process are known today as Indian reservations, legally. But in our original resistance, we call them* iskonkana*, which in Cree means 'leftovers.'*
>
> *A true First Nations organic intellectual shared this life story with me. A non-First Nations farmer struck a deal with the reserve leaders that allowed him to lease farmland in a reserve community. He paid each resident who leased land to him $2,000.00 a year, a starvation wage in Canada. He proceeded to hire non-First Nations women over reserve residents to clear the leased land of rocks and roots. In doing so, he deprived the local Cree people of an opportunity to supplement their meagre incomes. The farmer then ploughed over the wagon trail the community knew as '*Taskam Highway*' or the shortcut,* highway. *This outsider obliterated the wagon trail that had marked 'space,'* misi-tawow*, and 'place,'* misiwē*. For generations taskam Highway had demarcated community relationship and resources, but in one fell fallow by an errant farmer, the memories of the local Cree people were effectively erased. Little wonder we have forgotten. What we have for gotten! In the end, the unemployed Cree's protesting at the Chief and Council office organized a sit-in, demonstrating our hardwired philosophy:* ômaka-nipawistamahk piko ka-wi-tapistamahk*: What we stand by is what we have to sit in for.*

Madeleine's story is significant in the sense that it gives the reader insight into the effects of political and economic colonization. It shows that people were pushed to the margins of society onto pieces of reserve land. She drew on her own human resources to translate this story. The new settlers did not want the lands that were left over, and after the Treaties were negotiated and signed and the government enacted them, the inherent meaning was lost, and a renewed meaning

was translated into the Indian Act of 1876: a policy that still recognizes First Nations peoples as wards of the government (Boyer, 2011).

The denial of colonialism in Canada continues to perpetuate blindness toward its Indigenous nations. It did not help the situation when the prime minister of Canada stood in front leaders at the G20 Summit in the United States (September 29, 2009) and denied that colonialism had existed. This added insult to injury when there is overwhelming evidence that this was not the case. When one defines colonialism as a belief and the practice of acquiring or maintaining control over one society through the social or economic exploitation of that group of people to benefit another (Concise Oxford Dictionary Thompson, 1995), then the situation in Canada clearly illustrates the hidden history of colonialism. In the case of Indigenous people in Canada, Alfred (2008) described colonization as the "separation of our people from the land, the severance of the bonds of trust and love that held our people together so tightly in the not so distant past, and the abandonment of our spiritual connection to the natural world" (pp. 9-10). Madeleine spoke of this dissonance in her keynote presentation at the A.N.A.C. National Conference in 2010, "Linking our Knowledge Through Diverse Interests":

> *For many years we had very publicly denounced the unspeakable atrocities some people had suffered in the mission and state run schools. I found grievous fault with the institutions because they made us strangers in our own home and native lands; they directly assaulted our children and our parenthood and added immensely to our mental stress. But my biggest criticism is directed towards intergenerational trauma and unequal power relations and the identity politics that residential schools have fuelled.*

Madeleine's statement is an indication and recognition of the root causes of the many health disparities, inequities, and sufferings that many First Nations, Inuit, and Métis people face. This disconnect makes it difficult for individuals, families, students, and educators to discuss these complex issues in depth. It becomes exhausting for the knower to shake the colonial mindset in trying to Indigenize nursing curricula. Again the questions involve intentions: Is it only to meet standards and competencies? Where does cultural safety come into play? For whom has safety become a priority? Colonization is so complex that nations have spent millions of dollars on federal court cases appealing the government's control over the legal definition of who qualifies as Indian, Métis, or Inuit according to the Indian Act (Palmater, 2011). What critical action is needed to further explore fair and equitable treatment when it comes to land and nationhood? I wonder if it is even possible to achieve a post- or de-colonial state that denounces those who govern as colonizers and the colonized are reborn. Even this query calls into question researchers' thinking, because by merely posing it, as I have center myself as colonized and vulnerable and thereby position my thinking and myself as controlled and deficient was grilled into the essence of who I was becoming. But now, in coming to know the personal agency has shifted to personal aspirations.

However, Alice advised that it is time to take our lives back:

> *We must unshackle our beings that are held captive in our history of being an Indian. We must force action that sees both societies in relationship with each other. It will help to explain how things are related to the essence of our Indian-ness. [With regard to] this part of us that grew up in a state of imprisonment, today the question remains: Will we know who we are when we untie those ropes or unlock those chains?*

Milloy (1999) and others such as Akhtar (2010) wrote extensively on the implementation of government policies to assimilate Canada's original peoples and reported that generations of families still suffer from the discriminatory policies of the early 20th century. The Indigenous nurse scholars' stories exemplify what has been hidden in Canadian history as well as ways to move forward. Lea explained that we cannot let Indigenous knowledge be appropriated or exploited because the current system cannot sufficiently support traditional ways of knowing. I see that our biggest challenge will be to break free from the dependency that our systems have created and the personal inscriptions we carry in our blood memory to take care of the pain that we inherited.

In unpacking the legacy of dependency, Madeleine reminded me this was not our original way, and she talked from her own experience about what she has gained:

> *I've been able to take away from my experience the huge amount of self-reliance that was in my household, and, as you know,* household*,* home*, and* house *are very different terms. Household, when I use that term, is how we survived, and we survived through hard, hard work. Determination of the supreme kind is what I call it because my father hunted and fished and my mother put huge gardens in every year with potatoes and vegetables, and that's what we would harvest every year. And also we harvested the berries, and in those days they were quite plentiful and not as polluted as they probably are today with all the development all around our communities. And so we were very self-sufficient. So . . . we were using our hands, our hearts, our brains to keep ourselves alive, to keep ourselves well under our circumstances.*

A recent study by Sockbeson (2011) examined the political discourse on colonization and its impact on educational policies in Canada and the United States. Her research presentation on the bounty of "20 lbs. for any woman or child Indian scalp" (p. 40) outlined in the British 1755 proclamation was

meaningful and upsetting for me when I heard Sockbeson speak of this violence as it related to her own children's experience in school. Her children were questioning why it was always the Indian getting killed when playing games at school with other kids? Sockbeson, explains that the crimes committed under the guise of the Indian Act allowed for these genocidal acts to occur and permitted the settlers to take action to kill, starve, alienate, humiliate, and degrade Indigenous peoples not only in Canada, but also across the globe (Skuntnabb-Kangas & Dunbar, 2010). Since the bounties for Indigenous scalps in Canada and the USA, much has improved to support the lives of Indigenous peoples, but progress continues to be slow. Evelyn recalled that it was not until the 1960s that Aboriginal peoples were recognized as equal citizens.

> We were not allowed to participate in our own ceremonies, or go to higher education after residential school. We needed to receive special permission to do everything. I think I was the first one in our community to go to school. So people think these types of things happened so long ago, but I lived them, and I still carry them.

Reflecting on the presentations and audiotapes and reviewing the transcripts of the Indigenous nurse scholars' narratives, I was overwhelmed with a sense of lonesomeness as the image of my mother's face and memories of our precarious situation emerged. As a child I had grown up with the sting of hearing and feeling that our people were scalpers, wagon burners, and squaws. Sockbeson (2011) expands on the example of the USA policy on bounties paid for by the Penobscot people caused me to rethink the stories of savagery that I heard even though the women in my family had taught me that the names we were called were far from the truth. However, my memories became more fragmented

and distorted as I grew older, and eventually I arrived at a place where I could understand what it was like to be a Cree/Métis woman at the intersection of Canada's colonial relationship with Aboriginal peoples. These new images revealed a bloodstain on my earlier memories. They brought to light the universal human experience of suffering as I had lived it and reminded me of my own constant struggles as I listened to the stories of the students I taught or the patients I nursed.

It was especially uplifting for me to visit the Wuixinuxw community with Evelyn to see how nursing is delivered in a northern isolated community. Witnessing their traditions and interacting with community life provided me a lens through which to understand how the historical, environmental, health, and community knowledge systems informed student nurses' learning. I wondered what impact this would have on their understanding and knowledge. Would this experience perpetuate more labels or break the stereotypes? Would they walk away untouched by the human spirit? Would the students gain a better understanding of self in the face of the other and new insights on the meaning of acceptance and creating respectful relations? In conversations with Frank Johnson,[21] the chief of the community, I asked him what has been most helpful in working toward wellness in his community. I also asked him what would b3e the most respectful ways that nursing could help to improve the community's wellness.

[21] Permission to reference received from Frank Johnson June 6, 2013: "When you visited our home as guest and a witness, you have our blessing to use our community and tribe's name, especially when it is for public education."

He answered honestly:

> *We used to have a serious, life-threatening problem here. People were really suffering, but since we built the Big House, things have really turned around. People are healing. We went from a 110% alcoholism rate down to about 10% now. People are starting to own their own trauma; they are sharing their stories and learning to relive. We now have our own community health program, and we decide what programs and priorities need addressing. Yes, we have problems, but our community is strong now we have rebuilt the Big House. The nurses need to be willing to be part of the community and apply our vision "Culture is the Foundation to Wellness."*

Tuhiwai-Smith (2012) suggested that this self-recovery of the Indigenous self "involves a knowing-ness of the colonizer and a recovery of ourselves, an analysis of colonialism and a struggle for self-determination" (p. 8). Hannah Arendt (as cited in Berkowitz, Katz, & Keenan, 2010) would consider refocusing on the self as the knower the only reliable source of light in dark times. Arendt further defended that human thinking is our own safety net against the totalitarian and bureaucratic temptations that threaten the modern world. Applied to this research, it is what, Madeleine talked about in her statements about the shackles of colonialism that have kept Indigenous people chained to the idea that we are not free or willing beings and that Cree spirituality has been taken away from us.

Christianization. Despite the good intentions of the Church and its distinct doctrines, the power of some of the clergy resulted in outcomes that have not always been in the best interests of First Nations people. Our perceptions all have very different meanings and values associated with them, as Evelyn pointed out:

> *This is how we pray. [Holds palms of hands up towards the sky] It was never this way. [Holds palms of hands together in front of her chest] My*

> *father always told me that this is how we always pray. He explained that whoever made us is somewhere up there [Holds palms up toward the sky] and is taking care of us, so we offer our thanks in this way. Even when I was young we did not know about the devil. Christianity did not bring us God; we knew Him. Christianity brought us the devil*.

Evelyn's story reveals a key assumption of the Church about the civilization of Indigenous people. The residential school system began from the "premise that Aboriginal people had to be liberated from their savage ways in order to survive in a modernizing society" (Aboriginal Healing Foundation, 2006, p. 6).

Alice also discussed the mission of the Church and questioned: From whom are we seeking acceptance?

> *Indigenous knowledge has been pitted against religion, and we have already gone through the residential school system. And now I see we are going through that again in modern times. The rest of the world seems to accept Indigenous as part of the norm. But we are moving from a time when it was taboo to discuss the issues. Now that the apology has been made, we have to invest in the appropriate healing approaches, and that is not what I see being done.*

Evelyn had to go to another community to fully understand the deprivation and violence that resulted from the Church's mandate. When she moved to Northern Alberta with her husband, she began to peel back the layers of her:

> *I first realized and saw the devastating effects of people's health, and I became so motivated to find out why these First Nations people were trying to forget who they were. I requested to go to a Nechi Institute*[22] *to learn more about the history of First Nations people in Alberta; it was called Poundmakers. And wow! It was there that I learned so much, and I left realizing the severity of the church's impact and realized that our identity had been stripped away and that our own truth was taken from us in residential school. As I said, I found myself there, and I began to really connect with my spirituality. That's when I stopped going to church.*

[22] A training, research and health institute specializing in Indigenous knowledge and approaches to wellness and additions training. Located in St Albert, Alberta.

Evelyn further explained that adjusting to her husband's family was difficult because she had been so close to her own family, and "*we practiced our potlatches and gathered in the Big House, so I was just lonesome for my village*." She had worked mainly on Vancouver Island; so moving to a northern community was a significant change. She talked about the suffering and family dysfunction she witnessed but also stated that this was the place where she found her voice as a residential school survivor.

> *It was like I had finally arrived at a new understanding because I began to think about the causes of behaviours. It made me aware of my own prejudgments I was holding and taught me so much about myself, and why I was so focused on blaming people.*

Lea elaborated on what it was like for her to move to a northern community and work in an area that was heavily under the influence of the church:

> *Living up in the North West Territories was very different for me because they were quite Christianized back then, and so many people were affected by the residential school system. They did not practice traditional ceremonies. What I saw was like dead people walking. They were isolated from who they were. It was like they were afraid of the traditional care that I had grown up with. So when I started to work with palliative clients, I started talking to people about what I had known and this helped them to remember some of their own traditions and helped the family so they didn't have to be in isolation.*

In all of my conversations with the Indigenous nursing scholars on health and healing, the most salient point, in my view, was the thread of intergenerational trauma. The memories were embedded in their consciousness and often lived out in every aspect of daily life. Wesley-Esquimaux and Smolewski (as cited in Aboriginal Health Foundation, 2004) discussed how this

historical trauma has lead to a sense of learned helplessness, and array of social and cultural disruptions. Not only has it caused the separation of families, but it has also prevented the transmission of knowledge and language. For example, Madeleine spoke to the importance of indigenous knowledge translation of sexual and reproductive health in educating health care providers and using strategic Cree concepts about maternal, child, and infant health. In her keynote presentation to federal, provincial, and local stakeholders at the Manitoba Maternal and Child Healthcare Services roundtable in 2010, she made a case for living practice as a giveaway in that sharing knowledge of First Nations history will lead to the betterment of children, women, and mothers:

> *For its part, the residential school legacy has been tattooed on First Nations, Inuit, and Métis children, men, and women for generations now. Very public denouncements have been made about the unspeakable atrocities some of us suffered in these missions and state-run schools. We found previous fault with these institutions because they made us strangers in our home and native land. They directly assaulted our parenting and parenthood, and they added immensely to our mental stress. Meanwhile, the preservation of umbilical cords, the appropriate disposal of placentas, and adorned amulets have become a widely practiced ritual once again by parents who follow the traditional ways. These are considered protective measures that mark a time and place for infants, children, and their caregivers. Many First Nations, as you know, call their children gifts, loans, and spirits as an intention to bind parents with children through spirituality, deep spiritual ties, that bind us all together.*

Madeleine affirmed through her own personal reflection that it is important to recognize that Indigenous societies had well-established traditional parenting roles. The early stories counteract the grand narrative in nursing of the inability of Indigenous families to care for their children. Her presentation brought up extremely important questions about the invisible effects on the colonized and the colonizer, a relationship that Memmi (1957/1974) described as

a failure in the colonial situation. In addition, Madeleine shared stories about her grandchildren that demonstrate the Cree ties that bind families together. These accounts are important traditional practices of birthing and moments of being that are crucial to ensuring well-child and -family development. They are testaments to a prebirth relationship, self-care, and birthing and infant practices, such as the burying of the placenta and belly button ceremonies and teaching that come from *oskikiayas.*[23] This translation of tradition provoked a reflection on my own local knowledge and the consequences of Christianization on the health of First Nations, Métis, and Inuit children and families. Madeleine called on the audience to think about how Indigenous knowledge has been developed, embraced and mobilized through the health care system.

According to the Truth and Reconciliation Commission of Canada (2012) the growing body of literature on residential schools has elevated the concern that the mandated Church-run residential school system policy forced assimilation rules on a people who had no desire to be assimilated and left an inscription of abuse on the blood memory of Aboriginal peoples in Canada. Lavell-Harvard and Corbiere Lavell (2006) also wrote about their own experiences of Aboriginal motherhood and how their lives have been shaped by the influences by Canadian polices. The authors show that healing from these past traumas is necessary and a key process to rebuilding local community knowledge. They call for a reawakening of the collective consciousness, a remembering and a retelling of a

[23] In Cree that Madeleine Dion Stout used and it translates roughly to 'lizard,' but it is a concept that some Cree people used to teach about sexual and reproductive health.

truth that highlights the historical oppression and the revitalization of Indigenous knowledge.

The intergenerational trauma from the effect of Christianization is considered a thread or a pattern that intertwines our stories and experiences. The stories become powerful teaching tools that originate from the self and are shared so that the next generation of First Nations people can begin to shed the shame and revive their traditions in the hope that the consequences of the genocidal acts will be embedded in the minds of society (Milloy, 1999). "One will never forget, but one must forgive in order to move forward" is a key message that the Indigenous nurse scholars all repeated. The residential schools became sites of resistance, where students were forced to leave any notion of their identity behind. Madeleine's story, documented in the book *Speaking My Truth: Reflections on Reconciliation & Residential School* (Rogers, DeGagné, & Dewar, 2012), is about her best friend resilience. She explained that in the that one moment (heartbeat) in which she was separated from her family, her heartbreak became her best friend, and her memories always brought her closer to home.

Madeleine recoiled from these memories, but she learned to embrace the fleeting emotion of "second-hand love" by observing others. These moments were far and few between but full of life in that they helped her to embrace the memories of her parents' love and resiliency. This is where her healing journey began:

> Healing is the midsection of a continuum, with colonization marking one end and resilience marking the other. Knowing what I know now, a large part of my response to being and becoming in an ungodly place was an act of resilience. In the name of our best friend resilience, we can look

> forward to the future . . . because we are very good at so many thing. . . . We act in a heartbeat in the most ordinary way at the most everyday level because as survivors we help one another do the same. We are very good at living the moment while marking time by preserving residential schools as monuments, producing films about them and working together to keep important healing work going. In the name of our best friend resilience we must give fervent thanks to our ancestors, our beloved Elders, and our Brothers and Sisters and for all the work in the service of healing that will surely be transformative when we look back. (pp. 49-50)

Anyone who has experienced this annihilation knows all too well that it has not been an easy existence. Despite all of the challenges, the Indigenous nurse scholars continue to prepare the way for families, communities, and nations to reclaim their knowledge and experiences of colonization and christianization. In the commonality of the Indigenous experience, the Indigenous nursing story remains uncommon in the professional-nursing context.

On Nursing Terms: Living the Realities of the Indigenous Self

This next section highlights aspects of the Indigenous nurse scholars' experiences in nursing education and practice environments. The transition proved to be very challenging for most women who entered the nursing profession during the 1960s and 1970s, but doubly difficult for Aboriginal women in Canada who had to navigate their way into society from their communities (A.N.A.C., 2007). Likewise, the Indigenous women came to nursing with a holistic perspective on caring for the community as a whole. What they found was that nursing was focused on the individual science of medicine.

Walking in the shadows. In an examination of the history of Aboriginal nurses, McCallum (2006, 2014) reported that registered nursing education remained closed to Aboriginal women until the late 1930s, and by the early

1960s, increasing numbers of First Nations women were pressuring Indian and North Affairs to support their education (A.N.A.C., 2007; M. J. McCallum, personal communication, October 6, 2006). She explained that before 1960 First Nations women who went to school were "enfranchised" into society and forced to leave their community, and the number of nurses has therefore been extremely difficult to determine. However, McCallum's (2014) research shows that Aboriginal nurses worked mainly in hospital settings. When the nursing profession opened its doors to men and married women, there was a notable expansion in the number of licensed practical nurse and registered nurse's aid programs and community health representatives, which many Aboriginal nurses used as stepping stones to higher education. However, a few went directly into registered nursing education, as Madeleine did:

> *Going into nursing school was a huge shock for me, just coming off the reserve. Our lives were so much different, and I knew on that first day of nursing school, if I was to survive, that I would need to connect with someone. I knew what I had to do just by intuition. I knew if I did not connect with somebody that day, I would be hard pressed to stay in the program, and I knew from experience that, transitioning into a new environment, you always want to dress the part. I mean, that is how different our lives were, and I was feeling very disconnected from my home community.*
>
> *But also, before I went into nursing school, I worked as a ward aid in the St. Paul Hospital, and I remember how hard it was to fit in because the first thing people see is you. So I had a bit of a complex because I was wearing dark-brown stockings and dark-brown shoes; and, of course, with my dark brown skin I felt very conspicuous, because I wasn't quite fitting into how people were manifesting their nursing practice. I really think growing up the way I did helped me be very observant, helped me to be extremely analytical, and helped me to be able to put pieces together so that they made sense, like rapid-fire thinking. And that's because I was raised that way. It's not because nursing school made me that way; it was because I came into nursing school with that knowledge, that wisdom, if I can use that term.*

This sense of fitting in was more than just dressing the part, as Madeleine described it. It was about being accepted, thinking, and producing ideas that fit in with the established norm. Ultimately, it is about fitting into a nursing system where similar threads are reveal in the history of nursing education constructed in accordance with a hierarchy of knowledge, class, and racialization (Kirkwood 2005; McPherson, 2006; Reimer Kirkham, 2003).

When Alice spoke about the existing gap with regard to access to nursing, she referred to the experience as a "*way of coming into your own knowing in the unknown*." It was more than just trying to get in; it was about fitting in and the notion of not being good enough or smart enough or having to working twice as hard because of the differences in personal values and beliefs. The perceptions of these differences comprise much of the women's stories of nursing. They successfully completed their education and nursing work despite the significant bias toward Indigenous people. However, the issues of identity at the intersection of the socioeconomic, historical, and cultural realities in the Canadian state contributed to their ability to pragmatically work effectively in becoming strong leaders. When I interpret these experiences, I do not degrade nursing; rather, I critically examine the boundaries of learning and knowledge development. It involves re-rooting the seed of doubts and uncertainty and rerouting my thinking back to those reserved places to find meaning in the sites of nursing work, so that where these women worked, as Madeleine stated, "*We became masters at covering up*." From these margins we can begin to critically examine ourselves as

the knowers of Indigenous and local knowledge. It is an opportunity to observe how Indigenous thoughts inform nursing's theoretical and practical discourses.

Fitting in.

> *What I transported to nursing school was my own understanding, and that is where I hit a great big wall, because I could not just be who I was. I found myself in a place where it was all about sickness, it was like a biomedical wall. So I felt like a bit of a force-fit when I first went into nursing school, because I had a different knowledge; I had a different way of being and a different way of doing.* (MDS)

What stood out in the transcripts about these women's life experiences in nursing education were the deep personal sacrifices that they were required to make to break free of the images and policies that governed their lives. They now had to embrace a new knowledge system that was often pitted against their own Indigenous knowledge. They were each left to navigate these differences on their own. The sacrifices they made to attain advanced education often put these nurses at greater risk for isolation, intellectual harm, and poverty. Evelyn explained:

> *I had to leave my three children with my cousin in our community and move to Victoria to begin my nursing career. The Department of Indian Affairs did not think I should be going to school because I had children, and I refused to stop applying, so I kept asking and I finally made it. I started my nursing career as an LPN in 1964, then worked and became a registered nurse in 1978. Then I did my degree in 1991 and my master's in 1998 and finally my PhD in 2003. I did this while working and raising my family. I took breaks in between.*
>
> *Once I received my RN, I started working for Health Canada. Then I asked Health Canada if they would help if I went back to university. They ended up paying half my wages to go, but I have to give it back. I think I was so motivated by the mere fact that these people in the Department of Indian Affairs had no idea who I was initially and just assumed I couldn't make it, but I did all the upgrading I needed to get in and get through.*
>
> *But I soon realized that there was nothing about culture in our*

> *nursing program. That's when I started to think, Well, there's more to this than just learning how to be a nurse. What about learning how to look after my own people? It was like we did not exist.*

For students having to leave their communities to attain higher education is not unusual, but to also have to leave their families behind added much more pressure. The nurse scholars' recollections resonate throughout the shared history of Indigenous peoples' experience in education, and having to attain special permission from the Government of Canada to attend college or university is not usual practice for the average Canadian. The idea that all Canadians have equal opportunities for an education is often take for granted and continues to raise serious questions about First Nations' Treaty right to education. It raises questions about the dangers of discrimination against a people based on race and points to the fact that systems of privilege control learning (Hampton, & St. Denis, 2002).

Having to deny one's knowledge makes me wonder why and how this experience continues. Madeleine's statement "*My life was not all blue sky. I went into the Edmonton General Hospital as* kētēskwew *to become a nurse, and I was not the same when I came out as Madeleine Dion Stout"* calls my attention to the notion of giving up something to gain something else. It speaks to the tension between revealing and concealing one's identity. Early in my nursing philosophy class I read about Heidegger's (1977) analysis of being and how the world is unveiled to us. He wrote about the constant tension between concealing and revealing how human beings live out their lives and described the process of un-concealing as a form of truth seeking through questioning what is being

covered over. Drawing on this continental philosophy and ideas about the ontology of being makes me question what it means to 'be' through a self-reflexive process that is fundamental to understanding the self-in-the-world. In this case I think that Madeleine's identity as a human activity is being covered over, as in her description of going to school using her traditional name, only to resurface and be recognized under her Western name. The truth is that today, still, the state does not sanction traditional names because the law requires that both a surname and a given name be registered with the Government of Alberta (2013). Similarly, not only are people reclaiming their traditional names but communities are as well. Such as the case in Hobbema where the community returned to using its Cree name *Maskwacis* (Bear Hill). This is only one example of how identities have been concealed in the social fabric of society. Aboriginal families still give their children traditional names, but they have no right to use them if they are to be recognized as citizens of Canada. I ask why Indigenous identity continues to be concealed in Canada.

The Indigenous nurse scholars' experiences in the uncharted territory of nursing training required that they pay daily attention to and remember who they are, from where they came, and why they are here. Even though Alice had to take her nursing training in the United States, she found her own sacred space:

> *I was educated in the Western model, where my own knowledge was not acknowledged. I still had my own knowing, my own healing traditions, and my own teachings, so I just learned to get through, and I had to keep walking. I came to realize that I could not get by on this White people's knowledge. I have to go back to those core values my family gave me. When I was in Kansas City, I hungered for access to my traditional teachings. When I first began my nursing education, I actively sought out traditional opportunities. I longed to be by the river to draw on the land*

> *as a way to help keep me grounded. I knew I needed to find a connection to that greater spirit, and I found it not far away from the nursing school. I would go to this river and just sit with the land, and that is when I realized that is where our knowledge comes from. It was there while I was away from my home that I realized the significance and how much it fed my soul. It allowed me to go to a place where I knew our medicine came from, and it was the water that I found healing. I talked with the Grandfather rocks, as they were my relatives. I recognized the importance of our ceremonies and why we go into the mountains to pray, and without those pieces in place; it was hard to accept these new medical treatments. As an Indigenous nurse, I began to understand Western medicine and learned to treat it like I would my traditional approaches to treatment. My nursing program did not allow me to do this, but can you imagine teaching students to pray over the medicine like it has a spirit? Can you imagine what they would say?*

In recognizing these differences, Alice recognized important similarities between the two knowledge systems to better understand self in relation to nursing and to question the invisibility of Indigenous knowledge in the learning context. She explained:

> *If it was not for my foundations of being raised in a Cree family, I do not think I would have survived the prejudice over the years. I did not just see these prejudgments in my early career years; I still see it now today with our patients, students, and even our researchers.*

The issues of being invisible, absent, and discounted from conversations in nursing was challenging for Alice, Evelyn, Lea, and Madeleine. In their early training and careers they came face to face with the position as the 'other.' Initially, what seemed to be rather perplexing for them was that the knowledge required for caring in nursing education was based on the medical model of health rather than wellness in the collective sense. This was different from the view that they had come to know in terms of their own local knowledge about the importance of holistic healing, health, and wellness within a natural law system.

Lea clarified that she went into nursing with a strong foundation of Cree understandings:

> *Going into nursing school, there were many aspects about healing, death, and dying that I had already experienced. I understood those principles because I saw it, and I lived it. I would assist in the wakes and even sometimes help my grandmother to prepare the body and the processes and prayers that went into those practices.*

It is obvious that the Indigenous nurse scholars were already well versed in the collective concepts of caring, compassion, wellness, and prevention, as their stories demonstrate. But because of who they are and how they have been identified in the system, their bodily knowing and knowledge have been called into question and silenced. Lea detailed a situation during her education that left her feeling that her integrity had been challenged:

> *As a student, when I came to clinical practice, I just got right into it because I had all my traditional knowledge to draw on. So as long as I understood what was expected of me, I felt confident. But there were a few occasions when I would apply some of my own traditional knowledge to my learning because I had already been practicing healing and energy work, so it came very naturally, and many times I got into trouble. For instance, I was working with a mental health patient, and I was doing energy work on that lady, just doing prayer, because I understood it wasn't what was happening, it was something that had happened way back in her history that was affecting her mental and emotional status at that point. So I tried to address her spiritual pain to help her recognize that she has the power and skills to deal with her trauma. But you know of course you cannot do that, right? There was an issue with the nurse manager when I was a student. She got upset with me and asked, "What are you doing?" So it was hard. Actually, a few times I got into trouble that way because I was incorporating my own knowledge into learning and it was not acceptable, so I learned really quickly that I could not be caught doing this if I wanted to pass that course. It was a lesson on learning about the boundaries of nursing and nature.*

Evelyn remembered a time when Individuals were jailed and their possessions taken away if they did not comply with the law. She told me that the

families engaged in their ceremonies covertly, in the dark at night and close to the water, and that they listened for the arrival of the boats. Alice too explained, "They would go far off into the bush where they would not get caught." Madeleine contended; "*although not to this extent, there is a certain amount of intellectual snobbery that continues against Indigenous knowledge in academic institutions today*." Lea reported that Indigenous knowledge went 'underground' and that she had to develop a double awareness of standards with regard to integrating her Indigenous knowing into her nursing education and practice for her own safety:

> *I had to be very conscientious and careful of the believers and the nonbelievers: those who believed in traditional Indigenous knowledge and medicine and then those who were very Westernized and believed only in the church. I learned very early to be very careful because I got myself into trouble a few times integrating energy or spiritual work with my clients when I was a student. When I think back, to what is missed by academia, I have to say it is communication with the spirit. We know that is not taught in nursing school. I was raised into the role, and I still work with other Aboriginal nurses that express similar feelings and thoughts.*

"*When I went into nursing, I hit a big wall*," Madeline explains "*and I am not convinced much has changed over the last four decades*." The Indigenous nurse scholars agreed about the picture that statistics paint and the evidence-based practice that research has continued to reveal. Vukic, Jesty, Mathews, and Etowa (2012) showed that First Nations, Métis, and Inuit nurses continue to face barriers in terms of isolation and racism in the context of professional practice. Martin and Kipling (2006) also described the extent of the structural barriers that exist for Aboriginal students in nursing education and uncovered the hidden forms of epistemological ethnocentrism throughout nursing curricula. Alice illustrated that

these attitudinal barriers are still prevalent when she discussed her transition from clinical practice to nursing education in 2004:

> *I remember when I was asked to teach the LPN program up north, there was a discussion on lowering the grades so that students would be successful. I think that was one of the only times that I really let them know how upsetting that was to hear them say that. I told them there is nothing the matter with brown-skin people; they have the same brain. And then I said that I would not take the job unless the requirements were just as competitive as other programs. And then they agreed, and we started the program with 14 or so students. But that was just the beginning. These students were already coming in with people thinking that they could not make it, so we all worked twice as hard to show them they could. There were so many stereotypes we had to work through, and that used to make me more determined. When I had students in the hospital, I told them to be prepared to feel the prejudice. At first some of the students denied it was happening, especially the non-Aboriginal students. But the Aboriginal students would say it was subtle things like the words they used and some of the innuendoes and the eye lifting—a lot of the nonverbal communication for sure, but it was in the whispering behind our backs that students expressed the most distress. By the end of that year the non-Aboriginal students were coming to me, expressing their concerns because they began to see how the nurses were treating the Aboriginal patients. I would tell them that this is not okay. I spent a lot of time educating people that it's not okay. And I did that a lot in my discussions in terms of talking with other nurses about the teachings in the practices, because they didn't know, and they didn't understand. And that was just the way of life; we lived with it every day.*

Common to each experience is the notion of 'living through it'—the silent forms of racism and discrimination. The discord between being and doing required that they be attentive to their own reactions and the responses of others. This required Alice to push back against the prejudgments throughout her nursing education and practice, and they were evident when she became an educator. I think about it now that I am living it too. We continue to live out our inherent desire to fit into mainstream education systems in more subtle ways. For example, Kurtz (2011) wrote about her experience as a Métis person. Her

research with Aboriginal women has shown us that discriminatory attitudes continue to be perpetuated and contribute to the need to cover up one's identity. She recalled her experience of not knowing the roots of her Métis identity and expressed sadness and disbelief that she had held some of the stereotypes. However, because of her research, she knows that her reconciliation of her Métis identity is grounded in her renewed relationship with the Aboriginal women in her research study. I have taken a similar approach that these Indigenous women have taken, and they all spoke to the frustration and lack of understanding about the discourse on Indigenous knowledge in nursing. Alice cautioned, "*We can no longer walk blindly. We have to use our critical eye and minds to thoroughly examine our own relationship to nursing and through our own lived experiences*."

Thinking about the strength and determination rooted in the experiences of these Indigenous nurse scholars, I was overwhelmed with the presence of my mother. I recognized a deep-seated experience with nursing that began four decades ago. I thought about the challenges she faced in accessing health care and my own experiences in nursing education and recalled all of the stereotypes and labels that became part of my living practice but felt in silence. I wrote the following poem on April 8, 2013, that captures reflexive thoughts of my own experience:

Years of hearing "You're not the Indian we had in mind.
Your eyes are too blue and your skin too white.
You cannot be like the others we see.
Did you pass all your exams?
Or did they just give you a seat?
It must be nice to get a free education
When the rest of us have to work for it!
You must not have grown up with your family.

You look like a real nurse, but how can that be?
The squaws we know are not found in our schools.
What kind of Indian are you, a B-C31, Status, or Métis?
Do you take blood pressures and give pain medications?
Or do you just empty the urinals and help the real nurses?
Because you are not the Indian we had in mind, I was told.
They do not become nurses or people of sound mind.
They become hookers, hoes, and dirty brown bitches.

This verse reveals the stereotypes from which I have tried to push against as I navigate my nursing education. They bring to the surface some of the issues that have been concealed.

During this analysis process I confronted negative memories and considered the ways that education addresses the other. Madeleine pushed me to think about what we really ascribe to as Indigenous people and encouraged me to move beyond this. Lea encouraged me to muse on what is it like to be rejected and how Indigenous nurses address it; and Alice, asked me to mull over what it means to be absent to ones' self and if one is then absent in the world too? If this is true, what is the nature of our being? Evelyn persuaded me to explore how to create space in our academic environments to address these Indigenous educational enquiries. I am encouraged, but I continue to wonder how Indigenous students wrestle with stories that are constructed from an apolitical and ahistorical past and then juxtapose them with the current reality of professional nursing practice. It is evident that the Indigenous nursing scholars speculate about the legacy that they will leave for their grandchildren and ask themselves what stories they want to leave behind.

Lea's, Alice's, Evelyn's, and Madeleine's conversations reflect a deep sense of self-awareness and connection to their Indigenous roots. What is not as

clear is the level of concealment that they needed to be successful. This raises the consideration for me of the effect of this concealment of self in our nursing education on our nursing practice and on nursing knowledge development. How does this covering over of self actually reveal itself in our knowledge and practice of nursing? How does this absence of self, putting self somewhere else, come about? What has been the impact of this separation from home and familial environments? How do we as individuals come to be and know our current and immediate self in our nursing environment? Where is our Indigenous knowledge in our current reality, our ways of knowing and being? What does this look like in practice?

Referring to the original questions in the context of this study, I believe that we need to look back at the different factors that have influenced the humanization of Indigenous peoples. If we have been separated from this reality, then why have we come to know our current selves? If the expression of self has been covered over, what do we need to do to uncover the immediacy of the self in our current nursing environments? As Cameron (1998) asked, "What is it like to stand in the midst of nursing practice and ask questions? What are the distinguishing qualities of the nursing relations as revealed in the practice of nursing?" (p. 21). I wanted to ask these types of questions from my own Indigenous Cree/Métis perspective, but what I soon realized was that, once I open up myself to this line of thinking about the expressions of living in our practice, many more stones are uncovered.

Working under cover.

> *When I went to work, it was hard especially in some communities, because we had to work under some very colonized thinking. I know some of my nursing friends really struggled. When I went back to work with my own people, it was a good experience. I was glad that that my nursing director left me alone. They really did not come and check up on me. I was doing things the way they wanted me to. When they would come for visits, they could see I was managing well. I think they trusted me. I would make my report about how many clients I would see, how many immunizations I gave, and things like that. I would send it off, and they seemed to be happy. I did not report the community programs I was working on because they were not funded by Health Canada; they were band funded, so that was a bit different.*
>
> *I had to approach my professional-community relationships from a different perspective. I was aware of the community protocols in working with our Elders. They wanted to gather to talk about different things like traditional knowledge in prenatal teaching and coping with grief and loss and just traditional teachings and ceremonies. I found I had much better participation in these activities. The Elders would tell me all the time that it was so nice to have one of our own nurses who understand us, because this is our way of life: gathering with each other, being together, eating together, and helping together. So I learned not to say too much.* (EV)

Evelyn shaped her nursing practice from the tribal epistemologies with which she had grown up and then integrated nursing concepts into her nursing education. She found ways to conform to the standardization of nursing practice and to bring life to her own Indigenous knowledge. By bringing together community people and building on their, knowledge she facilitated a level of trust between health care service providers and clients. It was obvious that she worked hard to find ways to communicate with people even if she did not know the language of the Cree people with whom she worked. The same is true when she communicated with her employers. Even though she had a sense that she could not share all of her work, she learned what needed to be communicated and kept

much of her community work 'undercover' and unreported. Alice also discussed the notion of working undercover and in isolation:

> *I went to work in the northern communities of Wabasca, Trout Lake, Chipewyan Lake, Peerless Lake, and Sandy Lake. These were fly-in communities, so we traveled by airplane. Then we had to walk to make home visits, because we did not have any transportation other than skidoo in the wintertime. In the summertime we sometimes caught a ride on one, or we rented a vehicle from the storekeeper. It was a standard one-ton truck, but we still got stuck lots because it was so muddy. I decided I had to trade my nursing bag for a packsack and my uniform for jeans and rubber boots and a gun. I was the only nurse, so I did treatment, public health, and environmental health nursing; and that was in the early '80s before there was a hospital, doctors, or paramedics, so we saw whatever came along. I made home visits by walking. Usually I walked all the way through there because there were no roads at the time, other than dog sled or horseback roads, and I carried my rifle all the time and my packsack to carry other things like food. RCMP knew I carried my rifle when I made home visits, and it was not for people; it was for the animals, because I ran into a few bears occasionally in the summertime. I rarely carried it in the winter. We were taught to use guns early in life because we survived by hunting, fishing, and doing all that; so that was just a normal, natural thing for me. If I had to evacuate a patient by airplane, then I would go out with them. When we would arrive at the hospital, the people would look at me somewhat funny. Here I am with rubber boots on and jeans, and nobody would recognize me as a professional nurse coming in until I started talking and giving my reports. It is funny now because people would stare at me. It was a very prejudiced community, I mean, really; and they would look at you, and they would judge you by what you look like. And here I am in these rubber boots with mud on, and they did not know we just saved lives. It was just the pilot and I. That happened often. But people remember what you look like, and that kind of sticks with them.*

When I think about what it means to work undercover and in isolation, I think about how successful these women were when it came to working in the different cultures in the community, hospitals, and classrooms. They were able to adapt to almost any situation. Alice was already working collaboratively with the RCMP and the pilot to protect herself from harm. She gave up her nursing bag

for the packsack, and in some cases it was a medicine bag. These tools helped her to work in isolation in the rugged northern terrain.

In another story Alice explained what it was like to provide nursing services in the north three decades earlier:

> *I had to do a lot of asking for supplies because there were very little recourse. I was glad to finally get a vehicle, but the vehicle could only go so far, so we still did a lot of walking. When we did finally get another nurse, we both went to the board of directors of the health unit to ask for better equipment, but nobody was listening. So then we invited them to come up for a visit. There were three airplane-loads full of people, and I told them the only condition was that they would have to help carry supplies, because I carry them all the time or the pilot helps me carry them or some kids help me. They said, "Okay, deal." So the visitors followed me out on the visits carrying my supplies on and off the airplane, walking up to the clinics in deep snow. On the third community stop in Chipewyan Lake, they said, "We are not carrying any bags; we will leave them on the plane." I told them someone needed to carry my nursing packsack because that is what I pack around all the time. They said, "No, we'll just leave it at the airplane because we are tired," so I said, "Okay, but somebody's going to have to go get it if I have an emergency, because, remember, we don't have any emergency medications in the clinic or equipment like an ophthalmoscope or blood pressure cuff." So they said okay. So I get up to the clinic, and wouldn't you know it? There was an emergency with a seven-year-old child, and something is wrong with her because she has been having seizures for the past few days. I said, "Okay, somebody has to run back and get my bag because I have to go see this girl, and everything's in that bag; there is nothing in this clinic." So one of the visiting board members ran to get it and brought it back up. As it turned out, we needed to transport the girl out, and I said, "Okay, now somebody has to escort this patient out." Fortunately, one of the visitors was a nurse; she was my director. So she agreed to escort the patient, because we could not send the girl by herself, and if I go with her, that means no one's left here. So that was a good eye-opener for them. I got everything I asked after that. There was a big shift in how they supported the nurses and the equipment provided so we could treat the patients.*

These early experiences with nursing and health care delivery illustrate the scarcity of resources, and the lack of accountability for prejudices and the extra burden of carrying supplies. These manifestations of poor accessibility and

strenuous work environments were significant risks in Alice's day-to-day work expectations. They show the reality and the lack of understanding of southern people of health care in the north without proper equipment, which exposed the health care professionals to many difficult ethical dilemmas.

Alice also told a story about how she became an advocate for environmental health when drilling companies began to arrive in the north:

> *There were many times that I had to tell oil companies they could not drill in certain places. As a public health nurse, I had to be the health inspector, and I would tell the companies that I could get them shut down. I even threatened to sit in this one spot until they moved. They eventually did move, but I tell you, the kind of things they did to the people really was hard to be a part of, so I had to stand up for them, and I got a lot of respect from both the government and the people.*

The notion of working undercover resonates throughout these various stories and implies a form of concealment and isolation for the nurses. Madeleine stated that during her upbringing she and her family learned to be "*masters of cover-up*" just to try to fit in, and I extended this concept to nursing practice as I listened to the stories and internalized some of the experience of nursing.

Perils of practice. The diligence of these Indigenous nurses speaks to their commitment to living in their own thinking and practice. One of Lea's greatest challenges was dealing with the misperceptions and the dangers of inside knowledge in her community health role:

> *I was working in a community where there was a plan to implement a methadone program. This community was very traditionally based, and their specific resources were not a good fit for that community to support, but the plan was fully supported by the government. When I realized that little consultation with the community had occurred, I made suggestions that they take measures to consult the community and talk*

> *with the Elders. What ended up happening then was, a complaint was made against me, and I was transferred to another community.*

When nurses work in the community, perceptions of insubordination are real and often have significant consequences. Until recently, with the transfer of health care services; the Government of Canada was the employer of most nurses who worked in First Nations communities. As Lea explained, despite the leading evidence that if the context is not considered, then actions often result in misunderstanding, dilemmas arise between the two distinct ways of knowing and bringing them together. The concern then becomes the best course of action considering that the majority of the research is drawn from a collection of scientific research. Madeleine enlightened me on this matter:

> *I have to say that it is still about trying to fit into mainstream education systems. It is not necessarily that we have to be dumbed down, because* ātawēýimikoýān*—meaning 'I have been rejected,' 'my ideas have been rejected,' 'my Cree culture has been rejected—and yet I'm so inextricably tied to it that I cannot go anywhere without it.*

When nurses recognize traditional ways of knowing, they can work and speak to the inconsistencies, but sometimes their voices are not heard. The rejection of which Madeleine identified is a form of silencing, and denial, that Van Herk, Smith and Andrew (2011) recognized as a form of gendered racism that Aboriginal women in health care still experience. The understanding the nurses in this study offer is that attention to their own social location and the interrelating identities as a way to inform better ways of working in nursing. As Dion Stout (2012) explains that a Cree understanding is needed in order to support the development of Indigenous ways of knowing to address the inequities

of poverties. She states "The old paradigm of ascribed wellness, *atikowisi miýw-āyāwin*, where health and wellness are granted by outside sources, has to be replaced by the new paradigm *kaskitmasowin miýw- āyāwin* - achieved wellness, where health and wellness are earned through individual autonomy and creative genius to the fullest extent possible (p.13). Moving in this direction has revealed ethical dilemmas and calls into question issues of oppression and intentions, which can result in the exertion of authority or power over another. In a journal entry on June 12, 2010, I share some of my reflexive questions to show my thinking as I navigated between my positions of self, community, and nurse:

> I ask myself, at what point do I take a stand? When is it wise to let some issues go unheeded? What are the conditions that force nurses to recede? What is at play at the intersections of identity, Elders, and nursing? Why has this story evoked such a strong reaction in me? How do I address the poverties of knowledge? What factors are driving the marketization of knowledge? How do I address issues of power when I am on the lower end of the hierarchy?

Despite these uncomfortable situations and sometimes troubling consequences, it is important to stay attentive to the questions and the strengths of the community. Lea made this distinction in the following statement:

> *We must recognize we are outsiders too, and we have to trust that the community will find their way. When looking at situations from that perspective, you see the little changes and realize that change is not going to happen overnight. I remind people how long it took us to get sick, and it is not going to get fixed in one day or one solution or by focusing on one problem.*

Along the same lines, Madeleine observed:

> *When we are rejected—and many of us have been—you have to dry your eyes and meet them at their points of resistance. So you have to think through, think deep, deep under the surface, what is it they are actually saying? We have to not react immediately. We are regulated to the*

> *bottom, meaning we are the experts, we have the language, and so that is where the resistance comes from. . . . That's how bright and smart you're going to have to be with the knowledge that you've been given, either from people that have nurtured you or people that you've learned from in mainstream institutions. That is what is going to make you bold. There is little time to lament your* pômēýwin*. It's all about* pakosēýimowin*, which is that deep, enduring hope that we all have. But not just stopping there; we have to act now.*

From my research experience I wonder, as do many other nurses, how can we take action if we have lost our ability to be relational in nursing (B. Cameron, personal communication, May 17, 2014)? Is our moral ethic up for sale (Austin, personal communication, May 18, 2010)? What makes a good nurse (Sellman, 2011)? Lea asked, why are compassion and caring on the lower end of the marking system in evaluating nursing practice?

> *How ironic is this when we are being trained to be compassionate and safe caregivers, yet Indigenous nurses are coming out of training feeling like their hearts have been ripped open after sitting [and] listening to the constant barrage of stereotyping and illnesses and horrid conditions [that] somehow penetrate a person. It penetrates the core of one's identity. As far as nursing goes, their needs to be a way to support the creation of alternate approaches in practice.*

Evelyn explained that working with community people requires acceptance and openness in her practice:

> *In my nursing work I brought in the traditional healers, feasts, and used traditional medicines. I had many conversations with clients in the north. We just did it, and I never told or documented these activities because I knew they would not be approved, so we just did them and the band funded them. And so many times I had to stand up for the patients, and it was exhausting. When I was with the people it only made sense to me; it fit into my way of thinking. I was a lucky one: I did not have any major problems with whom I worked for or whom I worked with. I understood even though I did not speak their language. It is amazing the impact you can have on people by respecting who they are. Twenty years later people still ask about me and thank me for helping, and I was only in the north working for a few years.*

Living the practice of nursing requires deep critical inquiry into what we can do to build systems and structures that evolve from the relation aspects of being human, intertwined with the historical and social constructs that define who we are as First Nations, Inuit, and Métis people. Evelyn believed that "*we can only change the nursing by changing one nurse's heart at a time*." Her vision speaks to the importance of working together for and with the community, which she considers the place at the heart of our existence and where the nature of nursing lays. If we lose our way in the world, we always come back to what we know, which comes from where we have been. The experience of walking in the world together is about understanding the human self and emotions, feelings, and spiritual knowledge; about enacting respectful, relational, and responsible nursing knowledge.

Epistemological Openings: Walking in Ways of Knowing

Essentially, epistemology is the opening to the questions that I have regarding the relationship between the knower and known (who and what is believed to be real and true; justified true beliefs). These openings create opportunities to shift our thinking about integrating Indigenous knowledge into nursing. In this section I outline the Indigenous nursing scholars' sources of knowledge and how their ways of knowing manifest in their nursing practice. Madeleine noted that her Indigenous roots have enriched every aspect of her being and knowing: "*My Cree thoughts are embedded in my consciousness, my blood memory. It still informs my practice today…a kind of caring that is physical, emotional, intellectual, and spiritual. That is the way I nurse. That is*

how I practice." She explained that her learning and actions as a nurse stem from her mother's "*supreme acts of caring*" and her father's deep, intellectual "*synergistic knowledge*." I began to think about the level of integration and manifestation of Indigenous and Western knowledge that these Indigenous nurse scholars have achieved. The intellectual and practical wisdom of a double consciousness working in parallel systems of health service delivery is achieved by grounding oneself in the strengths and spirit of Indigenous knowledge. Madeleine consistently draws on her 'far back memory' to inform her beliefs, thoughts, and actions to be able to act with the utmost integrity and humility. During her keynote presentation, *Original Instructions for Nursing*, at the Aboriginal Nurses Association Forum "Linking Our Knowledge Through Diverse Interests" (Dion Stout, 2010) Madeleine spoke to a room full of nurses and revealed that how her early teachings of ways of knowing go back to her original roots:

> *It is my mother's stories that tell me that our living contexts present a complexity of experience and knowledge. And even though we remain at odds with the statistics, we place just as much importance on the experience of life's trials and tribulations. We reject the belief that humankind is superior and other Beings inferior. Even as we focus on the ways in which our health is linked to our images of an ideal past, it has given way to dwelling in the present, where our deepest insights into our future still come. It is from the old ones' stories and their inextricable ties to their identities, histories, traditions, and material world where we reside at nurses.*

Throughout this inquiry, lessons on the meaning of Cree ways of knowing in nursing came in different forms. The following statements about Indigenous knowledge reside in Cree natural laws systems, as Lea explained:

> *We never walk alone; we are always walking with our ancestors. When we walk by ourselves, we walk hand in hand with the spirit world, the origins of our beings. We are always walking on the shoulders of our ancestors, and we bring their knowledge into our own understandings and realities.*

This perspective speaks to the importance of who we are as nurses and how our realities are shaped. Alice added that we must embed knowing who we are within our own knowing:

> *It's time for us to come out and help people to understand why some of us are the way we are and why some have not healed from their traumas. After walking through the lessons, I have seen some spectacular things happen. Not only do I use the medicine-wheel teachings in my approach, but also I incorporate them as part of what I call the spiritual teaching. I believe if the spirit is not strong, then the person is not well. We can talk about some of the principles, but I am careful where I practice because it is not totally accepted yet. I entrust the nurses that have chosen to walk with me to carry this forward now.*

Alice further explained that nurses must rid themselves of the colonial mindset, embody their own understandings, and support their unique way of knowing in knowledge development:

> *When we understand that spirituality is not a religion, healing can happen. It happens at another level, and many of our people often feel they don't deserve to be healed because they have a lifestyle they know is wrong, but they that they don't feel worthy. That's one of the things that I have to stress over and over, because they deserve to be healthy. Sometimes they forget and they deviate. That is universal to us all. Just as in Christianity, we have the Father, Son, and Holy Ghost, the sign of Trinity represented in the three threads to a blade of sweetgrass. It's just another way of seeing the same thing.*

Alice's teaching shows that the two worlds are similar yet different, but that as human beings we are all one, no better or worse than the next person. As a ceremonialist, Lea stated that her prayers are the manifestation of Indigenous knowledge in its most palpable form. However, to the reader it is impossible to

receive their significance because they are removed from their context, but the words themselves may have something teach us about the importance of gratitude and humility.

> *Thank you for the beauty and wonder of life and life's many blessing contained within it. Thank you for bringing us together into this sacred space, for the opportunity to share in spirit and to welcome in the sacred ones, the grandmothers and the grandfathers who are the keepers of our knowledge, keepers of our medicine. I acknowledge the sacred mother of all Creation and express my deepest gratitude and appreciation to her spirit that continues to contribute to us as human beings, and especially contribute to us and ensure that our life experience is fulfilling and is blessed with so many gifts in terms of knowledge, but also medicine, in healing and in experiences. I acknowledge the grandmothers and grandfathers that walk here with us, and I ask for their guidance and permission, so that the knowledge and wisdom being imparted will come from a place of truth, honour, and integrity to expand the consciousness and awareness of those who will one day hear or listen to them in some way to deepen their own understanding of our people, our way, and especially our way of helping and healing. In accordance with the highest interest of all: the laws of nature, medicine, and of our divine relationship and kinship to everything and everyone.* hai hai.[24] (LB)

As I walked through these lessons with the Indigenous nursing scholars, I began to understand approaching nursing knowledge from a place of spirit and of connection to the Creator as a way to honour all human beings. This 'spirit' of place is about the interconnection between gifting and honouring our ancestors' knowledge, with the self within a larger universe of all creation; a relational accountability to the self, to each other, to our profession, and to creation as a part of our humanness (Bill, 2012; Couture & McGowan, 2013; Dion-Stout, 2012; Struthers, Eschiti, & Patchell, 2008; Weber-Pillwax, 2003,).

[24] Cree for 'thank you.'

Living the Practice

Walking in our own way involves recognizing the touchstones of wellness and the aspirations of Indigenous nurses who are living their practice by being of service and mitigating suffering. Lea expanded on this notion:

> *When I first became involved with the Aboriginal Nurses Association of Canada, where I met Jean Goodwill and we talked a lot about what our role as nurses was, she said to me that we are the medicine women. She told me many times that nursing was not only about medicine, but it was about us supporting our peoples to re-integrate or re-embrace their own knowledge. Nursing was just one-way to re-empower women to recognize their place in our healing traditions. That's what our job was, and that is what she wanted. The nursing field was only a pathway for women and men. When it comes to nursing itself, I believe we are the medicine keepers in the home, and we are the original fire keepers in our communities. We are responsible for keeping the home warm, healthy, and safe.*

Lea appreciates the influences of her mentors and has shared her vision for our nursing; she reminded me that self-responsibility for health is engrained as a traditional practice. This relational and intergenerational aspect of nursing agency was brought to the forefront in Lea's keynote presentation, *"Spirit of Indigenous Knowledge in Nursing,"* at the 2013 Aboriginal Nurses Conference in Vancouver. She moved her discussion from the intellectualization of how to define nursing as an art and science and extended the description to what nursing is in the realm of natural law and beyond to human relationships and Indigenous identity:

> *The Cree term for* nurse *means 'medicine woman,' and it is a broad and all-encompassing term. It is about healing, respect with nature. It is defined according to the many tribal knowledge systems, and it does not conform to the nursing definitions, policies, or procedures. Traditional medicine has its own law; there is nothing above that. We cannot develop guidelines; these just become signposts along the path of the healing, and it is up to the healer to pay attention to the ones that bring meaning to the purpose and intents. Only the healer can decide by drawing on the*

> *relationship with the spiritual laws. So each day is different, and we have to respond to the greater aspects of life. It is not just about caring; it is about honouring our gifts in the everydayness of life. There is a self-governance of knowledge inherent to nature. In living my practice, the spirit of traditional knowledge is immeasurable by current standards. I believe, just as Nightingale [did], and even before her, that nursing knowledge and the inherent roles of nursing were generated from human relationship with nature. If we think about a log in the forest as a metaphor to describe how nursing can be viewed, you we will see how nature takes care of, protect, and nurtures its own body. It's acknowledging the ways we help each other keep healthy in all aspects of our being and then bring them into how we live today. The ceremonies are our prevention and they help to keep us healthy and maintain wellness and balance everyday throughout our lives.*

Both Lea and Alice are trained in traditional healing, and each of them has specific teachings:

> *Things are changing. The old traditional healing forced underground is still being practiced today, and every day in fact, because it is just part of us. It's just about being a good human being; it shouldn't be about the brown faces. I have worked in two cultures for years, and they each have their own language. So it's like you learn to walk on one path with knowledge from both systems, and you use whatever tools or language works for that particular patient or situation.* (AR)

Alice recognized the unique and familiar complex network of signs, and in different languages she implements ways of caring. From those early memories to her current position in nursing, she returns to the ground, digs up the medicine, and reworks to incorporate her own ways of knowing into practice. For Evelyn, these ways are older than the people themselves:

> *Healing is never about isolating; it is all encompassing. Living our tradition was the way of looking at health, and the medicines were there if we needed [them]. That is what we did to keep healthy. Some of our ceremonies are given to the children, sometimes before they were born. I really believe these ceremonies are our prevention, and it helps to maintain wellness and balance throughout our lives. We never forget it lives in us.*

Through this study I began to see knowledge unfolding in a new way. This deep sense of awareness and humility comes from a direct involvement with our own experiences and interpretations. The Indigenous nursing scholars spoke of the importance of relational kinship. Alice distinguished her father as her greatest teacher:

> *I come from a healing profession. My dad used to give us all these lessons all the time. We paid attention more than I think he thought we did. At least my sister and I did because we seem to be the only two of the seven of us kids who actually actively participated in our ceremonies and began teaching others.*

Madeleine acknowledged her mothers' acts of caring:

> *It was my mother who provided the nursing care in our home. For instance, when we came down with the flu or the cold, all of us came down with it, meaning it wasn't just one person who got sick; five or six of us got sick at the same time. I recall how she put us all under a big feather blanket, and in the middle of the feather blanket, if you can imagine, a sweat lodge; that is what she put us in. And in the middle of the floor she put this big cast iron pan with some little rocks in it, and she was throwing cold water on these red-hot rocks to give us a little sweat. So that is how my mother nursed us. And not only did she carry out those kinds of interventions so we would get better, but she also stayed up for many nights in a row with virtually no sleep to make sure that we were all okay. So there you go: Nursing practice supreme is what I would say about my mother's corporeal acts of mercy in our own home [that] were all about nursing.*

Evelyn spoke to the importance of community knowledge:

> *In community, from my own* Kwakwaka'wakw *perspective, it is how we keep well and relate to our own Indigenous knowledge. Do we accept it, or do we reject? We must acknowledge the trust factor and consider the meaning of being in relation. Terms like* all my relations *or* we are relational beings *mean very different things. How do we relate to skills, science, knowledge, and attitudes when working? Look at what we are doing now in practice; I do not think it is leading to healing.*

Interpreting the Indigenous experience, working, talking, and sharing yield opportunities to challenge Eurocentric thought to redraw the scientific boundaries that include multilogical epistemologies of local knowledge (Kincheloe & Steinberg, 2008). Shifting these boundaries of culture in nursing can result in clashes of conflicting ideology and the rejecting of larger bodies of knowledge in nursing and it pushes nurses to look more closely at ontological influences on disciplinary knowledge in nursing (Doane & Varcoe, 2010).

Moving to the next crossroads. When I think about where these women come from and their sources of knowledge and connection to community, I think about the theory and nature of knowledge and how they have come to walk in their own way, their own knowledge generated from lived experience. The significance of walking for me personally is about moving beyond and into the next realm of articulating what Indigenous nursing work, and therefore nursing knowledge, might look like. In my professional context of nursing practice, it is about reorienting my thoughts to broader critical and interpretative approaches that look back to the question of what nursing is. The message from these Indigenous scholars to walk forward is a way to decolonize my thinking, to find those points of resistance, by being mindful of our Indigenous legacy.

Madeleine's understanding of our homeplace has helped to guide me in thinking more about these places of original learning:

> *Your writing comes from this place of suffering. You and many others like us are finding their way back to their dwellings, because it is in these houses, households, and our homes where these stories are located. And remember that we have to differentiate between houses and homes because there is a big difference. This is not an easy walk.*

After having peeled back the layers of my early beginnings, I wonder about the wise approaches we will need to move forward. My thoughts in my journal notes of January 2011 help to explain some of the challenges that I faced in thinking more deeply about what these nurses shared with me:

> *I wonder about this difference between a house and a home. The house of knowledge where systems of power control how we learn and what we learn, such as I did when I immersed myself in learning the techniques and skills of assessment, diagnosing, planning, and evaluation. But the home, as clichéd as it sounds, is where the heart is. Palmer (2011) described the heart as the place in our bodies where those stories rest and called us to respond to those events that have stimulated our senses. When I think back now to the house of nursing, [I realize that] I spent my time without bringing too much attention to my own sense of self. I immersed myself in the labs and the libraries, convincing others and myself that I was not wounded or lost or that I was just as intelligent and could learn the system and how to use the tools of practice. I justified these actions by allowing myself to think that I needed the credentials to be able to make change. But what this journey did for me was bring me back to a beginning where I began to unravel and question all those feelings of not being good enough, not fitting in, and wondering why people did not seem to get where I was coming from. It brought me back to my home—a home where we got together for the first time in over 20 years with my brothers, cousins, nieces, and nephews [as I mentioned earlier in the dissertation]; my home where the bodies of my relatives are buried, and diseased with diabetes and cancer. But above all, it was my home, where my heart responded to my consciousness; it was where my belief in natural laws began to flourish and where I began my own training to learn about Cree understandings about life and my relationship with this knowledge.*

In drawing on these notions of homes, Bell hooks (1990) wrote that her homeplace was where "we had the opportunity to grow and develop, to nurture our spirits" (p. 42). These sites become the homes of resistance and liberation: "With this foundation we can regain lost perspective, give life new meaning, We can make homeplace that space where we return for renewal and self-recovery, where we can heal our wounds and become whole" (p. 49). Alice also discussed the idea of homeplace in her appeal for more houses of knowledge and

programming such as Indigenous education policy studies so that students can speak to this very issue:

> *We need the infrastructure and support to create opportunities to learn about Indigenous knowledge within its own context.* nêhiyâwiwin[25] *is the essence of who we are, so we need to put our thoughts into that center without moving from our positions.*

Evelyn has shown me that if we want to influence our practice, then we must return to some of the original houses of knowledge to open up to new discussions from different experiences to build Indigenous knowledge:

> *Building on our foundation of 'culture as wellness' requires the incorporation of Indigenous traditions, values, and beliefs as a way to create better learning experiences for students when working for First Nations, Inuit, and Métis Peoples. It is time we brought nursing into culture instead of culture into nursing*.

Each of the Indigenous women had a vision for a future in which nursing provides examples and opportunities for scholars to experience the diversity of Indigenous people, their language, their ways of being and knowing, and their contributions to knowledge development.

Language in the home. In this research the importance of language was a common theme, never a barrier, but rather, something on which the four Indigenous nurse scholars drew to extend their own knowing in nursing:

> *Cree is a fitting language to use because it is verb based, gender neutral, and collective in orientation embedded with original instructions. For me it is the great equalizer for making nursing practice more Indigenous in orientation. Our languages can deepen the understanding of who we are, where we've been, and where we're going.* (MDS)

[25] Cree term that refers to Cree identity.

As I think about what Madeleine said, it is important to recognize that the Cree language does not situate people in a hierarchal manner or by sexual orientation. The Cree language is an action-oriented language that distinguishes members by geographical location. I was not taught to speak Cree in our home, which led me to consider the importance of and my own disconnect from my language. Lea stated that, despite this disconnection from language, it remains one of the main tools in our bundles of knowledge:

> *We are all vehicles and receive information; we already come with a piece of knowledge. The danger is when ancient wisdom is erased when we come into the university. What we teach people to do is to regurgitate what others are saying. But what we need to do is examine how this diversity of culture and language can strengthen the system, not weaken it. The language is weakened by the dominant knowledge as opposed to an individual language we grew up with.*

The scholars drew on their own language to express some of their ideas and the meanings of their Cree worldview in reference to the health roles of Indigenous peoples. Lea explained:

> *We were the first preventionalists a long time ago. The number one teaching was* pâstâhowin*. In rough translation in English means 'do not go and do something that is going to create more difficulty for yourself.' And so all of that teaching, one word, guided how you treated people, animals, food, and all activities of daily life.*

These terms and teachings cannot be translated precisely into English, but they serve as a guide to understanding the essence of being Cree. Makokis (2001) described the Cree language as structured in a system of orality and explained that it cannot be taken out of context because it is centered on the notion of being human in relation to a philosophy of life. It becomes the expression for action that can lead to the development of a path for learning to 'live in a good way.'

Madeleine also reminded me that taking the language out of context can lead us astray:

> *Cree language informs what I say. It touches us viscerally because it reinforces what we know and helps us to carry out nursing actions in a way that is meaningful and meaningfully involves people. We can spend all this time trying to Indigenize nursing with Cree terms, but at the end of the day, is that where we want to spend our time, trying to market our Indigeneity to other Canadians?*

Essential to my inquiry was learning more about the original meanings of our Cree language, so I used worked with my Uncle who knows the language, and drew on what I learned from a course that I had taken in Indigenous Education Policy Studies EDEP 501. I soon came to realize that this type of study would require a different way of learning. It was not just about learning to translate a word; rather, it was about a different level of consciousness embedded in language, something much more advanced than what I could do in this study. Although Evelyn did not initially know Cree, she demonstrate her Indigenous consciousness:

> *It is in the language where we can really begin to know our true self. But when I went to work in the north, I did not speak their language; yet I was still able to communicate with my clients when many other southern nurses really struggled to understand. So I think it is more than just the language; it is my own understanding of culture [that] really helped when I went to work in the north.*

Drawing on her message and her language stimulates me to reflect on the meanings and underpinnings of the Indigenous nurses. One of the terms that Alice used is about the importance of sharing, which many Cree people (including myself) consider one of the four natural laws. Makokis (2011) cited the various meanings she associates with *wicihtôwin*, such as 'reciprocity,' 'giving back,'

'generosity,' and 'tolerance,' and ceremony with regard to community development. The notion of sharing is deeply embedded in the Cree language. Lea also echoed the significance of sharing and understanding the relationship between language and ceremony and explained that over the years the original intentions have become related to healing actions:

> *When we look at the sweat lodge, it is a very specific ceremony that, when used, opens us up to something greater. The literal translation of 'sweat lodge' in Cree is* atotsakaan*. So when you say* atotsan*, which means 'to ask.'* atotson *means 'I am asking you.'* asani *indicates a referencing to 'our grandfathers' So* akwan *is like a covering (house or building add-on),* matotson *comes from a meaning of crying for help. So the meaning become a literal translation to 'an asking lodge.' Really, when you do the literal translation, it is a place where you can call for help, call for assistance.*

Cora Weber-Pillwax (personal communication, April 30, 2010) further explained that capturing these thoughts and verbal expressions (orality) takes us to a place deep in our consciousness where you could not go you were simply writing. The complexities vastly influence the understanding of the word within an Indigenous reality: "We know that our words are actions in the sense that they can precipitate change and transformation in 'reality'"(Weber-Pillwax 2003, p. 147). Even though we might not see these changes directly, the sacred spaces and places of our oral consciousness transform how we come to know. Just as Heidegger (1971) reminded us, language itself is what being human is all about. He discusses the nature of language as the house of being where a relational experience are transformed from one day to the next, and I use this concept to align with Evelyn's comment below:

> *It is important to greet people in the right way when coming into the Big House. That is why you hear me use the word* gilakasla*, which means 'welcome' and 'thank you' in my language. When you break it down,* gi *means 'come';* kas *means 'in whole, or good.' So it is used for greeting, meaning 'you've come, in your wellness.' It is not just saying 'welcome'; we are describing our state of mind when you're coming. gilakasla. And it is the same with you say goodbye. You are saying that you are going in your wellness with all your being, and all that you are, which include your family, community and the environment. How you use the word depends if you are saying goodbye to somebody; or if you are greeting somebody that is coming, you say* gilakasla*. And then when you are thanking somebody for what they have done, or for anything, you say the same thing, but you are thanking them for the goodness of their heart, for what they've done coming into one's wellness.*

From the conversations I recognize that each of the women embodied their own language and were acutely aware of the need to honour and respect the original meanings. Alice expressed the need for critical inquiry to reinterpret our original teachings. We must go back to look at the meaning of maskihkîwiskwêw:

> *It comes with a knowledge that was specific to healing in our communities. The people are waiting for the return of* maskihkîwiskwêw *in its true form, and we are seeing this happening in other disciplines right across the health professionals. It is time our new nurses start writing about our own histories.*

The women spoke to the importance of recognizing that maskihkîwiskwêw means much more than the English translation:

> *Medicine and nursing mean more than our plants, more than the pills they put in our mouths and knives they take to our bellies. It is far more than that. It is in the spirit of wellness the practice takes root. Healing cannot be addressed by just looking at the patient. We are part of their healing, and the system is part of that process.*

In a healing the system, I have continued to question my own understanding of *maskihkîwiskwêw* and how I would draw on it to help me bring a sharper focus to my own nursing knowledge and practice.

To understand more fully what each of the scholars brings to practice, they instructed me to go back to the beginning and learn more about the role of maskihkîwiskwêw, and what can it teach us about what it means to provide nursing care in a more traditional way. In other words as Evelyn asked, how do we help people to live the good life or to die healthy? Initially, it conjures up images and memories of the sinister look of my grandmother when she discovered that I wanted to become a nurse. I also think about how language has been used to establish hegemony in the academy as a vehicle for the dehumanization and extinguishment of Indigenous rights (LaRocque, 2010). Therefore, my aim in a very small way is to assign an equal value to the language that these Indigenous women use in oral traditions and to continue to unpack the meaning and importance of the language as I learn.

The course instructors, John Crier and Weber-Pillwax (2010),[26] helped me to dig deeper into the meanings associated with the term *nurse* and its active form, *maskihkîwiskwêwiw*, 'she is a nurse,' and the verb form, *maskihkîwiskwêwiwin*, which is 'to do and tend to the act of health and healing.' The Cree word for nurse is generally interpreted to 'mean medicine women' in English. However, this narrow translation does not capture the original intentions or significance of maskihkîwiskwêw as a way of being. Breaking down the word further into prefixes and suffixes reveals an entirely different meaning. The suffix of the

[26] University of Alberta, EDPS 501: Meaning and Structure of Cree Language.

word *maskihkiy* means 'medicine,' and if you further break it down again to *askiy*, it means 'land' or 'earth.' The second part of the word, *iskwew*, means 'women,' but it comes from the word *iskotew*, meaning 'fire.' Breaking this word down further, it means 'spirit.' In the language deeper meanings lie and open us up to a distinct worldview. Our original understanding of maskihkîwiskwêw is absent from nursing knowledge and contemporary practice.

Over the duration of this inquiry I have recognized growing opportunities to learn about healing ceremonies and traditional ways of harvesting and preserving plant medicine. However, it is not my place now to speak to the responsibilities of traditional healers; that responsibility lies with the healer and the relationship to natural law. My responsibility is to illustrate the importance of understanding language as a way to serve the people, translate the knowledge in nursing for future Indigenous students, and develop my own critical awareness about the relationship between language and identity. I can begin to think more intensely about current nursing knowledge and its gaps to better serve my communities. Evelyn commented, "*Nursing is about health prevention and promotion, and that is why I chose this profession, so that I could help my people, and I think this profession chose me too*."

Being of service. In reflecting on the role of nurses, Lea suggested that the notion of professional responsibility is an extension of the personal self:

> *Nursing really is not a glamorous job. I think for me it is about being in service, and that is significantly different for young students now. I do not think they come in with that notion of duty to serve, because it is not been instilled in them. This new generation now is interesting to watch because they have had a lot given to them, so they do not know what it is like to be of service. Maybe it is just a generational thing, because I am a baby*

> *boomer. But we were taught that it was our responsibility to care for the old ones; you took care of your siblings, and you took care of the people. You were just raised that way. Many of our young people I see in nursing today, they have not even done that. Nursing is a life commitment to helping others. It is a fundamental aspect of Indigenous knowledge in nursing.*

Alice shared a story about what being of service means to a northern community:

> *It was during my first nursing position in Chipewyan Lakes where I met what I thought was going to be my first patient. I remember arriving at his small cabin and walking through the door, where he was waiting for me. And he says in Cree, "*nosisim kitaswahok maskihkîwiskwêw kayas ekwa*," which meant 'My grandchild, we have been waiting for you for so long, waiting for our own nurse.' And he continued in Cree because he did not speak English. What he told me is that he wanted me to come see him before I saw one patient so he could pray for me first so that I could start my day off in a good way, and then my work and career would be good in that community. And that is what he did. I have never forgotten that, and I feel choked up every time I think about it. And that is just what happens in our culture: We pray before we do things.*

Traditional practices and protocols are unique to each community, and not everyone receives this kind of reception. Just as this community Elder from Fort Chipewyan received Alice in a good way, I hope this information will also be received in a good way because in this recognition, Indigenous-nursing practice can be framed. Alice explained further:

> *One day he called me back and asked me about these dreams he was having, so we began our talk in prayer again, and I listened and shared with him what my perceptions were. That day he really made me think about the value of my own knowing; even though I was practicing in a Western model, I still had my own knowing. So from that day forward I really began to speak to people about their own knowing, their own healing, and their own teachings. I reminded my patients who were suffering to look within for their own gifts, like their own virtues and beliefs.*

It is important to understand that these nurses share a deeper meaning of being of service, which is not meant to indicate servant status; rather, it is an ethos for helping people, which includes respecting their own traditional knowledge. It is not about becoming medicine women in nursing. These are parallel systems of health approaches and need to be treated as such. However, bringing out the best of both approaches to help the client is what is vital to client-centered care. If we can continue to explore ways to marry these two approaches without privileging one over the other, our capacity to work more effectively with First Nations, Inuit, and Métis peoples will yield greater, more positive results.

Lea explained that blending approaches to health systems requires being respectful and acting in a way that is in accordance with being open and mindful of how spirit and emotions are tied together in community. It is about experiencing a calling back of something familiar to decipher a deeper meaning:

> *From a traditional point of view, healing is self-regulated, and it is in accordance to our relationship with the Creator and natural law that our practice is measured. Our ceremonies are very systematic, and our offerings vary from prayers to food to knowledge and medicine. It is built on a gifting process that requires us to acknowledge our gratitude and to share those responsibilities of self with others.*

Evelyn also spoke of the gifts of knowledge and how they have influenced her practice:

> *As a community health nurse working in isolated communities, I recognized [that] my gift in nursing was the understanding I had about where the people were coming from. I knew that Elders needed to be involved in our health-prevention and -promotion projects. I was able to push my judgments aside and just be respectful and present with the individual, families, even organizations, helping people to recognize they could make their own choices and helping them get the right information so they too can nurture their own gifts of being.*

Caregiving as a spiritual gift was a theme throughout this inquiry. The gifts of knowledge continue to open me up to a new way of thinking and writing inspired by new perceptions and interpretations that I have uncovered in the data. The information continues to elicit immense understanding that I am able to bind to my own Cree consciousness. In being present and listening, watching, feeling, and thinking with these women, I have seen how they embody the notion of being of service. Their choices in their practice led them to a particular existence and a reality that incorporate their own Indigeneity. Their blueprint for being of service and caring for others is cultivated from their own truths and ways of knowing by walking in union with their own natural laws and traditional theory at their specific worksites.

Madeleine explained further the ethos of existence shaped by the distinct worldview of a gifted paradigm of Cree upbringing against the backdrop of governmentality during her presentation at the Aboriginal Nurses Conference in 2010:

> *First Nations acts like the giveaways,* pakitinekēwina*, and takeaways,* otinikēmakana*, and asōnoamakana re-gifting are based on a "gifted paradigm," because these concepts shift our thinking toward health,* itamahcihowin*, and wellness,* miýw-āyāwin*. We marvel at the gifts that sacred stories,* ātaýohkēwina*, convey about health and wellness, and we reify these instructions because they have an innate ability to channel far back memory,* ochcikiskisiwin*.*

Madeleine meant that inheritance and investment in traditional health and healing do not come easily and require a great deal of support from community people. The gift of traditional knowledge is not a product that is given or received; rather, it is the process of working to attain the self-knowledge that gifts can be realized,

given taken away and shared for generations. This notion of gifting knowledge is a means of offering respect to the others. My mother was always gifting strangers with a place to stay, even though we had no space. She would allow other Aboriginal women and their children to live with us, and we had to give up or beds for the new visitors. Many summers I would drive my grandmother around to visit her relatives, and she was always bartering and trading fish, berries, jewellery, and clothing. As a teenager I found this extremely embarrassing, but now as an adult I have grown to understand the importance of her need to continue gifting more as a means of her being and wanting to connect and relate to her family.

Madeleine asserted that the influence of government has rendered many people giftless in their own spaces and places. She pointed out that Indigenous peoples do not belong to Canada and that the Treaty rights have yet to be fully honoured. But more important, the misappropriation of Indigenous knowledge and the representation of Indigenous peoples as equity tokens have to be resisted. Evelyn and Alice extended these ideas in their reference to the gifts they received from their patients. Evelyn clarified that

> *As nurses we take for granted these gifts of life. We need to recognize as nurses [that] we are privileged to be sharing in the life process common to every human being. I was raised to believe that our children are gifts given to us. Death is part of life that allows us to accept it as part of our connection to life.*

Alice also defined the integration of her own notions of gifting into her own practice and has blended the knowledge systems:

> *During my work with Kubler Ross on death and dying, it gave me an opportunity to expand the bereavement cycle to other members of the family and community. I learned to approach life as if every person is a spirit being housed in a physical body. So what I bring to my work is the belief that the unity of the spirit is gifted to us as human beings. I help others to connect their own bodies to their spirit.*

Ultimately, our role in nursing is to support individuals', families', and communities' transition through the stages of wellness and illness, and how we do it depends on our worldview. It is clear that being of service means helping people in all the ways possible, which means helping with housing, education, income, and food, as well as listening, being compassionate, and offering prayers—some of the things we often take for granted.

Lea added that nature gifts us every day with life and breath:

> *Nature is healing. Everything around us, like the trees, are always listening. It is recording what we put out to our natural world. This understanding brings greater awareness to who we are in terms of what we see, hear, and feel. That is the gift nature provides us with and the intention of the Vision quest we went on, and that is the beauty of science.*

Lea explained that not only does the natural world provide us with daily gifts of life, but it also gives us the structures and systems to function and live:

> *In natural law there are relationships that precede the gifting of knowledge. First, you have to set your intentions and commit to the learning for what you are seeking; it is like a spiritual agreement and relationship with knowledge and can take a lifetime to learn.*

Kuokkanen (2000, 2006), a Sami Indigenous scholar, explained that our gifts of Indigenous knowledge and language are used as tools to learn ways of relating to marginalize knowledge systems. Nurses who have an expert understanding of the whole patient realize the economic and technological advancements continue to drive nursing practice and thereby reduce the face-to-

face connections, is where we lose nursing as an entity, as a profession. In this loss of observational skills, we lose the ability to gift our patients with knowledge and understanding, because our attention has moved from the client to the machine or system. Madeleine reminded me:

> *Nursing has changed from a high-touch–low-tech to a high-tech–low-touch patient-care approach. Experience tells me that nursing was far superior, because in terms of connection to your patients, having time for your patients, there were more of us to do things. It was helping hands and open hearts that were at the bedside; we were doing bed baths. And now a lot of it is automated and economized, and we have lost the patient.*

In the shift from human-centered to expertise-centered nursing practice, Kleiman (2009) recognized that the act of nurturing is threatened by growing technologies and explained that the original sounds of health care have shifted from "What is wrong? I am having pain; I need help" to the sounds of equipment whirring, computers clicking, and machines beeping. The human touch is becoming increasing absent and to deny is to suffocate; it takes the breath away. It can cause people to give up and turn to other self-comforting measures. The suffering we see in our communities lingers in the heart of children who have to defend their own sense of identity and fight to stay well. The Indigenous gifted paradigm, provide ways of attending to the gift of personhood and presence, which can vary from the giveaway ceremonies to the individual expression of gratitude, and mutually respectful co-existence and the general goodwill of society (Kuokkanen, 2006).

Alleviating suffering.

> *Nursing is meant to alleviate, to mitigate suffering. Dignified suffering is harder to see than suffering that cries out in pain. So that kind of*

> *Indigenous knowledge too, that kind of was something I gained growing up in an environment where there was a lot of dignified suffering.* (MDS)

In recalling her own life experience with illness, Madeleine talks about her parents and the caring, compassion, and corporeal acts of mercy she witnessed as a young child by looking at their faces and seeing the pain and dignity in their eyes. As she re-tells this story I began thinking more about the sources of suffering.

> *When I was seven years, old I was really having severe abdominal pain, I was throwing up, I had a high fever, and because we had lost my uncle, maybe eight year before that, like literally when I was born, my uncle died from a rupture appendix. So my parents saw that I was manifesting the same symptoms, so my dad hitched up the wagon to the horses and they drove me to Elk Point Hospital which is ten miles away and we rode in the ditches all the way there. While I was lying in the box of the wagon and it was a very difficult ride because you know every bump hurt. But as I was watching my eyes were just fixated on my parents who were sitting in the seat of the wagon, and they were stoic as, as you could ever imagine. You know, we were relegated to the ditch because we did not have a car. Only the cars could drive on that highway and we were driving in the ditch, to get me to the hospital. And I always remember how their resolve, their dignified suffering struck me. I was suffering, but they were suffering, but in the most dignified manner. I guess maybe all of us were suffering in the most dignified manner because I do not remember calling out with the pain but I remember the pain. And so with this kind of dignified suffering, which nursing practice is, is set up to do, nursing is meant to alleviate, to mitigate suffering.*

Kētēskwew talks about the look of poverties in all its forms (*kitimakisona*) as deeply rooted in many Indigenous life experiences; it is what relegates people to the margins where many solutions lie and still informs her practice as she explains more about what she means about dignified suffering.

> *It is a place that I refer to as a site of resiliency, a place where we recognize those moments of suffering and survival that keep us focused on the deep, enduring love we each carry in our hearts. It was during an experience of suffering from a life threatening illness where I recall the looks of concern in my parents' eyes, and when I think back now, I see*

> *that as dignified suffering. I knew my parents were scared; they never said a word. I was just a young girl, and it was my first encounter with a nurse. I recall she looked like an angel, all dressed in white.*
>
> *But what I also took away from that experience was riding in the back of a wagon along the ditches beside the highway. That is where we need to look now, Lisa; it is in those margins, because that is where our Cree ancestors have lived, and today I see that is the best place I could have been that day I rode to the hospital. In those ditches is where some of the best learning and best knowledge came from. Even though I get relegated to it, I'm comfortable there because I can really reflect and think through a lot of things.*

Alice also drew on her experience in practice to talk about the personal and spiritual suffering of families. She considered her understanding of spiritual care a resource that has helped her get through many difficult, heart-wrenching human conditions, and spiritual care is what some of the people were requesting:

> *We see high-risk complications coming back to the community, and with limited access to health care; there are way too many sad stories, a lack of understanding. I've been working with women and addictions lately, and they're not all First Nations. Most come from mixed cultures, but all of them are suffering the same problems, and I find the solutions to be the same. So when they understand that spirituality is not religion, healing starts to happen. It happens at another level, and they often don't feel they deserve to be healed because they have a lifestyle they know is wrong, but they don't feel worthy, and that's one of the things that I have to stress over and over, because they deserve to be healthy.*

Incorporating spirit and compassion into care inadvertently addresses historical trauma that First Nations, Inuit, and Métis people experience. The task of living well is full of pain and suffering, and the reminders are in the scars that mark the flesh. Madeleine explained further:

> *We see this suffering in nursing manifested in many different forms from the spirit, heart, bodies, and minds of Aboriginal people. There are many people in these situations suffering from the effects of grief, poverty, systemic discrimination, oppression, and dislocation from their home community; and as Aboriginal nurses we do not go untouched by these experiences, because it is also what we have lived. We see, hear, and feel*

> *the determination to move beyond surviving, and this is palpable in the people and the communities.*

Responsibility also lies with the nurses who continue to deny the disconnection of identity to history, family, and community. Helping clients to lessen this burden requires not only physical health, but also spiritual and intellectual wellness. We often take learning from our patients for granted, as Evelyn suggested:

> *We are not good at listening to our patients. We just tell them what to do now. But I think that is very dangerous if we do not understand where they are coming from. As nurses, just being present and simple acts of caring can go a long way. We just keep telling our patients what to do rather than finding out what they know and what they do not know. Teaching our patients is core to our practice, especially when they come with their own worldview.*

Translated into her own understanding, Lea described the aim of her practice:

> *Nursing is about healing; it is about lifting up the body and helping to support the bodies. It is about helping in the healing process. The power and knowledge we hold as nurses has done a disservice to maintaining the body in its own health.*

Alice also suggested that we have become distracted in our nursing work:

> *Traditionally, your client is always in the center, and we work to help them strengthen their natural resources they are in. It is not just about healing and energy work; it is about our own self-awareness in the whole being of creation, and you can see that in the medicine wheel: the heart, body, mind, and spirit so many use without understanding its real purpose.*

Lea also recognized the effects of inscriptions and shared her concern for the health of individuals and the ripple effects that these ideas of dependence has had on families and communities:

> *It's a multigenerational message that has been imprinted on the minds of people, and it's still happening worldwide. Indigenous groups are trying to maintain their independence, but so may people have bought into the script that we are incapable.*

The community health status of First Nations, Inuit, and Métis people is the worst in the country. Living in unwell situations and being relegated to reserves with foreign paternalistic policies all erode the value of self and the sense of community. Lea explained that we have so much learn from this situation:

> *It is in these reserves that we can find life. It can give us strength to stand in our own Indigenous practice. Our system is built on natural law: a very disciplined process with high ethical standards. We are at a crossroads, and it is here that we have a great opportunity. We have been shown the effects of the past; we see it in our clinics. I am very optimistic. We need to bring forth our teachings, and more traditionalists are using their bundles and continuing with the ceremonies. We need to use them to their full effects within these sacred ways. It has to begin with us, and it is more than just giving words to it*.

Madeleine spoke of the danger of the system. The legislated identities and their relationship to health continue to contribute to the ill health so prevalent in our communities. Further, she pointedly observed that nursing practice in Aboriginal communities has not effectively promoted health and prevented disease:

> *We are enslaved to healthy public policy, but how do we endure a magnitude of suffering when we become imprisoned in pain-wracked bodies, minds, and spirits? Historical trauma and our history of colonization are embedded in our consciousness. Our communities, families, and the patients we see are entrapped to a point. We do not want to be in our bodies, and we become fatalistic.*

The Indigenous nurses all talked about nursing services in terms of caring, healing, and gifting across all of the elements and bodies of knowledge and fields of knowing. They spoke of the importance of family, nursing, and the politics of

globalization. However, as I reported earlier in this research, Alice stated that we have become "*unknown citizens in our own worlds*," and Lea suggested, "*We have hit the wall globally*." Evelyn contended that "*we have not taken care of the people in our own back yards*," and Madeleine was concerned that *"the poverty in First Nations communities could lead to the collapse of our societies"*. Further, Madeleine suggested that our Indigenous people's sense of achieved assets and sense of agency are declining because of the constant pressures of living with poverty, which results in mental health problems and chronic disease. Madeleine further explained*: "It's hard to think about our strengths when the future looks bleak, wiýahman, meaning - hardship is coming"*.

Calling on the politics and offering hope. To bring this chapter to a close and summarize, the Indigenous scholars were adamant that the next steps for the development of Indigenous nursing knowledge for nurses working with Indigenous peoples is in four directions/domains. First there must be critically questioning the political position of Indigenous people and how this generates health inequities. Second there is a need to engage with Indigenous knowledge systems to understand how to move forward in reducing health inequities in Indigenous peoples. Third, there is a need to reinstate and re-inscribe our own sense of identity and who Indigenous people are outside of the prescribed government identities. Fourth, there must be an understanding of intergenerational historical trauma by the people and the health care professionals that serve them to assist people to move from states of dependency to intra/inter/trans-reliance in the collective. This approach to move beyond dependency requires a close

working relationship with both Indigenous and non-Indigenous people. It will require a renewed conciliation with Canadian citizens, with a sharing of responsibilities. As Madeleine stated, "*The poverty of one is the poverty of all.*"

In her keynote presentation to Manitoba's national roundtable discussion on Maternal and Child Health in 2011, kētēskwew referred to the Cree concept of *kitamakisowin*, which indicates a personal deficiency in appearance, participation, sustenance, identity, and affection/love as well as the poverties of power and knowledge. She reminded her audience that professions and government bodies can no longer sit idly by thinking about and acting on equality because, in fact, it creates greater inequities in that it does not recognize Indigenous peoples as contributing members with inherent rights to the Canadian landscape. Madeleine advised,

> "*We must focus on* maskawisiwina*, personal strengths in and among community assets as a critical part of any health development equation for women, mothers, and our families.* mâmatâwihikowin *is personal power that drives our human agency and pragmatism and is embedded in the whole person; mind, body, and spirit*."

And Lea added:

> *When you become a nurse, you bring these two worlds together. It is not about integration; it is more about creating a parallel system where mutual exchanges can occur. From a traditional perspective, healers are self-regulated in accordance to natural law in relationship with the Creator. It is not just a concept you can put into nursing, because nursing is very regulated. Otherwise, we would have to change the whole system. What we need are policies that advance traditional approaches, not break them down. Reprimanding nurses for advocating for patients is about power.*

We must take back and dismantle the issues of power to confront the realities of Indigenous peoples. One of the teachings with which I walk is that no

one knows what is best for someone else. We cannot think that we know more than our patients know themselves. This applies to the principle of non-interference, as Lea explained:

> *Our nursing roles should be to build people up, respecting the knowledge they have and the decision they want to make. It is our role to figure out how to provide the right information in the most appropriate way, and that will help us to break the imbalance of authority and power.*

I think about this fine balance between knowledge, knowing, knower, and power and the value of non-interference in our health care context used to develop professional practice. Similarly, the Indigenous scholars have shown me the same ideas and have now left a trail for future Indigenous nurses to follow. It is time that nursing and healthcare systems work in different ways with Indigenous people, as the scholars have directed us above. We need access to the ways of knowing and knowledge in a way that responds to the identities, points of resistance, and concealment of Indigenous knowledge in wellness. The nursing scholars were strong in that it is time that Indigenous nurse walk the nursing landscape as the knowers of their own knowledge.

In summary, the Indigenous nurses guided me through these discussions and conversations, through the lessons learned and back to the beginnings of this study, by asking me to think about how I will engage with nurses, community, and policy makers to address the need for Indigenous knowledge development. How will this work help us to look at the powerlessness so many of our people's experience? How can we put the local people and the community's knowledge at the core of healthy public policy? The Indigenous nurse scholars asked me to look at the roots of our resiliency, reminded me that we are walking on the bones

of our ancestors and also with the faces of the unborn, and questioned what kind of future we will create.

To this end, I outline four main threads of understanding and ways of knowing that come from the collective women and the experiential learning in which I was engaged during this study. The conversations and experiences filled me with questions about my own self-understanding and my role as an Indigenous nursing professional within the health context. These scholars' contributions to knowing and knowledge development have helped me to gain an understanding of how they, as Indigenous nurses, continue to navigate the nursing terrain from various vantage points.

CHAPTER 7:

BRINGING IT HOME: ATTENDING TO INDIGENEITY IN NURSING

> It is necessary to rely on our natural, inherent feminine knowledge and innate holistic framework for knowing, thereby getting back to the original anchor and soul of nursing. (Struthers, 2000, p. 276)

As the Canadian population grows more diverse, so will the roles of nurses. Nurses will be required to provide care that meets the many different cultural needs of the communities. For example, the Canadian Nurses Association (2013) described the changes that the discipline of nursing has undergone over the past 100 years. Beginning with a model based on apprentice training, the discipline of nursing has recently transformed into a practice-based discipline that includes multiple speciality areas of nursing (CNA, 2013). These changes that we have witnessed—for example, through the transfer and integration of health services in British Columbia into a First Nation Health Authority—will require nurses to draw upon parallel systems of knowledge in their practice. This will enable Indigenous nurses to practice their discipline from a grounded-ness that values the very protocol and practice of the people whom they serve (First Nations Health Council, the British Columbia Ministry of Health, and Health Canada, 2012).

In this research the participants referred to the idea of 'bringing us home,' at the heart of which is the need for Indigenous nurses to have an inherent understanding of their own knowledge, which they then manifest in their nursing practice. In a presentation of the preliminary findings of this research at the 2013

Aboriginal Nurses Association of Canada forum in Vancouver, British Columbia, the audience echoed this key theme of 'bringing us home,' and it is threaded throughout the stories of the Indigenous nurse scholars who participated in this work. An important implication for nursing practice is that acknowledging the existence and possession of this type of knowledge by Indigenous nurses honours Indigenous peoples and their experiences and encourages future Indigenous nurses to engage in the practice of the discipline of nursing in ways that are meaningful, effective, and efficient.

As I have learned in this study, *home* is the place where we first begin to feel the warmth and love of our families and where we get to know the roots of our being. It is also the place that has grounded my understanding of the disparities that impact the everyday lives and wellness of First Nations, Inuit, and Métis people. In bringing to a close my writing on this work, I will revisit the overarching themes to create the appropriate context for a discussion of the findings. I have drawn the implications for nursing practice, education, and research from the findings, which I discuss next. Finally, I present the findings with the intention of informing the future roles of nursing within the dynamic and ever-changing environment in which contemporary nurses practice the discipline of nursing.

Bringing it Home: Women as Sinew

During this research I wondered about my own nursing practice and the extent to which the experiences can be thought of and talked about as 'shared experiences,' and if so, why? I have worked from a place where I felt it was

important to write and tell the story of my own journey as a Cree/Métis woman entering nursing practice. To provide an appropriate lens through which to view the 'place' where my desire to be a nurse exists within myself and to provide the right context for the 'space' in which I practice nursing with Indigenous people, I drew upon the experiences of four esteemed Indigenous nurse scholars involved in this study. A major aim of this work has been to articulate whether and how Indigenous knowledge requires a distinct set of skills and understanding that benefit Indigenous clients and brings value to the discipline of nursing.

Further, and in keeping with the usual practice of Indigenous people to be self-reflective in almost everything that we do, I find myself consciously aware of the questions that I am asking to reflect upon my own nursing practice, some of which are, How does the application of Indigenous knowledge change the way I practice nursing? How has my nursing practice changed or stayed the same, and how will it change or stay the same in the future, from what I have learned and experienced during this study? How does the use of this knowledge improve my practice in ways that can potentially have an impact on the health and healing of Indigenous people? Finally, how does the application of this knowledge contribute to or influence the ways in which nursing services are/can be delivered to First Nations, Inuit, and Métis populations?

As I discussed in chapter four and five of this dissertation, the work of Weber-Pillwax has had a huge influence on my thinking about how Indigenous nursing knowledge has come to exist and how as Indigenous women we draw upon our ancestors and use this knowledge to benefit our practice with Indigenous

patients and families. In particular, personal communications with Dr. Cora Weber-Pillwax and my observations in working with Indigenous nurse scholar Alice Reid reminded me of the concept of *women as sinew* – emerged as a theme. *The Women as Sinew Network*, which Weber-Pillwax developed as part of her (CURA) research project, *Healing through Language and Culture,* refers to the strength and nurturing that Indigenous women offer their families and communities by virtue of who they are and the knowledge that they manifest in their actions. For example, Alice talked about the spirit of the moose as an image to illustrate the strength and deep bonds between Cree-Métis women and their communities. Historically, the moose has represented life for many Cree peoples of the boreal forest because of its ability to provide sustenance and ensure the very existence of families during the long winter months in Canada. During my youth, *nimosôm* and my Uncle Gilbert taught me how to hunt. I, in turn, have taught my own children same skills and the knowledge that they need to be successful hunters. Today this activity is significant to my family for our wellness. For me, the visual imagery of these memories with first my family and then my children clearly demonstrates the concept of women of sinew.

Similarly, and within this research, the Indigenous nurse scholars' stories and experiences, including the activities in which they engaged during their nursing practice, can be viewed as synonymous with the strength and adaptability that is associated with the metaphorical and practical meanings of the purposes and use of sinew. Made of a tough elastic or pliable substance, sinew can be likened to a set of threads that, when woven together, form a strong brace that

allows flexibility, movement, and support. The knowledge contained within the stories and experiences of the nurse scholars can be viewed in much the same way. Woven together, the themes throughout this study show that Indigenous knowledge is inherent in the activities and practices of these Indigenous nurse scholars. Their activities and practices based on their Indigenous knowledge can be considered anchors that support the ability to adapt to changes that occur within the community and sustain health and wellness within Indigenous communities.

This study has revealed many complex issues and concepts associated with Indigenous knowledge systems and demonstrated that any research focus in this area is extremely challenging and requires meaningful and consistent engagement with people. It is the people who hold the experiential understandings of their knowledge system and its ontological and epistemological roots and underpinnings. Just as important, I have come to the understanding that, regardless of our individual experiences, we as Indigenous nurses inherently bring our knowledge as Indigenous persons to our nursing practice because it originates within our families, communities, ancestors, and the Creator—a system that has endured and stood the test of time for thousands of years.

Illustrating the enduring nature of Indigenous knowledge and how it may be inherent and manifest in the practices of Indigenous nurse scholars situated themselves within their communities and families. They purposefully chose to ignore the burdens associated with the legislated identities of the government and worked to provide the evidence needed to change the colonial policies that were

enacted. In short, these nurses did not ascribe to the theoretical nursing models of modern-day nursing, which tends to situate its knowledge as the best or right way to proceed and provide sound nursing practice. Rather, these women held fast to the teachings of their mothers and grandmothers and centered much of their nursing practice with Indigenous communities embedded in the ideas of health and wellness that they learned in their home communities and from their own knowledge holders.

What does this work have to do with the development of nursing in practice and as a discipline? Part of the answer lies in the difficulties that I have had writing about what I have learned in a prescriptive format. Contrasted with the holistic approach to learning and coming to deeper understandings—an epistemological truth of Indigenous knowledge systems—contemporary nursing discourse refers to pedagogy as a behavioural approach, usually teacher centered and content driven (Diekelmann, 2001, 2004; Ironside, 2001). The Indigenous nurse scholars involved in this research, however, talked about nursing as "a pedagogy of service" in which they were required to nurse within a system in which practice was not grounded in relationships. They spoke of the need to "shift the soil" and "re-turn" to the roots of nursing from within the contexts of their own Indigenous community environments. Despite these differences in theory, content, and philosophy, the Indigenous nurse scholars acknowledged that the conventional approaches couldn't be discounted as nonessential; rather, it should be acknowledged that there are other suitable pedagogical approaches that support the basics needs of Indigenous nurses. In recognizing the attributes and

efficiency of ‘old’ knowledge, the Indigenous nurse scholars have supported the creation of ‘new’ knowledge as a means of improving the understanding of nursing services in Indigenous communities.

Reflections Lessons Learned

As Indigenous nurses venture forward, the barriers and challenges become more visible, and this visibility encourages us to rethink Eurocentric knowledge as limited in the face of the ever-growing health disparities. Indigenous knowledge must be integral to the delivery of health services. It offers concrete approaches and benefits that far outweigh the challenges of a lack of culturally responsive nursing practice. Preparing nurses to work in parallel systems is challenging; however, the integration of multicultural processes that respects and encourages the values and beliefs of our pluralistic society can only benefit nursing. We have to create a community where we can ‘raise nursing students’ (Mahara, Duncan, Whyte, & Brown, (2011). The factors that facilitate change inadvertently become challenges. The Indigenous nurse scholars’ call for action is about a vision of a working together as we enter the 21st century. Accommodating this vision will require bringing ancient wisdoms into the original tapestry of today’s world as a moral imperative. We need to make space to bring the unique contributions of Indigenous knowledge into focus and the wisdom to know that the “poverty of all kinds have stolen productive capacity and independence from many Indigenous people, leaving them confused, traumatized and in poor health” (Dion Stout, 2012, p. 12). As a nation we must embrace new technologies and be open to the new age of information that includes Indigenous

knowledge. We cannot sacrifice the old for the new or the new for the old; we have to bring them into balance in the center of the collective whole.

With mindfulness and openness, dialogues and gatherings to address the personal and public perceptions will require that we negotiate a place to include parallel systems and interactions between them. This is where the synergetic energy will assist us in (re)member(ing) that each one of us has a spirit gifted to us with life and purpose and that each one of us has something important to contribute, not only to the nursing discipline, but also to the great mystery of life. This passion continues to feed the fires of our Indigenous societies and cultivates a spirit of hope, wellness, and balance in our private and professional realities.

My experiences with *maskihkîwiskwêw*, *gilgaletl'lak*, *and kētēskwew* to *kikatikameskew* reawakened my sense of Cree personhood, motherhood, spirithood, and nursinghood. I have come to know these interrelated processes intimately as opportunities to create pathways that are lined with meaningful, mobilizing, moralizing, and modernizing Indigenous markers.

Language is obviously an important part of everyday human communication, and as nurses we need to be cognizant of the effect of language on our own development and that of our clients and other members of the health care team. Nursing language heavily influences our clients in terms of the type of treatment they access. Yes, nursing language has given us a foundation on which to build our discipline, but it has not served us well in relating to others or establishing compassionate and therapeutic relationships that promote social justice of populations as a whole. In reflection, new insights and change are

needed to help us think about being of service in a different way. Concerns have been expressed about the integration of Indigenous knowledge because there seems to be a lack of collaboration between Western practitioners and traditional healers. We cannot integrate Indigenous knowledge when the divide between the ontology and epistemology of Indigenous consciousness is so disconnected. Discussion is urgent and paramount to support parallel systems of knowledge to accommodate further discussions for action and determine how these two systems can complement one another and work together to improve health promotion and prevention.

Implications and Application

The complexity of clinical practice, education, and research in homes, hospitals, and community amongst the growing human challenges of managing chronic illness is endemic. As Indigenous nurse scholars doing this work, I am motivated to engage further to enhance our practice, education, and research approaches to nursing. The following statements are pertinent to facilitate change and encourage all nurses to seek the nursing spirit and take leadership in their own practice. Some of these implications and applications are directly taken from transcript data and conversations with the Indigenous nurse scholars as well as through the data analysis process. In addition as I was teaching a new mandatory course[27] in the Faculty of Education, I was able to participate in a new approach to incorporating Indigenous knowledge into the learning of students.

[27] Required EDU 211 course for all education students in the Faculty Education titled *"Aboriginal Education and the Context for Professional Engagement."* Course leads are Weber-Pillwax, Sockbeson, Steinhauer, and Donald.

Practice

The professional role of nursing practice continues to evolve based on the settings and context where care is provided. Nonetheless, there continues to be concerns over the scope of practice, development of standards, efficient clinical tools and knowledge to enhance patient outcomes when working with Indigenous people (Canadian Nurse Association, 2014). Key to the nurse's role is the ability to be reflexive, to question personal assumptions and values, and to do this often. Reflexivity is different from reflection in that it requires a much deeper form of interrogation of the self within the research, examining interpersonal relationships, and the health care system (Alvesson & Skoldberg, 2000; Kahakalua, 2004; Rix, Barclay, & Wilson, 2014). Therefore, based on this study I make the following statements for practice:

- that nurses remain vulnerable to the human condition and avoid covering it over with a concept.
- that nurses remain aware of their own unknowing and the results of actions that emanate from their lack of knowledge.
- that nurses accept that they might not be right about the assumptions that they have made about a person and that person's family.
- that nurses implement relational practice as an ethic of care.
- that nurses adopt a reflexive approach to discover how their thoughts influence their practice during client interactions.
- that nurses cultivate cultural humility by remaining humble and placing themselves as the other or the learner in all interactions.

- that nurses begin be open to alternate ways of knowing.
- that nurses read literature with a two-eyed-seeing approach.
- that nurses place themselves in front of the growing evidence and work to become mindful.

Education

The education of nursing students is being called into question in almost every institution across Canada (MacMillan, 2013; Parent, 2010). The need to transform nursing pedagogy stems from concerns about sustainability and the reported poor delivery of health care services to Aboriginal peoples (AFN, 2005; CASN, 2003; CNA, 2012, McBride & Gregory, 2005; McGibbon, & Etowa, 2009; Wasekeesikaw, 2003). MacMillan (2013) pointed to the need for Canadian nurse leaders to rethink how and what they teach about diversity, plurality, respect, and ethical care. A significant realization is that "the health care system we have all co-created is a poor match for many populations health needs" (p. 13). The Indigenous nurse scholars in this study also echoed this statement. They emphasized that nursing has not adopted enough of a population-health approach in its undergraduate curriculum. This is the missing link that they see in nursing education. Considering that they have approached wellness from their own Indigenous understandings, it is unfortunate that nursing has been unable to tap into the hidden resources of Indigenous nurses and people that link health to the social determinants of health to health equity (Camargo Plazas, Cameron & Smith, 2012). The Indigenous nurse scholars explained that the optimal structure of nursing education must include Indigenous knowledge systems in its design,

implementation, and evaluation, in particular because it is a population approach. The outcomes of this study demonstrate a strong mandate of responsible and responsive educational approaches. I therefore make the following suggestions for nursing education:

- that how culture is taken up in curriculum be readdressed by adopting decolonization and antiracist frameworks (see chapter 3, 6).
- that curriculum integrate sessions on self-understanding in relation to Indigenous peoples.
- that it include local knowledge of Indigenous peoples to provide a context for professional practice.
- that it include more experiential learning opportunities to benefit community stakeholders.
- that educational sessions be incorporated to promote awareness of the myths and stereotypes that are absorbed during the teaching/learning process.
- that the discourse be shifted from reflective to reflexive learning to enhance critical thinking on the systemic barriers to nursing practice for Indigenous people.
- that resources be invested to support educational activities to reduce situational, financial, and structural inequities.

Leadership and Management Policy

"Nursing leadership is about critical thinking, action, and advocacy" (CNA, 2012, p. 1) with a specific aim to advance nursing in the domains of

research, teaching, clinical, and administration. This management and leadership role requires that nurses be engaged with national, provincial, and local community representatives and well informed on current trends such as the need to shift from *I* to *we* to develop a cultural intelligence that can be globally applied (Fitzgerald, 2002; Hanson, 2009; MacPhee, Chang, Le, & Spiri, 2013). The Indigenous nurse scholars in this study are living leadership roles and have shown us the paths they traveled: historical trails contextualized with self-understanding and relational, collective, and inter-professional practices. This view helps us to determine what works and what does not in relation to the wellness of communities. Indigenous nurses who work in First Nations, Inuit, and Métis communities work with many non-Indigenous nurses and with educational institutes, governments, and private sectors to create partnerships and collaborative alliances for health care delivery. It is clear that Indigenous nursing voices must be central to create change and informed on Indigeneity to develop culturally safe nursing services. This action will help to reduce the current disparities in access to health care services for Aboriginal populations (A.N.A.C 2014; Cameron et al., 2014).

The following indicators are good signposts for wise and informed practices:

- the deconstruction of policymaking processes in Aboriginal health
- the involvement of Indigenous peoples in developing health policy
- further understanding of epistemological ignorance

- policy development to accommodate traditional healthcare practices as a parallel system of health care
- strengthened partnerships and inter-professional practice with local Indigenous communities
- respect for and recognition of the need for the self-determination of Indigenous peoples and inter- and intra-dependency among other Indigenous and non-Indigenous organizations

Research

Indigenous health research has always been the central structure of support for the creation of Indigenous knowledge (Weber-Pillwax, 1999 p. 31). It has also been used extensively as a decolonizing methodology to explain the relevance of research that is respectful of Indigenous peoples (Tuhiwai Smith, 2012) and to show how Indigenous research helps to develop theoretical and conceptual tools for practice (Lavelle, 2009; Sam Ktunaxa, 2011; Wilson, 2008). Of interest are the following areas that coincide with application and implementing reciprocal benefits to all key stakeholders involved in research:

- the integration of Indigenous qualitative approaches into nursing curricula that honour their place-based diversity
- the honouring of Indigenous knowledge and understanding that the source of this knowledge is partnerships that respect Indigenous rights
- the recognition that research will contribute to the inequities unless Aboriginal populations are fully engaged

- increased funding for Indigenous research to address the inequities, social determinants of health, and policy development

Reflections on Limitations of the Research Process

The main limitations of this study are my descriptions of my own subjective experience and my interpretation of my conversations with and the stories of a diverse group of Indigenous nurses. Their stories focus attention on a Cree narrative memory that McLeod (2007) explained is located in the spaces and places from which they originate. McLeod also noted that stories are not complete and contain many limitations to a full understanding and because of reinterpretation, but they show us a path from which we can all learn. The limitation is that we cannot ever fully understand or replicate someone else's story because the context is almost impossible to duplicate.

Not only is the interpretive process of drawing from stories complex but also explaining my self-understanding, particularly of events in which I directly participated in ceremonies and childhood memories. These activities were extremely significant to my own personal healing and learning, and describing their relationship with my inner thoughts was almost impossible. Using reflexive journaling and forms of verse helped me to capture many thoughts into a small space. Bachelard (1994) maintained that poetic images are directly apprehended; they do not have to progress through a concept first. Coming to know Indigenous knowledge is not an objective experience; rather, it is a process that cannot be fully understood using Western approaches alone. However, the interpretive aspects of hermeneutic phenomenology lend themselves to the analysis process,

and in some aspects IRM validates other forms of qualitative research such as a mixed methods (Botha, 2011).

Although it is not necessarily a limitation of Indigenous research, the Indigenous nurse scholars were not all of Cree/Métis background. One of the nurses was from the west coast tribal community of the Kwakwaka'wakw Nation, which is an extremely important consideration in IRM because it is important always to remember that Indigenous knowledge from one group cannot be generalized to that of all Aboriginal peoples.

Concluding Thoughts on New Meeting Places

At the heart of my experience as an Indigenous nurse is my need to better understand how my own knowledge as a Cree/Métis person manifests in the nursing care that I provide in Indigenous communities and to Indigenous people. At this interface, between my understanding of nursing and my understanding of the role of Indigenous knowledge in caring for Indigenous people, I have been able to discover many truths about my nursing practice that are aligned with the experiences of the Indigenous nurse scholars engaged in this research. The research question of this study was, how do we bring into clear view Cree Indigenous knowledge in our nursing work? How is it manifested in nursing? I situated myself in this research work at the intersection of ontology and epistemology and with the Indigenous nursing scholars the desire to advance Indigenous knowledge through research in the academy to foster individual, family, and community wellness. A common thread in our reflexive discussions was the belief that to survive in an academic environment, we do not need to give

up who we are to be able to carry out successful and meaningful research with our communities. Rather, and in relation to research, we travel to the inner spaces of our deepest thoughts to engage with the spirit of ancient knowledge as ontological beginnings to epistemological openings, where we can begin a new chapter for Indigenous nurses and nurses alike.

My shift from student researcher to subject was a common element of this work at each stage. Sometimes it seemed overwhelming, but always I would emerge with a renewed sense of purpose and further insight into the meaning of wise practices. In the gatherings in our circles of conversations we discussed our experiences, searched for new beginnings and ways to present our ideas, and extended our current understanding of Indigenous knowledge in nursing. Through these transformative processes that are deeply embedded in the stories and work of the Indigenous nurse scholars involved in this study, I have developed a deeper understanding of my Cree language and concepts such as holism and their relationship to the health and wellness of our communities. For example, the word *healing* comes from an old English word meaning 'to make whole, sound, and well.' *Whole* means 'entire, unhurt, and healthy.' *Sound* refers to being 'free from injury,' and *well* refers to 'a state of good fortune, or happiness.' From a Cree perspective, the word *heal—kikiwin*[28] in its verb form—refers to 'the act of healing a sore' or 'one who is being healed.' In a similar fashion, the closest Cree term for the English word *health* is *miyomahcihowin*;[29]

[28] From Waugh, LeClaire, and Cardinal (1998).
[29] From a presentation that Willie Ermine gave at Healing our Spirit Edmonton, Alberta.

for the English word *healthful*, *miyoskakowin*;[30] and *to be healthy*, *kamiyomacihohk*.[31] These Cree terms also refer to feeling well in terms of the body's stimulation with spirit, which is a gross interpretation that reminds me of the acts that cause, the aspiration to be well.

The theme of working together was central in my analysis in that the issues of ontological and epistemological differences are the main concerns that stem from the narrow conceptualization of health and nursing to which we had all been acculturated. The Indigenous nurse scholars reported that traditional Indigenous knowledge systems are open to other forms of medical knowledge and treatment, but Indigenous knowledge systems themselves are not recognized or valued in current health practice.

The women explained that traditional knowledge is the foundation to holistic healing and health and the way to address health disparities. As well, Indigenous knowledge cannot be integrated into health systems until we recognize that the specific ways of Indigenous being and doing are aligned with Indigenous ways of knowing. This development of Indigenous consciousness cannot be disconnected as is common in Western knowledge development. The women explained that this meant, that Indigenous ways of knowing must be recognized as informing the ways of doing. Indigenous knowledge comes from Indigenous original relation to the world and actions flow from this.

A discussion of how to support parallel knowledge systems or facilitate interactions between these systems must take place before further discussions for

[30] From Waugh et al. (1998).
[31] From Waugh et al. (1998).

action can begin. The women stated that often in nursing and healthcare there is a lack of willingness to implement some of the recommendations that emanate from specific Indigenous knowledge systems. To address this, an authentic dialogue on reclaiming Indigenous health knowledge that is more respectful of knowledge holders must occur.

In conclusion, the challenges that will continue to hold Indigenous nurses back from improving health services for Indigenous peoples are the recognition of intergenerational historical trauma, differences in epistemology and treatment approaches, and the discrepancy in the ways of acquiring knowledge and training. Therefore, until Indigenous people do their own work to understand what it is that we all know and how we come to know it and receive greater attention in building a parallel system or integrating Indigenous knowledge into the Western system, we will continue to misunderstand the real value of Indigenous knowledge in health care delivery.

With regard to the many activities that I carried out during this research, I have been privileged to be a part of a network of Indigenous nurse scholars engaged in nursing in ways that strengthen one another, our families, and our communities. Finally I end this dissertation, with a letter that I wrote to my mother as if she were here today. Followed by poem I crafted (Bourque Bearskin, 2011) on the significance and essence of what nursing means to me and the future advancement of Indigenous nursing knowledge in nursing.

Dear nikawiy, thanks to you and nohkôm, for gifting me with breath and life. I have grown into a strong Cree/Metis woman that cannot be broken. You taught me about the meaning of sacrificed to be where I am. I have sacrificed so that I could blaze a trail for my children. I have sacrificed so that I could teach

them "you can do it, you can be anything you set your mind to." I have sacrificed so that they could have all that I never had. This time in life is now my time; I am ready to do this for me. I am preparing for my journey home and before I do I will live life to its fullest. I am so grateful for health, life, education, my kids, family, and friends. If it were not for you both I might not be here today. But I am writing to you both now as if you were here to let you know that we survived and we are strong and we are making our way back home! Home in terms of place but also in terms of those deep spaces in my heart where you laid those seed of compassion, caring, and respect above all.

Mom, I want you to know that I have taken care of my brothers, I know no one will ever grasp or understand what we went through but we each carry that within ourselves. Claude, Pumpkin, (Phil) and Robert's lives have more meaning than you will ever fully know. Your Oliver even though he left us right after you there is not one day that I do not see you both or feel you both in my being. Your strength pulled me through the darkest days of writing cause I knew you and mom were together in the spirit world, probably laughing at me as you watched from above. Our experiences of survival and suffering amongst all the laughter and the journey we got through together brings meaning to why this work is titled working together because it was in our times of togetherness that all that pain dissipated into beams of love.

I want you to know that there are many people to thank especially your brother Gilbert. He is still full of humor and humility. I want you to know that I found other women who picked me up when I was lost and disconnected made sure I found my way back. They taught that believe that despite all the suffering there was something greater to come. They made me believe that I was worth it and they helped me to find my way back to our family, and for that I am eternally grateful. The gifts of love and belonging you instilled in me lay deep in my bones. Giving thanks to you both will never be enough but I carry you both in my heart and thankful that you each are now growing the hearts of your grandchildren. The grandchildren who are now responsible for making sure we never forget and always remember the old ones and where we come from. Forever love.

Nursing is to community as Indigeneity is to spirituality (Bourque Bearskin 2011)

Nursing
What it means to me
Being helpful, compassionate
Caring, knowledgeable and open to other ways of knowing
To advocate for social justice, to model health and wellness
To walk with an open heart, and talk with a strong mind
To be present in the most unpresentable situations
To feed the hunger and nourish the heart
To see the souls of the human race
To hold a hand of those in need
To love the human face
And Mother Earth for
All its blessings
Peace

Our lives, our kinships, and our teachings '*wahkotowin'* are what we need to mend. (M. Campbell, personal communication, October 17, 2013)

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APPENDIX A: INVITATION LETTER TO PARTICIPANTS

UNIVERSITY OF ALBERTA
FACULTY OF NURSING

Research Study: *Mâmawoh kamâtowin* - Working Together To Help Each Other: Honoring Indigenous Nursing Knowledge

Subject: Invitation to participate in research study named above.

Dear participants [insert name],

As a follow up to our previous talks on Aboriginal nursing I would like to ask you to take part in my PhD research study. The purpose of this study is to examine Indigenous knowledge in nursing practice. During your presentation in the Margaret Scott Wright Research panel on October 22nd, 2008 you spoke on the need to examine closely Cree/Métis ways of knowing and being in nursing practice.

Your contribution will help to better our understanding of Aboriginal viewpoints in relation to health and illness. It will also will help to improve access and support for Aboriginal nurses in nursing education. With help from my supervisors Dr. Brenda Cameron and Dr. Malcolm King we would like to create opportunities for continued learning about Indigenous knowledge development, translation, and mobilization in nursing practice.

We hope to learn from your wisdom so that together we can work towards developing a sound knowledge base of Aboriginal health practice. Your participation will be voluntary. If you are interested in participating a formal information letter approved by the University of Alberta Research Ethics Office will follow. If you have any concerns please call 492-2615 if you need any more information. Please send an email to rbourque@ualberta.ca or call 780-690-9517 to indicate your further interest.

We would greatly appreciate your continued support.

Respectively,

R. Lisa Bourque PhD (Candidate)
Faculty of Nursing
University of Alberta

Dr. Brenda Cameron PhD
Professor, Faculty of Nursing
University of Alberta

Dr. Malcolm King PhD
Scientific Director, CIHR-IAPH
Faculty of Medicine and Dentistry, University of Alberta

APPENDIX B: INFORMATION LETTER ON THE EXPECTATIONS AND PURPOSE OF THE RESEARCH

UNIVERSITY OF ALBERTA
FACULTY OF NURSING

Title of Study:	*Mâmawoh kamâtowin* -Working Together to Help Each Other: Honoring Indigenous Nursing Knowledge
Principal Investigators:	Brenda L. Cameron, RN, PhD, Professor, Faculty of Nursing, University of Alberta Brenda.Cameron@ualberta.ca; Office: 780-492-6412 Malcolm King, PhD, Scientific Director CIHR-IAPH, Faculty of Medicine and Dentistry, University of Alberta Malcolm.King@ualberta.ca; Office: 780-248-1107
Co-investigator:	R. Lisa Bourque Bearskin, PhD Candidate, Faculty of Nursing, University of Alberta rbourque@ualberta.ca Office: 780-492-7357

Purpose:

The purpose of this study will be to engage in respectful research relationships with four Cree/Métis nurses. We will study the experiences of Indigenous nursing scholars in relation to Indigenous knowledge in nursing practice. The aim of this study is to learn and understand what Indigenous nursing knowledge is and how this knowledge manifests and contributes to nursing practice. The research will involve four phases.

Activities:

There are four phases to this study for which you will be asked to sign a consent form. Being in the study will involve:

1. Engaging in respectful research activities:
    a) Lisa Bourque Bearskin will spend time with you during your professional day-to-day activities. This time will be when your schedule permits and could take as little as one day and no more than one week as determined by you. I will document the experience in my research journal. During our time together if you wish you can include artwork, your own journal writing, and recordings of songs or ceremonies.

    b) I will also ask you to fill out a basic biographical data sheet including your Indigenous affiliation, educational attainment, area of specialty, years of service, and current role in nursing practice, which is included in your participant package.

2. Strengthening relations with one on one conversations:
    a. We will engage in a one on one conversation. To begin the conversation you will be asked: "Please tell me about your experiences of being a Cree/Métis nurse today in contemporary life." I may ask other open-ended questions to guide our conversation. These questions are also included in your participant package. .

    b. This conversation will be audiotaped and will last approximately 1 to 2 hours. I may ask you to engage in a second conversation to clarify and ensure accuracy of the recording.

3. Respecting the Research Talking Circle:
    a. Following our face-to-face conversation you will be invited to participate in a research circle of dialogue with all four nurses involved in the study. The purpose of the research circle will be to provide you with an opportunity to share, further clarify, edit and extend ideas during a conversation with each other.
    b. The research-talking circle will be audiotaped and transcribed word for word and will last approximately 2-4 hours.

4. Reciprocity and Responsibility of Data Collected to Date
    a. A second research-talking circle may be required to ensure accuracy of the Indigenous language, ceremonies, and teachings used throughout the full data collection process. During this talking circle you may also be requested to discuss interpretations of the findings from the first interview. This process will last approximately 2-4 hours but will vary depending on the level of interpretation needed.

Voluntary Participation:

Participation in this study is strictly voluntary. You can decide to end your participation at any time during the study without providing a reason and you should not feel pressure to participate if you do not want to. In the conversations, and circle of dialogue you do not have to answer any questions or discuss any subject you chose to avoid.

Benefits:

There are several benefits to participating in this study. The establishing of respectful relationships will allow for the discussion of Cree/Métis knowledge in nursing practice. The information you provide will contribute to the nursing discipline by identifying Indigenous Nursing knowledge deemed to be culturally appropriate knowledge. You may also find it helpful to talk about your culturally diverse experiences in nursing. The information that is collected may help nurse

educators provide effective teaching strategies to students and may also assist the faculty in program planning. More importantly it will provide a foundation on which Aboriginal nurses can voice their ideas, concerns and visions for future practice. You will be provided with refreshments during the conversations and circles of dialogue.

Discomforts or Risks:

We are not aware of any discomforts or risks that may be associated with this study. Respect for your words and stories will be the researchers priority at all times. You may request at any time that the tape recorder be turned off. You may also request that no notes be taken about any conversations occurring in the research process.

Costs:

There will be no cost to you if you participate in this study, other than your time to participate in all four phases of the research study. You will be reimbursed for any travel expenses and be provided a small token (based on participants cultural protocol) to show appreciation for your contribution.

Statement of Confidentiality:

The information that you provide will be kept for at least five years after the completion of the study. The information will be kept in a secured locked cabinet. Your name or any other identifying information will not be attached to the information you provide. Your name will also never be used in any presentations or publication of the study results unless your are willing to have that information made public and sign a consent for release of data which is included in your participant package.

On the audiotape, your voice will be heard. The audiotape will not be used for public presentations. Some dialogue may be included in publications, but all identifiers will be removed, unless you wish to be publicly acknowledged. Only members of the research team Brenda Cameron, Malcolm King will have access to the tapes and any notes. The signed consent forms will be stored in a location away from the tape-recorded focus group interview and the transcripts of the focus group. All information will be held private except when professional codes of ethics or legislation require reporting.

Co-Ownership of Data:

Once we have done data analysis, I will provide you a copy of the final results. You will have an opportunity to verify, clarify or edit any of the conversation transcripts and you will also have final say on what is put into publication. If there are presentations on the research you will be invited to participate as a co-author.

Future Use of Data:

The information gathered during this study may be looked at again in the future to help us answer other questions. If so, the ethics board will first review the study to ensure the information is used ethically.

Additional Contacts:

In case you have questions regarding your participation in this research you may also contact Dr. Brenda Cameron at 780-492-6412 or Dr. Malcolm King at 780-248-1107.

In the event you are not satisfied with the research process you can contact the University of Alberta Research Ethics Office at 492-2615.

If you agree to take part in this study, please sign the consent form attached to this letter.

Respectfully,

APPENDIX C: CONSENT FORM

UNIVERSITY OF ALBERTA
FACULTY OF NURSING

Title of Study	Mâmawoh kamâtowin - Working Together to Help Each Other: Honoring Indigenous Nursing Knowledge	
Investigators	Brenda L. Cameron, RN, PhD Associate Professor Faculty of Nursing University of Alberta Phone: 492-6412	Malcolm King, PhD Professor & Principal Investigator of Aboriginal Capacity Development and Research Environments (ACADRE) Program Faculty of Medicine University of Alberta Phone: 492 1827
Co-Investigator	R. Lisa Bourque Bearskin PhD student Faculty of Nursing University of Alberta Phone 690--9517	

Do you understand that you have been asked to be in a research study?	Yes	☐	No	☐
Have you read and received a copy of the attached Information Sheet?	Yes	☐	No	☐
Do you understand the benefits and risks involved in taking part in this research study?	Yes	☐	No	☐
Have you had an opportunity to ask questions and discuss this study?	Yes	☐	No	☐
Do you understand that you are free to withdraw from the study at any time, without having to give a reason and without affecting your job	Yes	☐	No	☐
Has the issue of confidentiality been explained to you?	Yes	☐	No	☐
Do you understand who will have access to your study records?		☐		☐

Who explained this study to you? _____

I agree to take part in this study. Yes ☐ No ☐

_____ _____ _____
Signature of Research Participant Date Signature of Witness

_____ _____
Print name Print name

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

_____ _____
Signature of Investigator or Designee Date

The information sheet must be attached to this consent form and a copy given to the research subject.

APPENDIX D:

RESEARCH QUESTION AND CONVERSATIONAL CUES

UNIVERSITY OF ALBERTA
FACULTY OF NURSING

Title of Study: *Mâmawoh kamâtowin:* Working Together to Help Each Other: Honouring Indigenous Nursing Knowledge

Each conversation will began with "Please tell me about your experiences of being a Cree nurse in contemporary life."

Other open-ended questions will be drawn upon as we progress through the conversation.

1. Explain how you became a nurse.
2. Tell me about your nursing education.
3. Describe your relationship with your clients.
4. Discuss some of the method and techniques you use during your nursing work.
5. Provide a specific example of an experience.
6. Explain how you provide health care to your clients and community.
7. Express how you provide Indigenous health care.
8. Describe your personal meaning of health and wellness.

APPENDIX E:

PERMISSION FORM TO USE MATERIAL AND SPECIFIC QUOTATIONS FROM THE PARTICIPANTS

UNIVERSITY OF ALBERTA
FACULTY OF NURSING

Title of Study: *Mâmawoh kamâtowin:* Working Together to Help Each Other: Honouring Indigenous Nursing Knowledge

The following consent form is a summary of the uses of information and materials collected and gathered during the named research study. Each participant will need to provide a fully informed consent prior to publication or dissemination of any material collected.

The researcher will be the main repository for all information collected during this research process and will retain co-ownership, control, access and possession of all final documents and related products. Information and material may include written, audio-visual, digital or photographic methods. Participants will retain intellectual and cultural property rights over their contributed knowledge, images or perspectives, including the right to be acknowledged, and to have access to information or materials containing their contributions. Final documents and related products are intended for non-commercial uses. Final documents and related products are to be made available for public dissemination and derivative works with the full permission of each participant.

As outline in your information letter all conversations will be recorded and documented through written, audio-visual, digital or photographic methods. Products to be derived will be used to inform the research study.

☐ ***I consent to be quoted and to be identified by name in the above named study for publications and dissemination of research results.***

☐ ***I consent to be quoted but all personally identifying information shall be removed or altered and contents of the quote shall not reveal my identity.***

☐ ***I do not wish to be quoted at all.***

☐ ***Yes, I provide my permission for my photo image, recordings, arts or any other materials collected during the research process to be used in presentations associated with the dissemination of this project.***

☐ ***No, I do not provide my permission for my photo image, recordings, arts or any other materials collected during the research process to be used in presentations associated with the dissemination of this project.***

☐ ***I would like to receive a copy of the transcripts and final write up of this study for my review and feedback, and also for my own personal use. My mailing address is listed below.***

By signing below, the participant agrees to engage in respectful dialogue and voluntary activities, and consent to the use of materials (including written, audio-visual, digital and photographic) collected during the research process. Each participant will be acknowledging publically for their contribution and perspectives for the creation of documents and related presentations during the dissemination of the research findings.

_____	_____
Signature of Participant	Signature of Witness
_____	_____
Printed name of Participant	Printed name of Witness
_____	_____
Date Signed	Date Signed

_____

Participant`s Mailing Address

In the event you need alternate please contact Dr. Brenda Cameron, Professor Faculty of Nursing at 780-492-6412 or Dr. Malcolm King, at the Canadian Institute of Health Research Institute of Aboriginal Peoples Health at 780-492-8943.

In the event you are not satisfied with the research process you can contact the University of Alberta Research Ethics Office at 492-2615.

APPENDIX F:

ANALYSIS

APPENDIX G:

FINDINGS