

Indigenous Nurse and White Settler Nurse Teaching Teams: Learning to Disrupt With Indigenist Nursing Education

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We would like to acknowledge all members of the teaching teams, especially the Indigenous community health nurses who provided their knowledge and support for their teaching colleagues and the undergraduate nursing students in this course. | Nous tenons à remercier tous les membres des équipes enseignantes, en particulier les infirmières et infirmiers Autochtones en santé communautaire qui ont apporté leurs connaissances et leur soutien à leurs collègues enseignantes et enseignants et aux étudiantes et étudiants en sciences infirmières de premier cycle dans ce cours.

Acknowledgements and Positionality

Leanne Poitras Kelly: Métis/Cree cisgender woman originally from Saskatchewan's Qu'appelle Valley, currently living and working on the unceded and occupied territory of the Coast Salish people of Vancouver Island. As an Indigenous person living on someone else's territory, I am committed to supporting local community interests, making space for community voice, and living in relationship with those whose territory I inhabit.

Leslie Kim Daly: White settler cisgender woman raised on Mohawk territory, then relocated to Coast Salish lands more than 30 years ago. I am a seventh-generation occupier of these lands, with ancestors of Scottish, Irish, and English descent. As an educated middle-class woman, I am learning how to spend my unearned privilege wisely, working to address the realities of racism in nursing education and in health care.

Key Terminology

Indigenous: Indigenous is used here as a collective term, referring to the First Nations, Métis, and Inuit from Turtle Island (North America). We use this term to locate our discourse outside white-only space. We acknowledge that each of these distinct "categories" of peoples have languages, cultures, and ontologies that stem from their culturally specific communities. We further assert that there are no pan-Indigenous foundations that can be leveraged for curriculum. Each institution must do its own work within its own geographical location to build relationships to its local community and community knowledge.

Indigenist: In this paper, the term *Indigenist* implies a philosophical and pedagogical approach that *centres Indigenous ontology, epistemology, and axiology* (Wilson, 2008), Ways of Knowing, Ways of Being, and Ways of Doing (Martin & Mirraoopa, 2003). It requires active inquiry, exploring who we are, how we know, and how we engage with knowledge through relational accountability. We recognize that our learning has agency (Adams et al., 2015) obliging us to bring our knowledge to our relationships (Wilson et al., 2019). We assert that one does not have to be Indigenous to engage in an Indigenist way, but one must *be in deep relation* with the process and content, prepared to discover one's own obligations as an outcome.

White settler/non-Indigenous: Acknowledging systems of colonization and dominance that maintain structural inequity requires drawing attention to differences in social location and experience among nurse educators and students. We use the term *white settler* to name whiteness as a social and racial construct and the term *settler* to indicate people who came to these lands and displaced Indigenous Peoples. We also use the term *non-Indigenous* when referring to peoples who are not Indigenous and also identify as non-white. Although we understand that the term *white settler* may be uncomfortable for some people, we recognize that language is evolving. At this time, we feel it important to name whiteness and settler, to communicate a relationship to the land that designates a shift in historical land stewardship and advances discourses in the nursing literature regarding critical race theory and nursing praxis. Settlers and "settling" continues to happen in the present.

Background

Systemic racism exists in academic institutions, and schools of nursing are no exception (Mayoum et al., 2022). The oppressive and explicitly racist experiences of Indigenous Peoples in residential schools, Indian hospitals, and the current health care system in British Columbia are well documented (Turpel-Lafond, 2020). Recent efforts to disrupt these systems reveals how

nursing as a discipline must confront the reality of Indigenous-specific racism in our profession and our institutions. However, critical and historical perspectives (Tobbell, 2022) show how an ideology of white supremacy shapes curricula and pedagogies, centring whiteness (Bell, 2021) and *allowing* difference in established professional spaces only if these differences are deemed acceptable.

Schools of nursing have predominantly been staffed by white settler, cisgender, and heterosexual nurse educators with Western worldviews. Our reliance on biomedical models, including myths of “best practice” (McGibbon & Lukeman, 2019), have positioned Indigenous epistemologies as less than. Nursing’s reliance on deficit-based colonial discourses have largely medicalized and pathologized Indigenous Peoples’ health, producing a limited understanding of Indigenous perspectives (Stansfield & Browne, 2013). Nevertheless, the discipline of nursing is slowly approaching critical self-reflection and reckoning with its colonial past. White settler nurse educators, who often dominate teaching teams in both influence and number, are beginning to recognize that they often lack the competence and confidence to teach an anti-racist curriculum or Indigenous content.

Given this reality, a strong plan of action is required (Mayoum et al., 2022) to fulfill nursing’s recent aspirational goals for an anti-racist pedagogy, upholding values of social justice, equity, and inclusion. To address Indigenous-specific racism, the Truth and Reconciliation Commission of Canada’s (2015) Calls to Action have directed schools of nursing to develop anti-racist content, identifying the ways in which they are accountable to Indigenous communities and to the elimination of racism in health care (Allan & Smylie, 2015; Gaudry, 2016; Truth and Reconciliation Commission of Canada, 2015; Ward et al., 2021). Pedagogical innovations that create Indigenous and white settler collaboration, thus elevating Indigenous ontological methods in the classroom, are essential strategies for teaching anti-racism to undergraduate nursing students and white settler faculty members. These innovations aim to disrupt systemic racism, decentre whiteness, and create greater visibility of Indigenous worldviews. Indigenous-led scholarship contributes a necessary part of the nursing curriculum, developing anti-racist nursing praxis. Although Indigenous educators should always be prioritized in defining epistemologies and pedagogies for Indigenous-specific content, these scholars are in high demand both in their own communities and in academia, thereby limiting their numbers in teaching teams. They alone cannot and should not accomplish all the work required to disrupt racism or create Indigenous spaces in our nursing institutions. Therefore, finding sustainable ways to incorporate Indigenist scholarship and collaborative settler system collusion is a critical task in disrupting the systemic racism embedded in schools of nursing. We demonstrate ways in which Indigenous community nurses and white settler teaching teams collaborate to deliver an anti-racist curriculum in an Indigenist framework, promoting confidence and competence.

Understanding Indigenous Health and Wellness

Understanding Indigenous Health and Wellness is a mandatory course in the bachelor of science in nursing (BSN) program at the University of Victoria. Students have the opportunity to examine how colonialism and oppression have shaped our lives and especially the lives of Indigenous people. This course is one example of a ground-breaking BSN curriculum in Canada, designed by an Indigenous scholar who centres anti-racist praxis in an Indigenist framework. Using an experiential approach, Indigenous and white settler educators work together to disrupt narratives of white privilege, settler normativity, and ongoing colonial structures that sustain anti-

Indigenous racism, with the goal of educating nurses who may become allies, promoting health and wellness.

Pedagogical and Theoretical Foundations

Indigenous first-person voice and vision provide a counter-narrative to white supremacist ideology (Brayboy et al, 2012), including the biomedical best-practice mantras of nursing academia. Linda Tuhiwai Smith (2012), in her work *Decolonizing Methodologies*, laid the groundwork for many Indigenous scholars to reclaim their authentic voice, pushing the boundaries of Western academic hegemony. The use of story, personal narrative, and community-based accounts represents the transfer of power from Western academic ways that enact “cognitive imperialism” (Battiste, 2014) to Indigenous ontological and epistemological traditions. This transfer creates the conditions for Indigenous spaces and communities to be represented authentically through truth-telling. Cora Weber-Pillwax (2021), an esteemed Indigenous scholar, confidently asserts that “decolonization will not be attained through discussion, discourse or critical theory” (p. 397). She maintains that individual transformation occurs by engaging with an Indigenous praxis of personal narratives. Sharing stories based in a cognitive world of Indigeneity validates the perspectives and authenticity of Indigenous experience. Establishing a principled process of Indigenous-led dialogue returns benefit to Indigenous Peoples (Battiste, 2014) and supports non-Indigenous and white settler educators who are engaging in anti-racist work.

Educators intentionally used Indigenous pedagogies built on narrative, story, circle work, and reflective student assignments, thus allowing students to discover their own transformation. These processes were positioned to decolonize, reconfigure, and reclaim the relationship between Indigenous Peoples and settler/non-Indigenous Canadians (Dion, 2007). As nurse educators, we disrupt our complicity and our students’ complicity in colonial practices, reclaiming respectful and reciprocal relationships that “pierce through the historical amnesia of settlers” (Jurgen, 2020, p. 123). We ask students to (a) identify their *own relationship* with Indigenous Peoples, exploring what has been rendered invisible in their personal and family histories and contextual environments; (b) *decolonize* their thinking and knowing by exposing oppressive social mechanisms and suppressed Indigenous narratives and advancing Indigenous-led strength-based community evidence; and (c) consider the concept of *obligation*, that is, how they will act to disrupt racism, oppressive practice, and social exclusion.

Methods

Preparing and Supporting the Teaching Teams

The course coordinator, an Indigenous scholar, prepared the course content. She engaged and hired the three Indigenous community-based nurses and engaged three white settler faculty, forming the three teaching teams. She also engaged six community health advocates, specialists with anti-racist and Indigenous community knowledge, for ad hoc participation in face-to-face or online teaching, delivering some guest lectures towards the end of the term. These community contributors were paid a sessional fee for their work. An end-of-term ceremony following local Indigenous community protocol led by local Knowledge Holders was also incorporated and included in budgetary planning.

Before the term began, the course coordinator, who is Métis/Cree, hosted a day of introductions, using personal Métis/Cree knowledge and ceremony based in her own teachings. The use of ceremony laid the groundwork for engagement with the content and process in a good

way and invited intention for learning together. Discussions included a review of the Indigenist framework, including the core concepts of relationship, decolonization, and obligation and an overview of the learning outcomes and activities for each of the 12 weeks of the term. Knowing all the participants, the course coordinator formed the three white settler–Indigenous community nurse teams for three course sections, choosing what she believed to be the most compatible pairings.

After the introductory event, the teaching teams were primarily self-led, organizing themselves to work collaboratively and co-facilitating classes across the 12 weeks of the term. However, the course coordinator supported the teams to maintain consistency and authenticity, providing opportunities throughout the term for debriefing, relearning, and revisioning. These informal meetings were held monthly, inviting team members to discuss content updates, additional resources, student engagement, points of tension or resistance, assignment grading, instructor insights, and shared team successes.

Roles and Responsibilities of White Settler Educators

Re-storying and reclaiming the relationship between settlers and Indigenous Peoples within our Indigenist conceptual framework requires that settlers engage in decolonizing work in a strength-based methodology. Tuck and Yang (2012) referred to “settler moves to innocence,” pointing to the desire and motivation of settlers to exist in a place of virtue and goodness, resisting an acknowledgment of their historical and current participation in the colonization of Indigenous Peoples. White settlers must confront their own histories, claiming a path forward that makes explicit the influences of colonial relationships. The old myths of innocence no longer serve their newfound obligations to disrupt racism and systemic oppressions in all aspects of society, including personal, academic, and health care settings.

To do this intentional work, white settler nurses engaged in a parallel yet separate experience in a white settler community of learning (CoL). In these CoLs, white settler nurses learned more about white racial identity formation and white privilege, increasing their critical analyses of these concepts. This opportunity for self-reflection and further learning placed responsibility on the white educators. Although participation in the CoL was optional, it provided a foundation for understanding and disrupting inequity. These CoLs also provided a forum for debriefing and processing the difficult emotions that come with confronting complicity in the colonial past and present, without an additional burden being placed on Indigenous faculty members.

Non-Indigenous educators require reflexivity and a growth mindset when taking up Indigenist pedagogies and collaborating with Indigenous colleagues. This work requires an attitude of non-defensiveness and a willingness to apply a critical lens to our ways of thinking and being. Educators must be able to be found wanting yet return to the work, learning to do better. Reflexivity sets conditions for proceeding with respect, privileging Indigenous epistemologies and voice. Personal growth and a heightened awareness of equity issues led to an essential action-orientation within our teaching and learning community. Rigney (1999) described how addressing power inequities, rights to self-determination, and Indigenous community control are essential in working in an Indigenist framework, requiring insight into self and others.

Roles and Responsibilities of Indigenous Educators

The Indigenous course coordinator was responsible for creating course content, finding and reviewing recent articles and resources for student engagement. The coordinator also managed logistics for community engagement and compensation.

The Indigenous instructors primarily led their sections of students independently, with selected community guest speakers throughout the term. The intentional inclusion of our personal Indigenous epistemologies reflected our own lived experience and cultural distinction. The inclusion of local community experience and wellness perspectives was based on our connections with our own community teachers, as well as published resources.

Roles and Responsibilities of Indigenous Community Nurse Co-facilitators

We developed a schedule that built in community nurse co-facilitation, emphasizing their strengths and contributions to the weekly topics. Sessions took place in person and via Zoom, with either synchronous or asynchronous delivery. Nurses were invited to contribute stories, narratives, personal learnings, practical nursing applications, community futurity perspectives, and strategies to address complex nursing situations. Opportunities for co-facilitation included directly engaging with student groups in the classroom, creating recorded speaking points for asynchronous delivery, participating in panel discussions, or submitting written work for student discussion. Indigenous community nurses had no obligation to grade student assignments or prepare content.

Collaborative Successes

Indigenous-Led Collaboration

We established Indigenous–white settler colleague relationships at the outset of the course through ceremony and setting intention. This process provided opportunity to discuss expectations, content parameters, and boundaries for personal sharing. The team’s commitment and support for each other contributed to a protective and trauma-informed approach to the work. Our shared responsibility addressed Indigenous nurse educators’ disproportionate burden in bringing Indigenous and anti-oppressive content forward and finding solutions with minimal institutional support. Honouring the expert knowledge of carefully selected Indigenous community nurses with whom the course coordinator had prior relationships ensured adequate experience and preparation for participation in the course. The Indigenous nurses were invited to speak from their experience as an Indigenous nurse and to share what felt appropriate for them. They facilitated learning that centred the relevant and community-specific historical and contemporary impacts of colonization on Indigenous Peoples in Canada and current community driven pathways to wellness. The Indigenous nurses told the stories that students and non-Indigenous nurses needed to hear. Indigenous nurses spoke to students and white settler faculty about the impact of colonization and racism in their own lives and as a determinant of health. White settler nurses and students gained skills and expert knowledge in witnessing the Indigenous nurse leaders in action, learning from their strategies for disrupting racism in the health care system and in their everyday interactions. In addition, positive student and educator feedback consistently demonstrated how their expertise in Indigenous community health was invaluable in teaching and learning anti-racist praxis.

Mutual Mentorship

Provided with a glimpse of the nurse educator role in the classroom, Indigenous community nurses and students also learned from their white settler counterparts. There were opportunities to learn about and take on parts of the nurse educator role. Participating in classroom

activities allowed for intentional contemplation and consolidation of key messages for future nurses. For those Indigenous nurses currently contemplating graduate education, this experience provided academic inspiration and a gateway to further studies.

Current Indigenous nurse faculty were able to enact reciprocity, giving back to their community counterparts through these leadership opportunities with fair compensation, recognizing community nurses' expert knowledge.

The teaching teams as a whole supported each other through regular debriefing and perception checks and discussing articles, resources, and grading strategies. The relationships formed through this process created opportunities for mutual support and friendship with potential for building trust, respect, allyship, and professional career mentorship.

Collaborative Challenges

White Settler Challenges

White settler educators struggled with questions of legitimacy: "Who am I to speak, but then again, who am I to remain silent?" Non-Indigenous educators questioned their authority to speak about Indigenous issues and stories that did not belong to them. Yet at the same time, in continuing to acknowledge their complicity in oppressive systems, they felt the weight of their responsibility to speak and act as allies. Integrity also required acknowledging their ongoing guilt and discomfort, coming to terms with the heartbreaking horrors of the past and the present, while building a more hopeful future. Additional discomfort came in realizing that dealing with their white emotional labour would always pale in comparison to that of their Indigenous colleagues, who spend every day dealing with systemic oppression. In the classroom, white educators worked to find the right balance between leading and following. They knew that Indigenous voices should take the lead, yet they did not want to ask too much of their colleagues beyond the limits of their time and energy; maintaining this balance required ongoing negotiation and relational practice.

Indigenous Challenges

For many Indigenous scholars existing in the visible spaces of Indigeneity, the work to decolonize is part of daily life. Furthering this work in our schools of nursing demands the added labour of justifying the value and relevance of both the content and the processes to the academy and colleagues. Despite the personal energy costs, the obligation to our families, communities, and ancestors motivates the continued efforts to locate the work in distinct community experience and authenticity.

There is also a dichotomist pull, that is, wanting to call in non-Indigenous allies and educators to take up this discourse and at the same time establishing a protectionist aspect of responsibility towards stewarding the content in a good way. The need for Indigenous educators to let go of some of that responsibility requires mutual trust that non-Indigenous instructors are open to learning about Indigenist worldviews, centring this discourse with humility.

It is imperative to make clear that ceremonial knowledge, cultural knowledge, and insider community ways of knowing are neither the focus of the course nor the intended outcome. That level of knowledge may come serendipitously, through Indigenous speakers, as examples of their own strength-based community work, but it is not the place of nurse educators to hold or disseminate community-specific cultural knowledge in course curriculum. No data were extracted from any story or storyteller, including the students who were asked to reflect on their learning in relation to the course framework of relationship, decolonization, and obligation.

Conclusion

Our experience has demonstrated how Indigenous and white settler collaboration in the classroom is a challenging yet effective strategy for teaching anti-racist praxis. Working in collaboration, white settler educators built the confidence and competence required to teach an anti-racist and Indigenist curriculum. Likewise, Indigenous scholars were supported in their labour to deliver this critical content. Indigenous community nurses gained teaching experiences, promoting interest and participation in graduate studies and advancing Indigenous representation in the academy.

We have found that in our school community, teaching an Indigenist curriculum elevated personal narratives as knowledge, supporting the development of Indigenous nursing experience as evidence. Collaboration between white settler and Indigenous faculty strengthened partnerships in the school and with the local Indigenous community. Relationships built on decentring whiteness and creating visibility of Indigenous worldviews in the academy supported transformative learning synergies, with the goal of disrupting racism both in education and in health care. Future iterations of this course could include use of the Indigenist framework to expand the course goals and include the racialized experiences across the health system, intentionally honouring the experiences of Black students and students of colour in the classroom discussions.

Pedagogical innovations decentring whiteness in schools of nursing are essential. Creating and supporting white settler and Indigenous nurse teaching teams should be considered a key strategy for teaching anti-racism, centring an Indigenist framework. The primacy of our relationships with each other is central to this Indigenist framework and demonstrates our decolonizing approach and collective obligation to action. Future research should formally evaluate the changes in white settler/non-Indigenous faculty confidence and competence in teaching in an Indigenist framework. Future development should also consider the impact of this type of learning on students' ability to implement anti-racist practice in their clinical settings. In addition, other positive outcomes, such as increasing Indigenous representation and advancing Indigenist pedagogical and philosophical approaches, should be a topic for future research. Pedagogical innovations build relationships and community, disrupting systems of power, including the systemic racism in schools of nursing.

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