

Reconcili-Action Begins With Education: Graduate Nursing Students' Perspectives of an Experiential Exercise About the History of Indigenous Peoples in Canada

Renée K. Boily, University of Manitoba

Karamveer Kaur, University of Manitoba

Clayton F. Sandy

Donna E. Martin, University of Manitoba



Cover Page Footnote | Note de page couverture

We acknowledge and value the leadership, guidance, and friendship of Clayton Sandy, Knowledge Keeper. This project was located on the original lands of the Anishinaabeg, Cree, Ojibwe-Cree, Dakota, and Dene peoples, and on the National Homeland of the Red River Métis. We respect the Treaties that were made on these territories, we acknowledge the harms and mistakes of the past and present, and we dedicate ourselves to move forward in partnership with Indigenous communities in a spirit of reconciliation and collaboration. | Nous reconnaissons et apprécions le leadership, les conseils et l'amitié de Clayton Sandy, Gardien du savoir. Ce projet a eu lieu sur les terres d'origine des Peuples Anichinabé, Cri, Ojibwé-Cri, Dakota et Déné, ainsi que sur la terre de la Nation des Métis de la Rivière Rouge. Nous respectons les traités conclus sur ces territoires, nous reconnaissons les préjudices et les erreurs du passé et du présent, et nous nous engageons à avancer en partenariat avec les communautés autochtones dans un esprit de réconciliation et de collaboration.

Positionality

In this article, we use the term *Indigenous* to refer to individuals identifying as First Nations (status or non-status), Métis, or Inuit. We acknowledge that these three distinct groups have different histories, knowledge, languages, cultural practices, and spiritual beliefs. The first author (RB) is a nurse practitioner who was born and raised on Treaty One Territory, the homeland of the Red River Métis. She identifies as Franco-Manitoban and Métis. The second author (KK) is an internationally educated registered nurse who identifies as a first-generation East Indian Canadian. The third author (CS) is a respected Knowledge Keeper, cultural adviser, and community activist who has spent his working life educating generations of non-Indigenous people about the history of Indigenous Peoples in this country. His home community is Sioux Valley Dakota First Nation. The fourth author (DM) identifies as a white settler with a program of research and praxis that aims to promote health equity and social justice in partnership with Indigenous communities. We recognize the impact of colonization on Indigenous Peoples. We are committed to dismantling anti-Indigenous racism and to promoting allyship to improve the understanding of colonial history and to facilitate culturally safe practice in health care.

Introduction

In the 1970s, Jocelyn Bruyere and Jean Cuthand Goodwill, founders of the Canadian Indigenous Nurses Association (CINA), came together with other Indigenous nurses “to ultimately improve what they witnessed firsthand as Indigenous nurses—the appalling overall health conditions faced by their own people” (CINA, n.d., para. 4). To improve health outcomes, health care professionals must understand the legacy of colonization, residential schools, cultural genocide, and the health disparities that Indigenous Peoples experience (Truth and Reconciliation Commission of Canada [TRC], 2015). Nursing constitutes 59% of the health care workforce (World Health Organization, 2020), but in Canada, only 3% of nurses identify as Indigenous (University of Saskatchewan, 2018). Enrollment and graduation rates of nursing students who self-identify or who verify Indigenous ancestry are low; therefore, Indigenous communities are primarily cared for by non-Indigenous nurses (Canadian Association of Schools of Nursing [CASN], 2022). There is a need to increase all nursing students’ understanding of the historical dominance of colonization and its impact on Indigenous life and ways of knowing (Van Bower et al., 2020). In 2015, the TRC published and proclaimed Call to Action #24 upon nursing schools in Canada to provide Indigenous education to all students. While universities worldwide have implemented Indigenous courses and workshops for undergraduate nursing students, we identified a gap in the graduate nursing curriculum in a Western Canadian university. As a result, we had several conversations to address this gap. As a group, we decided that a key strategy to facilitate an enhanced understanding of colonial history among graduate nursing students was through the Turtle Island Project (TIP) experiential exercise.

In September 2022, we invited all current and incoming graduate nursing students to participate in the TIP experiential exercise entitled Reconcili-Action Begins with Education: Turtle Island Project Experiential Exercise for Graduate Nursing Students. We used an anonymous evaluative survey to explore graduate nursing students’ perspectives and evaluate the impact of the TIP experiential exercises on enhancing participants’ understanding of colonial history. Assessing graduate nursing students’ experiences and attitudes when learning about Indigenous issues is imperative so that tailored, innovative pedagogical strategies can be developed, appraised, and implemented in the future (Allen et al., 2013). By presenting this initiative (i.e., the TIP experiential exercise for graduate nursing students) and the evaluative results, we encourage future

similar experiential learning among all nursing students to facilitate culturally safe nursing practice with Indigenous individuals, families, and communities. Current and future health care professionals must fully understand the impact of colonial history and their role in sustaining whiteness. In addition, they must understand and respect Indigenous worldviews, ways of knowing, knowledge, and practices about health to promote culturally safe nursing practice in partnership with Indigenous Peoples worldwide.

Background

There is strong evidence of societal and cultural impact on the health outcomes of individuals where the lack of culturally safe care and discrimination contribute to adverse health outcomes (Allen et al., 2013; Papps & Ramsden, 1996). Developed in New Zealand, the concept of cultural safety comprises elements of cultural awareness, cultural sensitivity, and cultural competency (Brascoupé & Waters, 2009; Canadian Nurses Association [CNA], 2014; Darroch et al., 2017; Martin et al., 2018; Papps & Ramsden, 1996; see Table 1).

Table 1

Definitions

Cultural awareness	<i>Cultural awareness</i> means acknowledging cultural differences and similarities (Darroch et al., 2017; Martin et al., 2018).
Cultural sensitivity	<i>Cultural sensitivity</i> is the second step towards cultural safety. There is a need to acknowledge and respect the differences among all cultures (Darroch et al., 2017; Martin et al., 2018).
Cultural competency	<i>Cultural competency</i> encompasses cultural awareness and sensitivity but focuses on motivating individuals and organizations to reflect on their values, beliefs, and culture while developing culturally appropriate knowledge and skills to apply in their service delivery (Aboriginal Nurses Association of Canada [ANAC], 2009; Darroch et al., 2017).
Cultural safety	<i>Culture</i> is described broadly, and <i>safety</i> is defined as health care professionals' accountability to promote health and protect their care recipients from potential harm (Darroch et al., 2017). Cultural safety considers the historical, financial, political, and social determinants of an individual's health and health care experiences while encouraging health care professionals to examine and understand power dynamics between service recipients and providers (ANAC, 2009; Darroch et al., 2017; Papps & Ramsden, 1996).

Cultural Safety Within the Indigenous Context

Over the centuries, colonialism forced the original inhabitants of Canada, Indigenous Peoples, into complicated and traumatic relationships with European colonizers (Darroch et al., 2017). Colonial governments have enacted subordinating policies to control and assimilate the Indigenous population, thus stripping them of their distinct legal, social, cultural, religious, and racial identities (TRC, 2015; Van Bower et al., 2020). The long legacy of colonial practices annihilated Indigenous self-governance, disregarded Indigenous rights, encroached on Treaties, silenced Indigenous voices, and eliminated culture and traditions (TRC, 2015; United Nations, 2007; Van Bower et al., 2020). The foundation and governing of residential schools is only one

example of such colonial practices, which led to physical, biological, and cultural genocide (Darroch et al., 2017; TRC, 2015). Indigenous Peoples worldwide, particularly in the United States of America, New Zealand, and Australia, have histories similar to Indigenous Peoples in Canada; the intergenerational trauma and deep historical roots of racism continue to impact Indigenous Peoples' health and well-being negatively (ANAC, 2009; Darroch et al., 2017; Filice et al., 2020; Vigneault et al., 2021).

The quality of life of Indigenous Peoples was previously sustained through connection to the natural environment of their traditional homelands; however, Western educational and medical practices have historically destroyed their way of life (Darroch et al., 2017). To this day, there is a significant health disparity between Indigenous Peoples and non-Indigenous people, with strikingly higher mortality, morbidity, and rates of chronic and infectious diseases in the Indigenous population (Vigneault et al., 2021). Because of racism, negative stereotypes, and ongoing trauma, Indigenous patients may be reluctant to seek medical attention because of fears of being alienated, being disrespected, and receiving poorer quality health care (Cameron & Mitchell, 2022). While Indigenous Peoples have shown remarkable strength and resilience, decolonization efforts, reconciliation, allyship, and culturally safe care are essential to promote equity in health care (Allen et al., 2013; Darroch et al., 2017). A culturally safe health care system has a direct impact on reducing the health disparities experienced by Indigenous Peoples (Browne et al., 2021, 2022; Hunt et al., 2015).

One recommended approach to overcoming culturally unsafe practice and health disparities is incorporating Indigenous history and perspectives into health professionals' university curricula to help shift students' focus away from Western medicine and towards developing "Two-Eyed Seeing" (Bartlett et al., 2012; Hunt et al., 2015; Truth and Reconciliation Task Force [TRTF], 2020). Albert Marshall and Murdena Marshall, Mi'kmaq Elders, described "Two-Eyed Seeing" as the gift of multiple perspectives that incorporates "learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of Western knowledges and ways of knowing, and to using both these eyes together, for the benefit of all" (Bartlett et al., 2012, p. 335). As Chief Justice Murray Sinclair declared, "It was the educational system that has contributed to this problem in this country, and it's the educational system that's going to help us get away from this" (Facing History & Ourselves, 2022, 1:26).

Truth and Reconciliation

In 2015, the TRC published 94 Calls to Action to rectify residential schools' legacy and advance the reconciliation process between Indigenous Peoples and non-Indigenous people in Canada. Call to Action #24 guides health care educational institutes on their role in promoting reconciliation, which is essential for best-practice nursing curricula and Indigenous Peoples' improved access to culturally safe health care (TRC, 2015).

Indigenous Education in Nursing Programs

Nurses are often the sole health care provider in the 650 rural and remote Indigenous communities across Canada (CNA, 2018). As most Canadian nurses are non-Indigenous, all nursing graduates must understand the colonial history impacting Indigenous Peoples in Canada (ANAC, 2009; CASN, 2022). Current evidence suggests that undergraduate nursing students start their program with suboptimal knowledge of Canadian history, variable impressions of Indigenous Peoples, and minimal experience working with the Indigenous population (Allen et al., 2013).

Nursing students' understanding and perspectives regarding Indigenous Peoples often stem from the colonial viewpoint, social media, and prevalent stereotypes (ANAC, 2009; Cameron & Mitchell, 2022). Nursing students require cultural safety and antidiscrimination education to meet professional nursing standards, increase their confidence while working with the Indigenous population, and improve Indigenous patients' access to inclusive and equitable health care (Darroch et al., 2017; Doran & Wrigley, 2022; Hunt et al., 2015).

Despite widespread recognition that Indigenous Peoples' history should be a core component of nursing curricula, there is no consensus and often confusion on how to integrate it (Allen et al., 2013; Doran & Wrigley, 2022). Evidence suggests that educators, researchers, educational institutes, and accreditation bodies have attempted to implement and study various teaching methods in undergraduate nursing programs worldwide (Pitama et al., 2018). For example, in 2009, ANAC, CASN, and CNA collaborated on a framework to provide support to educational systems, institutions, and nurse educators to foster cultural safety in Indigenous health services (ANAC, 2009). Initiatives responding to Call to Action #24 have included welcoming Indigenous instructors and pedagogy into the program, incorporating cultural safety in the curriculum, and supporting Indigenous community placements (TRTF, 2020). Despite such frameworks and initiatives, limited Indigenous content is included in nursing curricula in Canada, which shows a need for additional research and initiatives (CNA, 2014; Rowan et al., 2013). While researchers worldwide have demonstrated the importance of cultural safety in nursing schools, most focus on undergraduate nursing programs, overlooking the importance of cultural safety education in graduate nursing programs (Clark et al., 2011; Rowan et al., 2013).

Cultural Safety for Advanced Practice Nurses

Graduate nursing students are practising registered nurses, registered psychiatric nurses, and internationally educated nurses with various experience levels in diverse practice settings who are pursuing higher studies to become advanced practice nurses (APNs). An APN is an expert with expanded knowledge and clinical competencies who can make complex decisions while providing health services based on the needs of the population they serve (Schober et al., 2020). APNs are clinical nurse specialists (CNSs) and nurse practitioners (NPs) who provide direct health care services, nurse educators who instruct at universities and institutions, and nurse administrators who provide leadership in different settings (Schober et al., 2020). While employers are expected to include cultural safety training for all nurses, assuming that all students entering graduate nursing programs understand Canada's history similarly would be problematic.

Embedding cultural safety within the Indigenous context in graduate-level education can encourage graduate nursing students to build on their previous knowledge, engage in higher-level thinking, and understand various epistemologies (Clark et al., 2011; Darroch et al., 2017). First, culturally safe and historically informed APNs can disrupt an organization's discriminatory policies and practices and influence new local, national, and international policies (CNA, n.d.; Clark et al., 2011; Schober et al., 2020). Second, they can work towards reconciliation with students, colleagues, leaders, and stakeholders (CNA, n.d.). Finally, they can serve as effective and efficient providers in Indigenous communities and help address Indigenous Peoples' barriers to accessible, equitable, and safe health care (Schober et al., 2020). The significant role a culturally safe APN can play in the health of Indigenous Peoples in Canada points to the urgency and relevance of Indigenousizing graduate nursing curricula (CNA, n.d.; Clark et al., 2011).

Beavis et al. (2015) noted that non-Indigenous faculty members must be cautious about embedding Indigenous history into curricula. Many Canadian nursing programs have a “hidden curriculum,” defined as only negative perspectives and stereotypes of Indigenous Peoples (Cameron & Mitchell, 2022). As Indigenous perspectives are frequently marginalized, considerable thought must be put into developing graduate-level Indigenous learning opportunities to mitigate the lack of effective pedagogical methods (Allen et al., 2013; Van Bower et al., 2020). Many research studies firmly support the inclusion of Indigenous Elders in the planning and delivery of Indigenous content as it is considered sacred knowledge and restricted to specific individuals (Hunt et al., 2015; Kennedy et al., 2022; Van Bower et al., 2020).

Guiding Framework

An Indigenous viewpoint is that knowledge is transmitted in sharing circles, observations, experiential learning, intergenerational storytelling, land-based learning, meditation, prayer, or specific ceremonies rather than in traditional Western pedagogical methods (Battiste, 2013; Van Bower et al., 2020). Knowledge is learned through Indigenous ways of being, knowing, and doing, as knowledge and action are parts of the same whole (Bourque Bearskin et al., 2016; Tanaka, 2016). Indigenous pedagogies are also transformative, involving learning with the heart and mind (Bourque Bearskin et al., 2016; Tanaka, 2016). They can help change learners’ consciousness, disrupt master narratives, and assert the collective knowledge (Van Bower et al., 2020). While there is no one way to weave Indigenous perspectives into nursing curricula, experiential learning, intergenerational learning, and sharing circles led by Indigenous Elders can support students’ understanding of Indigenous life and ways of knowing (Tanaka, 2016; Van Bower et al., 2020). In Indigenous learning, experiential knowledge is viewed as superior as “seeing and doing” engages diverse learners (Battiste, 2013).

Methods

Experiential Exercise for Graduate Nursing Students

The TIP experiential exercise was created in 2018 by Clayton Sandy, Knowledge Keeper, who wanted an educational exercise on Canada’s colonial history to be demonstrated by Indigenous Peoples with lived experience. Sandy formed the TIP collective with a diverse group of four Sixties Scoop and residential school survivors, a newcomer to Canada, and a close non-Indigenous friend. After 4 years of researching, discussing their experiences, and listening to Elders’ survival stories, the collective formed the unique TIP experiential exercise. Together, the seven facilitators work towards raising awareness and increasing understanding of Canada’s historical and contemporary relationship between Indigenous Peoples and non-Indigenous people. The collective also aims to transform participants’ perceptions of Indigenous Peoples and engage in reconciliation. A detailed description of their work can be found online at <https://winnipeg-chamber.com/wp-content/uploads/2021/11/TIP-broucher-2021.pdf>.

Sandy is a strong advocate of Indigenous education among health care providers, with a longstanding relationship with graduate nursing students and nursing faculty at this university. In January 2022, we, the authors met in person to discuss strategies to facilitate graduate students’ learning with a developing idea to host a TIP experiential exercise for graduate nursing students. After several in-person meetings, we organized Reconcili-Action Begins with Education: Turtle Island Project Experiential Exercise for Graduate Nursing Students. In June 2022, the first two authors emailed graduate nursing students to invite them to participate in the voluntary exercise. In September 2022, two TIP experiential exercises were held at the university during the graduate

student orientation week, and 21 people volunteered to participate. Each workshop started with participants and facilitators sharing refreshments, stew, and bannock to facilitate a supportive, welcoming, and collaborative environment. Following the meal, the TIP collective led participants through a 2.5-hour exploration of Indigenous Peoples' history and encouraged them to discuss strategies toward reconciliation.

Initially, participants gathered around the TIP blanket, sewn by a local Indigenous women's organization. The traditional territories of all local Indigenous groups were acknowledged, and tobacco was offered to Sandy. An opening prayer and smudging ceremony commenced the workshop. Next, the facilitators narrated the story of Turtle Island, the name for the lands now known as North America for many Indigenous Peoples. The story of Turtle Island varies among Indigenous communities. Still, for most, the term *Turtle Island* comes from the story that North America was formed on the back of a turtle, emphasizing that the turtle symbolizes life and earth (Robinson, 2018).

The TIP facilitators then invited participants to a role-playing experience with 13 removable squares on the TIP blanket and Indigenous items of display for reference. The participants were invited to assume various roles within an Indigenous community to gain a deeper understanding of the effects of colonization by experiencing life as an Indigenous person in pre-contact, European contact, assimilation, and present-day Canada. This included role-playing outdated policies of the Indian Act, the loss of land, the creation of the reserves, the creation of residential schools, the Sixties Scoop, the Child and Family Services system, homelessness, and Missing and Murdered Indigenous Women and Girls, to name a few. The TIP collective shared their knowledge on the impacts of historical trauma on Indigenous Peoples in Canada. Next, the facilitators provided the opportunity for all participants to help rebuild Turtle Island, with the return of the land, children, and cultural items to the blanket. At this time, the facilitators presented information about 150 Indigenous role models in 24 areas of expertise to recognize their incredible work. Participants then had an opportunity to take part in a friendship dance, led and explained by Sandy, a powwow dancer with 40 years of experience.

Finally, Sandy invited participants to contribute in a sharing circle to engage their minds and hearts in understanding the myths and stereotypes about Indigenous Peoples and why there may be mistrust in the relationship between Indigenous Peoples and non-Indigenous people. In the sharing circle, participants were encouraged to reflect upon their role as registered nurses and identify how to take action towards reconciliation. Participants were given a list of actions that individuals and businesses can take toward reconciliation. The "Actions You Can Take on Reconciliation" list can be viewed here: <https://circlesforreconciliation.ca/get-involved/>. During the last 15 minutes of the TIP experiential exercise, participants were invited to complete an anonymous evaluative survey. This evaluative survey explored graduate nursing students' perspectives on the TIP experiential exercise and their reflections on how the exercise may impact their future careers as APNs.

As these types of exercises have the potential to evoke strong emotion, the organizers took measures to ensure that the facilitators and participants felt emotionally cared for and safe. First, a trigger warning informing the participants of the subject matter and nature of the exercise was included in the invitation. Second, all participants were encouraged to step out of the exercise if required. Third, one facilitator was an experienced therapist with anti-racism and trauma training. Finally, a prebrief and debrief were held to support the facilitators. Nursing students are more likely to respond to a learning experience if they can voice their opinions and feel safe and

respected (ANAC, 2009). However, there is evidence that some discomfort may be necessary for transformative learning to occur based on Boler's (1999) pedagogy of discomfort. Encouraging students to reflect on their emotions during and after the exercise may contribute to this transformative learning (Boler, 1999). By hosting these exercises, we aimed to facilitate a deeper understanding of the genocide of Indigenous Peoples, as well as their resilience, in the participants so that they would be better equipped to engage in reconciliation and culturally safe nursing practice.

Setting and Sample

The target population was 130 graduate nursing students. The registration rate for the workshop was 16% (21 out of 130 students). A convenience sample, comprising 21 graduate nursing students who attended the workshop voluntarily, was invited to complete an anonymous evaluative survey immediately after the event. The paper-based survey allowed participants to evaluate the exercise and reflect on strategies to engage in reconciliation as APNs.

Ethical Considerations

As this pilot initiative was a quality assurance study, the university's Research Ethics Board agreed that the project did not require ethical review or approval. The university complies with the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans—TCPS 2* (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2022), which draws on the *Declaration of Helsinki* for its guidance (World Medical Association, 1964). The university's College of Nursing leadership team provided direction and oversight to ensure the project was conducted ethically. Furthermore, to honour the stipulations of our funding, the experiential exercises were evaluated as a quality assurance study. Because the evaluative survey was anonymous, the participants' privacy and confidentiality were maintained. All attendees participated voluntarily.

Data Collection

We reviewed the evaluation tool for clarity and readability. The evaluative survey included closed and open-ended questions. Participants were also asked whether they self-identified as "Indigenous." The survey used a Likert scale with 5 possible answers (1 = *strongly disagree*, 2 = *disagree*, 3 = *neutral*, 4 = *agree*, and 5 = *strongly agree*) to the statements in question. Possible scores ranged from 5 to 25, with high scores indicating greater satisfaction (see Table 2).

Table 2

Declarative Statements

1	The Turtle Island Project experiential exercise was useful to me.
2	The Turtle Island Project experiential exercise will help me better understand health and social issues facing Indigenous individuals, families, and communities.
3	The Turtle Island Project experiential exercise helped me understand how history has impacted Indigenous Peoples.
4	The Turtle Island Project experiential exercise will be useful in my future advanced nursing practice.

Note. Adapted from “Building Bridges Through Understanding the Village Workshop: Transforming Nursing Students’ Perspectives of Indigenous People and Canadian History—Atelier « Building bridges through understanding the village » : Transformer la vision qu’ont les étudiantes en sciences infirmières des peuples autochtones et de l’histoire du Canada,” by D. E. Martin, K. Rieger, S. Lennon, R. Mangiacotti, K. Camilleri, A. Richard, D. Busolo, M. Simpson, J. Stewart, and E. Mordoch, 2018, *Quality Advancement in Nursing Education - Avancées en formation infirmière*, 4(2), p. 10. Adapted with permission.

The survey ended with narrative responses to two open-ended questions regarding the impact of the workshop and how the participants will use what they learned.

Data Analysis

The data for the declarative statements were entered into IBM SPSS Statistics for Windows, Version 28.0. Because of a smaller sample size, the analysis was limited, and only the percentage score for each declarative statement was calculated. No further inferential analysis was performed. Participants’ narrative responses to the two open-ended questions were transcribed verbatim into an Excel spreadsheet. The first two authors conducted thematic analysis with line-by-line coding to recognize core consistencies, prominent themes, and relationships between them to describe the TIP experiential exercise’s impact on the participants and its influence on their future practice (Clarke & Braun, 2017). Thematic analysis and line-by-line coding were guided and reviewed by the last author.

Results

Sample Characteristics

Twenty-one participants attended the exercises. All participants agreed to complete the anonymous evaluative survey, representing a response rate of 100%. One participant’s data was removed from the quantitative analysis because of a discrepancy between closed and open-ended responses. Therefore, data analysis was conducted on only 20 participants. One participant self-identified as Indigenous.

Findings

Overall, the TIP experiential exercises were positively reviewed and highly rated by participants (see Table 3). All participants strongly endorsed that the exercise was useful to them ($n = 20$; 100%). Most participants strongly agreed that the exercise helped them better understand the health and social issues Indigenous individuals, families, and communities face (strongly agree: $n = 16$; 80%; agree: $n = 4$; 20%) and how history has impacted Indigenous Peoples (strongly

agree: $n = 17$; 85%; agree: $n = 3$; 15%). Participants highly rated the impact of the exercise on their future practice (strongly agree: $n = 18$; 90%; agree: $n = 2$; 10%).

Table 3

Participants' Perspectives on Reconcili-Action Begins with Education: Turtle Island Project Experiential Exercise for Graduate Nursing Students ($n = 20$)

	Strongly disagree n (%)	Disagree n (%)	Neutral n (%)	Agree n (%)	Strongly agree n (%)
The Turtle Island Project experiential exercise was useful to me.	0 (0%)	0 (0%)	0 (0%)	0 (0%)	20 (100%)
The Turtle Island Project experiential exercise will help me better understand health and social issues facing Indigenous individuals, families, and communities.	0 (0%)	0 (0%)	0 (0%)	4 (20%)	16 (80%)
The Turtle Island Project experiential exercise helped me understand how history has impacted Indigenous Peoples.	0 (0%)	0 (0%)	0 (0%)	3 (15%)	17 (85%)
The Turtle Island Project experiential exercise will be useful in my future advanced nursing practice.	0 (0%)	0 (0%)	0 (0%)	2 (10%)	18 (90%)

Overarching Theme: Heart and Mind

The overarching theme “heart and mind” emerged from the thematic analysis of the narrative responses to the two open-ended questions. The following four categories were combined to form the theme: (a) power of immersion, (b) empathetic connection, (c) connecting the dots, and (d) personal and professional commitment. One participant wrote “heart and mind” in their narrative response, exemplifying the shared experience of graduate nursing students. All quotations represent direct quotes from survey participants.

Power of Immersion

The strong influence offered by this experiential exercise was evident in the words used in the narrative responses of participants: “impactful,” “emotional,” and “engaging.” One participant stated that the experiential learning approach was powerful. Another participant echoed, “It was very powerful to hear the [facilitators’] stories and be part of the story acted out.” The exercise addressed cognitive and affective learning domains by successfully combining thinking and feeling within one experience. One participant expressed, “[This exercise] expanded my knowledge immensely in a very impactful way. The demonstration of taking the pieces off the turtle shell and sending people off Turtle Island was an incredible way to learn and cement knowledge in my brain.”

The narrative responses also support previous research demonstrating that Indigenous Knowledge Keepers should be included in weaving Indigenous content into nursing curricula (Hunt et al., 2015; Kennedy et al., 2022; Van Bever et al., 2020). One participant wrote, “I have heard some of the stories of the realities of Indigenous peoples in Canada throughout history . . . but to have Indigenous elders share their perspectives is very powerful.” Another student reiterated, “Learning from Indigenous people helps me understand their perspectives and ways of being and knowing.” The exercise elicited emotions by describing Indigenous Peoples’ traumatic past and acknowledging their wisdom and resilience. Multiple survey respondents’ comments aligned with Boler’s (1999) pedagogy that some discomfort is required for transformative learning:

It was very impactful from the start to the very end. The first portion gave me so much to reflect upon—about the history of Indigenous people to how it has impacted them still to today. The positive 2nd half that focused on reconciliation was a great contrast. The sharing circle was an amazing way to end.

Another student stated, “It was a very emotional experience overall, but it was honestly very good.” The introductions of numerous Indigenous leaders in Canada were positively perceived by participants, highlighted in these two responses: “The showcase of indigenous people and their many accomplishments I found very impactful,” and “Amazing to hear success stories.”

Empathetic Connection

The TIP experiential exercise allowed participants to develop an emotional connection with Indigenous Peoples in Canada, identified in the narrative response “connect more emotionally with Indigenous peoples.” The role-playing helped participants connect empathetically with Indigenous Peoples who have experienced trauma or been living with the repercussions of intergenerational trauma. Participants shared that they developed empathy for the Indigenous population. A graduate student expressed their desire to be more empathic while understanding the severity of the colonization legacy: “Being more empathetic to others, we don’t know what others may have been through.” This authentic experiential exercise provided participants with an opportunity to learn and reflect on their biases, beliefs, assumptions, and privileges. One participant responded that it was “a reminder to continue to seek knowledge and information to examine personal bias and assumptions.”

Connecting the Dots

This TIP experiential exercise resonated with the TRC’s statement that reconciliation is about past, present, and future (TRC, 2015). One participant stated:

It brought to light the many challenges that face our communities in Manitoba[.] I have been wondering for years how to better care for Indigenous patients & families. Creating more experiences like these really help bring awareness of past experiences, current challenges & future hope of change.

Many responses mentioned the exercise helped them be aware of the historical, cultural, and societal impact on Indigenous Peoples’ health. As one participant declared, “It gave me a better understanding of the history of the Indigenous people and the great harms and loss they suffered. . . . Provided me with context to the current issues the Indigenous people face.” Another participant reiterated the concept by saying, “I appreciate the context for why so many Indigenous people in our communities struggle with addiction, homelessness, etc.”

Reconciliation is a complex process and requires ongoing commitment. One participant eloquently described this complexity in their comment: “The resurgence piece was impactful to see how putting some pieces back together doesn't undo what was done to Indigenous peoples and their culture.” Another participant also made the connection by stating, “I was reminded of the devastating things that happened to Aboriginal peoples and the work we still need to do to help the consequences.”

Personal and Professional Commitment

Most participants reflected on their roles and responsibilities in acting towards reconciliation and described ways to incorporate lessons from the TIP experiential exercise into their personal and professional lives. The TIP experiential exercise motivated graduate nursing students to respect, advocate, and partner with Indigenous Peoples, as evidenced by this participant's response: “I will speak up—I will reach out.” Regarding professional responsibilities, participants gained insight into developing strategies to change and improve their roles as nurses and future APNs. One participant stated, “It has given me an opportunity to re-think of how to provide care.” Another participant proclaimed, “I will use this perspective to aid in my teaching of undergraduate nursing students, and in a clinical setting.” Moreover, one participant expressed their desire to serve the community on a larger scale. One participant illustrated the research depicting the need for non-Indigenous members of the nursing community to support their Indigenous colleagues by stating, “[It] reinforced my awareness of my responsibilities to advocate for and support the work done with and by my Indigenous colleagues and others who work to improve the health & well-being of patients, families, communities.”

The TIP experiential exercise motivated many participants to think of changing their attitudes and behaviours rather than making simple practice changes in their nursing careers. For example, one future APN stated, “I hope to share this with my family and friends and be more compassionate as a nurse and educator.” Another affirmed that they would “review calls to reconciliation and see what I can do as a nurse ally and fellow human being.” This furthers the idea that experiential learning may motivate participants to think and act more broadly: “I will commit to actions I can take on reconciliation in my everyday life and also in my practice.”

Discussion

Racism and discrimination towards the Indigenous population is a national crisis (Browne et al., 2022; CNA, n.d.). Reconciliation is not only an Indigenous problem; the TRC (2015) calls upon all Canadians, as Treaty people, to be aware of the destructive legacies of colonization, support Indigenous Peoples in their healing, and transform Canada into shared land where people live together in mutual respect, peace, and prosperity. Every nurse plays a pivotal role in addressing Indigenous Peoples' health inequities from past colonial practices. Canadian nursing programs have an opportunity to make all nursing students critically reflect on their culture, assumptions, biases, and worldviews (ANAC, 2009). A culturally safe nurse should be aware of their own culture and beliefs, acknowledge and understand other cultures, respect the inherent differences in diverse cultures, and adjust care based on the patient's cultural needs (ANAC, 2009; Doran & Wrigley, 2022).

The time has come for educational institutes to embed Indigenous health, one of the fundamental subdomains of cultural safety curriculum, into all levels of nursing education (CASN, 2023; Pitama et al., 2018). While weaving Indigenous knowledge into the current nursing curriculum is a challenge with many barriers, such as an overcrowded curriculum and insufficient

resources (Pitama et al., 2018), all nursing students, from the undergraduate to the doctoral level, need to understand how colonial history impacts contemporary Indigenous Peoples (Filice et al., 2020). Graduate nursing students are future APNs who will be change-makers within the health care system. CNSs, NPs, nurse educators, and administrators must be educated on Indigenous history, knowledge, and health disparities, as they can bring metamorphic changes in all aspects of the health care field. Culturally safe APNs demonstrate a commitment to reconciliation and equity in health care, health research and education, all of which are required to address the current health disparities experienced by Indigenous Peoples in Canada (Darroch et al., 2017). Subsequently, all university nursing faculty should partake in Indigenous education, as culturally safe learning environments are best achieved when instructors participate with their students (Doran & Wrigley, 2022; Van Bower et al., 2020). In addition, a culturally safe nursing institution can contribute to the retention and recruitment rates of Indigenous nursing students and further provide them with opportunities for leadership positions (Doran et al., 2019).

We engaged in this initiative (i.e., TIP experiential exercise) to address the gap in the literature and graduate nursing curricula and to honour the TRC's Call to Action #24 (TRC, 2015). The exercise supported experiential and intergenerational learning and sharing circles through group discussion and narrative responses. Immersive Indigenous experiences engage students to develop an emotional connection and empathy, strengthening their determination towards behaviour change and reconciliation (Martin et al., 2018). All participants strongly agreed that the exercise was useful. The overarching theme “heart and mind” is recognized in the following TRC (2015) statement: “Educating the heart as well as the mind helps young people to become critical thinkers who are also engaged, compassionate citizens” (p. 240).

Strengths and Limitations

This evaluative study had its strengths and limitations. Indigenous Knowledge Keepers created and facilitated the exercise, providing a high degree of fidelity. Thus, the results may be highly reliable and repeated in subsequent exercise evaluations. We also had a high survey response rate of 100%, and our results demonstrated that most participants viewed the exercise as a meaningful learning opportunity. The exercises and survey evaluation were voluntary and not associated with any grades in the graduate programs, which decreased any potential bias.

There are several limitations to the study. The evaluative survey showed only a glimpse of the phenomenon. The participants' previous knowledge and attitudes towards the topic were not evaluated. The survey does not allow for an assessment of the participants' attitudes that may change or develop over time after the exercise. In the case of a reflective workshop, the participants may continue to process the experience long after the exercise is complete. This study does not reflect the evolution of the participants' feelings, perspectives, and behaviour changes, as there was no follow-up over time. Results may not be generalizable because of the small sample size, single site, and lack of diversity among participants. In addition, the small sample size that attended voluntarily may indicate limited interest and complacency among graduate students in participating in such an exercise. The smaller sample size also limited the inferential analysis, and the narrative responses on the anonymous survey did not allow an opportunity to probe or clarify responses. The evaluative tool used in the study was not tested for reliability and validity. Future studies may address some of these limitations.

Future Research

Future studies incorporating longitudinal designs and psychometric assessment of the evaluative tool are warranted. Future research studies may consider multiple universities with graduate nursing programs to attain the perspectives of a more diverse population. Future researchers could compare how these different groups responded to a comparable exercise. Comparing how other countries with similar histories processed a comparative exercise may be possible. In addition, a study should be conducted with graduate nursing students who have mandatory attendance at an Indigenous workshop and land-based education to obtain a larger sample size. A data collection method of research with qualitative interviews and focus groups could be conducted since these data would provide a more in-depth assessment of how participants processed the impact of the learning and its effect on their future practice as APNs. Furthermore, the participants could be asked to provide their perspective on the length of the TIP experiential exercise.

To gain greater insight into the impacts of the experiential exercise, future research must explore how graduate nursing students' attitudes towards the Indigenous population evolved. Future research must also connect how learning about colonial history impacts the APNs' interactions with those with Indigenous ancestry. For example, in a potential future project, the Indigenous client, co-worker, or research participant could be invited to be interviewed as they decide whether their interaction with the APN was culturally safe (Beavis et al., 2015; CNA, 2018; Doran et al., 2019). Using that study's information, the researchers could obtain valuable insights into behaviour change. Understanding the long-term effectiveness of Indigenous teachings in universities is essential, as the educational systems can help restore the balance between Indigenous Peoples and non-Indigenous people (TRTF, 2020) and, ultimately, lead to a reduction in health inequities (Pitama et al., 2018) and disrupt anti-Indigenous racism within health care systems (Browne et al., 2021).

While the literature suggests that increasing nursing students' knowledge of colonial history will lead to improvements in Indigenous health, future researchers need to participate in building evidence to support this claim and research how white supremacy and whiteness in nursing sustains marginalization and erasure of history. In addition, further research is required to understand health care students' experiences, attitudes, knowledge, and skills and identify best practices in pedagogical methods to teach Indigenous content. This can further support the development of valid and reliable methods to measure Indigenous health education's quality and impact (Allen et al., 2013; Doran et al., 2019).

Conclusion

We conducted the evaluative survey to explore graduate nursing students' perspectives of an experiential exercise on the history of colonization in Canada and evaluate its impact on their future roles as APNs. There is value in educating graduate nursing students on the history of Indigenous Peoples in Canada; APNs are leaders within the health care field, with higher education, clinical expertise, and an understanding of organizational policies, who can play a significant role in patient and system outcomes (Schober et al., 2020). To eliminate health disparities, all health care professionals must understand how Indigenous Peoples were treated and why and how this hidden history is revealed in the burden of health disparities compared with all Canadians. The findings support using experiential and intergenerational learning and sharing circles as an effective teaching pedagogy for Indigenous education in nursing curricula. The

Indigenous-led experiential exercises are one of many strategies to ensure that the 94 TRC Calls to Action are being honoured. This project can be an example to other graduate nursing programs interested in Indigenizing their curriculum. We provided evidence for educational administrators to support future experiential exercises for graduate nursing students globally to promote culturally safe health care with the Indigenous population. We all share the responsibility for taking action towards reconciliation and we “must do more than just *talk* about reconciliation; we must learn how to *practise* reconciliation in our everyday lives” (TRC, 2015, p. 20).

References

- Aboriginal Nurses Association of Canada. (2009). *Cultural competence and cultural safety in nursing education: A framework for First Nations, Inuit and Métis nursing*. <https://www.ontariomidwives.ca/sites/default/files/2019-08/Cultural%20Competence%20and%20Cultural%20Safety%20-%20Nursing%20ed.pdf>
- Allen, J., Brown, L., Duff, C., Nesbitt, P., & Hepner, A. (2013). Development and evaluation of a teaching and learning approach in cross-cultural care and antidiscrimination in university nursing students. *Nurse Education Today*, 33(12), 1592–1598. <https://doi.org/10.1016/j.nedt.2012.12.006>
- Bartlett, C., Marshall, M., & Marshall, A. (2012). Two-eyed seeing and other lessons learned within a co-learning journey of bringing together Indigenous and mainstream knowledges and ways of knowing. *Journal of Environmental Studies and Sciences*, 2(4), 331–340. <https://doi-org.uml.idm.oclc.org/10.1007/s13412-012-0086-8>
- Battiste, M. (2013). *Decolonizing education: Nourishing the learning spirit*. Purich Publishing.
- Beavis, A. S. W., Hojjati, A., Kassam, A., Choudhury, D., Fraser, M., Masching, R., & Nixon, S. A. (2015). What all students in healthcare training programs should learn to increase health equity: Perspectives on postcolonialism and the health of Aboriginal Peoples in Canada. *BMC Medical Education*, 15(1). <https://doi.org/10.1186/s12909-015-0442-y>
- Boler, M. (1999). *Feeling power: Emotions and education*. Psychology Press.
- Bourque Bearskin, R. L., Cameron, B. L., King, M., Weber Pillwax, C., Dion Stout, M., Voyageur, E., Reid, A., Bill, L., & Martial, R. (2016). Mâdawoh Kamâtowin, “Coming together to help each other in wellness”: Honouring Indigenous nursing knowledge. *International Journal of Indigenous Health*, 11(1), 18–33. <https://doi.org/10.18357/ijih111201615024>
- Brascoupé, S., & Waters, C. (2009). Cultural safety: Exploring the applicability of the concept of cultural safety to Aboriginal health and community wellness. *Journal of Aboriginal Health*, 5(2), 6–40. <https://jps.library.utoronto.ca/index.php/ijih/article/view/28981/23928>
- Browne, A. J., Lavoie, J. G., McCallum, M. J. L., & Canoe, C. B. (2022). Addressing anti-Indigenous racism in Canadian health systems: Multi-tiered approaches are required. *Canadian Journal of Public Health*, 113(2), 222–226. <https://doi.org/10.17269/s41997-021-00598-1>
- Browne, A. J., Varcoe, C., & Ward, C. (2021). San’yas Indigenous cultural safety training as an educational intervention: Promoting anti-racism and equity in health systems, policies, and practices. *The International Indigenous Policy Journal*, 12(3), 1–26. <https://doi.org/10.18584/iipj.2021.12.3.8204>
- Cameron, R., & Mitchell, K. (2022). Shifting nursing students’ attitudes towards Indigenous Peoples by participation in a required Indigenous health course. *Quality Advancement in Nursing Education - Avancées en formation infirmière*, 8(3), Article 3. <https://doi.org/10.17483/2368-6669.1323>

- Canadian Association of Schools of Nursing. (2022). *Indigenous nursing student and faculty survey report 2020–2021: Registered nurse workforce, Canadian production: Potential new supply*. <https://www.casn.ca/wp-content/uploads/2022/12/2020-21-CASN-Indigenous-Nursing-Student-Faculty-Survey-Report-EN-1.pdf>
- Canadian Association of Schools of Nursing. (2023). *Statement—CASN apologizes to Indigenous Peoples of Canada for colonial harms resulting from nursing education*. https://www.casn.ca/wp-content/uploads/2024/01/Apology_to_Indigenous_Peoples_EN_23-12.pdf
- Canadian Indigenous Nurses Association. (n.d.). *About us*. <https://indigenousnurses.ca/about>
- Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada. (2022, December). *Tri-Council policy statement: Ethical conduct for research involving humans*. Panel on Research Ethics. https://ethics.gc.ca/eng/policy-politique_tcps2-epts2_2022.html
- Canadian Nurses Association. (n.d.). *Nursing declaration against anti-Indigenous racism in nursing and health care*. https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/Nursing_Declaration_Anti-Indigenous_Racism_November_8_2021_ENG_Copy.pdf
- Canadian Nurses Association. (2014). *Aboriginal health nursing and Aboriginal health: Charting policy direction for nursing in Canada*. https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/Aboriginal_Health_Nursing_and_Aboriginal_Health_Charting_Policy_Direction_for_Nursing_in_Canada.pdf
- Canadian Nurses Association. (2018). *Position statement: Promoting cultural competence in nursing*. https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/Position_Statement_Promoting_Cultural_Competence_in_Nursing.pdf
- Clark, L., Calvillo, E., Dela Cruz, F., Fongwa, M., Kools, S., Lowe, J., & Mastel-Smith, B. (2011). Cultural competencies for graduate nursing education. *Journal of Professional Nursing: Official Journal of the American Association of Colleges of Nursing*, 27(3), 133–139. <https://doi.org/10.1016/j.profnurs.2011.02.001>
- Clarke, V., & Braun, V. (2017). Thematic analysis. *The Journal of Positive Psychology*, 12(3), 297–298. <https://doi.org/10.1080/17439760.2016.1262613>
- Darroch, F., Giles, A., Sanderson, P., Brooks-Cleator, L., Schwartz, A., Joseph, D., & Nosker, R. (2017). The United States does CAIR about cultural safety: Examining cultural safety within Indigenous health contexts in Canada and the United States. *Journal of Transcultural Nursing*, 28(3), 269–277. <https://doi.org/10.1177/1043659616634170>
- Doran, F., & Wrigley, B. (2022). Cultural safety: Teachers' engagement with an Indigenous pedagogical method in undergraduate nursing education. *Contemporary Nurse*, 58(1), 58–70. <https://doi.org/10.1080/10376178.2022.2044873>

- Doran, F., Wrigley, B., & Lewis, S. (2019). Exploring cultural safety with nurse academics. Research findings suggest time to “step up.” *Contemporary Nurse*, 55(2–3), 156–170. <https://doi.org/10.1080/10376178.2019.1640619>
- Facing History & Ourselves. (2022). *What is reconciliation?* [Video]. <https://www.facinghistory.org/resource-library/what-reconciliation>
- Filice, S., Spadoni, M., Sevean, P., & Dampier, S. (2020). Historically informed nursing in the time of reconciliation. *Quality Advancement in Nursing Education - Avancées en formation infirmière*, 6(2), Article 2. <https://doi.org/10.17483/2368-6669.1196>
- Hunt, L., Ramjan, L., McDonald, G., Koch, J., Baird, D., & Salamonson, Y. (2015). Nursing students’ perspectives of the health and healthcare issues of Australian Indigenous People. *Nurse Education Today*, 35(3), 461–467. <https://doi.org/10.1016/j.nedt.2014.11.019>
- Kennedy, A., Headley, L., Van Den Kerkhof, E., Harvey, G., Riyaz, A., Dillon, R., Spence, G. D., & Bear Chief, E. R. (2022). “All my relations”: Elders’ teachings grounding a decolonial Bachelor of Nursing program philosophy. *Quality Advancement in Nursing Education - Avancées en formation infirmière*, 8(3), Article 7. <https://doi.org/10.17483/2368-6669.1359>
- Martin, D. E., Rieger, K., Lennon, S., Mangiacotti, R., Camilleri, K., Richard, A., Busolo, D., Simpson, M., Stewart, J., & Mordoch, E. (2018). Building bridges through understanding the village workshop: Transforming nursing students’ perspectives of Indigenous People and Canadian history—Atelier « Building bridges through understanding the village » : Transformer la vision qu’ont les étudiantes en sciences infirmières des peuples autochtones et de l’histoire du Canada. *Quality Advancement in Nursing Education - Avancées en formation infirmière*, 4(2), Article 2. <https://doi.org/10.17483/2368-6669.1148>
- Papps, E., & Ramsden, I. (1996). Cultural safety in nursing: The New Zealand experience. *International Journal for Quality in Health Care*, 8(5), 491–497. <https://academic.oup.com/intqhc/article/8/5/491/1843006>
- Pitama, S. G., Palmer, S. C., Huria, T., Lacey, C., & Wilkinson, T. (2018). Implementation and impact of indigenous health curricula: A systematic review. *Medical Education in Review*, 52(9), 898–909. <https://doi.org/10.1111/medu.13613>
- Robinson, A. (2018). Turtle Island. *The Canadian Encyclopedia*. <https://www.thecanadianencyclopedia.ca/en/article/turtle-island>
- Rowan, M. S., Rukholm, E., Bourque-Bearskin, L., Baker, C., Voyageur, E., & Robitaille, A. (2013). Cultural competence and cultural safety in Canadian schools of nursing: A mixed methods study. *International Journal of Nursing Education Scholarship*, 10(1), 1–10. <https://doi.org/10.1515/ijnes-2012-0043>
- Schober, M., Lehwaldt, D., Rogers, M., Steinke, M., Turale, S., Pulcini, J., Roussel, J., & Stewart, D. (2020). *International council of nurses: Guidelines on advanced practice nursing 2020*. https://www.icn.ch/system/files/documents/2020-04/ICN_APN%20Report_EN_WEB.pdf

- Tanaka, M. (2016). *Learning and teaching together: weaving Indigenous ways of knowing into education*. University of British Columbia Press.
- Truth and Reconciliation Commission of Canada. (2015). *Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada*. https://publications.gc.ca/collections/collection_2015/trc/IR4-7-2015-eng.pdf
- Truth and Reconciliation Task Force. (2020). *Framework of strategies for nursing education to respond to the calls to action of Canada's Truth and Reconciliation Commission*. <https://www.casn.ca/wp-content/uploads/2020/11/EN-TRC-RESPONSE-STRATEGIES-FOR-NURSING-EDUCATIONTRC-Discussion-Paper-Revised-date-Final.pdf>
- United Nations. (2007). *United Nations declaration on the rights of Indigenous Peoples*. https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf
- University of Saskatchewan. (2018). *Aboriginal nursing in Canada*. <https://nursing.usask.ca/documents/aboriginal/AboriginalRNWorkforceFactsheet.pdf>
- Van Bower, V., Woodgate, R. L., Martin, D., & Deer, F. (2020). The importance and promise of integrating Indigenous knowledges in nursing education. *Witness: The Canadian Journal of Critical Nursing Discourse*, 2(1), 11–24. <https://doi.org/10.25071/2291-5796.46>
- Vigneault, L.-P., Diendere, E., Sohler-Poirier, C., Abi Hanna, M., Poirier, A., & St-Onge, M. (2021). Acute health care among Indigenous patients in Canada: A scoping review. *International Journal of Circumpolar Health*, 80(1). <https://doi.org/10.1080/22423982.2021.1946324>
- World Health Organization. (2020). *State of the world's nursing 2020: Investing in education, jobs and leadership*. <https://www.who.int/publications/i/item/9789240003279>
- World Medical Association. (1964, June). *Declaration of Helsinki—Ethical principles for medical research involving human subjects*. <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>