"All My Relations": Elders' Teachings Grounding a Decolonial Bachelor of Nursing Program Philosophy

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Cover Page Footnote

> *When I was a child, my grandmother took me to the pond and told me to throw a stone and watch what happens. Just like that stone, she said my role was to create a ripple effect when helping the people and planet. Many years later, I was asked to help shape a new undergraduate nursing program based on anti-racism and decolonisation. We are now making ripples together in nursing education for the good of all my relations.*
>
> *- Grandmother Doreen Spence (Saddle Lake Cree Nation)*

Introduction

Indigenous Elders gifted teachings, including "All My Relations" as a philosophical foundation, to support a decolonial nursing curriculum redesign at a baccalaureate nursing (BN) program in an undergraduate university. This paper aims to help those engaged in decolonial curriculum efforts by sharing our process and lessons learned while offering new insights for nursing education program development grounded in respect for local Indigenous Elders and Knowledges. We learned how to deeply listen through traditional teachings with Elders, who taught us how to rediscover the heart of nursing by being in relationship with ourselves, each other, and the planet. We hope this paper opens possibilities for reconciliation.

Connection to Place and Identity

In respect for tradition of oneself in place and community, we introduce ourselves so the reader knows our locations and positionalities (Bourque Bearskin et al., 2020). To build trust with the community is an essential foundation for co-learning and collaborative work with Indigenous Peoples (Absolon & Willet, 2005).

Land Acknowledgement

In the spirit of reconciliation, the Elders and academic co-authors humbly and respectfully acknowledge the ancestors, Knowledge Holders, and lands where we live and work. We respect that Mount Royal University is located in Moh'kins'tsis/Calgary in the Treaty 7 area on the traditional Blackfoot territories of the Siksika, Kainai, Piikani Nations, the Tsuut'ina Nation, the Ĩyãħé Nakoda Nation, the Métis Nation, and diverse Indigenous Peoples who call this place home. In England, we recognize the unceded lands of tribal Indigenous Peoples whose names we cannot locate; we mourn this as a loss for our collective humanity. The academic nursing community shares responsibility as caretakers of knowledge in relationship with the land.

Positionality

Contextualizing Identity to Place. The Mount Royal University (MRU) BN program is engaged in decolonial curriculum redesign to reflect priorities in nursing, health care, and higher education. Redesign intends to advance equity and meaningful inclusion among students, staff, faculty, and stakeholders. A new philosophical framework was required to support such intentions as a foundation for the new curriculum. We need to address the pernicious colonial roots of "institutionalised inequality… that benefits the coloniser… [with] white supremacy as a philosophy… to justify European colonial exploitation… and enshrining norms of whiteness" (Racial Equity Tools, 2021). Our emerging decolonial efforts focused on learning how to undo—and actively resist—colonial powers within the curriculum and nursing department. Anti-racism is an interrelated process that "involves examining and challenging societal structures and individual biases/beliefs that uphold racism and its power imbalances" (NAC International Perspectives: Women and Global Solidarity, as quoted in Alberta Civil Liberties Research Centre, 2022, Epigraph); we began to question the dominance of Eurocentric knowledge in nursing

education as a form of epistemic racism. To move forward in a good way, we needed the guidance of local Indigenous Elders to help critically examine our aim to recentre health (World Health Organization, 1986/2022) while honouring our responsibility to respectfully engage with Indigenous Knowledges. The Elders now hold us accountable to develop a decolonial nursing program and advance positive change for reconciliation.

Presiding Elders. While an Indigenous person may be recognized by the Indigenous community as a Knowledge Holder, Elders are the most valued Knowledge Holders "who, through rigorous lifelong ceremonial training and practice, hold expert knowledge of Indigenous ways of being and knowing" (Kennedy et al, 2022, p. 426). Grandmother Doreen Spence (Saddle Lake Cree Nation) is a traditional healer, retired nurse, and global Indigenous human rights advocate. Elder Roy Bear Chief (Blackfoot Siksika Nation) is a university Elder in residence, retired social worker and nurse, and previous Tribal Council representative. Elders were asked to guide this work given their recognition by the community and not based on their academic credentials.

Grandmother and Roy hold each other in high regard as "brother and sister" Elders. Our university is located on traditional Blackfoot territory, and it is important that Roy— as a Blackfoot Elder from Siksika Nation—is guiding this work. Furthermore, the long-standing history of the Cree people in this territory is noted, including Jane Howse Livingston (Cree-Métis from Red River Settlement) (Youngberg & Holmlund, 2003)—Grandmother Doreen shared that Howse is her ancestor and was a multilingual translator in the signing of Treaty 7. The connection and collective wisdom of these Blackfoot and Cree Elders are highly valued. With respect and humility, we acknowledge how their teachings are not intended to represent or speak on behalf of the view of all Indigenous Peoples from this traditional territory, including Blackfoot Nations (Piikani and Kainai), Tsuut'ina Nation, Îyârhe Nakoda Nations, and the Métis Nation.

We offered Elders tobacco according to local protocol. This work was developed and conducted with an authentic appreciation for Elders whose Indigenous Knowledge systems are often marginalized in the academy and society (Battiste, 2013). We invited Elders to provide input in the full development of this paper and will be asked to participate in all related publications and presentations: tokenism is actively resisted and rejected. Formally acknowledging the importance of local Elders' guidance in the academy needs to be respected and honoured with humility (Kennedy et al., 2020). While this manuscript is in text, it is critical to respect the relevance of Oral Traditions for Indigenous Knowledge development with the local community. From this stance, Elders offered the academic team ongoing guidance and support to deeply listen, reflect, and collectively challenge the colonial status quo for the good of all people.

Academic Team. The academic co-authors are uninvited guests on Treaty 7 traditional lands, except for Dillon who grew up in Treaty 7 and now works in England. We are members of the MRU Bachelor of Nursing Curriculum Redesign Committee (BN-CRC), coming together with humility and respect to advance reconciliation with Indigenous Peoples:

- Kennedy is a settler of European and Celtic descent with Métis ancestry, originally from Robinson-Huron Treaty territory, with traditionally adoptive families from Tsuut'ina Nation and Hawai'i who support her cultural reconnection; with Elders' guidance, she is learning to be a helper and carry their teachings forward. In her role as BN faculty and BN-CRC lead facilitator, her work is focused on advancing equity and reconciliation in nursing, health care, and higher education.

- Headley is a first-generation settler of Scottish and Eastern European heritage, born and raised in the Treaty 6 Territory, home of the Nehiyawak, Nahkawininiwak, Nakota, Dakota and Lakota, and Denesuline First Nation people. She has a lifelong commitment to decolonization, equity, and trying to do better. Her research is focused on learning from the nursing experience. She is a BN faculty and BN-CRC member.

- Van Den Kerkhof is a settler, born and raised in Treaty 3 as a first-generation Canadian with Dutch heritage. As director of the School of Nursing and Midwifery in which the BN program resides, her commitment is to make space for open and honest dialogue and supporting the work that is required to design and implement the ongoing work of decolonization in the BN curriculum, while continuing her learning journey about the impact of colonization on nursing education and health care.

- Harvey is a settler raised in Kamloops, situated on the traditional lands of the Tk'emlùps te Secwèpemc within Secwepemcùl'ecw. Elders' teachings reinforce the importance of relationality with students, faculty, and oneself, which is innately inherent in curricular work. Her program of research focuses on honouring self-compassion and wellbeing by furthering understanding of nursing students' experiences of critical incident stress in the context of clinical learning experiences. Giuliana continues to grow and learn in her roles as BN faculty and assistant chair - curriculum.

- Riyaz is a settler born in Kashmir, India, and identifies as Kashmiri Canadian. Her experience with national Indigenous primary health care community-based research, and identity as a minority within a minority, influence and shape her approach to her work. As the information designer with BN-CRC, she values deep listening, designing with community, and employing a human-centred framework.

- Dillon is a settler, born as a first-generation Canadian of Irish heritage, and currently resides in London, England. Experience as a BN alumni and nurse led her to connect with BN-CRC and has shaped her current work in policy; she prioritizes connection with the community, person-centred approaches, empathy, and connection.

Self-implicated and group critique included educational privilege and unearned power while clarifying our responsibility to address systemic racism at individual, institutional, and structural levels (Canada Race Relations Foundation, 2022). We questioned how to counter epistemic racism within a nursing curriculum that is dominated by a Eurocentric worldview and marginalizes Indigenous Peoples. With Elders' guidance, we recognized harder truths within our unchecked practices of perpetuation and impact of colonialism in our respective roles. We continue to learn how to enact positive change and equity with a decolonial approach towards reconciliation. Through this messy and often uncomfortable process, we came together to respectfully engage with local Indigenous Knowledges to support nursing education and practice. Elders held us responsible to show up with open hearts and minds to move nursing education forward in a good way for all people and the planet; in response (as our response - ability) we developed a philosophical framework to guide our new BN program.

Readiness

We worked together during a pandemic, held expectations to excel without in-person collegial support, and experienced various degrees of burnout. Rather than succumbing, we created a resilient, adaptable committee process and intention, with attention to equity, access, and inclusion. We refocused on the opportunity to develop new insights on nursing priorities for connection and collective wellbeing, while remembering the purpose of nursing education and practice. We aimed to develop a philosophy with integrity and relevance to support ways of being, knowing, and doing in undergraduate nursing education. We also needed to un-learn entrenched colonial ways of knowing and overworking, and prioritize respectful engagement with local Indigenous Elders to help us return to our source; as a decolonial effort, we recognized how this nursing program needed to be rooted in local Indigenous teachings on wellness. The philosophical framework development process was grounded by re-member-ing the heart of nursing while respecting our health: we cannot give what we do not have.

Method: Cultivating Reconciliation

Grandmother Doreen Spence and Elder Roy Bear Chief (2019) gifted MRU with an online resource to support reconciliation with kindness-compassion through Blackfoot teachings of Kimma Pi Pitsin and Cree teachings of Kisewatisiwin. Roy's brother, Clement Bear Chief's (passed) teachings of Ani to Pisi - Spiderweb, now guides the Faculty of Health, Community and Education's (Mount Royal University, 2019) strategic plan. Before engaging in curriculum redesign, the BN program was introduced to these traditional teachings on supporting interconnected relationships and the responsibilities as helpers:

> A healthy community, engaged learners, scholarship, community collaboration, changemaking—and within Ani to pisi (spiderweb), it is further connected to other strands to identify its meaning or purpose within the web. It's understood that vibrations will certainly occur—both anticipated and unanticipated—and it's our duty to go and help when needed… Ani to pisi (spiderweb) gives us an opportunity… to have a bird's eye view on how each of the strands of the web are connected and how each is dependent on the other for assistance if a vibration is sensed. (Elder Roy Bear Chief —Siksika Nation)

Gifting Knowledge by Elders

The gifting of knowledge by Elders is done through reciprocity, with the university holding long-term responsibility to take care of these teachings as a "living entity" (Kuokkanen, 2004, p. 81) in a committed, relational, and sustainable manner. It is critical to recognize how this is different from westernized gifting, which is usually a transactional exchange "based on power over, a selfish mode of trading… and divisive self-interest and the unconditional Gift Economy which seeks to satisfy needs and consolidate communal life" (Vaughan, 1977, cited by Kailo, n.d.). While gifting is often mentioned in this paper, it is critical for the reader to respect how this process follows local Elders' protocol and is not meant to be replicated beyond this context.

Collaborative Process

The School of Nursing and Midwifery director and chair created a Bachelor of Nursing Curriculum Redesign Committee (BN-CRC) and invited applications for a lead facilitator; the selected facilitator followed local protocol and asked Grandmother Doreen Spence and Roy Bear Chief to be the Presiding Elders. We acknowledge Elders as our most cherished Knowledge

Holders who are recognized by the community for their lifelong training and practice for the good of the people. Elders led a ceremonial circle to open the curriculum redesign process.

An open invitation for committee membership was shared with all BN staff and faculty, with specific requests for external faculty with curriculum design expertise; we also hired an information designer with systems mapping and graphic design expertise. This resulted in a large committee of 40 members: 2 Elders, 3 staff, 10 students, 10 internal faculty, 3 external faculty, 3 part-time instructors, 6 alumni, and the information designer, along with the chair and director; an important limitation is that the committee is mainly non-Indigenous. This diverse group had a wide range of relevant skills to ensure that the new curriculum was aligned with decolonial priorities in nursing, health care, and higher education. We learned the importance of adopting a flexible, cooperative, and iterative approach to our efforts. BN-CRC conceived collaborative events, created a project website (MRU, 2022), and made all documents accessible for review and real-time editing. We established "think tanks" for deeper dives into distinct redesign objectives including core concepts, program progression, and the philosophical framework, and re-converging as a combined effort to inform the BN curriculum matrix. With the guidance of Elders, the redesign process clarified core program values; subsequently, the philosophical framework and BN redesign process were guided by the central question: *How may we collaboratively develop a decolonial BN program*?

Philosophical Framework Think Tank

To support program philosophy development, BN-CRC created a Philosophical Framework Think Tank working group, composed of the chair and director, BN faculty and staff, external faculty, BN alumni, and an information designer. We followed local protocol, deeply listened, and learned with Presiding Elders who are highly respected local Knowledge Holders and retired nurses. Indigenous Research Methodology, including the conversational method (Kovach, 2010) and relationality (Deloria, 1999), supported engagement and interpretation of teachings with the Elders through a series of "virtual tea" talking circles (given pandemic gathering restrictions). The academic co-author team is grateful for the feedback provided by the Philosophical Framework Think Tank working group on this manuscript; in particular, we acknowledge the insightful contributions of BN faculty Joanna Szabo.

With Elders' guidance, we reflected on their teachings and appraised scholarly literature to connect ways of knowing as our heart-mind journey (Gehl, 2012). This process challenged reductionistic habits that are often rewarded in higher education and nursing; we gained an extended and holistic way of understanding the landscape of the nursing program. We needed the ongoing support of Elders as we learned to see with a new interconnected perspective; it was often uncomfortable and overwhelming to take in the magnitude of the whole landscape of nursing education from a systems view. The Elders helped us to recognize the vital importance of healthy relationships within our own selves, with each other, and with all beings.

Literature Review

Elders supported the academic team to engage in new learning spaces through their traditional teachings, while weaving a westernized literature review as a familiar way to begin understanding the landscape of nursing education including reconciliation and decolonization.

Reconciling Nursing Education

In 2015, the Truth and Reconciliation Commission of Canada (TRC) generated Calls to Action to inform reconciliation efforts, including health and nursing education. Specifically, #24 requires all nursing students to take a course on Indigenous health issues, including the impact of residential schools, importance of Indigenous Knowledges, and rights-based approaches to the United Nations Declaration on the Rights of Indigenous Peoples (2007). This call directs nursing programs to provide "skills-based training in intercultural competency, conflict resolution, human rights and anti-racism" (TRC, 2015, p. 3). In response, the Canadian Indigenous Nurses Association, in collaboration with the Canadian Association of Schools of Nursing (CASN, 2021), developed a framework of nursing education strategies. Decolonial approaches are described as meaningful inclusion of Indigenous Peoples and perspectives that promote authentic belonging in nursing programs. Reconciliation is first enacted through self-understanding and acknowledging the harms of colonization including how Indigenous Knowledges are marginalized in society and nursing curricula. We are thereby called into repairing relationships and revitalizing Indigenous Knowledges. Strategies for nursing programs include building partnerships between nursing and Indigenous communities, anti-racism training for staff and faculty, acknowledging Indigenous Knowledges and cultures, creating a welcoming environment, recruitment and retention, and curriculum development.

We connected the Calls to Action with the why and how of reconciliation to guide our emerging philosophical framework. A subsequent literature review on decolonial approaches (Battiste, 2013; Jakubec & Bourque Bearskin, 2020; McGibbon et al., 2014; Stein & Andreotti, 2016; Tuck & Yang, 2012; van Bewer et al., 2020) informed the meaning, challenges, and opportunities towards reconciliation in nursing, health, teaching, and learning. This was held in tension with non-negotiable needs for curriculum development (Page-Cutrara & Bradley, 2020), accreditation (CASN, 2015), higher education provincial quality reviews (Campus Alberta Quality Council, 2022, program approval through the College of Registered Nurses of Alberta (CRNA, 2022a) Nursing Education Program Approval Committee, and entry to practise requirements and registration (CRNA, 2022b) through the National Council Licensure Examination-NCLEX™ (National Council of State Boards of Nursing, 2022). Elders helped us to see how complex nursing program requirements may be harmonized with reconciliation through Indigenous natural laws; they advised us to keep moving forward by continuing to understand the landscape of nursing education related to program philosophies.

Canadian Nursing Philosophical Frameworks

In an online scan of Canadian nursing programs, a distinction was noted between how our current MRU BN program described our philosophy as values and aims (Trinity Western University, 2022; University of Saskatchewan, 2017; York University, 2021) versus philosophies as frameworks for ways of being, knowing, and doing that connect explicitly with related theory. While both approaches are valid, our BN program redesign required a comprehensive philosophical foundation to guide significant changes, and we looked to programs with similar approaches. The University of Alberta (2020) program curriculum and philosophical framework had clear links to human-centred values, mission, vision, nursing theory, and professional practice competencies, with a "Fundamentals of Care Framework" to pragmatically guide relational practice. Dalhousie University (van Soeren & Corbett, 2015) offered a detailed BN curriculum manual, noting collaborative input from other universities to inform philosophical statements related to nursing, teaching, and learning as a foundation for their "Wave of Learning" curriculum

framework model. The University of Windsor (2015) developed a comprehensive philosophical framework based on humanism and existentialism, extended with Bevis' nursing system theory for education and practice. Trent University (2021) shared their nursing philosophy and teaching/learning as part of their student handbook, which was notably accessible to guide program processes and expectations by students, staff, and faculty. These examples helped us to determine processes and outcomes for an emerging philosophical framework.

Decolonial Nursing Curriculum

Colonization is recognized as the dispossession and domination of peoples with systemic impacts that benefit the colonizer by institutionalizing inequality and unfair power relations that permeate social norms and perpetuates white supremacy (Racial Equity Tools, 2021). Decolonization in nursing education is a messy, iterative process to "expose, resist and transform the continuing presence and influence of colonial processes" (McGibbon et al., 2013, p. 182). Developing a decolonial curriculum is about undoing the effects of—while actively resisting colonial powers within curriculum in related processes, programs, and policies. Decolonial efforts are put forward to advance educational equity with "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). We recognize antiracist curriculum as "the formal and informal structure and process in which a learner gains the knowledge, skills, attitudes, and abilities to meet established educational outcomes" (Ignatavicius, 2019, p. 3) that promote racial equality while opposing and critiquing the harms of white supremacy, colonization, and Eurocentrism (Battiste, 2013; Racial Equity Tools, 2021). Decolonization efforts in the nursing curriculum are interrelated with epistemic anti-racism, with knowledge development and validity that promotes racial equality and multiple perspectives.

Decolonial Workplace. Nursing education has deeply rooted historic and socio-political experiences of colonialism, which impacts how we learn and work together (Bourque Bearskin et al., 2022; Sweet & Hawkins, 2015). To be sustainable, a decolonial curriculum needs to be situated in a context that supports a decolonial program-level approach including work environments for staff, students, and faculty. Nursing education has the opportunity to "reverse the legacy of inequality and racism left by colonialism and redress the unequal power relations it produced and perpetuated" (Twumasi et al., 2020, para 2). We need to critique from a systems perspective, noting how education and health care workload have been colonized through industrialization (Ulus, 2014) with a significant emphasis on efficiency and productivity (Hunt & Hartman, 2018). When productivity drives unfair treatment and unreasonable demands, the subsequent risk of burnout becomes a significant workplace/learning place issue (Moss, 2020). A decolonial space offers an important opportunity to honour safe and ethical care while resisting colonial work dynamics (Ulus, 2014) and offering a protective factor to rehumanize where we work, teach, and learn "within the context of relationships" (Jakubec & Bourque Bearskin, 2020, p. 261).

Outcomes: Interconnected Landscape for Reconciling Relationships

The process of developing the philosophical framework was not linear; yet after several months, the outcome was clear when Elders gifted their knowledge of All My Relations as the unifying basis for their teachings of The Four Realms and Ani to Pisi - Spiderweb to form the new BN program philosophical framework. With support and permission from the Elders, we continued

to weave their teachings with Western thought; ongoing review of scholarly works including philosophies and learning approaches revealed the alignment of their teachings with epistemological pluralism and rhizomatic thinking. While Eurocentric post-humanism aligned with these teachings, we rejected this philosophy in favour of Indigenous relationality (Deloria, 1999). The philosophical framework shared by the Elders is consistent with the iterative development of the new program core values of equity, relationality, and healthy striving (MRU, 2022), and is rooted in local teachings as the source to support the respectful engagement of multiple worldviews with cultural humility (First Nations Health Authority, 2022).

The Four Realms

We cultivate health through good relations with ourselves, others, and all beings.

-Grandmother Doreen Spence

Grandmother Doreen Spence gifted Cree teachings of The Four Realms to help us understand our relationship with ourselves, each other, and all beings. She helped us to understand the new nursing curriculum as four interconnected aspects of holistic health: spiritual, physical, emotional, and mental. The Four Realms teachings guide us to look within ourselves, our interconnectedness, and outward beyond our immediate context to respectfully engage with the complexity of multiple perspectives, contexts, and worldviews.

Ani to Pisi - Spiderweb

We respond as helpers to vibrations in the web that connects us all.
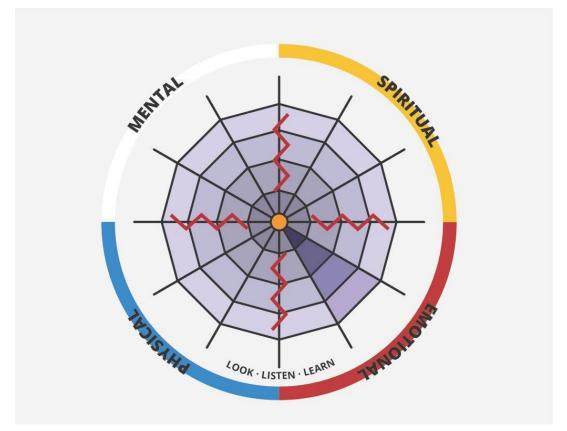
- Elder Roy Bear Chief

Elder Roy Bear Chief gifted Blackfoot teachings of Ani to Pisi - Spiderweb for understanding how to create a connected path through nursing curriculum for sensing and responding to health priorities as vibrations that build on interconnection and kindness-compassion. Ani to Pisi (depicted by the spiderweb) is about working together, sensing vibrations, and sending support to help and promote a healthy community, inspiring engaged learners, strengthening scholarship, engaging in changemaking, and connecting with communities (MRU, 2021). These teachings direct us to first look-listen-learn in our relationship with ourselves, then iteratively move outward in our relationship with others and within different contexts as helpers.

Shared Understanding Through Traditional Teachings

The Elders who guided us are from different nations with unique worldviews and knowledges. Given their mutual respect from years of working together at MRU, Grandmother Doreen Spence and Elder Roy Bear Chief collaborated with BN-CRC and the Philosophical Framework Think Tank to develop the following graphic to represent the interplay of their combined teachings (see Figure 1).

Figure 1

The Four Realms and Ani to Pisi

Note: Graphic by Asfa Riyaz (https://sites.google.com/mtroyal.ca/bncurriculumredesign). Used with permission.

All My Relations

> *We are all relatives. All beings are created equal and interconnected.*

> *-Grandmother Doreen Spence & Elder Roy Bear Chief*

Elders patiently recognized how the academic team was missing a key lesson on relationality. Together they gifted us with their knowledge of All My Relations to unify the nursing program philosophy, recognizing that human ways of being, knowing, and doing are interdependent in relationships within the ecosystem (Deloria, 1989; Snaza et al., 2014; Thayer-Bacon, 2003; Todd, 2016). This philosophy of relationality (Deloria, 1989) is requisite to and enacted through Elders' teachings of The Four Realms and Ani to Pisi to advance health equity with respect, kindness, and compassion for how we are all relatives - 'health for all' (World Health Organization, 1986/2022) is possible through this complex worldview of interconnection with all beings including the planet. Reciprocity and mutuality are key in how "we affect each other, dynamically and functionally, and each is changed as a result" (Thayer-Bacon, 2003, p. 76). This is aligned with how Indigenous Knowledges are developed in direct response to the ecosystem (Battiste, 2013) as we are part of this world, affecting all beings through our collective experiences. While this teaching is aligned with post-humanism, we resisted colonial language that distances Indigenous Peoples from ties to the land (Todd, 2016) and recognize this as a philosophy of relationality (Deloria, 1989).

Recognize everything as alive and elemental to your being. There is nothing that matters less than anything else. By virtue of its being, all things are vital, necessary and a part of the grand whole, because unity cannot exist where exclusion is allowed to happen (Wagamese, 2013).

While the teaching of All My Relations may have roots in North America (King, 1990), this worldview of relational interconnectedness is known amongst global Indigenous Peoples through local Indigenous languages (Kuokkanen, 2004; Smith & Ward, 2000). For example, Hawaiian Elder/Kupuna Francine Dudoit shared the teachings of "pohai o kealoha - no beginning, no ending - we are one" (personal communication). This includes interconnected determinants of our health in our relationship with the planet (Redvers et al., 2022).

Interconnected Understanding

With guidance from Elders, we revisited the literature and made connections with philosophies and learning approaches aligned with their teachings, notably through epistemological pluralism as the ecology of knowledges and rhizomatic thinking.

Ecology of Knowledges

The philosophy of relationality is supported by theories of ecology of knowledges (Andreotti et al., 2011; Ndlovu-Gatsheni, 2021; Santos, 2007; Santos et al., 2007). Nursing and health are known from multiple worldviews, situated in context, relational responsibility, complexity, diversity, and uncertainty. We are called to respect how diverse knowledges are produced by human communities beyond westernized thought (Santos et al., 2007). "It is in the nature of the ecology of knowledges to establish itself through constant questioning and incomplete answers... [and] enables us to have a much broader vision" (Santos, 2007, p. 18). This supports a philosophical framework for nursing education with "recognition that all human beings were born into valid and legitimate knowledge systems [as] the foundation of decolonization and the assertion of epistemic freedom" (Ndlovu-Gatsheni, 2021, p. 887).

The ecology of knowledges may also be understood as "epistemological pluralism" (Andreotti et al., 2011) that respects multiple worldviews and the "interaction and interdependence between scientific and non-scientific knowledges" (Santos, 2007, p. 13) while countering colonial "epistemological dominance" (Battiste, 2013) in nursing education. This stance resists othering and holds the potential for workplaces and learning spaces to be inclusive. Nursing education may extend epistemic truths and social reality as a foreground to address our role in systemic racism at individual, institutional, and societal levels (Canadian Race Relations Foundation, 2021).
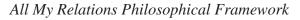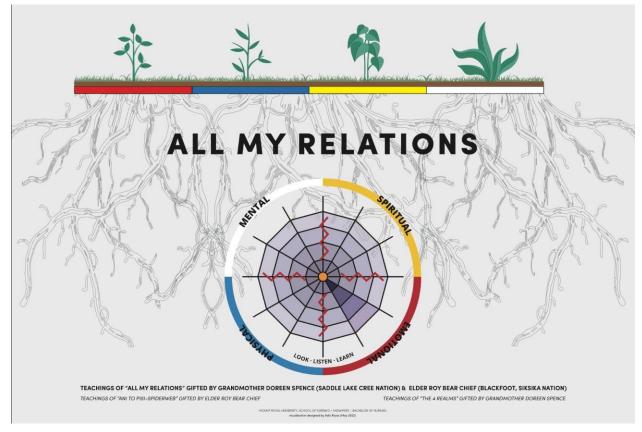
Rhizomatic Thinking

Relationality philosophy is supported by rhizomatic thinking (Deleuze & Guattari, 1987) as it is intended to de-centre knowledge development from the expert by re-centring a collaborative "community as curriculum" (Cormier, 2008) grounded in a relational context; this relational knowledge creation is both personal and social "with mutable goals and constantly negotiated premises" (p. 3). Rhizomatic thinking is aligned with research findings that de-centres academics in decolonial knowledge work (Kennedy et al., 2020). Rhizomatic thinking offered foundational direction on how we may understand and animate the philosophy of All My Relations through respect for all beings, collaboration, complexity thinking, critical awareness, meaningful inclusion, ethical space, and development of students' individual and collective nursing identity. Nursing and health are in direct, ongoing, and adaptive response to the complex environment and evolving

contexts to support individual and interconnected paths for practice excellence and lifelong learning. The rhizome is a metaphor for the coming together of Elders' teachings and the foundational roots of our philosophical assumptions. Brown et al. (2022) aligned Carper's patterns of knowing in an interconnected, webbed rhizomatic network, "both unitary and discrete, like the communities and people for whom nurses care and of whom nurses are a part, the art-science of the nursing present-future" whereby "no one pattern of knowing wins out over any other, constructing non-hierarchical equity for what is accepted as valid and important in nursing knowledge" (p. 15).

Elders confirmed how rhizomatic thinking matched co-learning and creating knowledge. BN-CRC members raised concern that rhizomatic thinking was akin to learning theory and beyond the scope of a philosophical framework; we maintain this way of knowing is key to supporting curriculum redesign by highlighting how rhizomatic thinking constitutes what counts as valid knowledge and de-centred ways of knowing (Cormier, 2008); Elders reinforced that the interconnected and generative rhizomatic theory and process were necessary for supporting the philosophical framework and implementing their teachings (see Figure 2).

Figure 2

All My Relations Philosophical Framework

Note: Graphic by Asfa Riyaz (https://sites.google.com/mtroyal.ca/bncurriculumredesign). Used with permission.

Lessons Learned

To authentically engage in a decolonial process, nurse educators and nursing education programs are called to examine how we may reconcile our own individual and collective

relationships with Indigenous Peoples and knowledge systems. Developing this philosophical framework taught us how to humbly look, listen, and learn with Elders and accept responsibility for our collective reconciliation efforts in nursing education. "We need to persist in advancing positive change, and resist being stuck in the immobilizing excuse of overburdened curriculum and academic workload; there is a pressing need to engage in deep listening with Elders" (Kennedy et al., 2020, p. 14). We reflectively recognize opportunities for decolonial reconciliation amidst tensions, limitations, and intended actions.

Decolonial Tensions

Tensions revealed during philosophical framework development were related to boundary work (Gieryn, 1983) by academics to maintain colonial systems of privilege, power, and status. In the context of academics learning with Elders, this tension was understood as the social process of "dominionization [which is] conceptualised as ownership of expertise held by people mainly schooled in Eurocentric thought and working in a Western institution" (Kennedy et. al., 2020, p. 6). Elders expressed ongoing frustration when encountering these boundaries and engaged BN-CRC to recognize and address the issue of "shielding" rather than "caretaking" knowledge development in support of reconciliation (McGowan et al., 2020). For example, receiving teachings from Elders was a new decolonial process for the department. This was uncomfortable for many faculty who struggled with the process of accepting Elders' teachings without a Roberts Rule of Order-style voting. With help from Elders, chair, and director, we supported philosophical framework development with monthly updates at department meetings. Elders directed us to be clear, compassionate, and steadfast while moving forward; they both agreed and stated that "these teachings are gifts on the table; it is up to faculty now to come to the table and pick up these teachings in a good way for the good of the people."

Limitations

While collaborative within our institution, we did not engage with community stakeholders beyond BN Alumni and Presiding Elders who do not—and respectfully acknowledge that they cannot—speak on behalf of all peoples of the local territory from where the university is located. We recognize this gap and are developing meaningful and mutual information-sharing strategies to engage greater perspectives of local Indigenous Elders and other key stakeholders in how we may implement this philosophy to practise. This work is based on a critical decolonial process yet is humbly acknowledged as an emerging and adaptive effort to begin respectful engagement with Indigenous Knowledges in nursing education as part of our ongoing reconciliation efforts. We are just beginning to understand how to animate this philosophy of All My Relations by weaving multiple worldviews and contexts as an interconnected system: we have more questions than answers, with a willingness to keep learning. We appreciate this iterative process and are now exploring this philosophical framework with other Canadian nursing programs, including the University of Regina (2020) whose institutional strategic plan is "All Our Relations: kahkiyaw kiwâhkômâkaninawak." We also invited community stakeholder participation including those working towards local Indigenous wellness, planetary health, and person-family-community-centred care. With Elders' support, we intend to grow our community connectivity as the curriculum redesign progresses.

Interconnected Action

The integrity of the new nursing program curriculum will be supported by living the philosophy of All My Relations. The iterative nature of philosophical framework development

revealed greater clarity in core program values of equity, relationality, and healthy striving; this provided direction for designing nursing curriculum including key concepts, goals and outcomes, program progression, and curriculum matrix (Page-Cutrara & Bradley, 2020) with a relational orientation of "intrapersonal, interpersonal, and contextual levels of health care situations" (Doane & Varcoe, 2021). We are called to move forward to advance relationality through peace and planetary health, with equity-based approaches such as Universal Design for Learning (Novak & Tucker, 2021). Moreover, we are encouraged to actively resist how nursing programs may be contrary to healthy striving given how overwork is often required, rewarded, and celebrated; rather, this philosophy of All My Relations supports reasonable workload and holistic wellness within nursing education for students, faculty, and staff.

This framework is reshaping how we discuss issues, work together, and make decisions as a program with greater reciprocity and respectful connections. While the importance of self-awareness and reflection is often talked about, we need to explicitly teach this as a skill: "The healing begins with me. We must learn how to go within first before we can help others" (Grandmother Doreen Spence).

To address this need, BN-CRC is exploring contemplative practice approaches such as mindfulness-based stress reduction and attention focusing, and weaving wellness practices inclusive of Eastern and Indigenous traditions (Ishikawa, 2018; Yellow Bird, 2022). And so, we continue to ask: *How is relationality guiding our learning and growth during this curriculum redesign process? How may we continue to honour our responsibility with the Elders' teachings? How may we deconstruct the dominionization of knowledge that is upheld by current Eurocentric values?* These questions extend from self to the broader program context and open the opportunity for authentic relationships as a foundation for decolonial curriculum redesign.

Critical Forward Thinking

We need to prepare our educational environment and create relational spaces to support this philosophy and restore wellness within the nursing program. This is the future direction to address epistemic racism and white benevolence in helping professions (Gebhard et al., 2022). BN-CRC created a Supporting Change Think Tank to collaboratively respond to the need for meaningful information sharing and professional development as the curriculum is planned, designed, implemented, and evaluated. We are navigating the complexity of transforming holistic teaching and learning spaces, including how individual and institutional practices may resist or support relationality (RISE, 2020). Enacting this philosophy is part of our reconciliation effort at individual to systems levels; we advocate for programs and policies that advance collective wellness and caretaking of Knowledges rather than individualistic shielding of academic territory (McGowan et al., 2020). We aim to create a sustainable space for connectivity and transformative learning for nursing education that is rooted in equity, healthy striving, and relationality.

This critical space invites further reflection to guide meaningful action for reconciliation. *How may we go beyond a land acknowledgement?* Nurses are called to shift from learning about the "other" and addressing critical self-action in terms of relationality, knowledge, gender, land, and politics. We begin with a land acknowledgement and recognize the traditional custodians of the land who are also the traditional custodians of knowledge. *How may nurses be in a relational reconciliation of knowledge?*

Closing

Learning with Elders is an invaluable opportunity that promises for the decolonial grounding of nursing programs by respecting local Indigenous Knowledges as a standpoint to extend worldviews on health and wellness while reconciling nursing education (Kennedy et al., 2021). As such, the process of developing this philosophical framework is grounded in local Indigenous teachings while inviting multiple worldviews through ongoing critical reflection and lifelong learning in relationship with all beings to advance health in nursing education and practice. The co-author team invites readers to reach out and connect with us (and each other) so we may learn together as part of our collective decolonial effort for quality nursing education. In this relational space, we may re-member and reconcile the heart of nursing.

"The main ingredient you need is love."

- Grandmother Doreen Spence (Saddle Lake Cree Nation)

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