Calling Nurses to Move Forward Together in Truth and Love

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Land Acknowledgement

As a respectful gesture, we acknowledge the traditional Indigenous lands where we live and work, and humbly respect the ancestors who have walked before us. We have written this editorial with respect for the sacred connection we hold to our ancestors and present and future generations. This is all about good relations with the land and each other, as truths are revealed before reconciliation can flourish.

Positionality

We recognize our responsibility to introduce ourselves and our positionality as a way to express our accountability to our relations and honour our interconnection and shared contribution. This Special Edition brings together a collection of writing that explores how Indigenous and non-Indigenous nurses are advancing Indigenous wellness, equity, and anti-racism in academia and health care. Nurses in practice education, research, and policy are collectively called to address the rights, priorities, and concerns of First Nations, Inuit, and Métis Peoples by recognizing a distinction-based approach (Government of Canada, 2022) in alignment with the Truth and Reconciliation Commission of Canada (TRC) Calls to Action and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

We are concerned about misguided “performative benevolence” (Livnat, 2004) within nursing education regarding the TRC Calls to Action and Indigenous health. The growing competition around decolonization and Indigenization within and between schools of nursing paradoxically contributes to recolonization and risks tokenistic reconciliation and erasure of Indigenous Knowledges and Peoples. We need to actively resist dominating knowledge territories (Kennedy et al., 2020) as this leads to Indigenous Knowledges becoming reconstructed as a white possession (Moreton-Robinson, 2015). Rather, nursing has an ethical responsibility to unlearn individualism, repair relational harms, and genuinely collaborate as a unified discipline to advance Indigenous health equity. Nursing is called to be grounded in an ethic of “love [as] a combination of care, commitment, knowledge, responsibility, respect and trust” (hooks, 2000) with “love as the practice of freedom” (hooks, 1994) to actively resist domination and oppression, while advancing equity in nursing education and health care.

In response, we are calling schools of nursing to develop strong relationships and authentic partnerships with local Indigenous communities and Knowledge Holders. We support moving from positioning Indigenous Peoples as advisors to a more authentic authority as Knowledge Holders and decision-makers; we believe this begins with how nurses are educated. Each article in this Special Edition privileges Indigenous voices and experiences by naming Knowledge Holders and connecting knowledge with local communities. Furthermore, non-Indigenous nurses were supported to engage in critical self-reflexive thinking and humbly deconstruct how our discipline perpetuates harm, while creating a new space that resists conformity and liberates health as a human right. Subsequently, we have prioritized the guidance and contribution of Indigenous Knowledge Holders to demonstrate our commitment to this relational way of knowing in nursing: to move forward together in truth and love.

Locationality

With the intent to share our co-learning experience, we acknowledge our own self-locations and the traditional lands from which we each work, live and benefit from. We express our deepest
gratitude to three exceptional nurse leaders, old ones and Elders for their guidance, knowledge, and wisdom. Inviting Dr. Evelyn Voyageur, Dr. Doreen Spence, and Mable Horton was purposeful and central to modeling the principle “nothing about us without us”. We thank our nursing colleagues who for some submitted manuscripts and for others collaborated in an open peer review process. We situate ourselves as Guest Editors, Co-Editors-in-Chief, and the Editorial Team before describing the process of our decisions for this Special Edition, including our final call to action as a means to maintain our continued commitments to addressing Indigenous-specific racism through relational publishing practices and advancing wisdom in relational publishing practices.

Elders

With respect to local Indigenous protocols for opening and closing this work as a circle, we express humble gratitude for our Indigenous nursing Knowledge Holders, mentors, and grandmothers who have supported our combined efforts in this Special Edition: Evelyn Voyageur, Grandmother Doreen Spence, and Mabel Horton:

Dr. Evelyn Voyageur also known as gilgalet’lak, of the Kwa-kwa-ka-wak Nation from the Dzawada’nikw Peoples in British Columbia. She is the second oldest in a family of 10 and grew up in her village also known as Kingcome Inlet, in Northern British Columbia. She was born and raised living on the land and learning from community members until she was 9 years of age, when she was taken to go to a residential school in Alert Bay. She has 4 children, 15 grandchildren, and 22 great-grandchildren. Evelyn has dedicated her life’s work to nursing and generously shared a wealth of knowledge to cultivating Indigenous nurses' knowledge generating approaches to create Indigenous health care service, unique to First Nations Peoples. She is recognized as one of the first Indigenous nursing scholars in Canada. She began her nursing career in the late 1960s, completed a PhD in 2003 in Psychology, and continues to work with local communities, universities, and national nursing organizations advocating for systemic changes to health care policy in relation to First Nations, Inuit, and Métis Communities. A recipient of many awards including College of Registered Nurses of BC Lifetime Achievement Award, Top 150 nurses across Canada and received the Award of Excellence in Nursing from Health Canada’s First Nations and Inuit Branch. Honorary Degrees from North Island College, and Thompson Rivers University and the 2018 National Indspire award for Indigenous health.

Dr. Grandmother Doreen Spence was raised by her grandparents at the Goodfish Lake Nation in northern Alberta, and is a member of the Saddle Lake Cree Nation. She strives to bring understanding between all nations and has opened hearts and minds around the world with her teachings, persistence, wisdom, unconditional love, and peace. She was one of the first Indigenous women in Canada to graduate as a licensed practical nurse, and has advocated for Indigenous Peoples’ rights, leading to local-to-global systems change in health care, education, justice, and social services. Grandmother was the president of the Plains Cultural Survival School Society for 18 years, and founder of the Canadian Indigenous Women’s Resource Institute, and served as a Senator at the University of Calgary. As our country’s representative and presiding Elder to the United Nations Working Group of Indigenous Populations, she helped draft the declaration that established global human rights standards, and shares her traditional knowledge to benefit all people. She has been honoured numerous times for her work, including being a Nobel Peace Prize nominee for the 1000 Women of Peace Project in 2005 and receiving, along with his holiness, the Dalai Lama, an International Award at the New Zealand Spiritual Elders Conference in 1992. In 2017, she was the recipient of the national Indspire Award for Culture, Heritage and Spirituality and honorary Bachelor of Nursing degree from Mount Royal University in 2017, and was
appointed Officer of the Order of Canada in 2021. She is currently a Presiding Elder with the Bachelor of Nursing Decolonial Curriculum Redesign at Mount Royal University. Andrea is Grandmother’s Oskápëwis/helper, and Grandmother accepted tobacco to support this process with her wisdom and teachings of unconditional love to guide Indigenous and non-Indigenous nurses in reconciliation.

Mabel Horton was born and raised in the northern community of Nisichawayasihk Cree Nation (NCN) in Manitoba. She attended the NCN Roman Catholic Day School until the age of 10, then the Guy Hill Residential School near The Pas and the Assiniboia Residential School in Winnipeg. She graduated from the Victoria General Hospital in Winnipeg in 1970, obtained her public health nursing diploma from the University of Windsor, Ontario in 1978, and her BA and MPA from the University of Manitoba in 2000. She currently acts as a Owechiowew / Helper / Knowledge Keeper and advisor for the First Nations Health & Social Secretariat of Manitoba in their various research initiatives, plus other university research organizations.

We respectfully acknowledge how these Indigenous nurse leaders have carved a path forward for us coming behind. They have all blazed a trail through the deep thick forest of knowledge, and not ever letting us forget the importance of our own Indigenous ways of being, knowing and doing.

Peer Reviewers and Authors

We hold our hands up to nursing colleagues who collaborated in an open peer review process for each of the articles published in this special edition. Together, peer reviewers and authors explored, critiqued, and refined the written works while honouring an ethical space that maintained the intellectual integrity of the journal from Indigenous and westernized worldviews. We are grateful for how these nursing scholars contributed to this collection of works with critical awareness to resist white supremacy and question entrenched westernized dominance in nursing scholarship. This process has created a new space for nursing scholarship with good relations—rather than competition—to work together for the good of the people.

Introductions

Guest Co-Editors

Lisa Bourque Bearskin is a Cree Métis Registered Nurse leader from Beaver Lake Cree Nation, is an Associate Professor and an inaugural Canadian Institute of Indigenous Health Research (CIHR) Indigenous Health Nursing Research Chair holder at the University of Victoria with 30 years of experience in nursing. She is known for her expertise in Indigenous nursing leadership, equity, and Indigenous knowledge in nursing. She now devotes her research career to community knowledge as a generative process to advancing Indigenous health nursing. She is recognized for her work on a relational, rights/strength-based research approach to advancing Indigenous health rights. She was a former president of the Canadian Indigenous Nursing Association (CINA) and has led organizational changes that focused on reconciling parallel pathways of traditional Indigenous health care in the context of community wellness. She is a proud sur-thriver of the residential school and sixties scoop era, who rebuilt and maintained a solid connection to her community and culture and became a licensed practical nurse. She went on to receive her baccalaureate, Master of Science, and Doctor of Philosophy in Nursing from the University of Alberta. She is a proud sur-thriver of the residential school and sixties scoop era, who continues to advocate and advance Indigenous nursing research.
Wanda Phillips Beck is Anishinaabekwe (Ojibway) from Hollow Water First Nation in Manitoba. She is married and has two grown children. Wanda prides herself on being a lifelong learner, having begun her PhD studies in her early 50s. She works full time as a research scholar for the First Nations Health and Social Secretariat of Manitoba. In 2020, Wanda was awarded the CIHR funded Indigenous Research Chair in Nursing—the first time a chair has been awarded to a community-based research organization. Wanda’s present title as “Seven Generations Scholar” depicts her research philosophy that what we do and learn today impacts many generations that follow. Wanda’s approach to research has been, and will continue to, begin with listening to and following advice and guidance from Knowledge Keepers. Wanda is grounded in who she is as an Anishinaabekwe, and her work is informed by her many years working as a nurse leader and researcher, and the many years of working with and among Cree, Ojibway, Dene, Dakota, Metis and Anishininew peoples of Manitoba.

Andrea Kennedy is originally from Huron-Robinson Treaty traditional lands, and is a mother, aunty, nurse, educator and researcher dedicated to Indigenous health and education equity. Andrea is honoured to learn with Elders, and is profoundly grateful for the generous guidance of Grandmother Doreen Spence. She holds a deep pride for her diverse relations, including European, Celtic and Métis ancestry and traditionally adopted Tsuut'ina and hanai Hawaiian families. As an associate professor at Mount Royal University she teaches undergraduate nursing through respectful engagement with Indigenous Knowledges through cultural humility and co-learning. I engaged in this work as a guest co-editor as an extension of discussions with the editorial team from a previous QANE-AFI publication co-authored with Lisa on “Reconciling Taking the Indian out of the Nurse”.

Co-Editors in Chief

Jacinthe Pepin, born of a French descent family, whose ancestors came in the mid-1600s to Québec, was fortunate to be encouraged to pursue studying beyond what was the norm for women. She became a nurse after obtaining a Bachelor of Nursing and is now a full professor at the Faculty of Nursing, Université de Montréal, situated on the traditional territory of the Kanien’kehá:ka nation. She was, between 2013 and 2022, the scientific leader of a multidisciplinary and inter-university funded research team (FRQSC), whose research program focuses on learning processes by health care professionals. She has expertise in the co-development of nursing competency frameworks in the context of education and of professional practice, including with First Nations nurses. Through my work, I had the privilege to listen to and work closely with wise and guiding Indigenous nurses and that was what I experienced for this Special Edition; I value the authentic dialogue we had.

Florence Myrick is originally from Newfoundland and Labrador and has had the opportunity to study in three different provinces throughout her nursing career. She has also had the great fortune of working in five provinces and a territory. Florence has devoted her career to the advancement of nursing education through her scholarship, researching in the area of clinical teaching. Through her research she has generated knowledge in the area of preceptorship contributing to the development of clinical teaching and learning strategies. It has indeed been a privilege to have worked on this Special Edition especially regarding Indigenous nursing. Indeed, it has been a valuable experience to have learned from the Grandmothers/Knowledge Keepers and one that I shall always value.
**Editorial Team**

Jessica Pearce Lamothe was born and raised in Ottawa, Ontario, on the traditional and unceded lands of the Algonquin People. She is white and of Italian, Scottish, and English ancestry. She lives with her husband (Métis, French, and Irish) and daughter in Ottawa. She has an Honour Bachelor of Arts with a Specialization in English and a Master’s of English, both from the University of Ottawa. She has worked for the Canadian Association of Schools of Nursing and QANE-AFI for 7 years, and she is very fortunate to have learned so much working on this special edition.

Sabiha Khazal was raised in Ottawa, Ontario, on the traditional and unceded territory of the Algonquin People. She is of Italian and Middle Eastern descent. She has an Honours Bachelor of Public Relations from the University of Ottawa and an Ontario College Diploma in public relations from Algonquin College. She works as part of the Communications Team at the Canadian Association of Schools of Nursing and QANE-AFI. She is profoundly grateful for the generous guidance that she has received from the Guest Co-Editors, Grandmother Doreen, Grandmother Knowledge Keeper Mabel Horton, and Knowledge Holder Evelyn Voyageur during the process of this special edition issue.

**De-Centering Western Ways and Respecting Elders: Strengths, Challenges and Opportunities**

The strength of Indigenous health nursing and education—by Indigenous and non-Indigenous nurses alike—is founded in cultural humility and respect for Indigenous Peoples. We still have a lot of work to do, and we hope the messages shared in this special edition are taken up in a way that will spark a little fire for nursing to critically examine and address the inequities imposed on Indigenous Peoples across this country, including the ongoing impact of colonization, systemic racism and dominant medicalization of health care. In this tension between strengths and disparities, nursing has an important and timely opportunity to advance Indigenous human rights and health equity.

Furthermore, while Elders are respected as our most valued Knowledge Holders, we have witnessed significant challenges related to tokenism and lack of meaningful engagement in our collective practice experiences. When we ask Indigenous Knowledge Holders for support and guidance, we need to learn how to listen and reflect with self-awareness, respond, and humbly seek permission with respect and reciprocity. This requires a fundamental shift in nursing education within the academy and nursing practice within the health care system, to intentionally de-centre westernized dominance, critically appraise white benevolence, and actively resist white supremacy. Grandmother Doreen reminds us that when we ask for Elders’ guidance, we have a “response-ability” to deeply listen, circle back to share our learning and action plans, and seek permission on what/how we may share (and not share) with others, while continuing to nurture this relationship. Moving forward, we emphasize the importance for all those involved in nursing education and scholarship to engage with cultural humility as “a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience” (First Nations Health Authority, n.d.). When done with authentic relationality, nurses may nurture cultural safety as an outcome determined by Indigenous Knowledge Holders and Peoples.
Knowledge Holders Evelyn, Grandmother Doreen, and Mabel reminded us that nurses are needed—right now more than ever—to share our perspectives and take action: not under the wings of the physician, but firmly grounded within our own practice, autonomy, and personhood. This is how Indigenous nurses have been contributing since time immemorial, considering the contributions of traditional healers and helpers who have shown how we may best serve and promote health with Indigenous Peoples.

**Decolonial Co-Learning Process and Open Review**

Nursing scholarship has deep colonial roots that privileges Eurocentric thinking and westernized discourse, writing style, and review processes. This special edition has been a transformative co-learning process for the guest editors, editors in chief and QANE editorial team. Together, we critically examined, unpacked, and created new understanding on how to share nursing scholarship that authentically respects Indigenous Peoples and knowledge systems. We cultivated a decolonial space that still respects yet de-centres westernized nursing knowledge and practice, while creating an inclusive “ethical space of engagement” (Ermine, 2007, p. 1) with Indigenous Knowledges including Indigenous nursing knowledge.

Since this is all about good relations, we intentionally designed an open review process with contributing authors to support their work in this emerging decolonial landscape. This created an inviting space of learning and writing together as a nursing community. The intention of the open peer review process is to optimize and humanize peer review to support the quality and impact of submissions. We recognize how transparent relationality between authors and reviewers provided both critical and collegial support throughout the full process. This was carried out by invitation to contributing authors to engage in an open review process, with authors and reviewers being aware of each other’s identity with direct reciprocal discussion (Ross-Hellauer, 2017). Grandmother Doreen sees this as an important step for nurses to actively resist lateral violence that is pervasive within nursing, and instead clearly and strongly promote lateral kindness among nursing scholars and educators. We also engaged in critical co-learning about shifting the culture of inclusive nursing scholarship with caring support and without judgment. As we actively reflect on our own held biases and worldviews, Evelyn reminds us to “lead without forcing”. This strengths-based, rights-based, person/people centred approach with heart is the key to moving forward with good relations with nurses and Indigenous Peoples.

**Reflection by Co-Editors-in-Chief**

One of the most beneficial and impressive takeaways from this experience has been learning how the Indigenous culture treats Elders with genuine reverence and respect. We learned the importance of engaging with Elders with the highest regard, for them as a person and for their knowledge, a lesson that needs to be further communicated to our society. Secondly, we have been equally impressed by how important the concept of inclusion is in the Indigenous culture. Even though we are not Indigenous, we were always respectfully listened to and included in the process, another great lesson for our society. And thirdly, the open review process first questioned us as guardians of quality through a peer-review process in a scientific journal. Our conversations lead us to understand that all editors had the same goal in mind, that is quality and credibility of the published articles, and for this Special Edition, the coherence with the Indigenous methodology required this open review process.
Policy Statement by Special Edition Co-Editors and Co-Editors-in-Chief

While this has indeed been a transformative co-learning experience, there is an actionable commitment by QANE-AFI to revise guidelines regarding manuscripts on Indigenous Peoples and health to respect “nothing about us without us” (Roach & McMillan, 2022). From this point forward, QANE-AFI will uphold the following guidelines on manuscripts related to Indigenous Peoples and health with respect to the following:

- Requiring authorship that is Indigenous-led and/or has clear authentic Indigenous partnerships
- Including Indigenous author affiliation that includes their Nation
- Requiring a positionality statement by all authors to contextualize identity to their place and purpose as an important component of Indigenous methodology
- Naming and citing Indigenous knowledge holders with their permission to honour their contribution
- When discussing traditional knowledge held by communities, recognizing Indigenous communities’ collective contribution as authors, noting the particular relevance of community-owned knowledge

We cannot be complicit as Indigenous Peoples continue to be marginalized within nursing education and the health care system. Moreover, nursing education cannot truly advance Indigenous health equity if we claim possession and territory of decolonial efforts within and between schools of nursing. We are calling on nurses to intentionally work together to advance Indigenous health nursing practice, education, and scholarship as part of our reconciliation efforts.

We advocate that all nurses take up the challenge to engage in critical self-reflexivity and systems-level critique to address the barriers and opportunities for positive change in Indigenous health. Nursing has a responsibility to cultivate good relations and authentic partnerships with Indigenous Peoples to promote human rights and health for all. In the evidence that we seek, cite, develop, and publicize as nursing scholars, we need to begin with intellectual and cultural humility as foundations for respectful engagement with Indigenous Peoples. We need to move forward together in truth and love to reclaim relational practice at the heart of nursing to honour our professional service to the public.
References


La version française sera bientôt disponible.