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# Relational Accountability: A Path Towards Transformative Reconciliation in Nursing Education

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## Land Acknowledgement and Elders' Guidance<sup>i</sup>

*Gilakas'la*, Nugwa'am Joanna Elizabeth Fraser. He'man ḏigami Nu-clum-a-la Kim-meth. Gukwalaŋ lax Tsa-kwa-luten. Ma'yuḏamaŋ lax Nukuru. Gayulṯaŋ lax Scotland, England, and Wales.

I have been given many teachings and gifts by the Indigenous Peoples and communities where I live and work on what is referred to in English as the North end of Vancouver Island in British Columbia, Canada. In particular, I hold my hands up to ni Noxsola (wise teachers) Dr. Evelyn Voyageur and Paul Willie who have guided me in my practice as a nurse and a nurse educator over many decades. Noxsola Dr. Evelyn Voyageur is Dzawada'enuxw, an Elder in Residence at North Island College (NIC), a nurse, and a scholar. Noxsola Paul Willie is a Knowledge Holder and traditional leader of the Dzawada'enuxw. They have both given me the permission to share their names and their teachings. I endeavour to share the gifts I have received in a way that is relationally accountable with the people and communities I have learned from.

I start this paper with an introduction of who I am and where I come from in Kwakwala, the language of the Kwakwaka'wakw people where I live and work. I do this out of respect for my Indigenous mentors and as a personal act of reconciliation that resists centring the language of the colonizer in all my relations. I have come to appreciate both the accountability of, and responsibility for, learning the language of the place that I live. I do this with deep gratitude and respect for those who teach me. I treat each word and simple phrase as a gift for which I am deeply grateful. As a beginner learner of the Kwakwala language, I must listen and be patient. I must be in relationship with the language, and I must practice so that when the opportunity is offered, I am ready to learn more.

It is with humility and respect for the Knowledge Holders and communities who have taught me many teachings that I offer this paper as a way forward for nurse educators who, like me, largely reflect a demographic of Euro-western cisgender women with a strong sense of social justice. Many of us are searching for a way to engage meaningfully, respectfully, and actively in truth and reconciliation and yet we are uncertain of how to engage without recreating the power dynamics that have caused colonial harms in the first place (Smith, 2020). The guidance I have received in being relationally accountable from the ni Noxsola is found in the Kwakwala, word *Gilakas'la* used to open this paper. I have been taught by Noxsola Paul Willie that *Gilakas'la* means not only “hello,” “welcome,” and “thank you,” it also means to “come in your greatness and if my words change you in any way then that is your choice.”

### Sharing Relationally Accountable Understandings

#### Who I am and Where I Come From

For you to better understand my words, it is helpful for you to know a little about who I am and the context that my words come from. I was born in Nakuru East Africa to parents of European ancestry at a time of colonial upheaval. When I was two years old, my family immigrated to the West Coast of Canada. I raised my own family on the unceded traditional territory of the Wei Wai Kai people on an Island in the Salish Sea. Together, we planted an orchard and dug a large garden. The land here knows me and my family, it has shaped us as we have shaped it. When we first came here there was an old dug out canoe returning to the soil at the edge of the wetlands. It served as a reminder to learn more about the land we live on and the Indigenous Peoples who are from here. It is our responsibility to learn and to unlearn with

humility and gratitude about colonial relations and Indigenous rights in this place we call our home.

For the last 37 years, I have worked as a nurse and nurse educator in the territories of the Kwakwaka'wakw, Nuu-chah-Nulth, and Haida. Central to my experiences is the opportunity to work with ni Noxsola Evelyn Voyageur, Paul Willie, and four remote First Nation communities in co-creating Indigenous-led, land-based, and wellness-oriented immersion learning experiences. These field schools have been offered since 2007 as part of a Bachelor of Science in Nursing degree at NIC. The learnings, as also found by other similar community nursing field school experiences (Spence et al., 2018), have been about establishing accountable and equitable relationships with Indigenous Peoples, Knowledges, and pedagogies. They have also challenged the inherent colonial structures and power imbalances that exist in academic institutions. The focus of this paper is not as much about the field schools themselves as it is about the profound learning and transformation that they have had on my practice as a nurse educator, on my way of being in the world and on the institutions in which I work.

In 2015, I started a doctoral degree in education with the hope of finding a relationally accountable and ethical way of sharing my experiences and the learnings I have so generously received from the communities who have hosted the field schools. I wanted to do so in a way that would be useful for nurse educators and ultimately serve the interest of the communities themselves. This paper is an extrapolation from my dissertation entitled *Earth dance and fire song: A journey towards transformative reconciliation in nursing education* (Fraser, 2022). I offer my story with the intention of sharing a way towards being in ethical, respectful, and accountable relations with Indigenous Peoples and Knowledges. As Shawn Wilson (2008) describes, this form of relational accountability is a type of ceremony in the way that we live our journey together. So, it is with respect and humility that I offer my story and ask you to hear my words with an open heart and an open mind. As I have been taught by many Knowledge Holders, including Paul Willie, there are no mistakes just learnings as we endeavour to move forward with respect for each other in a good way.

### **Being Careful with Language**

I humbly ask for your forgiveness as I share my learnings from the land and my relationship with Indigenous Peoples using English words, a language that is inadequate for sharing these teachings and has been co-opted and reframed through multiple ways to serve multiple agendas. It is an important ethical stance for me to be careful with my language. I endeavour to write in a way that is meaningful for all the people and communities with whom I am in relationship. The way I share the learnings from the field school in a relationally accountable way has become a form of resistance that privileges public conversations and “not just academic dialogue” (Smith, 2020). I want to acknowledge the editors of this special edition who have had ongoing conversations with me in an open review process. This provided the opportunity to engage actively in resisting the taken-for-granted way we do things in academic institutions. It is with this spirit of respect, transparency, and accountability that I offer my explanation of some key phrases used in this paper.

### **Relational Accountability**

The teachings I have received from the field school experience about relational accountability have become fundamental in my practice as a nurse educator. Shawn Wilson (2008) describes relational accountability as situationally and contextually determined. It is a

form of paying attention to respect, reciprocity, and responsibility in our relationships. The paradox is that it loses the essence of what it means by describing it out of context (Wilson, 2008, p. 99). As a nurse educator, it is my responsibility to use the gifts of knowledge and experience I have received from the field schools for the benefit of the Indigenous communities with which I work. Although I endeavour to do so with good intentions, I am aware that good intentions are not enough. At times, my good intentions have resulted in unintentional harm. Being effective at transformative reconciliation work requires a willingness to be vulnerable and uncomfortable while engaging with paradox and complexity. Perseverance, transparency, and a desire to remain open to learning, even when it is challenging and unrewarding, is part of my commitment to relational accountability.

### ***Transformative Reconciliation***

The use of the word *reconciliation* has caused much debate about what it means and in how it is used with regard to Canada's relationship with Indigenous Peoples. Reconciliation is described in the Truth and Reconciliation Commission of Canada (TRC): Calls to Action (2015) report as being:

about establishing and maintaining a mutually respectful relationship between Aboriginal and non-Aboriginal peoples in this country. In order for that to happen, there has to be awareness of the past, an acknowledgement of the harm that has been inflicted, atonement for the causes, and action to change behavior. (p. 113)

I am aware that some people have no interest in reconciliation, only revitalization and resurgence for and by Indigenous Peoples. I have heard people explain that reconciliation is the wrong word to bring us together because we never had a relationship in the first place (Wente, 2022). My intention is to respect all these perspectives and the paradoxes and complexities of our different understandings through “transformative” reconciliation.

Transformative reconciliation is explained by Tully (2018) as the informal relational process that exists alongside the formal legal processes of reconciliation work. He considers transformative reconciliation to be enacted within the relationships we have with each other and with the land. He also suggests that transformative reconciliation needs to be done with Indigenous Peoples who have place-based knowledge (p. 83). I have found transformative reconciliation to be a useful term for guiding my practice because it invokes a need for personal engagement, action, and change.

### ***Cultural Humility***

Cultural humility is integral to engaging in relationally accountable ways with transformative reconciliation in nursing education. Cultural humility, as described by Foronda et al. (2016), is “a process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals. The results of achieving cultural humility are mutual empowerment, respect, partnerships, optimal care, and lifelong learning” (p. 213). Cultural humility is a process of embracing unknowing with authenticity and vulnerability to listen respectfully and openly as a learner to the experiences and understandings of others (First Nations Health Authority, 2016). Engaging with cultural humility is necessary to understand the truth of colonization and, therefore, be able to take relationally accountable actions towards transformative reconciliation. When I speak of humility, I am referring to a deeply reflexive process aimed at decentering cultural norms. I am committing to

responding to my discomfort in race relations with self-awareness and growth and avoiding reacting in ways that can overtly and subtly reinforce unequal power relations.

### **Towards Transformative Reconciliation**

Taking relationally accountable action towards transformative reconciliation in nursing education will require us all to question our ways of knowing, being, doing, and learning. Through the colonial assumptions of Euro-western nursing education, we have become increasingly disconnected from ourselves, each other, and the environment. We have been complicit in taking up mechanistic and bureaucratic values in our practice over the more relational and embodied values that are at the root of nursing theory (Kennedy et al., 2021). We must ask ourselves if re-engaging with our theoretical roots can lead us towards ways of knowing, being, doing, and learning that are in accountable relationships with Indigenous Peoples and Knowledges. I believe it is possible if we start by taking action to transform ourselves, transform our relationships, and transform our practice. We have the potential to disrupt the colonial dominance that is reinforced at all levels when we engage with transformation at the micro/interpersonal, meso/community, and macro/system level simultaneously (McGowan et al., 2022). This is what is needed to achieve sustainable and positive change in nursing education and ultimately the health of all people, including Indigenous Peoples.

### **Transforming Ourselves**

#### ***Bearing Witness***

Transforming ourselves starts with bearing witness to the truth of colonization and the ongoing effects of cultural genocide on Indigenous Peoples in Canada (TRC, 2015). I have been taught by my Indigenous mentors that bearing witness assumes that we are all in a process of being transformed through our relationships. Nox̄sola Evelyn explains that the most important part about listening to the stories of others is about coming to know yourself. When we respectfully bear witness to each other's stories, what is learned becomes more than a happening in the past but through our personal transformation it becomes an action in the future: "where stories, experiences, data, information, and wisdom are seen, spoken, scripted, and oriented towards improving Indigenous peoples' health and well-being" (kétéskwēw Madeleine Dion Stout cited by Bourque Bearskin et al., 2020, p. 2). Through bearing witness to our own stories and the stories of those with whom we work, nurses (and collectively nursing) are called to a self-implicated critique. The potential for transformative reconciliation can happen when we bear witness with kindness and compassion in relationally accountable ways with each other.

Nursing has a strong ethic of social justice; however, when it is understood from neo-liberal and multiculturalist ideologies it can create an "us and them" binary of understanding difference (de Leeuw et al., 2013). Many nursing textbooks and pedagogies remain imbued with essentialist assumptions of culture (Milton, 2016). The result is that we continue to promote an understanding of health inequities, as stemming from ethnocentric differences and health behaviours without adequate regard for systemic power differentials and the context of colonization (Blanchet et al., 2018). These embedded assumptions focus our attention on the differences between people and perpetuate Euro-western knowledge hierarchies and social inequities (Milton, 2016). Although (and maybe because) nursing sees itself as a socially just profession, it tends to deny its own colonized context; "normalized dominance gives white nurses the privilege of identifying with their professional role without necessarily acknowledging

their role in a racial hierarchy” (Bell, 2020, p. 2). We have taken up grand narratives that inform our identity about how we are health promoters who empower others to overcome social inequities. Consequently, this prevents us from turning the lens on ourselves and allows us to ignore our own complicity in creating and maintaining the social order of inequities that exist in the first place (Blanchet et al., 2018). Bearing witness requires us to uncover our blind spots to bear witness to the truth of colonization. With bearing witness comes a responsibility for action because of what you have learned. When we can expand our social consciousness and move beyond a sense of guilt, which limits our capacity to act, we can move towards a sense of accountability where we are compelled and better prepared to act at micro, meso, and macro levels.

### ***Experiencing Vulnerability***

A specific challenge we face as nurse educators who do engage in political discourse and power relations in a classroom is the potential of othering each other and ourselves in the learning process. Co-creating learning spaces with students who experience white privilege and students who experience racialized oppression is fraught with complexities and ambiguities. What I have found is that strategies to establish “safety” for anti-racism pedagogies in the classroom largely serve the safety of students who experience white privilege at the expense of those who are racialized (Cote-Meek, 2014). Although our goal may be to create safe learning spaces for personal transformation, our actions may lead us in the opposite direction. It is important that we do not perpetuate simplistic notions of racism as simply the discrimination of one person against another. Instead, we can focus more attention on the systemic power differentials and the complex intersectionality of our identities in relation to social injustices (Blanchet et al, 2018). Having critical conversations on race and racism in the classroom create vulnerability for both the instructors and the students who can have multiple, and often undisclosed, feelings, values, and identities related to how they experience race, racism, and all forms of discrimination. These conversations hit close to our heart, they impact our sense of self, our taken-for-granted grand narratives of what a nurse is, and the agency or power we have to enact our practice. As educators, we need to ask ourselves: *Are we prepared to experience vulnerability and examine our own racial identity and positionality in co-learning relationships with Indigenous communities and students?*

### ***Reconnection***

Through co-facilitating the field schools and with ni Noxsola Evelyn’s and Paul’s guidance, I have witnessed a learning space where people with different and complex relationships to Indigeneity are able to feel a profound sense of belonging and reconnection to their ancestry (who they are, where they come from, and where they live now). I have experienced how we are transformed through bearing witness to each other’s stories within an ecology of Indigenous Knowledge systems and pedagogies that are connected to the land, stories, and ceremony. During the field school, we experience our relationships as entangled together in the past, present, and future with the potential to heal as individual nurses within the collective identity of nursing through reconnecting with each other and the land. As Greenwood (2019) proposes, “place-conscious learning could be a meeting ground for diverse people to inspire one another” (p. 358). He explains that “[p]edagogically, the language of place can meet learners wherever they are because everyone experiences directly a host of relationships to place, even when that connection comes through urbanization, displacement, or estrangement” (p. 368). As nurse educators, we need to ask ourselves: *How may we de-centre white privilege and*

*westernized knowledge while extending our nursing worldview through ethical space (Ermine, 2007) and respectful engagement with Indigenous Knowledges and Peoples?*

## **Transforming Our Relationships**

### ***Reframing Cultural Safety***

As nurses, we have been guided in transforming our relationships with Indigenous Peoples through the enactment of cultural safety. Cultural safety was originally described by Maori nurses from Aotearoa, New Zealand as that which does not diminish, demean, or disempower the cultural identity of an individual or a group (Papps & Ramsden, 1996). Culturally safe relationships are intended to address the systemic racism that is embedded in the health care system and in nursing practice. However, many would argue that it has not been well understood or enacted by nurses and nurse educators in Canada (Rowan et al., 2013).

One challenge is that cultural safety puts the power in the hands of the recipient of care to determine what is safe. This means that nurses are not in control of deciding what is considered culturally safe nursing practice. Further, it requires recognition that the nurse, the nursing role, and the system (no matter how well intentioned) are still experienced as unsafe. Putting the power into the hands of others to determine what is safe practice invokes a particular type of vulnerability for nurses who are required to perform in accordance with regulated professional standards. Putting the recipients of nursing care in control of what is considered to be safe practice is even more challenging for health systems. When cultural safety becomes translated by health organizations into a set of policies and guidelines, it is at risk of being co-opted by a bureaucratic business model. The results can be a checkbox-style approach where cultural safety is reduced to a list of measurable actions and outcomes. It is easy to be lured by the ease and efficiency of taking superficial approaches to cultural safety. This can absolve us from engaging in the complexity of the personal and political relationships that are needed for transformative reconciliation. This superficial and bureaucratic approach becomes very different and detached from the original intention of the Maori nurse educators who developed the idea of cultural safety in the first place. *How may we remember that our responsibility is to engage with cultural humility, and that Indigenous Peoples themselves determine if our care is a culturally safe?*

Another issue with the uptake of cultural safety in nursing education is in the paradox regarding the use of the word “safety.” Addressing power relations and dismantling power structures does not often feel safe, nor should it. An example is our complicity with Euro-western forms of learning and assessment that stress didactic ways of teaching and reward content knowledge over using inquiry, imagination, and relational skills. Letting go of control is difficult for nurse educators when we fear and project our fear onto students that “if you don’t know what you are doing, you might end up killing your patient.” It feels much more comfortable for students to be told what they need to know and to prove they have learned it well through objective assessment measures. This promotes a false belief that students who are good at performing in Euro-western classrooms will also be good at navigating the complexities of nursing practice.

Nursing is a living (intersubjective) complex practice that is filled with paradox. It requires us to teach it in the way it needs to be enacted. To do so, we must be willing to transform our relationships through embracing our unknowing with humility and having the courage to be vulnerable. When we do this, we invite others to also let go of the need to be right, the need to always know what to do, and the need to be in control. When we talk about culturally

safe learning spaces in nursing education, we are asking ourselves and our students to be vulnerable and, therefore, to take risks. *How can we facilitate learning spaces where we and our students feel safe enough to be vulnerable, to take risks, and to engage with the paradox and complexities of transformative reconciliation?*

### ***Love as Action***

A teaching from Noxola Paul Willie, given often during the field school, is that all we need to do to fulfill our purpose while on Earth is to replace fear with love. Instead of being afraid of what we will lose by relinquishing our control as nurse educators fortified by institutionalized power, we can imagine what is gained through believing in a practice invigorated by reconnection and love. As a nurse educator, I am reimagining my pedagogical practice as bearing witness and enacting love. Many scholars have called for the transformation of education and nursing through love (Bourque Bearskin et al., 2020). The transformative power of love has been described as embodied love (hooks, 2010), love as a cosmic connection and moral imperative (Watson, 2020, p. 700), and through an Indigenous nurses' lens as love in action (Sheppard, 2020). This type of love is universal; it is a mind-body-soul connection with the world around us as sensual beings. As a nurse, bodily knowing is important not only in the way that knowing happens through relationships and in the context of relationships, but also in the way the caring act of nursing requires us to be tuned into the presence (more than just body/mind/ spirit) of others (Harrison et al., 2019).

John Borrows (2019) talks about zaagi'idiwin (love) as an Anishinaabe ethic that comes from being in relationship with the land. For example, he describes how he learned about love from his mentor:

Basil taught me that love, like a river, should continually flow to sustain those around us. Its currents should be strong and lay down layers of nourishment, as the forces of life course through us and strengthen others. Love is about the free flow of support to others, which should be strongest where it meets others. It allows us to fortify those who gather around us. It creates a rich, varied, diverse, and abundant life. (p. 39)

Borrows (2019) asks, when speaking about judges and politicians who are beginning to see the meaning of Indigenous law, “will they see this is a love story?” (p. 49). We could ask the same of nurses and nurse educators as we try to reconcile our relationship with Indigenous Peoples, Knowledges, and the land. *Will we see the love story by teaching nursing as my Indigenous mentors have taught me, through love in action?*

### ***Developing Ecologically Reciprocal Relationships***

It is important to engage in transformative reconciliation by engaging in accountable relationships with Indigenous Peoples and the land. This includes recognizing the inherent rights and relationships of Indigenous Peoples as outlined by the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP, 2007) with the land. To do so, I believe we can engage as Senator Sinclair (2020) invites us to do with a higher level of human consciousness. He states that “It [UNDRIP] was meant as a framework for reconciliation that would bring us together over a shared purpose, rather than tear us apart” (Sinclair, 2020). As nurse educators, we need to consider how we can engage in a higher level of consciousness that can unite us in a shared purpose through our relationships to each other and the land.

What I have come to understand is that engaging in transformative reconciliation as a nurse educator is about learning with Indigenous Peoples, community leaders, and students in direct, accountable, and humble relationships with each other and the land. The land is where local, ecologically reciprocal, and accountable knowledge is generated. Kimmerer (2013) explains:

We are all bound by a covenant of reciprocity: plant breath for animal breath, winter and summer, predator and prey, grass and fire, night and day, living and dying. Water knows this, clouds know this. Soil and rocks know they are dancing in a continuous giveaway of making, unmaking, and making again the earth. (p. 383)

As nurse educators, we can engage with transformative reconciliation through developing accountable relationships with Indigenous Peoples and the land around us.

In my practice as a nurse educator, I endeavour to engage in transformative reconciliation through developing an understanding that does not only see “the environment” as needing to be healed, or as a tool that can be manipulated to promote healing, but also as the source and force of healing for us all. As nursing instructors, we know how essential it is for learning to be experiential and contextualized. Nursing education has always had a heavy focus on practice experiences in hospitals and in communities. It should not be too big a stretch for us to find space for learning with Indigenous Peoples on the land (Battiste, 2013). As nurse educators, we need to ask ourselves: *How may we engage in local, land-based, relationally accountable, and ecologically reciprocal ways of being, doing, knowing, and learning?*

## **Transforming Our Practice**

### ***Reframing Decolonization and Indigenization***

I must be careful that, in the process of engaging in transformative reconciliation work, I do not further reinforce colonial relations in my practice as a nurse educator and in the institutions for which I work (Smith, 2020). If we focus the process of reconciliation on the decolonization of our practice and institutions, we risk remaining stuck in the type of thinking that has enabled those colonial relations of power to exist in the first place (Smith, 2020). The paradox of self-focused decolonizing work has been pointed out by many authors including de Leeuw et al. (2013) who argues that “new kinds of policies and practices ostensibly aimed toward addressing and ameliorating past wrongs... function to obscure ongoing harms and injustices of colonial practice, subverting the very good intentions they purport to represent” (p. 384). The centrality of focus on the colonized/colonizer experience will continue to reinforce the very relationship it intends to address. Engaging in decolonization work with humility and by decentering oneself in relationships is essential. It is also a perpetual source of tension and paradox for authentically engaging in transformative reconciliation. We must ask ourselves: *Are we prepared to let go of control and are we capable of de-centring ourselves in relationships with Indigenous Peoples and Knowledges?*

To complicate the matter, nurse educators are expected by most post-secondary institutions to demonstrate how they are “Indigenizing” their curricula. What I have found is that we struggle to go much further than a formal land acknowledgement or a checkbox item on an agenda to be addressed. Indigenization, when taken up superficially, does little to shift colonial mindsets and, therefore, continues to perpetuate and enforce colonial relations (Smith, 2020). The risk is that, when it is approached as a blending of knowledges without much attention to the

pedagogical, contextual, and structural changes that also need to happen, Indigenous Knowledge systems inevitably become subordinate to the well-established Euro-western ones. The process of Indigenization can become a form of violence when it is reduced to the inclusion of Indigenous Peoples and perspectives into a colonized system. As King et al., (2019) states: “Indigenizing and decolonizing are terms of academia and it will not work to use those words with Elders. The University will only be on a good trajectory when the voice of the Elder comes through it” (p. 131).

### ***Expanded View of Nursing Practice and Theory***

Nursing, despite having unique theoretical traditions, remains strongly influenced by the biomedical model. Although we attempt to take a more holistic view, we continue to centre our education on assumptions about separate body systems and linear processes of assessment, diagnosis, intervention, and evaluation. Not practicing within the full potential of our theoretical perspectives has severely limited our role and ability to respond to the complex health contexts of contemporary people and communities. By centring our practice and education in Euro-western traditions, we have limited and risked our ability to respond effectively to more relational ways of knowing and the unique health and wellness needs of Indigenous Peoples and communities (Battiste, 2013; Rowan et al., 2013). Nursing needs to enact an expanded theoretical view that can respond to the call from Indigenous Peoples for transforming our practice.

Relational accountability requires us to engage in an ethical space “in a cooperative spirit between Indigenous peoples and western institutions, [that] will create new currents of thought that flow in different directions and overrun the old ways of thinking” (Ermine, 2007, p. 203). Being relationally accountable with Indigenous Peoples and communities means being respectful of the way we engage with Indigenous Knowledge, ways of knowing, and ways of learning in nursing education. Our role as nurse educators is not about sharing specific Indigenous Knowledge or teachings. Our role is about reshaping the whole experience of education. It is our responsibility to attend to power imbalance and challenge the way we have always done things.

In my experience, when I change my practice to be relationally accountable with the communities where I work, the institution becomes obligated to respond accordingly in order to engage in ethical space with Indigenous Peoples and Knowledge (Ermine, 2007). When we are in a relationship with specific people and places, we find solutions (for many things, including reconciliation) that are rooted in the unique relationships we have with each other and importantly, with the people and land of the places where we live and practice. Kelly (2021), an Anishinaabe/Métis scholar, explains that:

The ethical relationality of learning how to be, and to hold knowledges in ways that are resonant with the law of the land, invites us to create human dispositions and, yes, institutions that are resonant or porous to being endogenous or Indigenous to our places. (p. 191)

If we transform ourselves, our relationships, and our practice, we have the potential to transform our institutions. To do so, we can start by reconnecting with humility to the land and with Indigenous Peoples locally, in our communities, and on local Indigenous Peoples’ terms.

### ***A Sacred Practice***

What I have witnessed through Indigenous land-based pedagogies is a way to reconnect ourselves as nurses to our sacred covenant for the wellbeing of society (Watson, 2020, p. 703) and with our covenant of reciprocity with the land (Kimmerer, 2013). This form of reconnection is described by Indigenous Knowledge Holders as our sacred responsibility of life itself. Tully (2018) makes it clear that:

The way to change the system is not only to think differently, as we have been doing so far. It is also necessary to act differently. This involves freeing ourselves from the ways of acting that reproduce the unsustainable system and its way of perceiving the world, and then beginning to act as plain, participatory members and citizens in the damaged and endangered symbiotic ecosystems and informal social systems we inhabit. As people act in participatory, interdependent, and mutually sustainable ways in more and more relationships, the way that the world is perceived and disclosed to them begins to change accordingly. In so doing, they begin to experience and be moved by the gift-reciprocity animacy of life itself. This regenerative movement of potentially transformative reconciliation-with is called the great “reconnection.” (p. 111)

When we engage in authentic relationships during the field school, we remember with our hearts why we want to be nurses. Through experiencing Indigenous-led pedagogy, we reconnect with a universal and ancient healing wisdom that was once connected to the land and whole. This reconnection happens within an ecology of authentic relationships that recognizes the existence of longstanding colonial harms and intergenerational trauma and respects the rights of Indigenous Peoples to reclaim and reconnect with Indigenous ways of knowing, being, and doing as distinct and separate from Euro-western traditions. This reconnection has the potential to be healing for all of us as we are guided to reconnect to our own ancestral roots and traditions no matter who we are or where we come from. Often, we experience a renewed sense of purpose and belonging. As I have been taught by Noxsola Paul Willie in the Wuikinuxv Bighouse, there are two universal laws we all must live by. One is to look after the environment. The other is to look after each other. This learning is uplifting and connected holistically to our spiritual/physical beings, to each other, and to the land. It is a sacred practice.

### **Taking Relationally Accountable Action**

Transformative reconciliation in nursing education starts with transforming ourselves through bearing witness and taking accountable actions. It requires us to transform our relationships through enacting pedagogies that are uplifting with love. Finally, we can transform our practice as nurse educators through engaging in ecologically reciprocal and relationally accountable ways with Indigenous Peoples, Knowledges, and pedagogies. When we engage at micro, meso, and macro levels simultaneously, we have the potential of transforming our systems, honouring our responsibility to redress our relationships with Indigenous Peoples, and upholding health as a human right for all (WHO, 2017).

Imagine practice as a nurse educator that is relationally accountable to the Indigenous Peoples and communities in which we learn. In our practice, we would not decontextualize knowledge from the people it comes from or belongs to. We would bear witness to our collective stories in accountable relationships with one another. We would understand that to transform ourselves and our practice, we need to deepen our relationship and reconnect with each other and

the land. The land would teach us how to develop an ecological sensibility for nursing that would profoundly inform our practice in a deeply relational way.

Imagine practice as a nurse educator as love in action. A practice where we humbly co-learn with students. Learning would be a collaborative journey of inquiry with the intention of lifting each other up. In this learning space, we would be open to taking risks and we would be willing to be vulnerable enough to grow and to transform in powerful ways. We would be brave enough to be comfortable in our unknowing and with the alchemy of our very becoming.

Imagine enacting an expanded theoretical view of nursing. We would develop a way of teaching and learning nursing that is congruent with the intersubjective, embodied, and relational way nursing is practiced. We would be courageous enough to engage with paradox and complexity. We would experience the integrity of being what we know and deeply knowing what we do. We would feel useful, joyful, and fulfilled. It would become a sacred practice.

It is time for all nurse educators to do what Indigenous Peoples have been asking of us and transform ourselves, our relationships, and our practice. *Can we learn to bear witness to each other's stories in a relationally accountable way? Can we co-create learning spaces that embody a higher level of consciousness as love in action? Can we transform our practice and, therefore, our institutions by engaging in a sacred practice that is ecologically reciprocal and relationally accountable to each other and the world around us?* I ask us all as nurse educators to actively engage with these questions. I ask this out of respect for and responsibility to all my teachers and the gifts they have given me. I ask us to engage in transformative reconciliation so that we can become the type of nurses that our communities need us to become. Finally, I end with a Kwakwaka'wakw word explained by Noxola Paul Willie that means go in your greatness, choose what you take from our time together, choose how it will change you. Halakas'la,!

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<sup>i</sup> This article is based on the author's thesis.