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Reconciling Taking the "Indian" out of the Nurse

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Reconciling Taking the "Indian" out of the Nurse

Cover Page Footnote
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Land Acknowledgement

It is important to begin this paper by honouring the traditional and unceded lands of the First Nation, Inuit, and Métis Peoples and relationships cultivated by Indigenous Peoples for thousands of years before us. This acknowledgement is an act of reconciliation and commemoration of Indigenous laws, languages, and principles of kinship to the land. We humbly and respectfully identify our ancestors, children, families, and the old ones who hold the knowledge on the lands where we now live.

Overview

We are troubled by the question, in higher education, are we taking the "Indian" out of the nurse? This refers to colonial practices of "aggressive civilization . . . that the tribal relationship should be abolished" (Davin, 1879, p. 1) by forcibly removing Indigenous children from their homes and placing them into government- and church-run residential schools (Truth and Reconciliation Commission of Canada [TRC], 2015). Such cultural genocide occurred in several countries, including Canada, the United States, Greenland, Norway, Australia, and Aotearoa/New Zealand (Minton, 2020). While the last residential school closed in Canada during the 1990s, the ongoing impact of assimilation within higher education needs to be critically examined. As Indigenous nurses, we focus this discussion on reconciling nursing education equity. We explore this concern through storywork (Archibald, 2008) with new graduate nurses—the three sisters—on shared experiences in higher education. Storywork is aligned with grey and scholarly literature, revealing two significant interrelated gaps/opportunities in nursing education: enactment of cultural humility for *cultural safety* (First Nations Health Authority, 2021) and respectful engagement with *Indigenous Knowledges* (Battiste, 2013; Bourque Bearskin, 2017).

Our vision for Indigenous nursing education equity requires decolonial Indigenization (Gaudry & Lorenz, 2018) to reconcile curriculum, pedagogy, evaluation strategies, and institutional processes from an Indigenous Peoples' perspective. Educators are well equipped to inspire ontological beginnings and epistemological openings of Indigenous Knowledges (Bourque Bearskin, 2017) with Indigenous and non-Indigenous students alike. Inaction is the unearned right of colonial privilege. Considering this challenge, we offer key strategies to advance nursing education equity: *heart-mind knowledge connection* (Gehl, 2012); *contextual learning* (Green, 2016); and *two-way teaching and learning* (Sherwood et al., 2011). We hope this discussion paper will inspire critical conversations and meaningful action for reconciling equity in nursing education. First, we must understand our colonial context to counterbalance related effects of structural and Indigenous-specific racism, and advance truth and reconciliation in nursing education.

Colonialism in Nursing Education

Examining colonialism is an invitation to critically understand our shared colonial context and reconfigure nursing education together. Colonialism is "a practice of domination, which involves the subjugation of one people to another . . . where the arrivals lived as permanent settlers while maintaining political allegiance to their country of origin" (Kohn & Reddy, 2017). Colonial ways of being, knowing, and doing continue to legitimize and privilege settlers, resulting in Eurocentric thought that disclaims and marginalizes Indigenous Knowledges, languages, and cultures (Battiste, 2013). This approach is further illuminated in knowledge boundary work (Gieryn, 1983) within the academy, such as dominionization: "the ownership of expertise, expressed primarily by those schooled and working in traditional Western higher education organizations" (McGowan et al., 2020, p. 9). The territoriality and dominance of settler knowledge systems is a significant barrier to reconciling nursing

education; reconciliation is concerned with "repairing the effects of damaging relationships between a society of settlers and many cultural groups of Indigenous Peoples over many generations and hundreds of years" (Canadian Association of Schools of Nursing [CASN], 2020, p. 6).

CASN (2020) asserted that "key targets of decolonization have been the colonial efforts to degrade and suppress Indigenous identity, knowledge, beliefs and culture" (p. 5). While contrary to the social justice aim of nursing, colonial Westernized dominance is embedded in nursing education as structural racism. Indigenous Knowledges have been nearly erased (Battiste, 2013). Colonialism is further reinforced by unexamined systemic racism in nursing education processes that buttress exclusion and prevent full participation of Indigenous students (National Collaborating Centre for Aboriginal Health, 2013). Nursing needs to re-vision, rethink, and relearn Indigenous nursing education and realize the harmful impact of marginalizing Indigenous Peoples and their Knowledges.

Storywork, Indigenous Knowledges, and Ethical Space

This discussion paper is intended for Indigenous and non-Indigenous nurses alike, to help them engage in critical reflection upon reading the "three sisters" storywork, consider their own evolving practice as individuals and within educational programs, and question how to reconcile taking the "Indian" out of the nurse. All nurses are called to engage in an ethical space (Ermine, 2007) by respecting disparate Western and Indigenous knowledge systems and lived experiences. This process includes leaning into the disruptive examination of White privilege and White supremacy in nursing (Schroeder & DiAngelo, 2010). Nurses are faced with an important yet uncomfortable invitation to engage in their own decolonial process as individuals and group members; we recognize that nurses have the capacity to reconcile their education programs given the Canadian Nurses Association (CNA, 2017) code of ethics and CASN (2020) framework on implementing the TRC's Calls to Action (2015).

Nursing education often debates responsibilities related to cultural pluralism and the boundary work of valid knowledge (Gieryn, 1983; McGowan et al., 2020). Questions concerning inclusion of Indigenous Knowledges are deeply bound within historical experiences of colonization and intertwined with equity and power. Indigenous Knowledges are marginalized in higher education, yet "Indigenous knowledge as a distinct knowledge system . . . is the expression of the vibrant relationships between the people, their ecosystems and the other living beings and spirits that share their lands" (Battiste & Youngblood Henderson, 2000, pp. 39–42). In our effort to create equity, we are called to resist defining, evaluating, and assimilating Indigenous Knowledges from a Westernized worldview. CASN (2020) asserted that a key element of Indigenization is "the recognition of Indigenous epistemological perspectives . . . [and] stories" (p. 5). Moreover, storywork is an important way to share Indigenous Knowledges, yet we have been asked to reduce our "long narratives"; we maintain that non-Indigenous nurses can learn how to learn from storywork given the strong foundations in Westernized narrative inquiry.

Indigenous Peoples contextualize knowledge through stories (Archibald, 2008; Anderson, 2001), which is highly relevant to inform and extend worldviews in nursing education and practice (Stansfield & Browne, 2013). We invite all nurses to learn from storywork in this discussion paper, to share lived knowledge that is carved from the experiences of Indigenous nursing students. This approach requires us to research, rethink, and revalue critical and holistic ways that integrate spiritual, intellectual, historical, social, political, economic, and psychological forms of knowledge that serve to inform nursing education. Indigenous Knowledges open access to our ancestors, languages, dreams, visions, and ceremonies through stories and lived experiences (Weber-Pillwax, 1999). We ask the

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reader to enter the ethical space of engagement "whenever and wherever the physical and philosophical encounter of Indigenous and Western worlds takes place" (Ermine, 2007, pp. 194–195) by respectfully accepting differences between worldviews and resisting adherence to Westernized ways as the sanctioned "truth." We call on all nursing educators to engage in critical reflexive thinking to guide their own decolonial process in alignment with our code of ethics (Bourque Bearskin, 2011; CNA, 2017) and practice framework as a starting point (Aboriginal Nurses Association of Canada, 2009; CASN, 2020).

Positionality and the Three Sisters' Storywork

To demonstrate respect for the tradition of situating one's self in place and community, we introduce ourselves, so that the reader knows our positionalities and locations (Bourque Bearskin et al., 2020). Lisa is a Cree-Métis member of Beaver Lake Cree Nation, in Treaty 6 Territory; she is a nursing professor, researcher, leader and mother of Danielle and Domonique. Andrea is of Settler and Métis ancestry with traditionally adoptive Tsuut'ina and Hawaiian families, who support her cultural reconnection; she is a nursing professor and mentor-teacher to Samantha. Lisa and Andrea both love and respect the three sisters and support their journeys as new nurses. Danielle is a Cree-Métis member of Beaver Lake Cree Nation; she is a graduate nursing student studying Indigenous nursing knowledge production. Domonique is a Cree-Métis member of Beaver Lake Cree Nation; she is a registered nurse committed to advancing Indigenous health equity. Samantha is a member of Saddle Lake Cree Nation; she is a registered nurse who is passionate about Indigenous nursing mentorship and community health.

Storywork began following an exchange between a nursing professor and a student:

> Andrea: "Where is your voice? There is no Indigenous Knowledge in your work."
>
> Samantha: "I always needed to do this to survive in school. What makes you think I can just change this now?"

Introspection about this difficult moment generated critical conversations between Andrea and Samantha, leading to resonating connections with Lisa, Danielle and Domonique. Over the past few years, Danielle, Domonique and Samantha—the three sisters—eagerly collaborated by sharing reflections of their nursing education journeys in regular conversations with Lisa and Andrea. Together, their decolonizing storywork sheds light on gaps and opportunities for reconciling taking the "Indian" out of the nurse in higher education.

> **All**: Tansi. As new nurses supported by strong women, we realized the power of collective storytelling. Community is a foundation in nursing and the collective identity of Indigenous Peoples. We are linked by our profession and Cree ancestries. Through storywork, we hope to enrich nursing to be inclusive of Indigenous Peoples and Knowledges.
>
> Danielle**:** It was a challenge for me to identify as Indigenous due to the struggles of trying to find my identity as a Cree *nehiyaw* woman. There were two main sides to this internal conflict. I had the privilege of not being visibly Indigenous. If I did identify, I was berated with overt and covert forms of discrimination and constantly asked to explain who I was and my culture. Coming into my identity helped me understand who I am as a Cree *nehiyaw* woman. It has been a journey to say the least, but I know with my new opportunity in grad school I am excited to experience it over again—but with more knowledge and expertise.

Postsecondary education was a huge opportunity and obstacle being Indigenous. Throughout my undergraduate studies, I continuously felt an obligation to advocate on behalf of my lived experiences stemming from community values and inequities that exist with our systems of health and education. It became an important aspect of my practice that continuously exhausted me. I remember countless times being called to the front of the class to explain what my culture was. I felt so much pressure and obligation to portray it in a way that my peers could learn the depth and reasons for our peoples' hardships. However, I was still asking myself that question: what does it mean to be Indigenous? I will probably always be learning our history and culture, but if I didn't grow up on a reserve and face daily struggles, then could I really call myself Indigenous? I had a conversation with an Elder about these feelings, and she told me point blank that drug abuse, alcoholism, homelessness—this is not our culture. She was right—something I knew—but I couldn't dissociate the two concepts. Reflecting on the obligation I felt, it turned into an opportunity and platform to advocate for Indigenous rights, social justice, and health equity—where we are regaining the relationships that were violently removed from our identity.

These formative years are important for understanding my personal transformation from bystander to an active advocate and upstander. What changed was recognizing the cycle of violence and trauma that surfaced and was disrupted by my mother for our family. I am privileged to not have been taken to residential school and put into the foster care system, to know our siblings and families, and above all else were supported without limitations. It created a dichotomy of identity, either a life of working hard to get away from those barriers of being Indigenous or not being considered Indigenous without facing those barriers. Due to the ongoing colonialism of Indigenous people, this has meant disassociation of culture and identity. It meant fielding questions on how many members of my family have fetal alcohol syndrome. Unfortunately for me, I have felt these effects without even realizing it.

Domonique**:** When I entered my nursing program, I was excited but also terrified if I was going to do well. I was interested in the Indigenous community on campus and supported by the Aboriginal Student Service Centre. I never had any support like this in high school, which made me embarrassed to tell anyone I was "Native."

My first year of university was a new experience and unfamiliar atmosphere. In my first class, the instructor got everyone to introduce ourselves. I remember being so nervous as everyone else spoke. When it came my turn, in the back of my mind I heard my mom whispering, "Don't forget where you come from." I spoke up, stating I was from Beaver Lake Cree Nation but grew up in Beaumont Alberta, and I entered nursing because I wanted to help at-risk and vulnerable populations and make a difference in Indigenous communities. I wasn't sure why my voice was shaky and my palms so sweaty, but I felt stares and whispers when I spoke. After that class, a peer asked me what *Indigenous* meant, and as I explained she looked confused and unknowingly made me question my own self-understanding and shame for not knowing more.

I had to accept what I was being taught from a Westernized view, and what I knew about my own culture and history seemed to be supplemental and unimportant. At a class presentation on teen pregnancy, the instructor listed teen pregnancy risk factors, and being Aboriginal was first. I remember when I put my hand up, disagreeing and vocalizing the stigmatizing nature of their statement, I got pulled aside for being disrespectful and a learning plan ensued articulating how I would demonstrate respect. Later on, in that same class, there was a student presentation on health teaching to a First Nation community—the group created pipe cleaner head dresses. My peers were unable to recognize racism.

I had many struggles mentally, physically, and psychologically. My grades were not as good as hoped and I wasn't friends with lots of people. If it wasn't for my sister, I probably would have isolated myself. However, through the experiences of systemic racism in nursing education, it gave me a greater understanding of the advocacy role needed to disrupt racism. As I walked the stage at graduation, I received a beaded necklace and eagle feather. This is one of my most memorable experiences of nursing school, which had both positive and negative impacts.

Samantha**:** No matter where I am, Saddle Lake is still my home. When I left my community for the first time, I was focused on providing a stable future for my daughter. Over time I found my greater purpose is to create change for healthier futures for our people. Leaving my community to attend university was challenging. I left my family and the comfort of home. Adapting from a rural to urban environment was a shock, especially coming from a culturally involved upbringing. Sometimes I feel like I don't fit in because I am a tall Cree woman. What made me question my identity and intentions was the feeling that I didn't belong. I felt disconnected from my peers because they didn't have the same struggles or understanding of these struggles. They weren't one of the few people in their family to get a postsecondary education or have a whole community counting on them to succeed. They didn't have to balance learning the Western curriculum while simultaneously learning their culture because much of that has been lost. They didn't understand.

I never questioned why all these barriers were there; I just accepted it. One experience that really resonated with me is when I watched electroconvulsive therapy in a clinical practicum. This made me upset about what this therapy might do to the patient's spirit. I became physically ill and vomited in front of my instructor who sat me down to talk about my response; when I couldn't explain, the instructor threatened to fail me. I couldn't easily share my cultural understanding and how we see health as including mind, body, and spirit. I felt backed into a corner. I shouldn't have to explain myself nor feel obligated to educate my instructor who did not treat me with empathy.

It was in a nursing course assignment that the idea of writing this story became possible. I got a call from my professor, Andrea, who felt that I lost "me" in what I wrote. I told her, "I'm used to it." And she said, "That's the problem." My thoughts and feelings from this conversation were "It's not okay, but it's always been that way so I could survive." Throughout my

> education journey, I had to be two identities—my shielded identity at school where I protect myself, and my authentic identity where I am practising my culture. I live in two worlds. There is a small bridge that needs to be larger so that I am whole.
>
> **All:** The history linking us is from the shared colonial context and lineage that shaped how we learn and practise. We hope to bring change to systemic racism and marginalizing Indigenous Peoples in nursing. Life lessons through nursing education brought light to our strengths and challenges. It is our time to reconcile Indigenous ways of being, knowing, and doing.

Storywork by the three sisters illuminates the impact of dominant Westernized education and structural racism on Indigenous nursing students. We ask the reader to connect storywork critically and reflexively to the discussion, noting that these three brief examples illustrate how the three sisters' educational experiences were fraught with inequity and marginalization that undermined Indigenous Peoples' Knowledges and identity. Sadly, and unreasonably, these Indigenous nursing students were forced to assimilate within Westernized higher education programs to be successful. This is contrary to the United Nations Declaration of the Rights of Indigenous Peoples (UNDRIP; United Nations, 2007) as outlined in #24 of the TRC Calls to Action (2015), noting the need for skills-based training on "intercultural competency, conflict resolution, human rights, and anti-racism (p. 3). Furthermore, it seems unreasonable to expect Indigenous nursing students to effectively apply culturally relevant practice skills with Indigenous communities when their own Indigenous Knowledges are abandoned in nursing education. From this standpoint, we focus on key concepts to reconcile taking the "Indian" out of the nurse: equity and decolonization in nursing education.

Equity in Nursing Education

Equity is the process whereby people acquire what they need, and equality is the result of such needs being met for all people. According to the World Health Organization (WHO, 2021), equity is "the absence of avoidable or remediable differences among groups of people" (para. 1). When reconciling nursing education, equity is understood from interrelated perspectives of culture, education, and health:

- *Cultural equity* is the process of "providing equal and fair treatment that is sensitive to the distinct cultures and needs of individuals and groups" (First Nations Child & Family Caring Society of Canada, 2013, p. 1).
- *Educational equity* is the giving of "equal learning opportunities to all students . . . [who then] achieve similar levels of academic performance . . . and similar levels of social and emotional well-being . . . [while] outcomes are unrelated to their background or to . . . social circumstances over which students have no control" (Organisation for Economic Co-operation and Development [OECD], 2018, p. 13).
- *Health equity* is "the absence of unjust, avoidable differences in health and health care access, quality or outcomes across the population" (Canadian Institute for Health Information, 2021, para. 1).

Health inequities are a result of systemic, avoidable, and unjust practices, processes, and policies that impact health determinants and human rights (WHO, 2021). Health is a human right. Nursing plays a vital role in understanding how colonialism impacts health inequities for Indigenous peoples, and "how basic human rights (adequate housing, employment) are 'out of reach' for many if not most First Nation, Inuit and Métis peoples"

(Aboriginal Nurses Association of Canada, 2009, p. 9). We must critically acknowledge how power imbalances within Westernized institutions influence Indigenous health and equity. We need to reconcile culturally safe nursing education and health care with Indigenous Peoples. While Indigenous and non-Indigenous nurses need to work in partnership, we advocate for non-Indigenous nurses to be actively engaged in antiracism and allyship as foundational to reconciliation; this process must be achieved without further burden on Indigenous students and faculty.

Decolonization in Nursing Education

Indigenous nursing education equity is aligned with the UNDRIP (United Nations, 2007) and principles of reconciliation (TRC, 2015). This requires intercultural decolonizing efforts through "personal engagement, self-awareness, . . . critical reflection, and most importantly, working together" (Sherwood et al., 2011, p. 200). We acknowledge the complex work of decolonizing higher education may be uncomfortable and challenging in "content-laden curricula" (Rosenau et al., 2015, p. 1). Just as patient-centred care requires a fundamental decentring of professionals in healthcare, decolonization requires a decentring of Westernized White dominance within nursing education. Within this potential discomfort of power shifting and sharing, we recognize the inherent capacity of nursing education to advance social justice and human rights (CNA, 2017) as a collective decolonizing strength.

Indigenous Nursing Education Equity

The Canadian Indigenous Nurses Association (CINA), CASN, and CNA have adopted a motion to respond to the TRC (CNA, 2018). CINA has long advocated for nurse education equity based on cultural safety and respectful engagement with Indigenous Knowledges (CNA, 2014). Canadian undergraduate nursing education is on a path to reconciliation, with emerging decolonization and Indigenization of programs (CASN, 2013) by "addressing power imbalances through equity initiatives and anti-racism interventions; and providing Indigenous students with supportive, culturally safe environments" (CASN, 2020, p. 5).

First steps include designated equity seats for Indigenous student applicants, Indigenous faculty hiring, and mandatory Indigenous health issue courses with "skills-based training in intercultural competency, conflict resolution, human rights and anti-racism" (TRC, 2015, p. 219). We are encouraged by such efforts and recognize we have much work to do together. For example, it is disconcerting that Indigenous students have designated nursing program seats, yet they are inadequately supported to learn within their own paradigm of Indigenous Knowledges for culturally relevant care with Indigenous communities. Unmet priority issues in nursing education are culturally safe programs that respect Indigenous Knowledges (CASN, 2013, 2020). We encourage all nurse educators to resist privileging Westernized ways of being, knowing, and doing in curriculum, pedagogy, and evaluation within nursing programs.

Reconciliation Gaps and Opportunities

Recalling the three sisters' storywork will help us to understand the challenging experiences and resiliency of Indigenous nursing students. Their insights reflect colonialism at interpersonal (e.g., peers, faculty) and institutional levels (e.g., program, academy, and health system). Despite the clarity of UNDRIP (United Nations, 2007) and the TRC (2015), reconciling nursing education may be obscured by the unchecked dominant privileges within Westernized institutions; we encourage the reader to review the reference list and dig deeper into their own self-study to learn more about related concepts, including cultural safety, nursing education equity, and decolonization. Within this uneven Western dominated landscape, we recognize Indigenous nursing education equity as foundational to culturally

safe and effective nursing care with Indigenous Peoples. We reassert that decolonizing efforts in nursing should be guided by a "framework for balancing two ways of knowing in order to develop a new approach for respectfully working together" (Sherwood et al., 2011, p. 189). This process requires reconfiguration of nursing education as we work together to enter the "ethical space of engagement" (Ermine, 2007, p. 193) that respects Indigenous ways of being and knowing. Cultural safety and respectful engagement with Indigenous Knowledges are interrelated and foundational to nursing educational equity.

Cultural Safety

Cultural competency is widely used yet limited as "reducing culture care to skill development then risks oversimplifying cultures and lacks action to address related inequities" (Bourque Bearskin et al., 2020, p. 69). Rather, we urge nursing educators to shift the focus to ongoing processes of *cultural humility* and *cultural security* to support *cultural safety*. Cultural safety is "an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It is a way to address whiteness and dominance, and results in an environment free of racism and discrimination, where people feel safe when receiving health care" (First Nations Health Authority, 2021, para. 1). Nurse educators and students alike are encouraged to examine outcomes in their practices and programs (Aboriginal Nurses Association of Canada, 2009; Hunter & Cook, 2020; Rigby et al., 2011), which may be evaluated through an integrative socio-ethical model of "social justice and empowerment, trust and respect, individual and collective autonomy, while synthesizing sociocultural practices, operating within a socially constructed ethic, and using socio-political dynamics" (Woods, 2010, p. 722; Hunter & Cook, 2020). Although the goal of cultural safety is often spoken of in nursing education, attaining this outcome also requires nursing programs to facilitate socio-ethical preconditions of cultural humility and cultural security.

We assert that cultural humility (Hughes et al., 2020; Kennedy et al., 2021) and cultural security (Coffin, 2007; Dufour, 2016) are requisite to cultural safety. Cultural humility is a fundamental, lifelong learning "process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust" (First Nations Health Authority, 2021, para. 2). Nursing is urged to practise cultural humility and uphold this active process in teaching and learning environments; self-awareness and interpersonal-level processes serve as a foundation for nursing leadership at the system/institutional level (Hughes et al., 2020). Cultural security is a commitment to developing, supporting, and evaluating "services and programs developed in respect and recognition of historical, cultural, socioeconomic, political, and epistemological determinants of target populations" (Dufour, 2016, p. 70). We call on nursing educators to examine the significant strengths and protective factors of Indigenous Knowledges on education and health outcomes and use the immense capacity of nursing to duly reconfigure programs, services, and policies in academia to uphold UNDRIP (United Nations, 2007).

Indigenous Knowledges

Indigenous Knowledges are "rational and observational (tying it to Western thought), but—importantly—relational, participatory, interconnected/intergenerational, and holistic/unifying in its vision . . . fundamentally local as it is systematic and empirical" (Ellison, 2014, p. 16). Local place-based Indigenous ways of being, knowing, and doing derive from a direct connection to and reciprocity with the land and peoples (Battiste, 2013). Community is the key source of relationships and extends to human, ecological, and spiritual connections; this includes personal responsibility for the collective and—in reciprocity—collective responsibility for individuals and the land. In developing good relations, nursing is

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called upon to support co-learning with Indigenous communities through respectful engagement with Indigenous Knowledges. Nursing needs to humbly learn Indigenous Peoples' view of wellness with culturally safe ways to engage Indigenous Knowledges with Western health systems. We may address the continued marginalization of Indigenous Knowledges in nursing education and practice through "inherently political, reformative, relational and deeply personal approaches that must be located in the chaos of colonial interfaces to create spaces for Indigenous knowledge within existing and new curricula" (Philips et al., 2005, p. 7).

Indigenous nursing students are often forced to abandon Indigenous Knowledges for postsecondary achievement, given how the academy and health system privileges Western knowledge, processes, and structures (Battiste, 2013). Nursing education equity is contrary to the ongoing marginalization of Indigenous Knowledges through Eurocentric epistemological dominance. Emerging decolonization of nursing programs includes priority seats for Indigenous student applicants, Indigenous faculty hiring, and required Indigenous health issues courses with "skills-based training in intercultural competency, conflict resolution, human rights and anti-racism" (TRC, 2015, p. 3). While we are encouraged by such initial efforts, it is perplexing that Indigenous nursing students are not adequately supported to learn within their own Indigenous Knowledges paradigm as a human right and foundation for culturally safe practice with Indigenous communities (Bourque Bearskin et al., 2020; TRC, 2015; United Nations, 2007). Hence, we offer research-based insight to understanding *Indigenous nursing Knowledge* that may advance nursing education equity.

Indigenous Nursing Knowledge

Nursing knowledge is largely articulated from a Westernized perspective of *empirics*, *ethics*, *esthetics*, and *personal knowledge* (Carper, 1978, p. 23). We have a gap/opportunity to expand nursing knowledge by integrating Indigenous knowledge and worldviews. This has relevance for nursing to decolonize and learn from a wider lens (Stansfield & Browne, 2013) about our shared phenomena of concern: *person*, *health*, *environment*, and *nursing* (Fawcett, 1984, p. 84). While upholding the distinct perspective of our discipline, we propose intercultural co-learning of Western and Indigenous knowledge systems within nursing education for all. Through a "reciprocal interaction worldview" (Fawcett, 1993), we understand our phenomena of concern as holistic, interconnected, complex, and intergenerational. From this perspective, we may further understand themes that are core and consistent in our discipline concerning the principles, patterns and processes of health and well-being (Donaldson & Crowley, 1978). We may bridge a "reciprocal interaction worldview" (Fawcett, 1993) and essential themes of "principles… patterns… and processes" (Donaldson & Crowley, 1978, p. 113) with the holistic nature of Indigenous Knowledges. It is at the intersection of ontology (state of being) and epistemology (state of knowledge) that we need to explore our thoughts deeply, because it is here that the people hold the knowledge (Network Environments of Indigenous Health Research Graduate Conference, personal communication, June 2010).

Doctoral research by Bourque Bearskin (2016) asks, "How does Indigenous knowledge manifest in the practices of Indigenous nurses and how can it better serve students, clients and colleagues?" (p. 18). Co-researchers were Indigenous nursing scholars who embodied the holistic nature of Indigenous Knowledges with wellness and kinship as central and "inherent in Indigenous ways of being, knowing and doing" (p. 28). Furthermore, participants confirmed how Indigenous Knowledges are foundational, with wellness as central and woven through their nursing knowledge and practice. Memory precedes knowledge as the source of ontological beginnings and epistemological openings for creating "opportunities

where Indigenous nurses can walk in their own way of knowing" (p. 25). Creator, ancestral knowledge, family, and community upbringing are sources of circular, lifelong knowledge development that shapes nursing practice and "who we are becoming" (p. 25). In this "intersection of ontology and epistemology, [Indigenous nursing scholars] established a foundation upon which to foster individual, family, and community wellness" (Bourque Bearskin et al., 2016, p. 30). Nursing educators have the power to co-learn *ontological beginnings* and e*pistemological openings* with students. Bridging this gap/opportunity between Indigenous and non-Indigenous nursing knowledge serves to enrich and extend the nursing discipline while connecting to nursing ethics, a social-moral imperative, and disciplinary knowledge development. Ermine (1995) informs us that understanding Indigenous philosophy will direct us on an inner journey of the self in seeking truth.

Reconciling Nursing Education

In this truth seeking, we recognize that we never lost our culture—yet Indigenous ways were intentionally criminalized and marginalized in society and further denied in nursing education; we kept our culture hidden and protected as we navigated nursing education. With this truth as a prerequisite, reconciling taking the "Indian" out of the nurse and the academy is not merely pedagogy, nor is this a "competency" to be achieved. Since higher education is a blend of Indigenous and non-Indigenous students and faculty, we are focused on inclusive co-learning through collaborative intercultural decolonizing strategies addressing Indigenous-specific racism; this messy work requires critical reflexive thinking on entrenched colonialism and our shared purpose in nursing and health for all. With respect, humility, and wisdom, nursing is called to a lifelong learning circular co-learning process through experiences and teachings with Indigenous community knowledge holders. This synergistic co-learning relationship "exposes the relational space . . . to foster the cohesion that is required to advance the health of all people" (Bourque Bearskin, 2011, p. 553).

With commitment to working together in a relational and ethical space of engagement (Ermine, 2007), nursing educators are called to uphold cultural safety and respectful engagement with Indigenous Knowledges. We offer strengths-based (Fogarty et al., 2018), decolonial Indigenized strategies for all nurses that hold promise for supporting nursing education in reconciling taking the "Indian" out of the nurse: heart-mind knowledge connection (Gehl, 2012), contextual learning (Green, 2016), and two-way teaching and learning (Sherwood et al., 2011). We believe these strategies are aligned with CINA (Aboriginal Nurses Association of Canada, 2009), CNA (2014), the frameworks by CASN on national nursing education (2015) and reconciliation (2020). Moreover, we recognize how our code of ethics (CNA, 2017) points to nursing's inherent strength and capacity for social justice as a moral community to advance reconciliation in nursing education.

Heart-Mind Knowledge Connection

Algonquin Anishinaabe-kwe nursing scholar Lynn Gehl's (2012) methodology and model of Indigenous Knowledges resonates with Bourque Bearskin's (Bourque Bearskin et al., 2016) ontological beginnings and epistemological openings through the connection of "circle of heart" knowledge and "circle of mind knowledge." Knowledge does not begin as intellectual but rather through embodied, heartfelt knowledge of ancestors and memories; knowledge may be further understood and spoken through mind knowledge. Knowing is "incomplete and unconnected in the event that both the heart and the mind are not working together" (Gehl, 2012, p. 55). Thus, nursing is called to complete our mind knowledge and fluidly connect this with our embodied heart knowledge. As Mitchell further emphasizes, "cultural safety is hard work and heart work" (as cited in Macklin et al., 2021, p. 213).

Gehl's model (2012) may advance reconciling nursing education through concurrent methods to complete mind knowledge—*personal experience*, *literature review*, and *introspection*—as a foundation for connecting and completing heart and mind knowledge. We are humbled that knowledge "is rooted in personal experience and lays no claim to universality" (p. 57). Thus, nursing needs to facilitate Indigenous students to first position themselves as learners based on their lived experience, respecting their connection to community; community is the system of relationships within Indigenous societies in which the nature of personhood is identified, includes family, and extends to comprise the relationships of human, ecological, and spiritual origin. A literature review may be used to explore heartfelt topics and intellectual questions about nursing and health, intentionally connecting purpose with content that is grounded by our personal experience. In this concurrent process, nursing educators may support active introspection as the inward journey for knowledge through solitude and our own storywork; this strategy needs to be carefully considered given how current colonial nursing programs may drive cognitive overload and reward overachievement. Overall, we believe a similar fluid approach may be used with the following strategies to support decolonizing efforts in nursing education.

Contextual Learning

Application of Gehl's (2012) heart-mind connection may be extended by Indigenous nursing scholar Brenda Green's (2016) conceptual model of contextual learning through Indigenous pedagogy. This constructivist approach to decolonizing higher education supports identity, autonomy, and self-determination as students learn from their own position and Indigenous Knowledges, with pedagogy shifting from "generalized content . . . [and an] instructor-centred approach . . . [to] contextual learning actions" (p. 134). Constructivist-based contextual learning is a highly relevant approach for Indigenous Knowledges given the "implied interrelatedness of all things" (p. 135). Based on Indigenous pedagogy, this decolonized approach with Indigenous students is one that "*respects* them for who they are, that is *relevant* to their view of the world, that offers *reciprocity* in their relationships with others, and that helps them exercise *responsibility* over their own lives" (Kirkness & Barnhardt, 1991, as cited in Green, 2016, p. 132). Contextual learning connects students' experiences to strategies for problem solving, agency, and accountability within various contexts, relationships, and levels of complexity. While Green's work focuses on nursing education with Indigenous students, we recognize how contextual learning may benefit all students.

We respect the diversity of Indigenous students given their varied lived experiences, identity, and engagement with Indigenous Knowledges; this is important, as it should not be assumed that students have cultural practices, language, or traditional teachings given widespread assimilation. As colonialism has impacted Indigenous and non-Indigenous students and educators alike, it is important to explore decolonizing efforts that may help our discipline as a whole. We believe that co-learning in higher education will help us with reconciling taking the "Indian" out of the nurse and the broader academy.

Two-Way Teaching and Learning

Reconciliation has been influenced by Mi'kmaw Elder Albert Marshall's teachings on Etuaptmumk/Two-Eyed Seeing by weaving the strengths of Western and Indigenous Knowledges. We agree that a co-learning journey is essential to support meaningful decolonization and share concern that "Etuaptmumk/Two-Eyed Seeing and similar efforts quickly become mere jargon, trivialized, romanticized, co-opted, or used as a 'mechanism' where pieces of knowledge are merely assembled in a way that lacks the S/spirit of co-learning" (Marshall, 2018, para. 4). For this concern, we reviewed scholarly sources on co-

learning as a key approach to respectfully engaging with Indigenous Knowledges; we are inspired by the work of Australian scholar Juanita Sherwood (Wiradjuri Nation), who describes a decolonization framework that supports two-way teaching and learning in higher education (Sherwood et al., 2011).

We advocate for a decolonizing "framework for balancing two ways of knowing in order to develop a new approach for respectfully working together" (Sherwood et al., 2011, p. 189). From this position, we are able to engage in two-way teaching and learning as a dynamic partnership between Indigenous and non-Indigenous peoples within a "neutral, negotiated space in which neither assumes superiority or authoritarian dominance" (Purdie et al., 2011, p. xx). This ethical space (Ermine, 2007) requires humility, respect, and genuine curiosity in a facilitated safe environment to co-learn how power dynamics of entrenched colonialism impacts our ways of being, knowing, and doing in nursing and health. Thus, co-learning extends beyond cross-cultural comparisons to a deeper intercultural exchange. "Critical reflexivity and self-awareness are therefore central to this journey through colonized spaces" (Sherwood et al., 2011, p. 191) by Indigenous and non-Indigenous nursing students learning together with nursing educators.

There are four interrelated key components to the process of two-way teaching and learning: "personal engagement, self-awareness and critical reflection, and, most importantly, working together" (Sherwood et al., 2011, p. 200). We offer the following interpretation to inspire action in nursing education. *Personal engagement* stems from initiative, effort, and intention to do the messy work of decolonizing. *Self-awareness* requires examination of internal worlds of personal biases, beliefs, privilege, and experiences in shared worlds with co-learners through deep listening for meaningful dialogue. These components are foundational to *critical reflection* whereby co-learners position their identities and realities in relationship with one another, while truthfully examining the impact of colonization in nursing, education, and health: power is acknowledged, and Indigenous Knowledges are respected. By *working together* in a safe space of dignity and respect that integrates two-way teaching and learning components, a decolonizing process reconciles relationships and enriches knowledge development with Indigenous and non-Indigenous nursing students and educators. We are reminded of storywork on the struggle of sharing Indigenous identity as a student in a Westernized nursing program; responsively, two-way teaching and learning upholds human rights outlined in UNDRIP (United Nations, 2007) and TRC (2015) reconciling the "Indian" in the nurse. We are reminded to remain close to our collective passion for terminating Indigenous-specific racism while staying strong in our belief that Indigenous nurses should never again feel "lesser than" (Dion Stout et al., 2021).

Conclusion

Moving forward together in reconciliation, we must critically examine our shared responsibility in nursing education equity. We are called to recognize our entrenched ways of being, knowing, and doing, and envision a new shared path. There is an important opportunity for nursing education to uphold cultural safety with humility while respectfully engaging with Indigenous Knowledges. There is a flooding realization of layers that we need to openly explore, and challenge, so nursing students no longer have to push aside Indigenous Knowledges and identity. Reconciling taking the "Indian" out of the nurse requires nursing educators to engage in positive change that impacts teaching, practice, service, research, and leadership. We advocate for moving together through a relational ethic (Bourque Bearskin, 2011) that supports educational programming that is culturally safe and honours Indigenous Nursing Knowledge (Bourque Bearskin, 2016). This is an invitation to co-learning with many more voices so we may move nursing education forward together in a good way.

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