

EDITORIAL

Bearing Witness to Indigenous Health Nursing

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Journal - Land Acknowledgment

We acknowledge the traditional lands where this journal's special issue "*Nīpawīstimatowin* - "Bearing Witness for One Another" is published, on the unceded traditional territories of Anishinabek Nation, the Haudenosaunee Confederacy and the Huron-Wendat peoples. This territory is subject of the Dish with One Spoon Wampum Belt Covenant, an agreement between the Anishnabek and Haudenosaunee to peaceably share and care for the Great Lakes region.

Key Words: Nīpawīstimatowin, Indigenous Knowledges, Indigenous Health Nursing



Image: "High Vision" (Simon, 2020). Gifted by artist Dion Simon (Ermineskin Cree Nation)

Acknowledgments

Land and Peoples

We acknowledge the Indigenous Peoples in Canada, whose traditional territories we occupy. The special editors of this journal are respectively located on the unceded and traditional territories of the Tk'emlups te Secwepemc, Niitsitapi and Mi'kmaq Nations. We honour the land, water and sky that has been the sustenance of the original Peoples existence

and sustained them since time of immemorial. We honour the Elders to the children - past, present, and future and those yet to be born - who hold the memories, traditions, language culture, and aspiration of their Peoples.

This acknowledgement is not merely a symbolic bystander gesture, but rather an authentic upstander response for Indigenous Health and Human Rights.

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Grandmothers

With humble respect, we acknowledge Grandmothers kétéskwēw Madeleine Dion Stout and gilgaletl'lak Evelyn Voyageur for their wisdom and guidance in keeping us close to the original intentions of this special journal issue to which they both significantly contributed and shaped. As explained by kétéskwēw, the intention to bear witness to Indigenous Health Nursing is through *nīpawīstimatowin*:

Nīpawīstimatowin is a Cree word that finds expression in the solemnity of an occasion where stories, experiences, data, information, and wisdom are seen, spoken, scripted, and oriented towards improving Indigenous peoples' health and well-being.

While the relationships between Indigenous peoples and nurses often appear immutable and static, they are subject to a process of constant recognition and a reflection of changing, evolving, and challenging circumstances and contexts.

Voyageur further inspires us to move forward with courage, and clarity to act in ways that will help shape nursing policies and education from within our own Indigenous identities through experiential learning and weaving the wisdom of local Peoples' intergenerational understanding of Indigenous wellness in Nursing. We have wholehearted gratitude and immense respect for these Nursing leaders whose thoughtful guidance went into development of this special issue.

Witness

We extend sincere thanks to Witness Editor Cheryl van Daalen-Smith who generously led us through this guest editor process. It is both notable and commendable to opt to dedicate this special issue to de-centre nursing, contribute to decolonization efforts and embrace and create a meaningful space for Indigenous Knowledges to support Indigenous health. We are grateful for the members of the editorial advisory board's commitment to critical Nursing discourse, creating a meaningful space for nurses to engage in *nīpawīstimatowin*-bearing witness and share their views on Nursing for the health and wellness of Indigenous Peoples.

Mentors and Reviewers

We are grateful for the Nursing scholars who generously offered their time and expertise. Especially Dr. Vera Caine who provided mentorship and the peer reviewers who critiqued, and refine the written works to maintain intellectual integrity of the journal. This remarkable commitment by our colleagues to support and advance Indigenous Health Nursing scholarship is truly appreciated.

Artist

We also recognize the generous contribution of artist Dion Simon (Ermineskin Cree Nation) who gifted the image "High Vision" (from the practice where the visions are seen) for this special issue. This image evokes the essence of *nīpawīstimatowin* as bearing witness for one another, with ancestors and our Nursing spirit helping us to see the Indigenous Health Nursing landscape. We are reminded of Nursing's legacy and responsibility to take notice and be fully present where stories, experiences and wisdom are seen, spoken, scripted, and oriented towards improving our own understanding of Indigenous Peoples' wellness.

Bearing Witness to Indigenous Health Nursing

Introductions and Relationships

Andrea, Cheyenne, and Lisa are Nursing faculty who spent most of our careers in clinical practice. We have trust, respect, and love for each other. We take this time to introduce ourselves through our positionality and location. We come from different cultural backgrounds. Andrea is of European Settler and Métis ancestry from Robinson-Huron Treaty territory, with relatively recent cultural reconnection with family, Elders, and community; her work is focused on advancing equity and reconciliation in Nursing, healthcare, and higher education. Cheyenne is a member of Mi'kmaq Nation in Wabanaki territory; her work with Indigenous communities in Atlantic Canada focuses on Indigenous nursing leadership and community-led health management programs. Lisa is a Cree Métis member of Beaver Lake Cree Nation, dedicating her life to Nursing with First Nations, Inuit, and Metis communities. As

CIHR Indigenous Health Research Chair in Nursing in British Columbia and past-president of the Canadian Indigenous Nurses Association, her work stems from the remembering of original healers and helpers to support Indigenous Health Nursing and the application of Indigenous Nursing Knowledge to inform renewed Indigenous health governance systems for community wellness. Our commonalities and differences weave us together as good friends and colleagues. Together, we advocate for embodying relational responsibility and accountability to Indigenous Health Nursing that is inclusive of Indigenous and non-Indigenous nurses working together to promote Indigenous health and wellness.

Aims and Context of *Nīpawīstīmatowin*

In today's global impact of COVID-19, we are witnessing profound change. The Year of the Nurse and the Midwife 2020 proclaimed by the World Health Organization (WHO) (2020a) will never be forgotten. Nurses from across the globe are deeply involved in biological, social, political, and relational crises. The challenge to deliver safe and effective care is further noted in the WHO (2020b) "State of the World Nursing Report", with a need for estimated six million nurses to offset the upcoming shortage, renewed leadership roles, and improved working conditions to address the inequities, gendered responses and systems of patriarchy that continue to devalue the role of the nurse. Within this context, we must ask: *How are we Nursing in ways that activate social change to support Indigenous Peoples rights for health sovereignty?* We are called to question current standards and knowledge used to inform this challenging time, and keenly aware of the responsibility to critically examine how our relational practices may influence Indigenous Peoples' health and wellness.

Amidst these challenges, we are inspired by Indigenous Peoples' capacity to come together to address and respond to their own needs during the COVID-19 pandemic. This is most notable in First Nations communities that immediately went into lockdown, thereby limiting community access to protect '*kēhtē-īyīnowāk*'- the old ones. The collective response is unprecedented, showing

the resolve and resilience of humanity, with prosocial collaboration through shutdowns, physical distancing, and self-isolation. First Nations, Inuit and Métis communities are returning to their original knowledge systems in food sovereignty, family and child rearing supports, integration of ceremonies and the gathering of traditional medicines (Power, et al., 2020). *Kétéskwēw* and *gilgaletl'lak* remind us of the need for constant action in collective conscientization through changing and challenging circumstances such as this current context; subsequently, Nursing requires a subsequent shift in consciousness from the individual to the collective.

This special issue is timely and is meant to honour these original instructions and intentions set by our mentors to disrupt the hegemony of Nursing knowledge and to uphold the collective rights of Indigenous Peoples. *Nīpawīstīmatowin* is envisioned as an opportunity for positive change to address Canada's legacy of colonization lived out in devastating social injustices such as poverty, crowded housing, and lack of basic sanitation (Allan & Smylie, 2015; Greenwood, & Lindsay 2019), human rights violations with health care jurisdictional disputes (Blackstock, 2016), and genocide of Indigenous women and girls (National Inquiry into Murdered and Missing Indigenous Women and Girls, 2019). Through this collection of written works, authors uncover their truth, and speak to the role that nurses represent in creating change. Through introspection of vulnerabilities, values and priorities for Indigenous Health Nursing, authors offer ways to critically unpack self-knowledge and expose possibilities for progress.

Together, Indigenous and non-Indigenous nurse authors signal a shared commitment to improving a health care system that has mainly erased and devalued Indigenous Peoples' knowledges of living well. Aligned with the central tenet of the journal, authors *bear witness* to history where their experiences in clinical practice, leadership, education, and research are brought together as a shared responsibility, in a publishing process centred in Indigenous ways of knowing, and nested in sacredness of our relationships. This journal co-creates spaces of truth telling to advance reconciliation in Nursing. The authors'

personal and professional relationality, positionality and intentionality speaks to the salient features of Indigenous health. It is these perils and pearls of practice that can alter Nursing's approach. As Dion Stout (2012) teaches us:

“The old paradigm of ascribed wellness, *atikowisi miyw- āyāwin*, where health and wellness are granted by outside sources, has to be replaced by the new paradigm *kaskitmasowin miyw- āyāwin* - achieved wellness, where health and wellness are earned through individual autonomy and creative genius to the fullest extent possible” (p.13).

First Nations, Inuit, and Métis ways of being, knowing and doing are rooted in relationships within ourselves, families, communities of the land. Relational intellectuality is necessary to create understanding of our shared stance in *nīpawīstimatowin* to Indigenous Health Nursing.

Shared Histories through Written Works

In *nīpawīstimatowin* to this collection of written works, we are committed to maintaining relational accountability including support for ongoing mentorship and respect for contribution. We strove to humbly and respectfully offer guidance that encouraged authors to push the boundaries of critical examination of relational Nursing. Furthermore, we requested that each author to self-locate and situate themselves within their critique. This position then may bring the reader into their stories knowing *who* is writing, with *who* positioned in on traditional lands where Indigenous Knowledges and wisdom springs forth. While such positionality is key to sharing in Indigenous ways, we maintain this approach promises overall benefit for Nursing to advance relationality, transparency and accountability for held views, while being respectfully open to divergent ideas that are required for criticality.

These written works are about living practice in kinship with critical inquiry to how Nursing can build systems and structures that evolve from the rights and relational aspects of Indigeneity and disrupt the historical and social colonial constructs imposed on Indigenous Peoples. Indigenous Health Nursing is guided

by Evelyn Voyageur's teachings about change starting from within, and in her own words, “*we can only change nursing by changing one nurse's heart at a time*” (Bourque Bearskin, 2014). Her vision speaks to the importance of working together at the heart of our existence and the nature of Nursing. Voyageur (2013) further explains how the Nursing curriculum must change. It has to be more inclusive; it's about building those relationships and involving community; and, if we lose our way in the world, we always come back to what we know, which comes from where we have been - our homes and our communities. The essence of Indigenous Health Nursing is about understanding the human self and emotions, feelings, and spiritual knowledge, and enacting respectful, relational, and responsible Nursing knowledge for Indigenous Peoples' wellness. The authors' contributions are honoured individually and wholly, as we are about to share.

Seeing Nursing through Colonial History

Paisly Symenuk, Dawn Tisdale, Danielle Bourque Bearskin and Tessa Munro deconstruct the historical implications of Nursing in a tragic legacy of perpetuating “colonial harm and assimilative policy.” Through a narrative literature review, related evidence is examined on Indian hospitals, residential schools, child apprehension, murdered and missing Indigenous women and girls, and forced sterilization. This reality check invites Nursing to lean into the discomfort of these well supported facts and refocus efforts to overcome two significant barriers: “anti-Indigenous racism” and the “image of nursing.” Resolution of our complicity requires Nursing to confront the truth in our historic and contemporary roles that support systems with discriminatory practices and policies that harm Indigenous Peoples.

Speaking to Identity and Relationality

Dee-Ann Sheppard is a nurse practitioner and scholar of Mi'kmaq and Irish descent who questions the impact of legislated identities and established Nursing frameworks. She takes the reader through a journey of *kesultulinej* (love) and *etuaptmumk* (two-eyed seeing) to explore cultural safety within local Indigenous contexts. In this critical reflexive

work, Sheppard explores “how Maori nursing theorizations of cultural safety is indoctrinated into the language of national nursing education.” She further underscores the importance of understanding cultural safety from the place-based context where Indigenous Knowledges and health originate. We are invited to consider Nursing’s decolonial responsibility with resistance to Westernized domination and emancipation through relationships “marked by love, care and compassion.”

Graduate student Sara Scott and instructors Tracey Clancy and Carla Ferreira write about collective transformation through “self-authorship” and “engaged presence” with their own Indigenous and Settler identities. Authors share a relational space where reflective dialogue and a sense of belonging is co-created, bringing forward a deeper understanding of who they are each becoming as an act of care that embodies their shared role in reconciliation. This is a powerful example of the importance of authenticity and reciprocity for all nurses as lifelong learners, so we may move forward together with “peace and power” (Chinn, 2013).

Indigenous graduate student Erica Samms-Hurley writes about how she brings Nursing scholarship to the heart of her lived experience. Her positionality as a Mi’kmaq woman and novice nurse researcher provides valuable insight on the importance of relationality, examining the positional complexities of Indigenous and non-Indigenous researchers with communities. More so, Hurley offers meaningful understanding on the unique experience of how Indigenous nurse scholars are held accountable for good relations with kinship and community over the course of their lifetimes.

Writing Inspiration and Disruption to Advance Indigenous Wellness

Vanessa Van Bower offers an important cue to the diverse forms of knowledge mobilization with a poetic artistic Nursing analysis as a re/presentation of Dion Stout’s (2012) editorial on “Ascribed Health and Wellness”. This response is an appeal to our own humanity, with a poignant reminder that Nursing is one of the oldest caring arts and youngest of health science disciplines. This

artful engagement of decolonial thinking primes us to bear witness with open hearts and minds.

Relational Learning with Indigenous Landscapes and Peoples

Joanna Fraser, Evelyn Voyageur, Paul Willie, Patricia Woods, Victoria Dick, Kate Moynihan, Jennifer Spurr, Heather McAnsh, Cara Tilston and Heidi Deagle are ten authors with a collective voice on locating Nursing education in the community with First Nations land-based learning. With guidance by a community Elder, their field school experience highlights transformative experiential learning that inspires changes to how critical thinking, ethical renewal, and cultural humility are enacted. Such wise practices provide a rich and strong foundation to develop Indigenous Nursing Knowledge for the betterment of Indigenous Peoples’ health.

Vanessa Van Bower, Roberta Woodgate, Donna Martin, and Frank Deer are Indigenous and non-Indigenous scholars who advocate for the meaningful inclusion of Indigenous Knowledges and principles of Indigenous learning in Nursing education programs. In response to questioning “*in what ways are Indigenous perspectives relevant to the discipline of nursing...and why is this important?*” key challenges and opportunities are offered for Nursing education. We are reminded of how Nursing has a mainly privileged colonial position that is held in tension with the responsibility to humbly acknowledge the relevance of Indigenous

Knowledges within our discipline. The health of our relationships within Nursing are powerful indicators of the health of our relationships with Indigenous Peoples: this is the heart of Indigenous Health Nursing.

Reconciling Health Equity

Bernice Downey proposes a critical response to reconciliation that is aligned with public health policy and “upholds Indigenous self-determination and is informed by diverse Indigenous ways of knowing”. This model for “IND-equity” is a call to action for Nursing to advocate for structural reform at disciplinary and institutional levels. Downey invites non-Indigenous nurses to engage in constructive

allyship that “recognizes settler privilege and takes action to challenge and work towards addressing the barriers that Indigenous Peoples and communities face”. This is a promising approach for Nursing education, practice and policy to reconcile Indigenous health and wellness in our shared opportunity for “paydshiquin-completing the circle”.

Water as our Global Health Priority

Darlene Sanderson, Noeman Mirza, and Mona Polacca collaborated with guest editors Andrea Kennedy and Lisa Bourque Bearskin in a discussion paper on climate change, water and health, with connections to international Indigenous water declarations that demonstrate how traditional knowledge is a foundation for the health of all Peoples. Indigenous ways of being, knowing and doing re-orient Nursing priorities to lead with wholistic sustaining practices. Water is life; yet, Nursing has a largely unmet responsibility – and opportunity - to engage in water advocacy as our most precious health resource.

Continuing Challenges and Key Editorial Lessons

As guest editors, we are grateful to these authors who all responded to the request to write from an authentic, self-located place of understanding that connects interpersonal wisdom with actions for broader system level change. Self-understanding was the foundation for their critical discourse, and how this impacts the system where nurses live, learn and work. We compelled authors to question how our discipline is complicit in perpetuating

inequities in Indigenous health care and Nursing education; their responses clearly and strongly indicated how deeper transformative change is needed within Nursing. As the authors’ manuscripts flowed in, we continually checked our responsibilities as guest editors, yet to only be further challenged by our relational roles as Indigenous nurses.

Relational Responsibility and Accountability

This collection of Indigenous Health Nursing scholarly works demonstrates that when nurses truthfully relate to ourselves and each other, an actionable space is created for authentic reconciliation. From this stance, we are morally obligated to enact wise practices to

support the awareness of power and privilege to create a culturally safe and secure space for Indigenous Health Nursing to truly flourish. As guest editors, we posed these questions to the authors: *What systemic changes are required from within our own practice and discipline? What policies call attention to authentic/inauthentic relational practice?* We were obliged to ask ourselves the same questions, and this process brought us back to the source: the spirit of Indigenous Health Nursing. Through this relational ethic, we actively examined our own editorial role for this special issue, noting tensions in how the process was aligned/misaligned with traditional teachings. We kept reflecting and responding with open hearts and minds, with the intention that this issue would support reconciliation and not further colonize our discipline. This editorial experience was grounded in humility to confront our understanding and face the challenges required to meet responsibilities to the current expectations of rigor within scholarly nurse publishing, our discipline and the Nursing community.

While we struggled with many Westernized elements of this editorial process, the most significant lesson was our resistance of “double-masked peer review”. This approach is widely used to reduce reviewer bias, however, lacks relationality that is congruent with Indigenous ways. We had to resist our cultural responsibility to provide an open co-learning experience with authors whom we had formed old and new relationships. Congruent with the journal’s intention to enact a process of capacity-

building, our process embraced and enacted a mentoring approach with authors. Additionally, peer reviewers were encouraged to couch their feedback in growth-centred ways: an ethos of relationality very much appreciated by prospective authors. However, cultural safety was called into question, noting tensions of those who had the authenticity to speak and decide. This process risked misunderstanding Indigenous Nursing Knowledge as objective, and Indigenous Health Nursing practice standards as indifferent to context. Blind review felt like a veil of objectivity that removed us from our peers; this was contrary to the supportive relational ethic we have nurtured over the years. A more fitting approach would

have been an “open peer review process” with known author/reviewer identities and interaction (Ford, 2013; Ross-Hellauer, 2017).

We have learned to advocate for an open peer review process that supports relational accountability in alignment with Nursing’s reconciliation efforts and Indigenous Health Nursing scholarship in a combined effort with Indigenous and non-Indigenous nurses. With support from the journal editor, we put this learning to practice, and engaged in open peer review with Sanderson, Mirza and Polacca who invited us to be co-authors to reflect the extent and accountability of our contributions. This experience has shown that we need to question review processes, and critically appraise what is needed to authentically care for Indigenous Health Nursing scholarship.

Revitalization of Indigenous Nursing Knowledge

We are hopeful yet cautious in this messy decolonizing journey and maintain that Nursing has not fully done the critical work needed within our discipline to respectfully advance Indigenous Knowledges and wellness. Nursing scholarship has a long colonial history that continues to steep our discipline in mainly Westernized ways of being, knowing and doing. Through *nīpawīstimatowin*, we critically examine how a peer-review journal may/may not fit with the ethos of Indigenous Health Nursing scholarship. We are concerned this may be recolonizing (rather than decolonizing) as an unquestioned form of ongoing colonial oppression (McGibbon, Mulaudzi, Didham,

Barton & Sochan, 2014). *Are we forcing Western discourse on Indigenous issues? Are we perpetuating tokenism dressed as reconciliation?* Mere inclusion and grafting of Indigenous Nursing Knowledge in a Westernized format are inadequate; we urge Nursing to consider consequential and experiential ways to broaden perspectives with respectful engagement of Indigenous Knowledges guided by Indigenous nurses and local knowledge holders.

Through our struggle, we are encouraged by the meaningful inclusion of Indigenous Nursing Knowledge in this journal. Much like Simon’s (2020) “High Vision” image, we are reminded to be strong and fully

present when bearing witness in the Indigenous Health Nursing landscape. We have re-located precious resources when we re-member Indigenous Knowledges and bring forward traditions to guide Indigenous Health Nursing. Bringing together the wisdom of authors in this special issue is an important contribution to Year of the Nurse and the Midwife 2020. We have an important opportunity to create a fundamental shift in Nursing and move forward in a good way. Our ongoing efforts need to be centred on *nīpawīstimatowin* as “bearing witness for one another” to give meaning for positive change that Nursing will advance in what we see, say, write and do. Nursing is responsible to continue examining and challenging power dynamics and structural changes needed to advance culturally safe scholarship for Indigenous Health Nursing and promote wellness with Indigenous Peoples.

All my relations.

Note on Terms and Terminology

Wherever possible, we deferred to the individual(s) on how they prefer to be identified and recognized to avoid any risks of obscuring the distinctiveness of the Original Peoples, who are identified as First Nations, Métis, or Inuit outlined in the Constitution of Canada (see section 35(2) of the Constitution Act, 1982). We see language as a universal tool for translating information and knowledge and as a social determinant of health essential to improving the health outcomes of Indigenous peoples. We use the term Indigenous consistently to recognize our global context and evade any form of oppressive acts.

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