

THE IMPORTANCE AND PROMISE OF INTEGRATING INDIGENOUS PERSPECTIVES IN NURSING EDUCATION.

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Abstract:

This paper explores the relevance of Indigenous perspectives within the nursing profession, and the importance of weaving these perspectives into nursing education. We suggest that Indigenous perspectives can support nursing's core ethical values of relationality and holism and may hold representational and transformational possibilities for students and educators alike. Guided by principles of Indigenous learning, we provide several exemplars from Canadian schools of nursing that have already begun the process of decolonizing their programs. We conclude by describing some of the challenges and considerations that may arise when Indigenous perspectives and approaches are considered for inclusion into nursing education programs.

Key words: Canada, decolonization, nursing ethics, relationality, holism

Prologue

We wish to acknowledge that our campuses are located upon the ancestral lands of the Anishinaabeg, Cree, Oji-Cree, Dakota and Dene peoples and on the homeland of the Métis Nation. We also wish to pay respect to the Elders, both past and present, who are the traditional custodians of knowledge on Turtle Island and whose guidance is needed as we move forward in a spirit of reconciliation. This paper emerges from our collective interests as scholars, nurses and educators, from diverse backgrounds (Franco-Métis-1st author; settlers-2nd and 3rd authors; & Kanien'keha:ka- 4th author), concerned with decolonizing nursing education and research and our commitment to

the Truth and Reconciliation Commission of Canada's [TRCC's] (2015) *Calls to Action* as well as the *United Nations Declaration on the Rights of Indigenous Peoples* [UNDRIP] (United Nations, 2007). In this paper, we use the term Indigenous knowledge to discuss the broad application of Indigenous knowledge systems and Indigenous perspectives to nursing. Our intentions are not to pan-Indianize Indigenous knowledge but to highlight key attributes that are important to nursing.

Before moving further, we must highlight our own privilege as nurses, educators and scholars. We are fortunate as Indigenous and non-Indigenous scholars to see our words on the page, when so many Indigenous people have

been denied this opportunity. We are also mindful that for many Indigenous societies, knowledge and learning is imparted through oral and symbolic ways, rather than through the written word (Battiste, 2002). Thus, this paper (and any others like it), represents an imperfect interpretation. We do not wish to essentialize Indigenous perspectives and are cognizant that Indigenous peoples of Canada are varied peoples with distinct knowledge and perspectives. We have attempted to emphasize First Nations, Métis and Inuit perspectives within the paper, but there are undoubtedly perspectives that we have not acknowledged. As such, we caution the reader of the limits of our paper and the finite perspectives that can be shared through this approach.

Foreground

Subordinating colonial policies have existed for many generations in Canada, leading to the chronic subjugation of Indigenous peoples. These policies were developed and enforced by colonial governments as a way to silence Indigenous peoples' voices and delegitimize their cultures (Louis, 2007; TRCC, 2015). Even though these policies were historically employed as tools of settler colonization, they continue to influence the health of Indigenous peoples of Canada today and have contributed little to supporting Indigenous peoples' sovereign rights in the design and delivery of their own Indigenous knowledge systems. Indeed, Indigenous people face significantly higher rates of mortality and morbidity compared to non-Indigenous people in Canada (Beavis et al., 2015). In order to improve health outcomes, Indigenous people need access to culturally safe health care provided by professionals who understand Indigenous perspectives (Mahara et al., 2011). Within the health care context, the understanding of Indigenous perspectives must extend beyond health inequities. This understanding must include Indigenous peoples' history, including the historical and ongoing effects of colonization, as well as erasure of Indigenous worldviews and Indigenous knowledge (Beavis et al., 2015).

Indigenous perspectives are frequently marginalized or only featured in the periphery of

many Canadian nursing programs (Canadian Nurses Association & Aboriginal Nursing Association of Canada, 2014). As we argue in this paper, there is value in finding ways to integrate Indigenous perspectives into nursing curricula, that will highlight the inequities in current programming but also the strength of Indigenous perspectives. In particular, Indigenous perspectives may allow nurses to build a stronger connection with the discipline's core values of relationality, individual-centered care, and holism, as well as offer representational and transformational opportunities for Indigenous and non-Indigenous students and faculty alike. Echoing the words of Indigenous nursing scholars Dion Stout and Downey (2006), Indigenous knowledge is not just "nice to know" (p.331), but essential concepts that need to be captured in nursing curricula in order to enhance nurses' awareness and understanding of Indigenous perspectives.

We begin this inquiry by addressing the questions "In what ways are Indigenous perspectives relevant to the discipline of nursing?" and "Why is this important?" Emerging from First Nations, Métis and Inuit principles of learning, several possibilities for weaving Indigenous perspectives into nursing education are then described using current examples from Canadian nursing programs. Lastly, we reflect on some of the possible challenges to embedding Indigenous perspectives within the nursing curriculum.

In What Ways are Indigenous Perspectives Relevant to the Discipline of Nursing?

McGibbon and Lukeman (2019) argue that the profession of nursing developed historically from a colonial, white, upper-class, Eurocentric context. As a result, the knowledge, philosophical assumptions, beliefs and practices engrained in current nursing curricula reflect this colonial context. For example, the discourses of multiculturalism and egalitarianism are now being understood as assumptions that serve to conceal imperialism, white privilege and structural inequalities (McGibbon et al., 2014). Colonization in nursing also takes form in other powerful discourses such as the evidence-based practice movement and the biomedical model (Holmes et al., 2008; McGibbon & Lukeman).

These colonial discourses have largely medicalized and pathologized Indigenous peoples' health, producing a limited understanding of Indigenous perspectives using a deficit-based approach (Stansfield & Browne, 2013).

However, Indigenous knowledge and nursing knowledge are not binary opposites. Battiste (2002) argues that Indigenous knowledge may be used to bridge the ethical and knowledge gaps in modern Eurocentric education, research and scholarship. What continues to present an important challenge is a lack of appreciation and value regarding what Indigenous knowledge might bring to nursing practice and how Indigenous knowledge might be enacted. Indigenous nurses have long been critical observers and participants in the transfer of knowledge about Indigenous knowledge and traditional medicine, and were the first group of Indigenous professionals to organize for political activism and self-determination in education and health (Aboriginal Nurses Association of Canada, 2007). Thus, one of the ways non-Indigenous nurses might develop an understanding of Indigenous perspectives is through greater engagement with Indigenous nursing scholarship.

In one of the largest studies of its kind, Lowe and Struthers (2001) conducted initial focus groups with 203 Native American nurses, and follow-up focus groups with 192 Native American nurses to understand how Indigenous knowledge manifested itself in their practice. Seven themes were identified by Native American nurses as core principles of Indigenous nursing: caring, traditions, respect, connection, holism, trust, and spirituality. From these seven themes, Lowe and Struthers developed a conceptual model of nursing in Native American culture. The model is depicted as a circle representing the interrelatedness, intertwining, and interlacing of all seven core principles. Lowe and Struthers' model is described as intertribal and emphasizes Indigenous oneness (harmony with all forms of life). Though this model emerges from Native American nurses, it may provide a useful starting point for dialogue on the core principles of Indigenous nursing in Canada or assist in

mapping Indigenous content across a nursing curriculum.

From a Canadian perspective, Etowa et al. (2011) explored the practices of Indigenous (Mi'kmak) nurses in Atlantic Canada. Nurses in Etowa et al.'s study identified that they integrated Indigenous ways of knowing and Mi'kmac ideologies into their practice which included practicing cultural traditions they shared with their Mi'kmac patients, traditional medicines, and spirituality. Communication including good listening skills, and the use of humour, along with the primacy of family and community were also essential to their Indigenous nursing practice.

Similarly, Bourque-Bearskin et al.'s (2016) recent study explored Indigenous nursing knowledge among three Cree/Métis nurses from Alberta and one Dzawada'enuxw First Nations nurse from British Columbia. The aim of this study was to understand how Indigenous knowledge manifested in the practices of Indigenous nurses as a means to facilitate and create healing and wellness. For the nurses in Bearskin et al.'s study, practicing in a relational manner, understanding the connection to their roots, their family, their history, and their land of origin is crucial to their nursing practice. For example, Alice Reid, a Cree/Métis nurse with advanced nursing knowledge as a nurse practitioner described that to survive the harshness, remoteness, and isolation of Northern Alberta, she relied on both Indigenous knowledge of the land, as well as her advanced nursing knowledge. Voyageur described how Indigenous knowledge contributes to decolonizing schools of nursing; Dion Stout described the politics of Indigenous knowledge as a new currency, and Lea Bill reminds us of the importance of spiritual self-care (Bourque-Bearskin et al.).

Some of the knowledge Indigenous nurses employ in their practice will always remain inaccessible to non-Indigenous nurses. However, Bourque-Bearskin (2011) argues that the depth of Indigenous knowledge can benefit everyone, at all levels of the nursing discipline (p. 549). It is beyond the scope of this paper to outline all of the ways in which Indigenous knowledge are relevant to nursing education. Rather, we discuss our broad understanding of

Indigenous knowledge as a means of triggering critical reflexive questioning into the ethical dimensions of nursing, most notably with respect to relationality and holism.

Relationality: To Help Each Other in a Collective Sense

Relationality is an important concept within nursing practice and can be described as a respectful and reflexive approach to inquire into patients' lived experiences and health care needs (Doane, 2002). A relational approach recognizes the relationships between people as significant and prioritizes respect, honesty, authenticity and compassion. Nurses who engage with clients in a relational manner are more apt to be sensitive to clients' needs, intentional in their own practice and aware of nurse-client similarities and differences (Hartrick Doane & Varcoe, 2005).

Relationality is central to Indigenous epistemologies and ontologies. From a Cree perspective, relationality is described as *mâmwah kamâtowin*, or to "help each other in a collective sense" indicating nursing care moves nurses beyond the nurse-client boundary (Bourque-Bearskin et al., 2016, p. 21). The Bantu Indigenous peoples of Africa have a similar adage that captures the fundamental nature of being in a relational manner: *Ubuntu*, meaning "I am because we are" (Chilisa, 2012). Lowe and Struthers (2001) refer to relationality as the honoring of all people, the past, the present, the future, nature, and the nursing profession. From these Indigenous perspectives, relationality extends beyond the boundaries of interpersonal relationships, the nurse-patient therapeutic relationship and traditional contextual factors considered in nursing care (Bourque-Bearskin et al., 2016; Stansfield & Browne, 2013). While Indigenous relationality considers the above contextual factors, it also identifies the importance of land and the relationships that people have with the land and their environments. Furthermore, Indigenous peoples' notions of relationality also draw attention to issues related to identity and self-determination (Bourque Bearskin 2016, Stansfield & Browne, 2013). These perspectives recognize that health rights are set in a complicated interplay between emotional,

mental, spiritual, physical, geographical, and historical factors. As a result, Indigenous knowledge may help nurses reaffirm and honour relationality within their practice and help nurses provide better care for clients, families and communities from a rights-based approach as describes by the TRCC and UNDRIP.

Holism

Florence Nightingale introduced the concept of holism in nursing over 100 years ago (Hunter et al., 2004). Holistic nursing care embraces the patient as a whole person, and is concerned with the interrelationship of body, mind, and spirit (McEvoy & Duffy, 2008). Stansfield and Browne (2013) define nurses as holistic practitioners who draw on a multitude of epistemological perspectives in their work. However, Indigenous epistemologies and ontologies have not been embraced within the nursing profession as traditional ways of knowing and being. Nursing knowledge continues to privilege the Western biomedical model that views health merely as the absence of disease without regard for the role of social, environmental, and psychological influences (Holmes et al., 2008; McGibbon et al., 2014). In addition, the realities of the current health care system also challenge nurses' abilities to practice holistically. Nurses are being tasked with caring for higher acuity patients in both hospital and community settings while also adjusting to new medical technologies, dealing with staffing shortages, and coping with increased workloads. Against this backdrop, Allen (2014) argues that modern nursing bears only a fleeting resemblance to the profession's holistic ideals.

Although there are some commonalities between Indigenous and nursing perspectives of holism, the concept in nursing, as described above, is much narrower in scope. Indigenous perspectives of holism include a broader definition of healing and caring including concepts such as balance, culture, relationships, male, female, non-compartmentalization, flowing with harmony, and pursuing peace (Lowe & Struthers, 2001). While certainly Indigenous knowledge is important to Indigenous peoples' health, it also has important implications for how nurses conceive of their

nursing practice and fulfill their responsibilities to all clients. Indigenous knowledge is rooted in holistic beliefs and practices and has a multidisciplinary focus (Hill, 2003). For example, nurses practicing from an Indigenous holistic lens recognize the wholeness of a person and understand health as a balance of the mind, body and spirit. Furthermore, viewing health care encounters through an Indigenous lens encourages reciprocal relationships between clients (Indigenous and non-Indigenous). These reciprocal relationships allow for balanced communication between clients and nurses, dismantling the distinctions and hierarchy between them. By engaging with clients through an Indigenous holistic lens, nurses are also able to acknowledge the potential all humans have for self-awareness, self-determination, self-responsibility and self-healing (Hunter et al., 2004).

Why is it Important to Weave Indigenous Perspectives in Nursing Education?

There is an uncomfortable reality hidden within schools of nursing, their buildings and the curricula they have produced. There is hardly a mention within nursing education of the complicated history colonial institutions have had with Indigenous peoples and their knowledge.

As Sium et al. (2012) contend, colonial governments and the academy are institutions born from and premised on knowledge theft, muzzling, and selective storytelling. However, much of education has been cleansed of this complicated history. But in Canada, the past echoes into the present and continues to shape contemporary First Nations, Inuit and Métis inequalities as well as contribute to conflicts and confusion over how Indigenous knowledge is adopted in academia. We contend that Indigenous perspectives are relevant to nursing education as a way to explicitly address the injustices committed towards Indigenous peoples and as a form of epistemic and restorative justice for Indigenous peoples. By explicitly acknowledging Canada's history of genocide (e.g., unfair land negotiations, residential schooling, removing Indigenous children from their homes, quarantining and segregating Indigenous people and the

sterilization of Indigenous women), and the role nurses played in this genocide, schools of nursing have an opportunity to make non-Indigenous Canadians more attentive to the complexities of living in Canada, of a difficult history with Indigenous people, and how colonial structures, including education and health care, continue to reproduce this genocide. We echo Thorne's (2019) sentiment that within the nursing profession:

...we will not be able to move forward as agents of constructive change until we have found a way to open our eyes and ears to the experiences of those harmed by the systemic injustices that our societies have created and sustained, and in which we have received a measure of privilege. This will necessarily include hearing and receiving their painful truths without judgement and without defensiveness (p.2).

Indeed, due to the ongoing effects of colonization, Indigenous people face persistent and deepening social and health inequities when compared to non-Indigenous populations and are disproportionately represented as clients within the health care system (Browne et al., 2016). In addition, 4.9% of Canadians identify as Indigenous and the population of Indigenous people in Canada is rapidly expanding. The Indigenous population in Canada has grown by 42.5% since 2006, a rate four times higher than the non-Indigenous population during that same time frame (Statistics Canada, 2017). In Manitoba, our home province, 17% of the population identifies as Indigenous (First Nations, Métis or Inuit) which represents the highest percentage of Indigenous people within a Canadian province (Statistics Canada, 2017). Through a commitment to weaving Indigenous knowledge in nursing education, there is also an opportunity to honour the *United Nations Declaration on the Rights of Indigenous Peoples* (2007), in particular the right Indigenous peoples have to the "dignity and diversity of their cultures, traditions, histories and aspirations which shall be appropriately reflected in education and public information" (p. 14).

There is also an urgent need for nurses to create space where concepts of cultural safety, racism, discrimination and Indigeneity are critically examined and discussed in order to comply with new standards for entry-to-practice. In an attempt to redress historical and ongoing injustices, the Canadian Nurses Association (CNA), the Canadian Association of Schools of Nursing (CASN) and the Aboriginal Nurses Association of Canada (ANAC)¹ have developed policies, statements and frameworks related to Indigenous peoples' health. For example, the framework, entitled *Cultural Competence and Cultural Safety in Nursing Education: A Framework for First Nations, Inuit and Métis Nursing* (ANAC, 2009), was developed collaboratively by CASN, ANAC and the CNA to assist educators to foster cultural competence and cultural safety among nursing students and outlines necessary competencies for nursing graduates. These competencies include a postcolonial understanding of Indigenous health, culturally safe communication, inclusivity, respect, understanding Indigenous knowledge, as well as mentoring and supporting Indigenous students for academic success. The framework also highlights the structures (community engagement/collaboration; supports for students) required to achieve the necessary levels of awareness among students and faculty, both Indigenous and non-Indigenous (ANAC). However, beyond external considerations and mandates, there remains a broader, more salient need for schools of nursing to bring Indigenous perspectives into nursing curricula and pedagogy. Indigenous knowledge within nursing education has the potential to authentically represent Indigenous peoples' worldviews within the nursing profession and deeply transform all nursing students and faculty members.

Representational Possibilities

One of the most significant reasons for weaving Indigenous perspectives within nursing curriculum and pedagogy is to increase Indigenous representation in the profession. This is not to tokenize the nursing profession but

rather to include diverse ways of knowing and understanding that authentically addresses Indigenous peoples' rights in Canada. Currently, the representation of Indigenous people in nursing programs, and in the profession, is exceedingly low. In 2014, only 2.9% of the registered nurse population identified as Indigenous (Rohatinsky et al., 2018). In recent years, the percentage of Indigenous nursing students has varied between 1% and 10% depending on the institution. The representation of Indigenous faculty is unknown but believed to be even lower than that of students (Rowan et al., 2013). Common strategies to improve Indigenous student recruitment and retention into nursing programs have focused on minor correctives measures such as remedial pedagogical and external supports (Pijl-Zieber & Hagen, 2011; Rowan et al., 2013). These measures have largely been ineffective in retaining Indigenous nursing students, as demonstrated by consistent attrition rates (Pijl-Zieber & Hagen, 2011). Furthermore, these minor corrective measures have only served to help Indigenous students adapt to Western educational institutions and have not challenged or questioned the core values of these institutions (Pijl-Zieber & Hagen, 2011). In their report, *Aboriginal Health Nursing and Aboriginal Health: Charting Policy Direction for Nursing in Canada*, the CNA and ANAC (2014) note that Indigenous content is only marginally included within nursing curricula in Canada and that any existing content was generally deficit-oriented. Pijl-Zieber and Hagen (2011) maintain that nurse educators tend to overlook systemic issues, such as cultural discontinuity, as well as Indigenous epistemologies, values, and languages in nursing programs. In other words, current programs have been designed to remediate Indigenous students with tools of the Western academy and Western knowledge.

The integration of Indigenous knowledge is challenging nurses to question what is represented and whose voice is heard in nursing education, while being attentive to who benefits from this integration. In addition,

¹ The Aboriginal Nursing Association of Canada is now The Canadian Indigenous Nurses Association.

Indigenous knowledge can serve as a mirror through which Indigenous peoples can see themselves, fostering a sense of inclusivity and belonging. Nurses can begin correcting the impacts of colonization by exploring how Indigenous knowledge can serve to challenge the dominant Western representations of knowledge. In this way, the integration of Indigenous knowledge may promote epistemic justice for Indigenous people and counter the deficit-based view of Indigenous people that has become pervasive in health care.

Transformational Possibilities

Indigenous pedagogies such as storytelling, land- and community-based learning activities and sharing circles, allow students and educators to engage with one another differently than in Western pedagogical models (Battiste, 2002). Accordingly, Indigenous knowledge and pedagogy can build and nurture intercultural and interpersonal respect, responsibilities, and relationships in a holistic manner. Encounters with Indigenous knowledge can enrich the ways students and faculty engage in learning, research and conceptualize education; can disrupt master narratives; can help change the consciousness of students; and promote the dignity, self-determination, and survival of Indigenous people (Kincheloe & Steinberg, 2008).

Dei (2000) asserts that Indigenous knowledge can affirm the collaborative dimension of knowledge and challenge the academy to acknowledge the diversity of histories, events, experiences, and philosophies that have influenced human growth and development. Engagement with Indigenous knowledge systems may help students recognize that there are other types of knowledge that may have been hidden or marginalized within Western society. Working with Indigenous communities may also help students acknowledge the widespread effects of Western domination of Indigenous knowledge. During critical discussions about Indigenous knowledge, students gain foundational knowledge of the socio-political dimension of “Indigenous people’s health, identity, culture, values, ownership, power relations, historical exploitations, appropriation of knowledge and racialization” (Stansfield & Brown, 2013,

p.149). Through direct engagement with Indigenous perspectives, students and educators can evolve from cognitive understanding and sympathy to empathy and unified consciousness. As a result, Indigenous knowledge systems can expose possibilities for contestation, transformation and reconciliation within one’s self and beyond the scope of nursing education or practice.

Strategies for Weaving Indigenous Knowledges into Nursing Education

Given the diversity of Indigenous people in Canada, there is no one single strategy for weaving Indigenous perspectives into nursing education; the local context must always be situated, contextualized and appreciated. However, there are common principles of Indigenous learning that extend across First Nations, Métis and Inuit peoples. Schools of nursing are most likely to successfully and authentically integrate Indigenous perspectives into their curricula if they structure their programs around these principles, guided by the local community and its knowledge holders. We offer the words of Battiste (2010), a Mi’kmaw scholar and educational researcher, to describe the principles of Indigenous learning:

Through our families, peers, and communities, we come to learn about ourselves through our ecologies, land, and environments. Our Elders and families share their knowledge of place in their daily personal and communal adventures on the land, in traditional tales, timed with the seasons, and in the context of everyday life. We come to know ourselves in place, and by its depth of beauty, abundance, and gifts, we learn to respect and honour that place. All Indigenous peoples have, then, a land base and ecology from which they have learned, and it is there that they honour the spirit of that land in ceremonies, traditions, prayers, customs, and beliefs. These, then, are the core foundations of Indigenous knowledge, learned within a language and culture (p. 14).

While not an exhaustive list, we have chosen to highlight several Canadian schools of nursing that have already begun to integrate Indigenous knowledge throughout their

programs. These schools of nursing utilized the following Indigenous principles to guide their programs: intergenerational learning; dependence on community and land; and the importance of Indigenous values, culture, tradition and languages (Edgecombe & Robertson, 2016; Moffitt, 2016; Zeran, 2016).

Intergenerational Learning

Indigenous learning involves the intergenerational transmission of knowledge, relationships, and responsibilities (Bouvier et al., 2016). Within Indigenous cultures, Elders impart learning to the younger generation and are a crucial part of a community's social, spiritual, ancestral, and natural environment (Dei, 2000). Intergenerational wisdom and learning is a crucial element when considering the inclusion of Indigenous knowledge within nursing curricula. Several schools of nursing, including Nunavut Arctic College, Aurora College, University College of the North (UCN) and First Nations University, have included intergenerational learning as an integral component of their programs (Edgecombe & Robertson, 2016; Green, 2016; Moffitt, 2016; Zeran, 2016). As an initial first step, all of these schools invited Indigenous Elders into their classrooms to share traditional knowledge, wisdom, beliefs, and values (Edgecombe & Robertson, 2016; Green, 2016; Moffitt, 2016; Zeran, 2016). At UCN, students have access to Resident Elders who serve as role models, resources, advisors, and provide guidance and support to students, staff and administration (Zeran, 2016). At Nunavut Arctic College, Inuit resource people are involved in some courses and help new faculty incorporate Inuit ways and knowledge into classroom teaching (Edgecombe & Robertson, 2016). Similarly, at Aurora College, Elders are seen as knowledge holders when it comes to specific topics such as women's health and the care of children, and are invited to sharing circles to disseminate this knowledge to students (Moffitt, 2016). Though First Nation and Métis Elders provided important support for students through consultation and talking circles at the First Nations University of Canada, another important aspect of intergenerational learning included encouraging nursing students to bring their children into the classroom. Dedicated play

areas were set up to accommodate toddlers and under-school age children, while infants were cared for by their mother and other students. This aspect of the program reflected the communal responsibility for childrearing but also provided a foundation on which lifelong learning was passed on to younger generations (Green, 2016).

Land-Based Education

There is a large body of scholarship that demonstrates the relatedness of people, land, and health; and land is indelibly tied to Indigenous ways of living, including the sharing of knowledge (Richmond, 2015). However, the Western biomedical model and its tendency to focus on acute health concerns, has limited the inclusion of land as a determinant of health. As a result, a Western perspective has also suppressed the knowledge that can be learned on and through the land (Richmond, 2015). Therefore, nursing programs must restore land-based education if they wish to authentically integrate Indigenous perspectives in their curricula (Battiste, 2002). Past and present decolonizing initiatives have encouraged students to engage in land-based learning by going out on the land with Elders and participating in traditional practices such as storytelling, filleting fish, drum dancing, and collecting medicines (Edgecombe & Robertson, 2016; Moffitt, 2016; Zeran, 2016). These strategies could be incorporated into nursing programs to safeguard authentic representation of Indigenous perspectives, and create opportunities for further conversations on systemic and structural factors needed to create a safe and secure place of learning.

Indigenous Values, Culture, Traditions, and Language

Schools of nursing interested in weaving Indigenous perspectives into their curricula and pedagogy must focus on the Indigenous context, including Indigenous values, culture, tradition, language, and community. Most of the exemplars included in this review have already incorporated the Indigenous context throughout their nursing programs (Edgecombe & Robertson, 2016; Green, 2016; Moffitt, 2016; Zeran, 2016). For example, UCN offers a variety of courses on Indigenous history and culture; politics, governance, and justice; community

development; and Indigenous knowledge and languages. The UCN program also acknowledges that Indigenous knowledge is holistic and inclusive of all aspects of life. The UCN nursing program uses Indigenous traditional teachings such as sharing circles, storytelling, group activities, and other Indigenous cultural practices to teach students and faculty (Zeran, 2016). The nursing program at First Nations University affirmed the importance of language and encouraged students to use Dene or Cree words in lieu of English words (or vice versa) to increase their understanding of medical terminology. Furthermore, cultural events such as sweats, pipe and sweet grass ceremonies, round dances, Asahkewin (feasts) were organized and supported by all levels of the university. These cultural ceremonies were performed in classrooms and in ceremonial rooms (Green, 2016).

The Nunavut Arctic College nursing program is explicitly based on Inuit Qaujisarvingat (Inuit knowledge) and Inuit values that are congruent with nursing principles and concepts. These values include: pijistsirniq (the concept of service); asjiiqatigiinsniq (consensus decision-making); pilmmaksarniq (skill and knowledge acquisition); piliriqatigiingniq (collaborative decision-making); avatimak kamattiarniq (environmental stewardship); and qanauqtuurunnarniq (resourceful problem-solving). Importantly, the Nunavut Arctic College nursing program encourages students to use their traditional languages with clients who also speak the same language. In addition, all nursing students participate in the College's Inuktitut language models to ensure a basic understanding of medical terminology in Inuktitut (Edgecombe & Robertson, 2016). Likewise, Aurora College recognizes that traditional knowledge, also referred to as "northern knowledge", is fundamental to students' learning across all programs. Their nursing program is based on four pillars that recognize the equal importance of traditional knowledge, individual community values, nursing curriculum, and scientific knowledge and culture (Moffitt, 2016, p. 74).

Challenges and Considerations

One of the most challenging aspects of weaving Indigenous knowledge into the academy is determining *who* decides *what* Indigenous knowledge is included and *how* Indigenous knowledge is woven into the curriculum. Due to differences in Western and Indigenous perspectives, several problems may arise when attempting to insert Indigenous content into existing curricula (Nakata, 2007). Accordingly, nursing faculty administrators, curriculum developers, and educators must be mindful of the ways in which Indigenous knowledge is thread through the curriculum. Issues of authenticity, ownership, and misappropriation of Indigenous knowledge remain a growing concern in Canada as well as worldwide. Nakata (2007) argues that most people within academic institutions develop their understandings of Indigenous knowledge through the interpretations and representations of it in the English language by Western knowledge specialists. Nakata explains:

What aspect of Indigenous knowledge gets representation, and how it is represented in this space reflects a complex set of intersections of interests and contestations: from what aspects of knowledge are recognized or valued, what can be envisioned in terms of representation or utility, what sorts of collaborations are practical or possible, the capacity of current technologies to represent aspects of Indigenous knowledge without destroying its integrity; to what research projects are funded, to the quality of experts in both knowledge traditions, to the particular interests of scientists or disciplinary sectors, to what is finally included in databases, or published and circulated in the public or scholarly domain (pp. 190-191).

Indigenous societies have historically considered Indigenous knowledge to be sacred knowledge, restricted to particular individuals (Hill, 2003). Therefore, embedding Indigenous knowledge into nursing curriculum requires a careful consideration of who will orient and deliver the content (Stansfield & Browne, 2013).

See it. Speak it. Write it. Change it.

Beavis et al. (2015) remark that non-Indigenous educators should be cautious about teaching Indigenous lived experience if they are “outside the experience” (p. 11), while Marker (1998) argues that non-Indigenous instructors teaching Indigenous knowledge risk trivializing and exoticizing Indigenous knowledge.

Non-Indigenous scholars and allies, Stansfield and Browne (2013), have proposed the creation of an Indigenous advisory committee or an Elders committee to provide ongoing support for educators when exploring ways of weaving Indigenous knowledge. Similarly, Beavis et al. (2015) maintain that Indigenous educators must be directly involved in the design, review, and teaching of curriculum related to Indigenous perspectives. While the creation of Indigenous advisory committees can certainly obviate some challenges relating to authentic curriculum inclusion, the assertion that non-Indigenous instructors should not teach Indigenous knowledge also remains contentious. In the context of teacher education, Kovach (2013) affirms that “as Canadian citizens (certainly academics) should we not be prepared to lead informed discussions on aspects of Indigenous experience...from both a western and Indigenous perspectives?” (p. 117). Should the same not be required of nurse educators and academics?

However, past research has indicated that non-Indigenous nurse educators are often apprehensive of exploring differences between Indigenous and non-Indigenous perspectives for fear of being offensive, insensitive, or promoting stereotypes (Varcoe & McCormick, 2007). In Australia, the rush to Indigenize the curriculum as led to the assumption that anyone can teach it effectively (Bullen & Flavell, 2017). Bullen and Flavell (2017) assert that educators must undergo the same process of transformation that is being asked and expected of students. Consequently, nurse educators and nurse academics must be encouraged through their own higher education and professional development opportunities to become reflexive and to “critically reflect on their own assumptions, biases, blindspots, viewpoint, and need for epistemological learning related to Indigenous knowledge” (Stansfield & Browne, 2013, p. 149). This type of critical reflection

must extend beyond gaining knowledge about Indigenous Canadian history or acknowledging cultural differences. It requires a questioning of systemic injustices, racism and epistemological violence that continue to oppress Indigenous peoples.

Nurses in Etowa et al.’s (2011) study share the unspoken weight of the expectations and stress placed upon them as Indigenous nurses in Indigenous communities. Similarly, the weaving of Indigenous knowledge into nursing education involves a considerable amount of emotional and relational labour from Indigenous academics, educators and Elders engaged in this work. These sacrifices are seldom appreciated or conceived but may present significant challenges. Weaving and teaching Indigenous perspectives within higher education also requires a range of capabilities, dispositions, and knowledge that are often unacknowledged and under-appreciated including highly developed cross-cultural facilitation skills and Indigenous content specific knowledge (Bullen & Flavell, 2017). We are also concerned that the recent attention on Indigenous knowledge by schools of nursing may have a tendency to place a great deal of expectation on Indigenous academics and scholars to “produce” a vision of a nursing curriculum infused with Indigenous knowledge, without changing the actual structures that perpetuate Indigenous injustices. To produce a vision of Indigenous knowledge that is distorted and altered for the purposes of nursing education, that is cleaved from its context, that is cleansed of its history and dislocated from its knowledge holders is a form of epistemic violence and may simply serve to appease settler-guilt. We argue that such evasions of guilt represent another iteration of what Tuck and Yang (2012) refer to as “settler moves to innocence...a settler desire to be made innocent, to find some mercy or relief in face of the relentlessness of settler guilt and haunting” (p. 9).

As some Indigenous nurses have argued, it is disrespectful to think of Indigenous knowledge as something that can be learned through coursework (CNA & ANAC, 2014). Likewise, Kovach (2013) has queried the appropriateness of allowing largely white,

See it. Speak it. Write it. Change it.

young, settler students to take up Indigenous knowledge. These beliefs serve to highlight the prevailing differences between Western and Indigenous ways of thinking. Indigenous knowledge originates from “each specific community/band/nation...it is not generalizable, which we (nurses) always try to do” (CNA & ANAC, 2014, p. 20). Moreover, Indigenous knowledge is not a commodity that can be “given” but rather is “borrowed” for a period of time for an agreed upon purpose (Stansfield & Browne, 2013, p. 8). To that end, we emphasize that Elders and Indigenous knowledge holders must be involved as curriculum designers, planners, teachers and guides; not as sources to be mined but as epistemic partners.

Conclusion

Indigenous perspectives and Indigenous knowledge holds promising opportunities for nursing education and practice. Indigenous perspectives in nursing may enhance nursing’s notions of relationality and holism and reaffirm the discipline’s most foundational values. Indigenous knowledge also offers representational and transformational possibilities for nursing and the broader community. The inclusion of Indigenous perspectives in nursing curricula can provide balance to a system historically dominated by Western hegemony. In addition, the inclusion of Indigenous perspectives can contribute to epistemic justice for Indigenous peoples. Inspired by the work of Battiste in educational research, of Bourque-Bearskin, and Dion Stout in nursing, as well as nursing schools who have already begun the critical work of decolonizing nursing curricula, we have provided a tentative conceptual scaffold that outlines possibilities for integrating Indigenous perspectives. Schools that have successfully included Indigenous perspectives can serve as examples to other nursing education programs interested in doing the same. Educators and administrators attempting to weave Indigenous perspectives and knowledge into nursing education may encounter several challenges. Research and prior experience has demonstrated that partnerships, collaboration, and commitment to local Indigenous communities are instrumental to the successful integration of Indigenous

perspectives and knowledge into nursing curricula. Through our engagement with Indigenous perspectives we create openings, possibilities for critical questioning, relentless reflecting, shared meaning making and human flourishing. Perhaps the greatest possibility for Indigenous perspectives within the academy is that it contributes to developing citizens who are not more alike, or more entrenched, but citizens who are more human.

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