

Mâkawoh Kamâtowin, “Coming together to help each other in wellness”: Honouring Indigenous Nursing Knowledge

Abstract

This paper is the result of coming to know and better understand Indigenous nursing experience in First Nations, Inuit and Métis communities. Using an Indigenous research approach, I (first author) drew from the collective experience of four Indigenous nurse scholars and attended to the question of how Indigenous knowledge manifests itself in the practices of Indigenous nurses and how it can better serve individuals, families, and communities. This research framework centered on Indigenous principles, processes, and practical values as expressed in Indigenous nursing practice. The results were woven from key understandings and meanings of Indigeneity as a way of being. Central to this study was that Indigenous knowledge has always been fundamental to the ways that these Indigenous nurses have undertaken nursing practice, regardless of the systemic and historical barriers they faced in providing healthcare for Indigenous people. The results of this research demonstrated how Indigenous nurses consistently drew on their inherited Indigenous knowledge to deliver nursing care to Indigenous people. Their identity as Indigenous persons was integral to their identities as Indigenous nurses. Of significance is the personal and particular description of how these Indigenous nurse scholars developed their nursing approaches in relevance to how health and healthcare delivery must be integrated into healthcare systems as a pathway to reducing health disparities.

Keywords

Indigenous research methodologies, Indigenous nurses, Indigenous nursing knowledge, nursing practice, Indigenous wellness

Glossary

Indigenous Peoples: used in this article to mean First Nations, Inuit, and Métis peoples in Canada and used synonymously with the term Aboriginal Peoples enshrined in Section 35A in the Constitution Act of 1982. The Royal Commission on Aboriginal Peoples (1996) states that in over 605 different First Nations communities, some people prefer to identify themselves as part of their linguistic group, such as Cree, and/or Métis, or both.

mâkawoh kamâtowin: Cree term used to describe the meaning of Indigenous community development.

nohkum: Cree for “my grandmother.”

nikawy: Cree for “my mother.”

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Madeleine Kētēskwew Dion Stout, PhD, Kehewin First Nation, retired nurse, co-searcher, active educator, researcher, and author. Helped shape the study through her insights on Indigenous health and wellness; insistence on home-grown and complementary interventions and services; and insertion of Cree concepts to change the way this research project offers content.

Evelyn Voyageur, PhD, from the Dzawada’enuxw First Nation, is a retired RN and an Elder-in-residence at North Island College in Comox Valley, BC. Shared expert Indigenous nursing knowledge as a co-searcher, supported data analysis, and provided expert insight throughout the research process.

Alice Reid, retired RN, NP, worked extensively in northern Alberta. She is Métis from Sandy Lake, AB. Played a key role as a co-searcher, supported data analysis, and provided guidance throughout the research process.

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Elder Rose Martial, Denesuline from Cold Lake First Nations, AB, is a retired community health representative who guided this work from its inception. She continues to work as a community researcher and as an Elder advisor to the Access Research Project at the University of Alberta with Dr. B. Cameron.

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Introduction

The aim of this research was to draw on Cree/Métis understanding through Indigenous research methodologies (IRM), in order to explore how Indigenous knowledge systems and identity are embedded in the nursing practices of four Indigenous nurse scholars. Attention is given to Cree ways of being, knowing, and acting when situated at the intersection of nursing and the hierarchy of Western nursing knowledge. As Weber-Pillwax (1999) explained, the central tenet of IRM is that the one who searches becomes the “active center” to also reveal and present his or her own story along with the emerging stories of those who are re-searching from within their own worldviews. Therefore, my¹ own life experience as an Indigenous nurse was as central to the study as were the life experiences of the other four Indigenous nurses, and all experiences were interwoven into one collective story of being Indigenous nurses in Canada. The substance of this study was grounded in the primary concern of nursing, that is the health of people, but specifically, it examined the context of delivering culturally appropriate and safe care.

Relationality

To strengthen my research approach, I drew on courses grounded in traditions of Aboriginal or Cree/Métis Peoples, offered by the University of Alberta through the Indigenous Peoples Education graduate program. For example, the Cree language graduate course² that I took with Elder John Crier and Cora Weber-Pillwax supported my own Indigenous knowledge system. In this relationship I was able to draw on traditional knowledge embedded within key words, and I began to accurately and critically examine the significance of Cree/Métis teachings in my inquiry on Indigenous nursing practice. Being attentive to the variances in meaning

¹ This paper is written from the first-person perspective of the first author.

² University of Alberta course EDPS 501: Meaning and Structure of Cree Language. Objective: With course instructor, a Cree language and traditional knowledge teacher and the students will examine the roots and structures of Cree words that carry significant and ancient values and root meanings related to Cree knowledge systems and ways of being.

between languages was important, as not all of the four Indigenous nurses were Cree/Métis; one of the nurses was from the Dzawadaǵenuǵw First Nation on the West Coast.

An important feature of this work is captured from a Northern Plains Cree/Métis perspective. *Mâwawoh kamâtowin* is a Cree term that I understand to mean “to help each other in a collective sense.” The goal of this original research was not to separate my life from my work, but rather to support and enable me to situate myself within the work as a specific and whole context where, as described by IRM, the “self” is a central aspect of the study and its incumbent relationships.

Locating Myself in the Context of the Research Inquiry

As a Cree/Métis woman who has survived life experiences rooted in violence, residential school, and the child welfare system, and who lives with the effects of intergenerational trauma,³ I continue to witness many forms of violence that First Nations, Inuit, and Métis Peoples experience. As a nurse, I have come face to face with this in my everyday life. Some of those moments are imprinted in my memory forever and have shaped my thinking on many levels. What I have come to know intimately is that nurses struggle with their personal moral convictions when they are confronted with Indigenous clients. Nurses in these situations are faced with what Cameron (2006) has referred to as the *unpresentable*: cases such as the murdered and missing Aboriginal women in Canada, and the cultural genocide that stems from effects of residential schools (Truth and Reconciliation Commission of Canada, 2015). Yet, even though this history of trauma is recognized as factual and historical in Canada, Allan and Smylie (2015) found that healthcare professionals respond to Aboriginal people by offering racialized care that renders us uncivilized, without human dignity and human rights. In some cases, even human touch is denied, as was seen in the case of Brian Sinclair, an Indigenous man who waited over 34 hours in a hospital emergency department to be assessed for a simple blocked catheter and died unattended while waiting for care (as detailed in the inquest report; Preston, 2014). Dion Stout (2012) reported that nurses are not well informed about Indigenous people’s histories, or their suffering as individuals, families, and communities living under poverties and policies that render them invisible and unpresentable.

Research Framework

As described by Ermine (1995, 2007), Kirkness (2013), Kovach (2009, 2013), Weber-Pillwax (1999, 2001, 2003, 2004, 2008), and Wilson (2008), the IRM framework draws on critical, self-reflexive, hermeneutic analysis, a process that helped me engage in a deeper self-understanding and unearthing of experiences used in the context of this study. Meyer (2008) and Ranco (2006) describe hermeneutic analysis as a way to understand the “other” and use it to enhance our own Indigenous ways of knowing. IRM is an approach that centers Indigenous

³ According to Bombay, Matheson, and Anisman (2009), *intergenerational trauma* is a term used to describe years of trauma (personal/collective) that is transmitted across generations.

identity (Weber Pillwax, 1999) and provides a research process (Kovach, 2009) and practical values (respect, responsibility, reciprocity, and relevance; Kirkness & Barnhardt, 2001). From these theoretical underpinnings, the research design captures four key components of the research process based on Cree understanding: creating respectful research activities; enacting ethical relationships; being responsible for the gathering, documenting, and analysis of data; and ensuring that mutual reciprocity is honored for the purposes of understanding the spectrum of Indigenous nursing knowledge as informed by the four Indigenous nurses, and more powerfully, by *nohkum*, *nikawy*, and myself. One of the objectives of this study was to learn and to understand what Indigenous nursing knowledge consists of and how this knowledge is infused into the practices of nursing as a means to facilitate and create healing and wellness. This objective aligns with the original research question addressing lived experiences of Indigenous nurses as practitioners and scholars.

Data Gathering

In maintaining respectful, relational, responsible, and reciprocal features of this study, the four Indigenous nurse scholars became co-researchers in the process of seeking a collective understanding of Indigenous ways of knowing and being (Meyer, 2003, 2008; Ranco, 2006; Struthers, 2001, 2003). A combination of protocols, data collection methods, and analysis techniques were used, including participant observation, self-reflexive writing, one-on-one conversations, and research circles of understanding. These activities facilitated sharing of our experiences and deepened the critical and analytical nature of our discussions, which facilitated a deepened integration of methodological features of the research phases. The Indigenous nurses became actively involved through various circles of conversation in generating, positing, sorting, questioning, understanding, and recontextualizing the data in ways that supported my constant assessment of the relationship and connections between emerging knowledge. I received their feedback and used it to extend and foster our own understanding as an effective means to “address social issues in the wider framework of self-determination, decolonization, and social justice” (Smith, 2012, p. 4).

Data Analysis

This reiterative inductive process of analysis involved a constant movement back and forth from the written text to the shared thoughts and words of the Indigenous nurse scholars. The goal of the data analysis process was to obtain a rich description that accurately depicted the statements, thoughts, and experiences of the Indigenous nurse scholars, and that was aligned with the relational commitments of our nursing work. The first analysis phase involved a line-by-line review of transcribed textual data by the researcher; the review was then mapped out and returned to the Indigenous nurse scholars. This second analysis phase involved a deep layer of thinking in which the nature of the text, both spoken and written, guided the analysis as various and distinct aspects of Cree ways of knowing and being revealed themselves to the Indigenous nurses. This allowed for the development of a collective analysis where main ideas of content

themes were generated from the renewed and/or deeper collective meaning and where the collective nature of both process and outcome simultaneously enhanced reliability and rigor of the research process. Member checking and peer debriefing were embedded naturally into the IRM processes and also provided validation of our collective interpretations and ascribed meanings to the data. Research ethics were based on IRM principles, thus going beyond the minimum standards outlined by OCAP⁴ and the Tri-Council (CIHR, NSERC, and SSHRC, 2014) for working “with, for, and by” Indigenous Peoples.

Results

The results of this original research study were interpreted and reported as deriving from two sources of knowledge: ontological beginnings and epistemological openings. Specific to each section were particular threads of understanding that resonated across the women’s lives. These threads, woven from the narratives of Indigenous nurse scholars, showed the meanings and implications of Indigenous nursing with families, communities, and Nations. Including threads of my own narrative in the results was vital to maintaining the holistic nature of this discussion of Indigenous nurses’ knowledge. There were many significant results in the original study, but for the purposes of this manuscript, I drew on a few of those threads that referred to ontological beginnings and epistemological openings as the roots of the nurses’ wellness statements.

Ontological Beginnings and Epistemological Openings

The contributions of the Indigenous nurse scholars showed that they lived according to the roots of their being and that these roots were central to their identity. They constantly reminded me that “knowing who you are and where you come from” is foundational to our existence. Alice Reid affirmed the notion of identity in all of her discussions: “We are all creatures of creation, and from that sense we are all one with unique experiences.” She spoke to these early roots of the nature of being, knowing, and doing; in other words, of the ontological and epistemological markers of her Cree/Métis worldview:

“It is always with us. It is a given, and it is up to us to accept it or not. It is not something we claim; it is just being who we are and what we believe and how we behave.”

This state of being is the personal agency within every individual. It is always in relation to our families, deeply rooted in the underground of our history and the land of our origin.

Likewise, Evelyn Voyageur spoke about her early roots of existence and the importance of her Elders’ teachings. She also talked extensively about how the notion of self is rooted in

⁴ OCAP[®]: Ownership, Control, Access, and Possession is a registered trademark of the First Nations Information Governance Centre (FNIGC; www.fnigc.ca).

community. Evelyn shared a story that captures the philosophy of community wellness as a ceremony:

The Spirit dance is bound in the teaching of protection, and it used to be done in the early morning. And it only belongs to the Willie family, my dad’s side, and my great niece holds the dance. It happens at four o’clock in the morning, and we would go to the big house. She carries a big basket to collect all the bad energy, and then she throws it in the fire. And that was how our day often began. She was also known as a healer.

This story shows the spirit of her people, their relationship to knowledge, and their understanding of how to act in accordance with traditions in the collective to preserve health and wellness. Lea Bill also described her roots as deeply embedded in her ancestors’ identity and language:

It has always been there because right from the time I was very young my grandmother taught me. She was a midwife and a medicine woman, if you might call her that; she was onanatawihowew, which translates to ‘the one who helps with healing.’ It has to do with nantawih, meaning ‘to support,’ or ‘to bring up the body,’ natawihiehiwewin. Or ‘building up the body,’ wiyaw. So it has to do with supporting the body. So right from the time I was young, I was witness to and participated in our traditional ceremonies, and I became a helper early in my life.

When she was a young girl, Lea’s connection to her grandmother set a path that she would follow for the duration of her life. Her grandmother was a midwife and traditional healer who heavily influenced Lea’s commitment to healing and encouraged her to pursue nursing in the “Western way.” Lea grew up immersed in the helping relationship through which she learned the principles of natural law.⁵ Over the years she became skilled in ways to ground her nursing care in her own traditional healing knowledge systems.

Early roots of Indigenous knowledge. From an Indigenous perspective, our traditional Cree names represent a kindred spirit and a deeper meaning. As Madeleine Dion Stout noted, our coming to know is often grounded in the names we hold that are interconnected, interdependent on nature and natural law. Having this understanding brings us closer to our own knowing and being:

I was always called kētēskwew at home. It was not just a ceremonial name. It is life lived as ceremony. And when you are given that kind of name, you always remember that you are, as in my case, an ancient woman or child with an ancient spirit.

⁵ Natural law is a philosophy of life that underpins Indigenous understanding of being human; it states that everything is connected and related, from the smallest particle in the cosmos to all living and non-living forms.

It is clear from the Indigenous nursing scholars that the roots of our upbringing (being and knowing) run deeply into the familial landscape, and thus deeply into the creation of our world. Our inherited traditional knowledge comes from the roots of our ancestries (McCallum, 2014). Their families nurtured their spirits so that their backbones became strong. They learned to share their gifts so that the far-reaching branches of knowledge could take root in the minds and hearts of others. From the blood in their veins to the inscriptions on their minds, their spiritual and traditional experiences became embedded in their being. As Couture (1991) explains, primal experience of being is the “accumulation of knowledge rooted in experience that is carried forward by oral traditions” (p. 59). He discussed this as a foundation of Indigenous existence where the inner and outer worlds meet and spiritual and physical worlds are equally real and functional. Yet it is this knowledge, that the deeper layer of consciousness is integral to wellness, that non-Indigenous people often find difficult to comprehend. Further to this, Battiste (2013) suggests that non-Indigenous people attribute this spiritual understanding to the lack of civilization amongst Indigenous Peoples. As I interpreted what the Indigenous nurse scholars said, I thought about the pedagogy of spiritual knowledge in relation to epistemological openings. *Openings* meaning those opportunities where Indigenous nurses can walk in their own way of knowing. In her research with Cree and Ojibwa healers, Struthers (2001 & 2003) recognizes that Indigenous people do not learned Indigenous knowledge from books, but from other people, and through dreams, visions, and genetic memory. The memory of the ancestors is in our blood, within our genetic makeup. This visceral level of knowledge expressed in blood memory plays a significant role in cellular development, and that cellular memory can change one’s emotional state (Pert, 1997). According to Elder Lionel Kinunwa (as cited in Steinhauer, 2002):

We have ancestral memories in our blood; they are in our muscles, they are in our bones, they are in our hair. ... These memories come out of the molecular structure of our being. ... When you hear someone speaking your language, your molecular structure picks up those vibrations, because each language has its own peculiar patterns (p. 76).

Hampton (1995) also talked about the significance of memory coming before knowledge; it is here that I see the implications of memory and knowledge of our routes and roots in life. As Battiste (2013) suggests, “Maybe this wisdom is taking its rightful place” (p. 17). When I think about memory, I think about the circularity of knowledge because if knowledge comes from the wisdom and experiences of the people, then memory takes us back to the beginning of knowledge development. Memory is central to who we are and to our outwardly lived practices; Indigenous nurse scholars pull their ancestral knowledge into their everyday lives. Their truths, origins, and memories are central to what they share and receive. The nurse scholars told me that we have no choice in the memories that we are given, but we do have a choice in the memories we accept because they deeply shape who we are today and who we are becoming.

Integrating roots of knowledge into nursing practices. What follows is a very brief but personal and particular description of how these Indigenous nurse scholars developed some of their nursing approaches based on Indigenous teachings with which they had grown up. These Indigenous nursing scholars made visible to me the roots of their individual identities, and I saw how the nurses each manifested themselves in their own distinct approaches to holistic nursing practices. Each demonstrated their personal, intellectual, spirited, and heartfelt perspectives on their own historical relationships as Indigenous people. Each created a unique learning experience in the context of this study and I came to realize that each played a significant role in translation of Indigenous knowledge.

My experiences with Alice Reid focused on the family unit with a specific emphasis on Indigenous women and girls. Evelyn Voyageur’s invitation to the village helped me to center my thinking on nursing education and the role of the community in education. The time that I spent with Madeleine Dion Stout helped me to intellectualize and concentrate on the philosophical and political aspects of Indigenous knowledge systems and maternal childcare. My final experience, with Lea Bill, led to a deeper personal understanding of Indigenous healing and self-care and its effectiveness in addressing historical trauma. Each of the Indigenous nurse scholars integrates their own knowing into nursing by relying on her understanding of Cree knowledge systems.

Alice’s life and beginnings were grounded in northern Alberta. As a nurse practitioner licensed in the United States, and as licensure was not fully recognized in Canada, she worked as a registered nurse with an expanded scope of practice. She often worked in isolation in rural and remote communities. Her responsibilities included everything from nursing administration to medical treatment, to assisting in births, wakes, and environmental emergency response situations. With very few resources, limited equipment, and reduced access to clean running water or heated buildings, she pragmatically solved issues and worked with what she had.

Witnessing the impact of Christianization and colonization on families was significant to her practice. She asserts that it is as real today as it was yesterday: “We have become unknown citizens in our own lands, and we have to just keep walking.” Alice’s statement captures the issue of ongoing colonial experience that continues to impact individual wellness and nursing practice. Alice’s Indigenous knowledge as well as her advanced nursing knowledge helped her to survive the harsh northern situation of remoteness and limited access to healthcare services. She is clear that she needed both of these knowledge bases to counteract the terror of lived residential school experience that affected the people she nursed. When she spoke about the meaning of family as if we “are one,” all related by one bond, one tribe, one Nation, one Mother Earth, this notion of oneness helped me situate the importance of human-centered practice. As Alice noted, First Nations, Inuit, and Métis women are “the invisible sinews” that bind the spirit of northern Indigenous women together as a way to strengthen community healing.

For Evelyn Voyageur the heart of community was always central to her worldview. I watched her deliver a unique educational experience to nursing and allied students where the community was the teacher. It was a profound and clear example of how a community-based

Indigenous knowledge teaching and learning approach had mutual benefits to cultural continuity and community development in nursing education. Discourses in cultural continuity and community development often focus on an analysis of deficit, which inadvertently perpetuates social disparities, stigmas, and mythical dogma of Indigenous people’s life histories and biographical accounts in Canadian literature (Valaskakis, Dion Stout, & Guimond, 2009). What Evelyn showed me was how nursing’s traditional teaching and learning approaches harmed some Indigenous nurse trainees, because traditional nursing education has not been grounded in the historical context in which Indigenous people live. In Evelyn’s work the entire community educates nurses, so education comes from a lived experience perspective. This provides a more realistic picture for nurses and student nurses about resiliency and strength among community members, often providing many examples of how power dynamics in relational nursing practice can be neutralized so that clients are driving their own healing and healthcare services delivery.

During the time I spent with Madeleine Dion Stout, it was evident that her contribution to nursing was well situated at the political level. Her knowledge extended beyond the realm of practice, drawing attention to the interlocking policies of practice and revealing how detrimental Western ways of knowing and being had been inscribed into the flesh of people she worked with. Against this political backdrop Madeleine worked tirelessly to challenge the oppression and ideological constructs that she had long ago learned to survive. Through her Cree theoretical lens, Madeleine addressed the sociocultural, historical, and contextual determinants of health. For example, in her keynote presentation *Original Instructions and the Politics of the Powerless: Nursing in First Nations* at the Philosophy in the Nurses’ World: Politics of Nursing Practice conference, sponsored by University of Alberta, she explained:

Nurses need to meet First Nations at their point of resistance and respect the fact that knowledge sharing is less a matter of seizing knowledge and cataloguing it and more about paying respect to the known, learning from the knowers, and fully participating in the knowing. The knowing of the prevailing context and conditions that shape the culture and structures we nurse in is a must.

At this point of resistance, Madeleine suggested that Indigenous nurse scholars hold their ground against these continuing forces as a way to create and preserve wellness. “We were never conquered peoples. We never gave up our identities or responsibilities to the government.” In this light, her reinforcement about understanding ethics and Indigenous human rights advanced my thinking from concealment of Indigenous nursing knowledge to resurfacing it, so that our focus remains on the social constructs and cultural structures in Indigenous nursing knowledge and practice. In this context, social constructs such as race, gender, and religion have been used to advance various forms of knowledge, which undermines cultural structures such as protocols and processes for learning traditional knowledge.

The unique experience of working with Lea Bill took me to the most private and sacred parts of the mountains in the Kananaskis country of Alberta. There we spent time translating the

wisdom we hold, which tells us that there is a greater life force that draws us to another’s experiences. It was about a nurse’s healing journey—being able to let go of pain and hardship, recognize one’s own personal power, and incorporate spiritual energy into our nursing being. The acts of self-healing are often taken for granted in our nursing profession. Understanding natural law and relational nursing practice requires attributes that stem from resiliency and strength. It is our duty as Indigenous nurses to be of service and to be responsive to the suffering. Lea stated that we cannot forget those who come behind us:

So many of our people have bought into the idea of the script that we are incapable, and we see the evidence of this when we look at the statistics of health. But this is a multigenerational message that has been imprinted in the people, and it’s not just our people; it is continuing worldwide.

Madeleine further explains, “We’ve tried so hard to spray our Indianness away just to get by and fit in.” The idea of trying to fit and be respected as human beings during a time when families were significantly marginalized was problematic.

From my nursing education, I learned to think from binary positions—Western and Indigenous, objective and subjective, mind versus spirit, and individual over community. What I wish I had learned was to value the knowledge found in the faces, spaces, and places of Indigeneity. One knowledge system must not be valued over another. We are all part of the human race, and each of us has a unique perspective and context in which we can flourish and contribute to world health. It is this Indigenous mindfulness that brings me closer to home—to my own Cree/Métis way of learning, seeing, and knowing. Eminent scholars and traditional knowledge holders have reminded me that the ways of knowing unfolding before us are considered science (Little Bear, 2000, 2009). The traditional knowledge from these teachings is a good example of this. These teachings are sacred ways of knowing and can take a lifetime to learn. In contrast, in nursing, I was trained to think from one worldview, which left my Indigeneity in nursing unexplored and yet to be unmasked.

Discussion

A major aim of this original work has been to articulate a better understanding of how Indigenous knowledge is taken up in nursing. There are many questions left to answer, but for the purpose of this article the aim was to describe how Indigenous nursing knowledge could be of benefit and value to the discipline of nursing. The theme of wellness was central throughout the study and showed that Indigenous knowledge is inherent in Indigenous ways of being, knowing, and doing; that it can be understood as the anchor that supports the capacity of First Nations, Inuit, and Métis Peoples to lift up the work of our Indigenous nursing leaders and sustain health and wellness of Indigenous communities. In essence this inquiry is similar to the work of Gehl (2012), who wrote about the Anishinaabe concept “Debwewin Journey”—a model

of knowing that links Western ideologies of knowing from the head to learning from the heart, the holistic nature of nursing.

This study revealed many complex issues and concepts associated with Indigenous wellness in relation to the nursing profession. This area of inquiry is extremely challenging and requires meaningful and consistent engagement, participation, and leadership of Indigenous people. Indigenous people hold the experiential understandings of their knowledge systems and their ontological and epistemological roots, which guide how they interact with and within the world. Just as important, I have come to the understanding that, regardless of our individual experiences, we as Indigenous nurses inherently bring our knowledge as Indigenous persons to our nursing practice; we know that knowledge originates within our families, communities, ancestors, and the Creator—a system that has endured for thousands of years.

The Indigenous nurse scholars talked about nursing as a “pedagogy of service” in which practice is not grounded in engagement with the other. They spoke about the need to “shift the soil” and “re-turn” to the roots of nursing, which are found within the contexts of their own Indigenous community. In recognizing the attributes and efficiency of “old” knowledge, the Indigenous nurse scholars support the creation of “new” knowledge as a means of improving the understanding of nursing services in Indigenous communities in the face of ever-growing health disparities (Fridkin, 2012). The concept of Indigenous wellness is integral to the delivery of health services, as it can offer concrete approaches and benefits that far outweigh the lack of culturally responsive nursing practice that underscores racism in nursing (McGibbon, & Etowa, 2009; Vukic, Jesty, Mathews, & Etowa, 2012). The Indigenous nurse scholars support the idea of “working together” in ways that address the Truth and Reconciliation Commission of Canada’s (2015) 94 Calls to Action. In accommodating this vision as a moral imperative, we need to make space for the unique contributions of Indigenous knowledge. We must recognize that “poverty of all kinds have stolen productive capacity and independence from many Indigenous people, leaving them confused, traumatized and in poor health” (Dion Stout, 2012, p. 12). We cannot sacrifice the old for the new or the new for the old; we have to bring them into balance in the center of the collective whole, for Indigenous wellness to flourish.

Limitations

The main limitation of this study is that we cannot ever fully understand or replicate someone else’s story because the context is almost impossible to duplicate. Yet Archibald (2008), King (2003), and McLeod (2007) explain that while stories are not complete, and are limited in presenting a full understanding, they show us a path from which we can all learn. Although it is not necessarily a limitation of Indigenous research, the Indigenous nurse scholars were not all of Cree/Métis background. This is an extremely important consideration with IRM as it is important always to remember that Indigenous knowledge from one group cannot be generalized to that of all Aboriginal Peoples.

Conclusion

In conclusion, the question remains: How do we bring Indigenous knowledge into our nursing environments? This early work provides a glimpse into how these Indigenous nursing scholars integrated the roots of their being into their nursing practices to achieve wellness through their respect for, as well as engagement and relationships with the people. Here, at the intersection of ontology and epistemology, they established a foundation upon which to foster individual, family, and community wellness. A common thread in our reflexive discussions was the belief that we do not need to give up who we are in order to be able to carry out successful nursing practices and meaningful research with our communities. Rather, we must travel to the inner spaces of our deepest thoughts to engage with ancient knowledge as a way of knowing, where we can begin a new chapter, a way of being where Indigenous nurses can flourish in Indigenous nursing practice. While the research showed many features important to the delivery of nursing services to Indigenous communities, most significant was the assertion that local Indigenous people and their community knowledge systems are needed at the core of nursing. From this work our nursing team will continue to develop further research exploring Indigenous-nurse-led practice.

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