“Come here, let’s take care of you”: Indigenous Nurse Wellness and Intergenerational Mentorship with/in Community

By

Christina Marie Chakanyuka

Bachelor of Nursing, University of Lethbridge, 2010
Master of Nursing, University of Victoria, 2017

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We acknowledge and respect the Lək̓ʷəŋən (Songhees and Xʷsepsəm/Esquimalt) Peoples on whose territory the university stands, and the Lək̓ʷəŋən and W̱ SÁNEĆ Peoples whose historical relationships with the land continue to this day.

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Supervisory Committee

Dr. Lisa Bourque Bearskin, Co-Supervisor
School of Nursing

Dr. Bernie Pauly, Co-Supervisor
School of Nursing

Dr. Brenda Mishak, Departmental Member
School of Nursing

Dr. Holly Graham, External Member
Department of Psychiatry, University of Saskatchewan

Abstract

This study examines how intergenerational Indigenous nurse mentorship and traditional wellness practices strengthen Indigenous nurse identity, belonging, knowledge, and wellness. Indigenous nurses—including First Nations, Inuit, and Métis—hold a unique role in drawing from both their nursing knowledge and lived experiences as Indigenous Peoples to co-create culturally safe environments that foster healing through respectful and trusting relationships.

Despite ongoing recruitment and retention initiatives, Indigenous nurses continue to face systemic racism in nursing education and remain underrepresented in health care systems. This research responds to calls to address the distinct health needs of Indigenous Peoples in Canada, while affirming the rights of Indigenous nurses to self-determine wellness, mentorship, and professional development within their own communities and Nations.

Guided by Indigenous Research Methodologies, this study engaged eight Indigenous nurses through visiting and circling practices to generate an evidence base for sustainable, relational strategies that protect and promote Indigenous nurse wellness and mentorship. Grounded in the principle of "nothing for us – without us," the findings highlight the power of relational accountability and affirm Indigenous nurses' self-determining role in co-creating retention and wellness strategies grounded in traditional knowledge.

This study underscores the importance of (w)holistic approaches that integrate Indigeneity, relationality, Indigenous Knowledges, nursing praxis, and traditional wellness practices to create culturally safe health care experiences. The findings provide strategic imperatives for advancing intergenerational Indigenous nurse mentorship in nursing education, while emphasizing the interconnectedness of individual, community, and environmental well-being.

Keywords: Intergenerational, Indigenous, Nurse, Mentorship, Wellness

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List of Terminology

1. **Aboriginal**
   The term "Aboriginal" refers to the First Peoples who inhabited a territory or land prior to non-Indigenous colonization and settlement (Métis Nation of British Columbia [MNBC], 2021). In 1982, changes to the Canadian Constitution explicitly recognized existing Aboriginal and treaty rights, defining "Aboriginal peoples of Canada" as including "the First Nation, Inuit and Métis peoples of Canada" (Government of Canada, 2021). People have the right to decide and define terms used to describe identity; while the use of the term Aboriginal has declined in recent years, the use of Indigenous has increased (MNBC, 2021).

2. **Anti-Indigenous Racism**
   Refers to the ongoing discrimination, violence, and exclusion that targets First Nations, Inuit, and Métis Peoples. Rooted in colonialism, it includes individual, institutional, and societal actions that devalue Indigenous cultures, histories, and rights (NCCIH, 2022).

3. **Decolonization**
   The process of undoing colonial systems and restoring Indigenous land, knowledge, and governance. It involves material change, not just inclusion, and must centre Indigenous self-determination (Tuck & Yang, 2012).

4. **Distinctions-based Approach**
   A framework that recognizes the unique rights, histories, priorities, and governance structures of First Nations, Inuit, and Métis Peoples. Rather than treating Indigenous Peoples as a single group, this approach ensures that policies, programs, and research are developed in respectful partnership with each Nation, grounded in their specific contexts and needs (Government of Canada, 2018; Indigenous Services Canada, 2021; Government of British Columbia, 2018).

5. **Genocide**
   The deliberate and systemic destruction of a group of people, including through physical, cultural, spiritual, and political means. In Canada, genocide against Indigenous Peoples has occurred through residential schools, forced removal of children, destruction of language and culture, and persistent structural violence. The National Inquiry into Missing and Murdered Indigenous Women and Girls (2019) concluded that genocide is an ongoing reality rooted in colonialism and fueled by state inaction.

6. **Half-breed**
   The racist and offensive term "half-breed" is only used in the context of colonial legislation used "almost exclusively by the federal government throughout the late-nineteenth and early-twentieth centuries" when referring to "those people in western Canada who trace their roots to a shared Aboriginal and European ancestry" (Library and Archives Canada, 2012, para. 1). Historically, the term "half-breed" is used synonymously with "Métis" across colonial policies (Library and Archives Canada, 2012).

7. **Indian**
   The incorrect and offensive term "Indian" is only used in the context of colonial institutions (such as Indian Hospitals and Indian Residential Schools) and legislation (such as the Indian Act). According to the Government of Canada (2018) footnote on the background of Indian registration, the term "Indian" is "used to reflect the language used in legislation, such as the Indian Act, both historically and today" (Overview, para.2).

8. **Indigenous**
   Out of respect that there is no "pan-Indigenous" identity or universal definition, the term "Indigenous" is used in this paper as an "inclusive and international term to describe individuals and collectives who consider themselves as being related to and/or having historical continuity with 'First Peoples,' whose civilizations… predate those of subsequent invading or colonizing populations" (Allan & Smylie, 2015, p. 1).

9. **Indigenous Knowledge**
   Indigenous Knowledge refers to the complex, holistic, and place-based systems of understanding developed and sustained by Indigenous Peoples over generations. It is rooted in relationships with the land, language, ceremony, and community, and includes spiritual, ecological, and practical ways of knowing. Unlike Western knowledge systems, it is often transmitted orally and through lived experience, emphasizing relational accountability (Wilson, 2008; Simpson, 2014).

10. **Indigenous Nursing Knowledge (INK)**
    INK encompasses culturally grounded, relational, and community-based ways of knowing, doing, and being in nursing practice. It integrates Indigenous worldviews with nursing care, emphasizing ceremony, kinship, intergenerational mentorship, and spiritual wellness. INK challenges colonial norms in healthcare by affirming Indigenous values of respect, reciprocity, and responsibility in relational practice (Bourque Bearskin, 2016; Martin & Kipling, 2006).

11. **Indigenous-Specific Racism**
    Refers to discrimination uniquely experienced by First Nations, Inuit, and Métis Peoples because of their distinct legal, political, and cultural identities. Unlike generalized racism, it targets Indigenous sovereignty, rights, and worldviews (Government of BC, 2020; NCCIH, 2022).

12. **Intergenerational**
    The concept of intergenerationality is the "core active presence" in the fundamental human processes associated with identity formation and consciousness "as lived out and displayed" amongst her people (Weber-Pillwax, 2003, p.1). In this study, intergenerational systems of embodied knowledge through relational connections are understood as active and "grounded upon the thought, practice, sharing, and praxes of generations of Indigenous persons" (Weber-Pillwax, 2021, p. 4).

13. Métis

The Métis National Council defines self-identifying Métis Peoples as having historic Métis Nation Ancestry and being recognized by the Métis Nation as distinct from other Indigenous or Aboriginal Peoples in Canada (MNBC, 2021).

14. Self-Determination

Refers to the inherent right of Indigenous Peoples to freely determine their political status, govern their lands and communities, and sustain their cultural, spiritual, and social practices. It affirms that Indigenous Nations have the authority to make decisions based on their own laws, values, and governance systems—without external control or interference (United Nations, 2007; Corntassel, 2008).

15. Sovereignty

The inherent right of Indigenous Nations to govern themselves, make decisions for their people, and uphold their laws and traditions. It is rooted in pre-colonial nationhood and ongoing self-determination (Corntassel, 2008).

16. Systemic Anti-Indigenous Racism

Refers to institutionalized policies, practices, and norms that produce and maintain unequal outcomes for Indigenous Peoples. It is embedded in structures like health care, education, and justice, regardless of individual intent (Government of BC, 2020).

17. Traditional Knowledge

Traditional Knowledge refers to the longstanding customs, teachings, and practices of Indigenous communities that are passed down intergenerationally. It includes knowledge about medicines, ceremonies, governance, language, land stewardship, and community wellness. While often overlapping with Indigenous Knowledge, the term “traditional” may be used to emphasize continuity with ancestral teachings and cultural protocols (Battiste, 2002).

Acknowledgements

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To the co-researcher participants—eight incredible Indigenous nurses who so generously shared their knowledge, stories, and experiences—I hold immense respect and gratitude for your contributions. Your willingness to engage in this work with openness and generosity has strengthened not only this research but also the broader understanding of Indigenous nurse mentorship and wellness. I carry your teachings forward with great responsibility and care.

To my partner — thank you for your steadfast support, patience, and love. You held space for me when I needed to rest and stood beside me through every stretch of this journey. This would not have been possible without you.

To my family — your love and support have been my foundation. Your patience, encouragement, and belief in me have sustained me throughout this journey. I especially acknowledge my children, whose presence reminds me daily of the importance of this work and the future we are building together.

To my community, thank you for nurturing me in ways that go beyond words. This work is rooted in the strength of our ancestors, our relationships, and our collective commitment to wellness. I offer this research back to the community with the hope that it serves as a meaningful contribution to our shared journey of healing, mentorship, and resilience.

Dedication

To my children, who are my greatest teachers and motivators. Your laughter, curiosity, and resilience remind me daily why I do this work. I hope this journey shows you the power of learning, the strength of our voices, and the importance of standing in our truth.

To my partner, whose steadfast support, patience, love, and quiet belief in me carried us through long nights and moments of doubt. We held each other up — and made it through together.

To my ancestors and the Indigenous scholars and knowledge keepers who came before me—this work is built on your wisdom, your courage, and your sacrifices. May this dissertation honour your legacy and help widen the trail you broke — through silence and resistance — so that others might find their footing, walk the path with more certainty, and know they belong.

To those who shared their stories and trusted me with their knowledge—this work exists because of you. Your voices matter, and I carry them with the deepest respect and gratitude. May we continue to create spaces where our truths are recognized, valued, and celebrated.

To all my grandmothers, aunties, cousins, and especially to my mother, sister, and daughter—this is for you.

Chapter One: Introducing the Relational Roots of this (Re)Search

On a global scale, the relationship between colonizer and colonized has been one of state-imposed exploitation, assimilation, and violence against the original inhabitants of Indigenous lands (Allan & Smylie, 2015; de Finney et al., 2019; de Leeuw et al., 2015). Within the Canadian context, the historical legacy of colonialism and the contemporary reality of persistent and pervasive Indigenous-specific racism exist as systemic barriers to achieving Indigenous health equity (Allan & Smylie, 2015; Boyer, 2014; Browne et al., 2021; Drees, 2013; Geddes, 2017; Kelm, 1998; Lux, 2016; Monchalin et al., 2020; Richardson & Murphy, 2018; Sylvestre et al., 2019; Ward et al., 2021). The term Indigenous is used throughout this dissertation as an inclusive term to describe First Nations, Inuit, and Métis individuals and collectives who have "historical continuity with 'First Peoples,' whose civilizations… predate those of subsequent invading or colonizing populations" (Allan & Smylie, 2015, p. 1) in what we now know as Canada. In nursing, decolonizing disciplinary consciousness, confronting the "legitimizing ideology of racism and white privilege" (Green, 2017, p. 5), and reclaiming our relationships as inextricably tied to experiences with colonialism, will require fundamental shifts in power imbalances between Indigenous and non-Indigenous Peoples, and the systems within which we operate (de Leeuw et al., 2013).

In Canadian academic and healthcare contexts, the term "holistic" is often employed to signify an approach that considers the entirety of something rather than its separate parts. In my dissertation, I intentionally use the term (w)holistic rather than holistic to align with Indigenous epistemologies that emphasize interconnectedness, relationality, and balance (Miles et al., 2023). Similarly, I adopt the term (re)search to reflect an Indigenous research process that is not about extracting knowledge but about *re-member-ing*—reconnecting, restoring, and reclaiming

knowledge that has always existed within Indigenous communities (Absolon, 2011; Márquez, 2022). In choosing to use (re)search and (w)holistic, I acknowledge that knowledge is not simply discovered but *re-membered*—brought back into relationship with community, land, and spirit. This linguistic choice reflects a deeper commitment to Indigenous methodologies that center self-in-relation, uphold community responsibility, and resist colonial ways of thinking (Absolon, 2011; Márquez, 2022; Miles et al., 2023).

In this introductory chapter, I start by situating myself within the search, as a Métis Indigenist nurse (re)searcher. Next, I discuss the context, purpose, and significance of this study along with the research questions. In Chapter Two, findings from a literature review describing factors influencing Indigenous nurse retention, and, more broadly, Indigenous-specific, Indigenous-led mentorship approaches in academia are presented. Intergenerational trauma, collective healing, and Indigenous wellness knowledge are also reviewed and represent the fertile soil from which the roots of this (re)search grow. In Chapter Three, I present the methodological features of my research design. After an overview of Indigenous research paradigm, principles, processes, and the philosophical grounding of Indigenist nursing (re)search, I conclude Chapter Three with important considerations of Indigenous ethics, issues of rigour, and limitations of the research study. In Chapter Four, the voices of eight Indigenous nurses who participated as co-researchers in this study are central to introducing themselves. In Chapter Five, I present my interpretive findings from the collective story of Indigenous nurses to share what we have come to know about wellness through the lived experience of intergenerational Indigenous nurse mentorship. In Chapter Six, I discuss the results of this study with a focus on ways and means to advance Indigenous Nursing Knowledge (INK) within the emergent implications and strategic imperatives for Indigenous Health Nursing as a specialty

area of practice. This final chapter includes a critical reflection on what I have learned and how it will inform my future. The abundance of learning is likened to my original experiences of picking berries with my mom, watching her make jam, being in relationship with the local land, and collectively harvesting from the land to preserve the richness of *re-member-ing* that is shared in reciprocity and gratitude with Indigenous nurses – past, present, and futures.

1.1 Orienting Myself in Family and Community

As a Métis nurse, educator, and (re)searcher, I believe that we all hold vibrant, diverse, and self-determined ways of self-locating. From an Indigenous worldview, the expression "all my relations" reminds us not only of who we are and the extended relationship we hold to all our human relatives but goes further to include our interconnectedness to all living things (King, 1990). "All my relations" encompasses family, community, nation, land, water, plants, medicines, and animal relatives; also, "the spirit people - those who came before us and those not yet born" (McCormick, 2022, Para. 2). Relational positioning and self-situating within the context of (re)search is akin to "step one" of choosing to engage authentically in an Indigenist research paradigm (Absolon, 2011; Absolon & Willet, 2004; Bourque Bearskin, 2011; Kovach, 2005, 2009, 2021; McGregor, 2018; Murray, 2024). Therefore, to begin this work in a good way, I honour the source of my situatedness, my experience, knowledge, and teachings in relation to who I am, where I come from, and to whom I am connected.

Growing up in a rural-remote community in Northern Canada, I had the privilege of living with my family and learned about the fruits and berries of the Thebacha in and around Fort Smith, NT. Here, I was taught the importance of reclamation and came to understand my own ancestral roots in ways that shaped my sense of belonging as a Métis person. I am a cisgender Métis woman and mother of three with matrilineal roots planted in the lands of Denésuliné, Cree,

and Métis Homelands where I was born and raised. My home community is colonially known as Fort Smith and is in the South Slave Region of the Northwest Territories (NWT) on Treaty 8 Territory in Canada.

On my matrilineal side, I am the granddaughter of Mary (Evans) Villebrun, a British immigrant from Bournemouth, England, and Ernest Villebrun, an Indigenous man of mixed Denésuliné, Cree, and Métis descent and a status member of the Athabasca Chipewyan First Nation, on Treaty 8 Territory in Northern Alberta, Canada. On my patrilineal side, I am the granddaughter of Helen (MacDonald) Driscoll and Donald MacDonald, both Scottish–Canadian settlers for several generations on Mi'kmaq territory in Prince Edward Island. I am the daughter of Marie (Villebrun) MacDonald and Ian Macdonald, and sister to Nadine MacDonald. I am fortunate to hold strong family ties to my mother's British, Denésuliné, and Cree–Métis relations as well as my father's 9th generation Scottish–Canadian settler relations. Through marriage, I am connected to the Chakanyuka family of Harare, Zimbabwe and with my husband Tendayi, I am blessed to be the mother of three brilliant children: Ian Tinashe, Naja Tsehaye, and Evan George. Together, we live uninvited, yet grateful to be welcomed, on the beautiful, unceded, and occupied homelands of the Coast Salish Peoples in what is colonially known as British Columbia, Canada.

In her book "Real" Indians and Others, Bonita Lawrence (2004) explores how Indigenous people with mixed-ancestry experience identity, belonging, and community in urban settings and contends that connections to land and place are "at the heart of what being Indigenous signifies" (p. 191). In colonial Canada, the 1869 Gradual Enfranchisement Act and later the original 1876 Indian Act were, and still are, tools of oppression, control, and assimilation against the human

rights of Indigenous Peoples. Indigenous bodies, families, and identities remain impacted by colonial legislation that defines who are “status” and “non-status” Indians.

As a child, I knew that my maternal grandfather had self-identified as Cree–Métis, and therefore, so did my mother, her siblings, and her children. We did not know that his mother was Denésuliné until recently.

Although my mother was born in Hay River, NWT, she grew up in Southern Alberta somewhat estranged from my grandfather and Métis cultural ways of being, due to complex, concentric, and intergenerational trauma. As a recently immigrated English Canadian Protestant Christian white nurse and single mother in the 1960s, my grandmother raised her four daughters on her own as her entire family remained in England. Close friends who she met at the hospital and church became her “heart-family” (not related by blood, but by heart).

Growing up “visibly Native” with brown skin in Southern Alberta, my mother and her sisters faced a lot of anti-Indigenous racism and bullying at school. At one point, my grandmother advised my mother to say that she was French, as Villebrun is a French-sounding last name. Although French was the first European language to arrive in what is now known as Alberta (Government of Alberta, 2024), anti-French sentiments reportedly fueled discriminatory policies to suppress French language and culture well into the 1960s (Office of the Commissioner of Official Languages of Canada, 2024; University of Calgary, 2024). Still, being French was more socially desirable than being “Indian” as my mother recounted how the day that she first self-identified as “French” was the day the bullying stopped.

As a young adult, my mother moved back to the NWT in the 1980s and settled in Fort Smith with my father. In Fort Smith, I grew up around the families of my father’s Catholic brother, Uncle Don MacDonald, and my mother’s Protestant uncle, Henry Villebrun. My parents

also made close friends in the community, especially at the local Pentecostal Church. These friends became our "heart-family," stepping in as grandparents, aunties, uncles, and cousins.

With known Métis relatives on her father's side, my mother set out to join the local Northern Métis community. To join the Fort Smith Métis Local 50 (FSML 50), it was necessary to prove — on paper — that one had Métis ancestors that lived in the region prior to 1921. My mother's Uncle Henry, who was president of the FSML 50 at that time, provided her with valuable information about the "status" of our Villebrun and Gladue relatives. In a time before the internet, my mother had to track down historic census, birth, marriage, and death records held by the government and the Catholic Church in the NWT and Alberta in order to prove — on paper — that her father's father's father was a "birthright ancestor" so that she could officially became a member of the FSML 50. I am forever thankful to my mother for this labour of love and foresight that shaped our rights and belonging in the Northern Métis community. Born and raised in Fort Smith, NWT, I am a proud member of the Fort Smith Métis Local 50 and the NWT Métis Nation. On my mother's side, my Métis and Dené family names include Villebrun, Gladue, Tourangeau, St. Cyr, Mercredi, and LaRocque, to name a few.

Regarding First Nations and Métis land and cultural rights in the NWT and Northern Alberta, colonial legislation of "Indian status" coupled with the conservation legislation of Wood Buffalo National Park (WBNP) has made a lasting impact on Dené, Cree, and Métis status. In July 2021, Athabasca Chipewyan First Nation (ACFN) released A History of Wood Buffalo National Park's Relations with the Denésuliné Final Report. This report contains historical narratives from Denésuliné on the lasting impacts and critical Dené interpretations of colonial and conservation legislation that came into effect in 1922. Since the park was established,

Indigenous people have had to "prove" that they hold ancestral connections to this land prior to 1921 in order to hunt, harvest, or live within the present-day park boundaries.

Admittedly, I still have lots more to learn about the unique history of Métis People, especially within the historical and political landscape of the NWT. I've only recently started learning about how my mother's family was directly impacted by colonial regulation of "Indian" status by legislated gender-discrimination, dislocation, and blood quantum in the Indian Act. Here is what I do know. In 1935, my maternal great-grandmother, Mary Louise Gladue (b. 1899 Fort Chipewyan, AB), lost her status as a Denésuliné woman when she married my maternal great-grandfather, Frédéric Ernest William Villebrun (b. 1909 Fort Chipewyan, AB) because he was identified as a "half-breed" man under the Indian Act. I was born in 1985. That same year, Bill C-31 was passed to amend the narrow, sex-based discriminatory criteria that defined "Indian" status and served to control and remove rights from First Nations women. Although my great-grandmother and grandfather eventually regained their Treaty Status with Athabasca Chipewyan First Nation, my mother has yet to regain hers.

In 1899, Treaty 8 was signed and includes First Nations in Northern Alberta, Northern Saskatchewan, parts of Northern British Columbia and parts of Southern Northwest Territories. The following ACFN (2021) "note on terminology" is of relevance as it pertains directly to my own genealogy of Denésuliné, Cree, and Métis as well as Scottish and English settler family:

> When referring generally to the First Peoples residing in and using the lands taken up by Wood Buffalo National Park, including Denésuliné, Cree and Métis peoples, the report uses the term "Indigenous."
>
> When referring to the newcomers of non-Indigenous descent who entered Denésuliné lands starting in the 18th century, the terms "non-Indigenous," "settler," "outsider" and "newcomer" are variably employed.

> The use of these terms is deliberate. It intentionally emphasizes the originality of Indigenous peoples' claims to the places that were overtaken by newcomers especially after the community's adhesion to Treaty 8 in 1899.
>
> When referring specifically to Dené peoples, perspectives and experiences in the region, we use the term Denésuliné, which refers to the language of the peoples who have inhabited, occupied and moved throughout the area for at least the last 10,000 years. The name translates to "the original/real people." The Denésuliné of this region go by a number of other traditional names in their language, which indicate their profound and ancient connections to the lands and waterways. (p. 7)

When I was young, Métis Elder Sonny MacDonald told me how he embraced his Métisness as having "two eyes and one heart." For me, this teaching has always resonated strongly with my way of seeing and being in the world. I live and breathe my Métisness, which encompasses having heart for my Indigenous and non-Indigenous relations. I am grateful to know my roots and remain connected to the Peoples, land, waterways, and community in which I was raised. I know who I am. And I am also continually uncovering and learning more about myself, my family, and my ancestors. I am thankful for my distinct place-based connections to my Dené, Cree-Métis, Scottish, and British ancestors. My identity as a Métis nurse, educator, and (re)searcher is not defined by blood quantum, but my unique position to see, experience, and value what is described by Little Bear (2000) as colliding worldviews of both the colonizer and the colonized. Although there certainly is complexity and intersectionality in how I locate myself, I will always identify as Métis as this is who and how I was born and raised to be.

1.2 Locating Myself within Indigenist Nurse (Re)Search

"What a waste of blood." I can still remember hearing these words, whispered under the breath of an experienced Registered Nurse who was showing me how to hang blood for a severely jaundiced Indigenous man experiencing homelessness, substance use, and liver failure during my second-year rural-acute clinical placement in Southern Alberta. At the time, I was stunned, and in my role as a student nurse, I didn't know how to respond.

Years later, I began to recognize how layered my positionality is as a Métis nurse—someone who is not always visibly read as Indigenous in predominantly White healthcare environments, and who has also experienced being "Othered" within community as not "Native enough." I have since come to understand that navigating kinship-based belonging alongside externally imposed identity categories is a tension that others in Métis communities may also describe in their own words and contexts. While my proximity to whiteness has, at times, shielded me from the overt racism experienced by my visibly First Nations relatives and colleagues, I continue to carry the weight of witnessing and feeling the effects of Indigenous-specific racism in healthcare. For example, my grandfather—despite his many years of sobriety and community service—was still treated with suspicion and subjected to racist assumptions by nurses during his time in palliative care due to the color of his skin.

Reflecting on how these critical incidents influenced my core values and professional identity formation as a Métis nurse, educator, and (re)searcher, allowed me to connect more intimately with my relational obligations to self, family, and community. During my nursing career, I have seen Indigenous patients being "Othered" by nurses expressing distain through key negative assumptions they held. These negative assumptions about Indigenous patients were especially amplified when the person was experiencing homelessness and substance misuse. I believe the most harmful, dismissive, and life-threatening racist stereotype about Indigenous patients occurs when nurses deem those in their care as "homeless alcoholic Aboriginals," as in the critical incident described above. As a nurse, I have an ethical commitment to treating people with dignity and respect. As a Métis nurse, I not only see, but personally feel the impacts of racist stereotyping and culturally unsafe care. Through personal experience, I have come to know my role in helping, healing, and nursing as a way of service. As a result, I have a strong sense of

obligation to use my Métis heritage and my role as a nurse, educator, and scholar in ways that advance Indigenous Nursing Knowledge, truth-telling, consciousness-shifting, and transformative reconciliation across the discipline of nursing.

On my mother's side of the family, I am connected to nursing and midwifery through my grandmother Mary Villebrun, who trained at the Florence Nightingale School of Nursing in England and immigrated as a young nurse-midwife to Canada in the mid-late 1950s. My maternal great-grandmother, Mary Louise Gladue, was a traditional midwife and healer who was known for her ability to heal people using local plant-based medicinal remedies from the land. On my father's side of the family, I have two aunts who are nurses and many, if not most, of my family members hold at least a university degree. Although education is recognized as a determinant of health, I have noticed that nurses do not often discuss determinants of education and access to Western academic spaces where formally recognized and professionally regulated nurse education takes place.

In recent years, I have come to understand and appreciate the significance of my positionality as the first person on my mother's side of the family to complete a university degree. My younger sister Nadine, now a social worker in our home community, is the second. To my British grandmother's delight, I chose nursing. This was an easy choice for me as I had role models in both my family and community who inspired me.

As a teenager, I worked at Northern Lights Special Care Home (NLSCH) in the kitchen, serving food to elders and washing dishes. I enjoyed hearing the life stories that elders shared as I assisted with meals and visited between kitchen tasks. Most of the staff who worked as Resident Care Aides (RCAs) at NLSCH were First Nations or Métis and shared stories with me. Soon, I was trained on the job as an RCA myself, as there was a need, and I enjoyed helping

people. At that time, many of the Licensed Practical Nurses (LPNs) and a few Registered Nurses (RNs) in our community were First Nations, Métis, or Inuit. However, it wasn't until I became a RN myself and returned home to work in my community that I began to realize just how meaningful these intergenerational Indigenous mentors and role models were to my sense of identity, belonging, and security in healthcare environments. I always felt that I was welcomed, I belonged, and I was safe to be myself when I worked in Fort Smith as an RCA in my youth and later, as an RN in adulthood.

Through my experiences of being mentored, cared for, and caring for Indigenous sisters, aunties, grandmothers, and elders, I have become acutely aware of the importance of these relationships as they transform into circles of intergenerational kinship-relations. Co-facilitating the "virtual" continuation of an established Indigenous nursing student mentorship circle with nursing students at the University of Victoria and Camosun College during COVID-19, I further witnessed new opportunities for intergenerational mentorship, visiting, and sharing strength amongst Indigenous nursing students, educators, new graduates, and community nurses amid a global pandemic. Once I began to work with the BC Indigenous Health Nursing Research (IHNR) Chair Program, this intergenerational mentorship network expanded exponentially. With respect for the courageous Indigenous nursing students and new graduates whom I have had the pleasure of engaging in reciprocal mentorship circles with, I am motivated to continue onward and have great hope for the future of Indigenous Health Nursing.

Reflecting on my personal lived experience of reconnecting and reconciling my families' experience and the impact of cultural genocide has been a long, emotional, and rewarding journey—one that continues to connect us to something greater that I am still coming to know. This intergenerational relational wellness work, grounded in First Nations and Métis Nurse-led

mentorship circles, has sharpened my focus on researching protective factors and pathways to intergenerational Indigenous nurse wellness. I am following in the footsteps of Indigenous nurses, matriarchs, and grandmothers in my family and community.

As I walk this path, I acknowledge the significant work done by First Nations, Metis and Inuit Nursing leaders and scholars who have cleared the way through colonial academic institutions—often at great personal cost—so others could follow. Acknowledging my home community and bringing my family with me on this journey has contributed to my critical learning and provided a way for me to enact and embody what it means to honour all my relations. This dissertation is for them—quite literally—and for the future generations of family and community who will encounter nurses and/or enter nursing.

1.3 Contextualizing this (Re)search Study

1.3.1 Impact of Colonization

Let me begin by making one thing explicitly clear: Indigenous Peoples are not, nor have they ever been "the problem" when it comes to Indigenous-specific health disparities. Indigenous peoples experiencing health disparities around the world have consistently identified colonialism as "perhaps the most important determinant of their (ill) health" (de Leeuw et al., 2015, p. xxii). According to the Oxford English Dictionary, colonization is "the action or process of establishing a colony or colonies in a place," especially as part of an effort "to appropriate the area settled and to assert political control over any Indigenous inhabitants" (Oxford University Press, n.d., Definition 1.a.). Indigenous identity, kinship, and community governance have been immensely impacted by decades of colonial violence, oppression, and legislation aimed intently at clearing, controlling, and assimilating Indigenous bodies (de Finney et al., 2019; de Leeuw et

al., 2015; Kelm, 1998). Furthermore, Franz Fanon (1963) describes the perverse lucidity of historical narratives that are controlled by the oppressor:

> colonialism is not satisfied merely with holding a people in its grip and emptying the native's brain of all form and content. By a kind of perverted logic, it turns to the past of the oppressed people, and distorts, disfigures, and destroys it. (p. 210)

Histories of colonization and genocide have "resulted in contemporary intergenerational trauma and disruption of lifeways, traditional healing practices, and relationships with the land" (McGibbon, 2019, p. 21).

Nurses are called to take up the moral imperative to understand the impacts of colonial social policies, legislated identities, and historically segregated healthcare services on the contemporary health and wellness of First Nations, Inuit, and Métis peoples in Canada (Bourque Bearskin, 2011; Bourque Bearskin et al., 2016; Kennedy et al., 2021; McGibbon et al., 2014). Hart (2002) explains how both altruism and ignorance serve to hide the existence of colonialism in the helping professions. Moreover, it has been said that "although there are notable exceptions, examination of nursing's participation in colonizing processes and practices has not taken hold in nursing's consciousness or political agenda" (McGibbon et al., 2014, p.179). Furthermore, established cultural competencies in nursing have faced criticism for promoting a cultural perspective rooted in the dominant Western worldview, with limited acknowledgment that nurses need to step beyond their comfort zones to embrace and engage in learning experiences with individuals from diverse cultural contexts (Bourque Bearskin, 2011). As Waite and Nardi (2019) contend, [White] nurses often "deceive ourselves and think that because we are nurses, we are, consequently, non-racist and non-oppressive, as our code of ethics and academic institutions declare they are staunch believers of this ideology" (p. 20). Therefore, within the discipline of nursing and amongst the helping professions more broadly, the problem of

inadequately situating ourselves within a shared history of colonization and the delivery of colonial healthcare services in relation to Indigenous Peoples, families, communities, and lands persists.

Madeleine Kétéskwēw Dion Stout, a Cree nurse scholar, speaks to the importance of coming to know how one's experiences impact their nursing care. She stresses the importance of instrumentalizing the concept of collaboration, inviting continued engagement in the process of uncovering the truth, nurturing respectful relationships, and preserving meaningful, authentic partnerships with Indigenous Peoples: "nakîstowinan, pimîcisok, kapêsik" meaning "stop in, stock up, and stay over" (as quoted by the National Collaborating Centre for Aboriginal Health [NCCAH], 2016, p. 16). In other words, I interpret this to mean taking care of those with less, nourishing meaningful collaborative relationships that are authentic community-based approaches through visiting, sharing, and spending time together. She urges critical dialogue about how to reconcile and transform "the health determinants, determiners, and detriments" for Indigenous Peoples, highlighting the invaluable role that Indigenous healthcare providers play in advancing Indigenous health and well-being (NCCAH, 2016, p. 16). And yet, non-Indigenous nurses and academics continue to dominate disciplinary discourse on "what counts" as practice, knowledge, theory, and philosophy in and of nursing (Bell, 2021; Hilario et al., 2017; Kennedy et al., 2021; Melino et al., 2025).

1.3.2 Missing Numbers, Missing Voices: Deficits in the Workforce Data

In 2015, the Truth and Reconciliation Commission of Canada (TRC) called for "those who can affect change in the Canadian health-care system to recognize the value of Aboriginal healing practices" (Call to Action #22) and for "all levels of government to increase the number of Aboriginal professionals working in the healthcare field" (Call to Action #23). Ensuring the

retention of Indigenous healthcare providers in Indigenous communities and collaborating with Indigenous healers and Elders are further highlighted in the TRC (2015). There is compelling evidence that employing more Indigenous nurses leads to improved health outcomes for Indigenous Peoples (Best & Stuart, 2014; Martin & Kipling, 2006). Unfortunately, the actual number of Indigenous nurses (RNs, LPNs, NPs, etc.) in Canada is presently unknown.

Based on data from the 2016 Canadian Census, the University of Saskatchewan (2018) in collaboration with CINA (previously known as the Aboriginal Nurses Association of Canada [ANAC]) published a comprehensive Indigenous Nursing Fact Sheet. The available workforce statistics from the 2016 census indicate that Indigenous healthcare professionals are underrepresented throughout the Canadian healthcare system. In 2016, approximately 6% of the Canadian population self-identified as Indigenous, while only 3% of the nursing workforce and 1.2% of the healthcare workforce self-identified as Indigenous (University of Saskatchewan, 2018). Furthermore, while Indigenous nurses working in leadership positions have been shown to serve as excellent mentors and role models for younger generations of Indigenous nurses (Bourque Bearskin, et al., 2020; Best & Stuart, 2014; Richardson & Murphy, 2018; Rowan et al., 2012), present deficits in workforce data render Indigenous nurses and leaders invisible in the system.

In northern Canada, Indigenous Peoples, including First Nations, Inuit, and Métis, represent 50.7% of the population in the NWT and 85.9% in NU (Statistics Canada, 2017a; Statistics Canada, 2017b). In the Northwest Territories Health and Social Services System (NTHSSS), there are unique challenges and opportunities for the retention of health and social service (HSS) professionals beyond the current Canada-wide shortages (Government of the Northwest Territories [GNWT], 2022). Although factors specific to Indigenous nurse retention in

the NWT have not been explicitly discussed, the NTHSSS Human Resource Plan 2021–2024 provides some general insights. For example, the geographic remoteness and higher cost of living in the NWT present challenges to recruitment and retention that are tied to the availability of housing and childcare, particularly in smaller communities. Further, limited access to territory-based educational opportunities, the existence of systemic racism, underrepresentation of Indigenous peoples employed, including in senior management, and the impacts of COVID-19 on existing staffing shortages, work/life balance, and mental health of workforce have all been identified as barriers to recruitment and retention (GNWT, 2022).

In a position statement promoting cultural safety, the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) recognizes that "there continues to be disproportionately poorer health outcomes for Indigenous people in Canada compared to their non-Indigenous counterparts" and acknowledges that "this is particularly relevant to RNANT/NU as a large portion of the population we serve identifies as Indigenous" (2020, p. 1). Regrettably, RNANT/NU has not collected demographic data on Indigenous nurse ancestry, and therefore the current number of Indigenous nurses practicing in the NWT and NU is unknown (D. Bowen, former RNANT/NU Executive Director, personal communication, July 20, 2022). In 2023, amendments to the Nursing Profession Acts of the NWT and NU prompted the regulatory authority to expand registration to include LPNs and RPNs in addition to RNs and NPs (RNANT/NU, 2023). Major priorities for the next three years are laid out in the 2023 RNANT/NU Strategic Plan, which includes the following acknowledgement:

> Finally, RNANT/NU recognizes the actions outlined in the federal government's Truth and Reconciliation Commission Calls to Action, particularly actions #7, #22, #23, #24 as they relate to the Nursing profession. In addition to these actions, RNANTNU will seek to create and preserve a culture of safety and humility and of building reconciliation with Indigenous people. (RNANT/NU, 2023, p.1)

Beyond this aspirational statement at the end of the introduction, there are no measurable commitments to, or mention of, “First Nations,” “Inuit,” or “Métis” Peoples in the 2023 RNANT/NU Strategic Plan. To better reflect the dual mandate of RNANT/NU as regulatory body and professional association, the name has since changed to the College and Association of Nurses of the Northwest Territories and Nunavut (CANNN). There is a single action item providing insight into the baseline preparedness of the CANNN to meaningfully engage with the TRC Calls to Action under Priority 6: Progressive Workplace. With a stated commitment to adopt “the principles of Cultural Humility, Diversity Equity, and Inclusion,” there clearly exists a recognition to engage Indigenous nurses and community members “to help us better understand the education and learning needs for ourselves and our registrants to integrate culturally safe nursing and workplace practice” (RNANT/NU, 2023, p.7). To implement actions that align with this commitment to engage Indigenous registrants, CANNN will need to know who their Indigenous nurse registrants are. This provides hope that representative demographic data might soon be available; however, the question of how to collect race-based data in an ethical way remains.

The Government of the Northwest Territories (GNWT), which employs 24% of the total labour force in the NWT, has acknowledged that “Indigenous under-representation in the public service is a complex and multi-dimensional issue, which will require a variety of actions to improve, from policy initiatives to programs, trainings to resources” (GNWT Indigenous Recruitment and Retention Framework, November 2021, p. 6). In 2021, Indigenous people comprised only 22% of employees and 8% of senior management in the Northwest Territories Health and Social Services Authority (NTHSSA). In the GNWT Department of Health and Social Services (DHSS), Indigenous people comprised 21% of the workforce and 23% of senior

management. While nursing-specific employment statistics are currently unavailable for the NWT, Indigenous health and social service providers are clearly underrepresented, especially in leadership roles. It is however encouraging to hear that students who self-identify as Indigenous represent approximately 33% of BSN students at Aurora College in Yellowknife, NWT (J. Brennan, Health and Human Services Chair, Aurora College, personal communication, July 4, 2022).

Although representative data on Indigenous Nurses in the Canadian Nursing Workforce remain unavailable at territorial and national level, we are seeing some change at the provincial level in BC. In 2023, nurses and midwives in BC had the opportunity to self-identify as Indigenous during registration with the BC College of Nurses and Midwives (BCCNM) for the first time. In 2024, the First Nations Health Authority (FNHA) and the BC Office of the Provincial Health Officer (OPHO) released the First Nations Population Health and Wellness Agenda: First Interim Update. Thanks to a novel partnership between the FNHA and BCCNM, this interim report includes never-before-published statistics prepared by Population Health Surveillance and Epidemiology in the BC OPHO indicating that only 1.54% of nurses and 1.72% of midwives registered with BCCNM self-identified as First Nations in 2023 (FNHA & OPHO, 2024). Although the exact number of self-identified Métis and Inuit nurses in BC is not currently available, of the 72,113 nurses registered with BCCNM (all ethnicities), “there were a total of 2,351 nurses who identified as Indigenous, of whom 1,112 identified as First Nations” (FNHA & OPHO, 2024, p.79). According to the FNHA and OPHO (2024),

> Building on this advancement, plans are underway for all regulatory colleges in BC to collect data on First Nations, Inuit, and Métis health care providers. The overarching goal is to prompt an increased focus on the recruitment and retention of First Nations and other Indigenous health care practitioners across the BC health care system. (p. 77)

Recently, the Canadian Association of Schools of Nursing (CASN), explained that any progress being made towards increasing Indigenous student success in nursing programs remains hard to quantify due to a lack of data. In CASN's (2022) Indigenous Nursing Student and Faculty Survey Report: Registered Nurse Workforce, Canadian Production: Potential New Supply 2020–2021 it is acknowledged that the scant data available only represents "individuals that have self-declared as Indigenous to their schools and, therefore, may not be accurate" (CASN, 2022, p. 10). Further, the report explains that

> While CASN's framework spotlights strategies for schools of nursing to grow the number of Indigenous students in their programs and support their retention, CASN, CINA, governments and other key stakeholders lack systematically collected data to assess whether progress is being made in increasing the number of Indigenous nurses and nursing faculty. (CASN, 2022, p. 5)

Despite calls for increased recruitment and retention of Indigenous nurses, there remains a paucity of Indigenous-specific data and published literature about Indigenous nurse-led mentorship that promotes wellness. Without reliable data, the prioritization of reconciliation and decolonization in nursing, education, and research remains aspirational.

1.3.3 Reconciling the Realities of Colonial Caring in Nursing

Engaging in doctoral nursing studies has provided ample opportunities for me to (re)consider the ethical implications of what Sweet and Hawkins (2015) have referred to as "colonial caring" narratives that historically exclude Indigenous voice and truth-telling within the discipline of nursing. Thus, framing the present inquiry of this dissertation involves understanding that the modern-day "colonized classroom" spaces in academia (Cote-Meek, 2014) are not safe for Indigenous students, who navigate the impacts of colonialism daily. Likewise, contemporary colonized clinical spaces are not guaranteed to be safe for Indigenous nurses either. Non-Indigenous nurses and students have the privilege of postcolonial theorizing

that is detached from the intergenerational lived experience and reality of present-day colonial violence. Therefore, through witnessing, experiencing, and reflecting on the cultural norms of defensiveness and resistance to anti-colonial inquiry that exist in contemporary colonized [nursing] classrooms, the (re)searcher can attest to the harms that such norms can cause Indigenous Peoples in nursing. Although the imperative for anti-oppressive, anti-colonial, and anti-racist pedagogy and culturally safe praxis across the discipline of nursing is clear, colonial caring narratives and underlying ideologies of white supremacist thinking have yet to be fully interrogated across nursing's disciplinary consciousness (Bourque Bearskin, et al., 2016; DeSousa & Varcoe, 2021; Green, 2017; Kennedy et al., 2021; McGibbon et al., 2014).

As a Métis healthcare provider, I am conscious of how nursing while Indigenous is both a unique opportunity and a unique challenge for nurses like me. I too believe that Indigenous nurses hold the unique knowledge, understanding and abilities to center their lived experience of Indigeneity to ensure culturally safe and secure environments for healing are built on knowledge, empathy, respect, and trust. At the same time, Indigenous nurses often experience vicarious and concentric trauma through witnessing and personally experiencing the intergenerational and contemporary impacts of institutionalized racism. As noted above, Western healthcare approaches and systems have been unsafe and oppressive for Indigenous peoples, including Indigenous healthcare providers, despite the need to increase the number of practicing Indigenous nurses as part of improving Indigenous health equity and self-determined wellness. Clearly, while aspirational commitments to improving Indigenous health equity and increasing Indigenous recruitment into healthcare professions exist across academic and healthcare institutions, these efforts remain ineffective. Moving beyond recruitment and contemporary

notions of retention, I remain curious to know what wellness means to Indigenous nurses and how nurse wellness impacts retention.

1.4 (Re)Search Purpose

The purpose of this study is to examine how intergenerational Indigenous nurse mentorship and traditional wellness practices strengthen Indigenous nurse identity, belonging, knowledge, and wellness. This research rejects the notion of a pan-Indigenous reality and instead recognizes the distinct histories, traditions, interests, and priorities of First Nations, Inuit, and Métis Peoples through a distinctions-based approach. According to the Government of Canada (2018), a distinctions-based approach "is one that acknowledges and respects the unique histories, rights, interests, and circumstances of First Nations, Inuit, and Métis Peoples. It ensures that strategies, policies, and programs are developed in collaboration with and are specific to the needs and priorities of each group" (para. 1). Indigenous Services Canada (2021) echoes this by emphasizing that distinctions-based work ensures "the unique rights, interests and circumstances of First Nations, Inuit and Métis are acknowledged, affirmed and implemented" (para. 1). The Government of British Columbia (2018) similarly affirms that reconciliation efforts "must reflect the unique interests, priorities and circumstances of each people" (p. 6), recognizing these Nations as distinct, rights-bearing communities with their own histories and relationships with the Crown. This approach affirms that research, policy, and practice must move beyond a homogenous understanding of Indigeneity to one that is grounded in relational accountability and Indigenous self-determination (Canadian Institute for Health Information [CIHI], 2022a, 2022b).

For the purposes of this study, I draw upon and respectfully engage with local knowledge grounded in Dené, Cree, and Métis ways of knowing, as these have been shared with me through family and nursing relationships. While my own worldview is shaped by both Métis and white

settler ancestry—and I continue to learn what it means to walk in a good way—I honour Indigenous knowledge systems as foundational to this work. Furthermore, investing in Indigenous nurses as a post-pandemic workforce strategy requires actions beyond the status quo, as reflected in the following statement by Cree Métis nurse leader Dr. Mona Lisa Bourque Bearskin in a recent national nursing workforce report: "Nurses in Canada recognize the challenge and barriers in accessing health care services and there is a need to reorient their focus on equity outcomes like authentic partnerships with Indigenous leaders, organizations, and communities to address anti-Indigenous racism in the healthcare system" (as quoted in Tomblin-Murphy et al., 2022, p. 1053–1054).

As a natural way of being in the world, relationality honours Indigenous nurses and people's "connection to self, others, the environment, and the universe" (Bourque Bearskin, 2011, p. 548). Cree Métis scholar Dr. Cora Weber-Pillwax (2003) explains how the concept of intergenerationality is the "core active presence" in the fundamental human processes associated with identity formation and consciousness "as lived out and displayed amongst" her people (p.1). Intergenerationality thus serves not only as a core concept, but also an underlying principle that "shapes the theories, determines the discourse, drives the consciousness, and ensures the survival of the people" (Weber-Pillwax, 2003, p. 10). Through intentional and intergenerational engagement in life-long learning, Indigenous ancestral teachings and embodied knowledge become embedded in our narratives that are connected to blood memory across time and space (Weber-Pillwax, 2021). Personal and collective transformation begins when "intergenerational systems of embodied/embedded knowledge connections" are active and "grounded upon the thought, practice, sharing, and praxes of generations of Indigenous persons" (Weber-Pillwax, 2021, p. 4).

Guided by principles of Mâmawoh kamâtowin, “coming together to help each other in wellness” as described by Bourque Bearskin et al., (2016), this Métis nurse-led study honours the self-determining principles of personhood and matriarchal wisdom, that inform Indigenous Nursing Knowledge (INK), and the importance of intergenerational relationality in Indigenous Health Nursing (IHN). The proposed research draws on the Indigenous methodology used in Bourque Bearskin’s (2014) doctoral thesis and involves co-creating Indigenous nursing wellness knowledge with a focus on intergenerational mentorship. Recognizing that Indigenous knowledge and healing practices have been limited by colonial policies and present-day legislation (Richardson & Murphy, 2018), the foreground of this study situates intergenerational and traditional wellness practices as key to enriching Indigenous nurse wellness and professional practice, leading to improved access to culturally responsive health services.

1.5 (Re)Search Questions

The primary research question for this Indigenist nursing research project is

> How do experiences with intergenerational Indigenous nurse mentorship and traditional wellness practices impact Indigenous nurse knowledge, identity development, sense of belonging, and experience of wellness?

Alternate questions for consideration and contemplation by the reader include What do Indigenous nurses identify as significant to their nursing knowledge, identity, and professional development? How do Indigenous nurses view the concept of intergenerationality and in what ways do Indigenous nurse mentors impact the identity and sense of belonging experienced by other Indigenous nurses? How do Indigenous nurse mentor relationships influence the learning and/or practice of traditional wellness among Indigenous nurses?

1.6 Significance and Potential Impact of the Study

Empowered by the mindful intention of "nothing for us — or about us — without us" (as described by CINA, 2016; Funnell et al., 2020), this study honours the strength and affirms the rights of Indigenous nurses to self-determine wellness, retention, and recruitment strategies with/in their home communities. Guided by the overarching principles of Indigenous Research Methodologies, this study responds to calls to retain Indigenous nurses in Indigenous communities, to "recognize, respect, and address the distinct health needs of the Metis, Inuit and off-reserve Aboriginal Peoples," and for existing and new Indigenous healing programs in the NWT and NU to receive "priority action and sustainable funding" (TRC, 2015, p. 3).

In alignment with the BC Indigenous Health Nursing Research Chair Program which is exploring the optimization of Indigenous Health Nursing as a specialty practive to advance Indigenous-led primary health care research, this study will contribute to an improved understanding of the barriers and facilitators to Indigenous nurses' practicing traditional wellness for themselves or with communities. Results from this study highlight the significance and impact of intergenerational Indigenous nurse mentorship and Indigenous healing and wellness practices on Indigenous nurse knowledge, identity development, sense of belonging, and experience of wellness. This study contributes to current Indigenous resurgence and decolonization of scholarship to inform academic and healthcare policy development. Further, the results of this study will influence change and inform wise practices in the healthcare system that uphold Indigenous healthcare provider rights to self-determination. Specifically, this work aims to empower future generations of Indigenous nurses to (re)discover and achieve intergenerational wellness in mentorship with community across the lifespan — from home community, to nursing school, to nursing practice, retirement, and rematriation.

Chapter Two: Sifting Relevant Literature and Fertilizing the Soil for this (Re)Search

Globally, a strong Indigenous nurse presence has been identified as a requirement for achieving Indigenous health equity (Best & Stuart, 2014; Richardson & Murphy, 2018; Zambas, et al., 2020). Working towards the goal of improved health equity for Indigenous people requires a significant shift in power relations with the intersectional inclusion, leadership, and self-determination of Indigenous nurses, students, and communities in the work (Green, 2016). Deroy and Schütze (2019) state that retaining Indigenous staff in healthcare professions is fundamental to successful primary healthcare for Indigenous Peoples. While the link between Indigenous nurse wellness and retention might seem self-evident, there is a paucity of implementation research and integrated knowledge translation on the impact of this relationship.

This literature review is divided into three sections that highlight key areas pertaining to my research question about Indigenous nurse mentorship and wellness. In the first section, I discuss Indigenous nurse retention and wellness with a review of selected literature retrieved using the keywords Indigenous, nurse, retention, success, mentor, and wellness in a search of CINHAL Plus and Google Scholar. Boolean operators were utilized to combine keywords as follows: (Retention OR Success OR Wellness OR Mentor*) AND (Nurse*) AND (Aborigin* OR Indigenous OR First Nation* OR Metis OR Inuit* OR Indian* OR Native). In the second section, I turn to explore literature that addresses Indigenous-specific, Indigenous-led mentorship in academia. In the third section, I have selected predominantly Indigenous-authored literature to discuss how intergenerational Indigenous trauma, healing, and wellness are understood within the context of distinct First Nations, Inuit, and Métis communities.

2.1 Factors Influencing Indigenous Nurse Retention

Although historical data suggests Indigenous nursing students have the highest attrition rates in North American nursing programs (Pijl-Zieber & Hagen, 2011), the number of Indigenous nurses in Canada has increased from less than 1% in 2006 (Martin & Kipling, 2006) to 2.4% in 2011 (University of Saskatchewan, 2018). According to the 2016 Canadian census, only 1.2% of all healthcare professionals in Canada are Indigenous while Indigenous people make up 5.9% of the population (University of Saskatchewan, 2018). However, of all the Indigenous healthcare professionals in Canada, 74.5% of those are reported to be Registered Nurses (University of Saskatchewan, 2018). In this section, I will first present common barriers to Indigenous nurse retention before exploring in more detail the positive protective factors and promising practices for Indigenous nurse retention.

In British Columbia, the In Plain Sight (IPS) Report (Government of BC, 2020) details the results of a provincial review of racism and discrimination in the BC health care system. The IPS report reveals the insidious nature and concentric impacts of Indigenous-specific racism on Indigenous communities in BC. According to the Government of BC (2020), "there is insufficient effort to recruit, train, and retain Indigenous health care professionals" (p. 36) and "there is insufficient hard-wiring of Indigenous cultural safety throughout the BC health care system" (p. 50). The IPS Report explicitly details how Indigenous-specific racism is not only experienced by Indigenous patients, but by Indigenous health care providers and students in health programs as well. Over half (52%) of the Indigenous health care providers who participated in the review indicated that they experienced racism in the workplace due to their Indigenous identity and almost half (45%) did not feel safe reporting racist behavior for fear of negative reprisal. Most of the racist behaviors towards Indigenous healthcare providers

reportedly came from a colleague or peer (74%), or a person in a position of authority (58%). Further, Indigenous healthcare providers "who were the targets of racist behavior reported that it limited their career and resulted in negative personal outcomes" with mental and emotional health being most significantly affected (Government of BC, 2020, p. 34). While increasing the number of Indigenous healthcare providers is identified in the IPS Report as a "critical strategy to enhance cultural safety," creating safe learning and practice environments for Indigenous healthcare workers remains critical as an unmet protection under collective bargaining agreements and as a legal right for discrimination-free workplaces (Government of BC, 2020, p. 33). The IPS Report found:

> Many opportunities exist and have not been utilized to address Indigenous-specific racism in legislation, including existing health-specific legislation, the BC Human Rights Code, and public interest disclosure legislation. DRIPA now requires the alignment of BC laws with the UN Declaration, a critical measure to support ending all forms of racism in health and other public services. (Government of BC, 2020, p. 50)

In their critical ethnography of factors shaping Indigenous nursing students' experiences in Canada, Martin and Kipling (2006) describe how feelings of social isolation and discrimination led to some Indigenous nursing students being uncomfortable voicing their opinions to non-Indigenous educators. Misconceptions by nursing faculty that Indigenous students were well funded and given more support than non-Indigenous students also served to fuel negative intergroup relations (Martin & Kipling, 2006). Furthermore, Indigenous students "may experience loneliness and self-doubt related to the challenges of adapting to an environment that embodies values, norms, and culture so different from those represented in their traditional culture" all while their academic experience is simultaneously complicated by the persisting impacts of colonization, systemic racism, health disparities, and psychological inequities (Kahn-John, 2023, p. 367). Clearly, more must be done to ensure that requirements for

cultural safety, humility, and anti-racism are embedded throughout healthcare policies and standards of practice for all healthcare students and providers in BC. “What is clear from the Indigenous students and health care workers who contributed to this Review is that racism exists in the learning environment, poses challenges to successful completion of their studies, and has negative personal impacts” (Government of BC, 2020, p. 36).

Green (2016) argues that the potential to decolonize nursing education hinges on the ability of the academy to acknowledge that unequal power relations and privilege exist. To deny or ignore that there are unique challenges facing most Indigenous nurses and students presents a hindrance to retention efforts as it serves to make the problem of institutionalized racism and discrimination within the nursing discipline “invisible.” Cote-Meek (2014) describes how Indigenous people in Canada have been imagined and narrated in educational environments as inferior to serve colonial interests. Not only in educational environments, but also in workplace practice, Indigenous healthcare providers carry additional pressures such as continuous cultural loading, compromised realities, and other “invisible workloads” that threaten their cultural integrity and can lead to burnout (Khan et al., 2021; Komene et al., 2023; Murat et al., 2021).

Promising practices found in the literature reviewed have been shown to positively influence Indigenous student and nurse retention and wellness. For example, Pijl-Zieber and Hagen (2011) found that cohesion amongst undergraduate students through social learning and personalized mentorship can create culturally relevant learning environments that support Indigenous nursing student retention and success. Likewise, Best and Stewart (2014) argue for Indigenous-specific recruitment materials, employing Indigenous nursing academics, and nurturing Indigenous nursing students through individualized mentorship. In their comprehensive literature review of factors supporting retention of Aboriginal Health and Wellbeing staff in

Australian Aboriginal health services, Deroy and Schütze (2019) determined that the five most significant themes included feeling culturally safe and secure within the workplace; teamwork and collaboration; supervision and strong managerial leadership and support from peers; professional development; and recognition. Sifting through relevant literature has revealed four positive protective elements of Indigenous nurse retention: culturally safe and secure mentorship, culturally secure learning and practice environments, the presence of Indigenous nurse educators and academics, secure connections to land, family, and community, and finally, respectful relationships and strengths-based programming.

2.1.1 Culturally Safe and Secure Mentorship

Indigenous nurses working as frontline caregivers, educators, researchers, and advanced practice leaders in nursing serve not only as mentors, but as valuable role models for Indigenous students and nurses (Best & Stewart, 2014; Hunter & Cook, 2020; Rowan et al., 2012). Cultural security in nursing education, mentorship, and practice has been shown to have a positive effect on Indigenous nurse and student retention. Making connections in relation to one's sense of identity, belonging, and entitlement to their own Indigeneity is a significant protective factor for Indigenous well-being (Lawrence, 2004). Māori nurse-scholar Irihapeti Ramsden (2002) coined the term cultural safety by incorporating voices and experiences of Māori nurses in her research. Internationally, Indigenous nurses continue to contribute to the literature on the experience of colonized or otherwise marginalized peoples by examining the politics of power distribution in nursing as initiated and inspired by Ramsden. According to the ANAC, relationships with experienced Indigenous nurses and peers support the retention and success of Indigenous nursing students "by providing a culturally safe and secure mentoring experience and by developing meaningful, mutually respectful and responsible relationships" (ANAC, n.d., para. 2).

Culturally specific mentoring relationships serve to build mutual trust, foster communities of practice, and establish culturally safe healthcare environments (Biles et al., 2021). In an Australian study that used decolonizing and grounded theory methodology, mentoring circles were found to improve Indigenous students' university experience while also enhancing their emotional intelligence, individual confidence, and group identity (Mills et al., 2014). Although Eurocentric ways of thinking in nursing remain privileged in the philosophical ideals of universality and equality (McGibbon et al., 2014; Moffitt, 2016), Indigenous nursing education equity involves ethical engagement with Indigenous-specific cultural safety, cultural security, and respectful engagement with Indigenous Nursing Knowledge (Bourque Bearskin et al., 2016; Kennedy et al., 2021).

In the United States, Kahn-John and colleagues (2023) present a culturally safe mentoring approach for American Indian nursing students. They describe how culturally safe intergenerational mentorship approaches are derived from Indigenous values, teachings, and wisdom to focus on "students' strengths and culturally based protective factors" (Kahn-John et al., 2023, p. 367). Reciprocal and intergenerational nature of traditional Indigenous knowledge transfer is emphasized as underpinning community kinship structures that "nurtures inclusion, connectedness, strength, and thrivance" (p. 369).

In a tohu (sign) to open our eyes to the realities of Indigenous Māori registered nurses: a qualitative study, Māori nurse Ebony Komene and colleagues (2023) employed a qualitative Māori-centered research methodology to explore the experiences and priorities of Māori nurses in Aotearoa (New Zealand). In the context of their work, Komene et al. (2023) explained how Whakarōpū (collective grouping) is grounded in relational concepts and distinct perspectives of Indigenous nurses' cultural and professional backgrounds. In weaving the collective aspirations

and inherent knowledge and experiences of Indigenous nurses who were prepared to lead and care for their own communities, Komene et al. (2023) shared the phrase whakataukī waiho i te toipoto, kaua i te toiroa (let us keep close together, not wide apart). Nurturing professional development and cultural growth with a Whakarōpū of Māori and Pacific nurses was found to stimulate the development of cultural connections, culturally safe space, feelings of empowerment, and preparation for nurse leadership (Komene et al., 2023).

Also in New Zealand, Zambas and colleagues (2020) found that Indigenous student identity, support from family, support for family, and several institutional support factors all play a significant role in the retention and success of Māori nursing students. These findings reinforce the need for funding to support cultural and mentoring initiatives aimed at creating flourishing environments for Indigenous nurses and students to grow and learn (Komene et al., 2023; Zambas et al., 2020). Dual professional development opportunities for Indigenous nurses must be reflective of the dual clinical competency and cultural identity required of nurses working in their communities for "ethnic concordance" (Komene et al., 2023, p. 5).

Promoting the retention and success of Indigenous students and nurses clearly requires a multipronged approach (Komene et al., 2023), including strategies such as "creating an environment which is welcoming and respectful of Indigenous values and strengths, encouraging students to be self-empowered in their learning, ensuring equity of opportunity, facilitating working together and enabling the development of good relationships between students and faculty" (Zambas et al., 2020, p. 9). Nursing faculty and mentors can cultivate safe learning environments and culturally safe mentorship by "nurturing connectedness, practicing relationality, and promoting belonging" with authenticity and care (Kahn-John et al., 2023, p. 370).

2.1.2 Culturally Secure Learning and Practice Environments

Coffin (2007) explains that cultural awareness and cultural safety must first be addressed before cultural security can be advanced. In Australia, Biles and colleagues (2021) emphasize that the cultivation of culturally safe partnerships and the attainment of continuous funding for Indigenous mentorship programs serve to support Aboriginal and Torres Strait Islander nurses and midwives to remain within the workforce. According to the Australian Human Rights Commission's Social Justice Report (2011), "a culturally secure environment cannot exist where external forces define and control cultural identities" (Section 4.2.b.). Therefore, cultural security "directly links understandings and actions" (Coffin, 2007, p. 23), where Indigenous Peoples are respected and empowered as experts in relation to community needs, strengths, and identities, and Indigenous values are incorporated into the design, delivery, and evaluation of healthcare and educational services (Australian Human Rights Commission, 2011). Recently, Biles et al. (2023) shared a collaborative study protocol for evaluating the feasibility and acceptability of the Deadly Aboriginal and Torres Strait Islander Nursing and Midwifery Mentoring (DANMM) Program across rural, regional, and metropolitan New South Wales. Utilizing individual and group yarning sessions, the accompanying DANMM Indigenous-led research project will be aligned with state-wide health plans and strategies to address "critical issues of workforce cultural safety and retention" (Biles et al., 2023, p. 1).

The Kiuna Institution in Quebec, Canada provides an excellent example of putting cultural safety and security into action as a unique program designed by and for Indigenous people to promote connections to identity, community, and society that foster secure attachment and self-pride (Dufour, 2016). According to Dufour (2016), Indigenous students reported feeling more culturally secure in the Kiuna program as they learn about their own cultures, especially for

those that may have been unfamiliar due to the legacy of colonialism. When students learn about Indigenous histories and policies related to socio-economic development, they are better able to confidently position themselves in relation to family and community (Dufour, 2016).

Beyond retention of Indigenous students and nurses, critical success factors for enabling Indigenous leadership across the healthcare system further support culturally secure learning and practice environments. The impact of culturally safe and secure educational programs is reported in a 20-year retrospective cohort study of graduates from the Indigenous Health Program at the University of Queensland in Australia (Bond et al., 2019). This study mapped career trajectories of an Aboriginal and Torres Strait Islander multidisciplinary cohort of healthcare professionals who engaged in the Indigenous Health Program and found that building Indigenous leaders occurred through building confidence and capabilities; transformative learning through supportive relationships and innovating Indigenous health; "a different kind of health professional in a not so different health system," and "a different kind of leadership" (pp. 8–9). Sadly, although this three-year undergraduate program proved successful in graduating and retaining Indigenous healthcare professionals and leaders, it ended due to lack of sustainable endorsement and funding. Hence, securing long-term funding is a mandatory requirement for sustaining culturally safe and secure Indigenous educational programs.

2.1.3 Indigenous Nurse Educators and Academics

While there is anecdotal evidence that supports improvements to Indigenous inclusion in the nursing workforce, Rowan et al. (2012) determined that policies to recruit and retain Indigenous faculty in Canadian Schools of Nursing were lacking. In a report on national survey results on equity, diversity, and inclusion at Canadian Universities, Universities Canada (2019) explain that the persistent lack of racial diversity in senior leadership across Canadian

universities presents a missed opportunity to effectively increase the presence of Indigenous Peoples in practice, education, research, and leadership roles.

The predominant contemporary Canadian narrative invites images of acceptance, multiculturalism, and inclusivity that exclude present-day images of individual racism and systemic racism, which continue to subjugate Indigenous Peoples as marginalized and perpetuate structural inequities (Varcoe et al., 2019). Therefore, explicitly identifying racism as an Indigenous-specific determinant of health inequity (as opposed to "race" or "culture") alongside the ambivalence of social and cultural boundaries in nursing education (Ramsden, 2002) is understated. According to CASN (2022), Indigenous student and faculty focus groups have cautioned against presenting the statistics regarding Indigenous student enrollment and Indigenous faculty presence "in a vacuum":

> Concerns were expressed that schools would use the report as a way to "check a box" related to the [Truth and Reconciliation Commission] Calls to Action; the number of students and faculty does not indicate the experience of the Indigenous individuals in the school of nursing. While there may be an increasing number of Indigenous nursing students and faculty, it does not mean their experience has been positive. (p. 10)

In a recent discussion paper on reconciling nursing education equity, Indigenous nurses engaged in a process of storywork and critical reflection on the gaps and opportunities that exist for reconciling taking the "Indian" out of the nurse (Kennedy et al., 2021). Three key strategies to advance nursing education equity are endorsed by the authors, including: heart-mind knowledge connection (Gehl, 2012); contextual learning (Green, 2016); and two-way teaching and learning (Sherwood et al., 2011).

Best and Stewart (2014) propose that Indigenous nursing academics and educators have valuable insights into the unique cultural aspects that contribute to Indigenous retention and success in nursing. Furthermore, Power and colleagues (2021) recognize Indigenous nursing

authorities are needed to guide the development of cultural safety in healthcare service delivery to end societal, institutional, and interpersonal racism in health systems. However, as Kurtz et al. (2017) point out, being Indigenous adds "additional levels of complexity to being a student, new graduate, and practicing nurse" (p. 9) as fundamental and personal challenges often arise when specific supports are required from an Indigenous cultural perspective within a Western practice environment. Moffitt (2016) further identifies punitive institutional policies founded on Eurocentric values as central to the continued marginalization of Indigenous students, acting as substantial barriers to sustained progress in the decolonial process.

Gaudry and Lorenz (2018) suggest that tokenism is achieved through simply inserting Indigenous academics into pre-existing university structures, as the only "Brown faces in White spaces" (p. 220). Regrettably, despite some strategic improvements around diversity and inclusion in nursing, most policies still expect Indigenous academics to "bear the burden of change" within the institution which involves an inequitable distribution of workload that can lead to physical and emotional burnout (Gaudry & Lorenz, 2018, p. 220). As Kelly and colleagues (2023a) explain,

> we are at a point where space for an Indigenous voice is suddenly very visible, valuable, and in demand. Very rarely has academia, and specifically nursing, made room for Indigenous experience, knowledge, and inquiry within our profession, despite years of advocacy at the highest level of government. (p. 189)

2.1.4 Secure Connections to Land, Family, and Community

Respecting the unique position of Indigenous nurses to care for their own communities, Indigenous nurse retention studies in the United States have elucidated the importance of place and sense of obligation to care for community (Katz et al., 2010; Lowe & Struthers, 2001). In her report on mobilizing decolonized nursing education in Northern Canada, Moffitt (2016) identified the following wise practices: land-based programming, inviting Indigenous knowledge

keepers to share experience and teachings in the nursing program, and welcoming children into the classroom as required to support student attendance when challenged to find childcare. Employing strategies that promote relational connections to land and community not only benefit Indigenous students, but all nursing students, and serve as a protective factor for achieving improved health status of Indigenous populations (Moffitt, 2016; Zambas et al., 2020). Indeed, all nurses, including prospective and practicing nurses, benefit from relational connections to land and community in ways that strengthen both healthcare provider and community wellness.

2.1.5 Respectful Relationships and Strengths-Based Programming

From an Indigenist nursing perspective "all nurses may co-create opportunities to build relationships with Indigenous Peoples and respectfully engage with Indigenous ways of being, knowing and doing in our caring practices" (Bourque Bearskin, 2021, p. 36). According to Fraser (2022a; 2022b), for non-Indigenous nurses, being relationally accountable with Indigenous Peoples and communities' means being respectful of the way we engage with Indigenous Knowledge, ways of knowing, and ways of learning in nursing education. Ermine (2007) asserts that "the new partnership model of the ethical space, in a cooperative spirit between Indigenous peoples and Western institutions, will create new currents of thought that flow in different directions of legal discourse and overrun the archaic ways of interaction" (p. 194). Therefore, to improve the retention of Indigenous nurses and advance towards reconciliation, nurses must learn how to embody relational ethics in their practice, honouring "Indigenous people's connection to self, others, the environment, and the universe" (Bourque Bearskin, 2011, p. 1).

Privileging a strengths-based approach, Bond et al. (2019) demonstrate the significance of elevating Indigenous Knowledges, insights, and experiences in healthcare leadership to move "beyond the existing emphasis on aspirations and capacity building" and towards a more

sophisticated Indigenous healthcare workforce agenda (p. 7). In the final report on the Australian Indigenous Health Program, Bond et al. (2019) clearly state that this cohort study "contests dominant discourses in Indigenous health workforce scholarship that rely upon 'capacity-building' and 'aspirations' through 'pathways' and 'pipelines' to instead demonstrate the importance of scholarship founded upon Indigenous sovereignty" (p. 7). Across the literature reviewed, discrimination, disrespect, and devaluing the unique strengths and contributions of Indigenous nurses, students, and healthcare providers presented as barriers to Indigenous retention and wellness (Biles et al., 2021; Bond et al., 2019; Katz et al., 2010; Kennedy et al., 2021; Lowe & Struthers, 2001; Zambas et al., 2020).

The literature reviewed in this section reinforces the need for cultural safety and security in nursing education and practice to improve Indigenous nurse retention. Indigenous nurse mentorship programs have been shown to promote Indigenous nurse thrivance and nurture wellness, indicating a need for more sustainable funding for Indigenous-specific initiatives. Prior studies have also recognized the value of Indigenous healing practices and INK while identifying that barriers exist to implementation within nursing. Indigenous nurses and students gain strength from being in community with one another and with their homelands. Indigenous Peoples, including Indigenous nurses and students, must be recognized, and respected as experts on Indigenous health and wellbeing to advance cultural security and authentically integrate Indigenous ways of knowing, doing, and being into health, healing, and wellness services. There is a significant gap in current research of intergenerational mentorship and impacts on well-being in the nursing literature. Further research is needed to explore the experience and impacts of intergenerational Indigenous nurse relationships and wise practices for co-creating space, place, and base for Indigenous nurse wellness with and in community.

2.2 Indigenous-Specific, Indigenous-Led Mentorship in Academia

Incorporating Indigenous relationality into nursing mentorship serves to build mutual trust, allow for vulnerability, nurture communities of practice, and establish culturally safe environments for Indigenous nurses to learn and grow (Atay & Murry, 2023; Biles et al., 2021; Indspire, 2021). Within Western nursing education and practice, preceptorship is defined in role-based terms where "experienced and competent staff nurses who have received formal training to function in this capacity and who serve as role models and resource people to [preceptees]" (Swihart, 2014, p. 5). In The Effective Nurse Preceptors Handbook for Nurses, Swihart (2014) explains that preceptorship involves preceptors coaching preceptees and serves to strengthen their confidence, skills, and professionalism in the workplace environment. Knowledge in the nurse preceptorship-relationship predominantly moves in one direction through a supportive relationship akin to Eurocentric mentorship, described by Indspire (2021) as a relationship where experienced mentors support less experienced mentees in their pursuit of a mutual interest or achievement. In contrast, Indigenous mentorship involves building reciprocal relationships based on mutual respect, honouring each other's unique knowledge, gifts, and situatedness within greater sociocultural and colonial contexts (Indspire, 2021). Indigenous-specific, Indigenous-led mentorship that incorporates Indigenous worldview moves beyond the task-orientation of preceptorship towards (w)holistic relationships (Atay & Murry, 2023). In this next section, I will briefly discuss Eurocentric mentorship structures and then consider the relational features of Indigenous-specific, Indigenous-led mentorship in academia.

2.2.1 Indigenous Ways of Mentoring

When discussing the need to decolonize mentorship, Indspire (2021) explains how Eurocentric worldview disregards Indigenous perspectives, citing how "borne from, and woven

into the fabric of, a time-honored Eurocentric academic approach to training and guiding protégés, traditional mentoring is capable of neither disrupting dominant…norms nor overcoming structures that limit relational possibilities" (Hinsdale, 2016, p. 45). Indspire's (2021) Literature Review: Decolonizing and Indigenizing Mentorship, serves as a "shared, living document" that highlights Indigenous ways of relationship building and best practices for culturally informed and community-based Indigenous mentorship.

Guided by an advisory committee of researchers, leaders, and stakeholders, the Indspire Research Knowledge Nest is an Indigenous-led research program that aims to build Indigenous capacity to engage with data analysis and lead quantitative research in Canada (Indspire, 2021). One primary source cited throughout Indspire's (2021) literature review is Hinsdale's (2016) Mutuality, Mystery, and Mentorship in Higher Education. As a director of a research opportunity program, Hinsdale (2016) explains that educators seeking to deepen their approach to mentoring "outsider" students, those who have been historically excluded, structurally marginalized, and institutionally minoritized in Western academia. Hinsdale (2016) further explains that critical insight into the history of colonialism, coloniality, and epistemic privilege in the academy as well as contemporary resonances of colonialism such as meritocracy, academic hierarchy, and individualism continue to influence traditional Eurocentric structures of mentorship. This results in Eurocentric mentorship not having the intend outcomes, especially for "outsider" students and communities. The assertion that Eurocentric mentorship "distances mentors from protégés and reinscribes the norms of power and success" (Hinsdale, 2016, p. 51), Indspire (2021) emphasizes how "deficient understandings that underpin a mentor's perception of the mentee in Eurocentric mentoring programs eliminate space for building respectful, reciprocal relationships while

inherently positioning the mentee as lesser" (p. 3–4). Similarly, seeking to "resist, reimagine and recreate" conditions that nurture Indigenous health and well-being, Bond et al. (2019) assert that

> by advocating for an Indigenist health workforce agenda we seek to unsettle and fracture dominant discourses that frame Indigenous peoples as less than and that fail to account for structures and relations of power that deny Indigeneity as a source of power, authority, and knowledge. (p. 9)

Relationality is a distinctive feature of Indigenous mentorship that brings together Indigenous ways of knowing and doing to uphold Indigenous rights to self-determination (Tynan & Bishop, 2023). It is through connection to Indigenous Peoples, culture, and ways of knowing that Indigenous students overcome the dissonance of Indigenous worldviews within colonial and Eurocentric systems (Sawyer et al., 2023). According to Bordeaux (2021), Indigenous mentorship empowers Indigenous mentors and mentees to center cultural strengths and create culturally secure environments, emphasizing the importance of "being a good relative" (p. 663). Exploring best practices for Indigenous-specific mentorship, Indspire (2021) describes six key relational components that are shown to promote Indigenous student success in academia: cultural integrity, distinctions-based, Miýo (goodness, sharing, generosity), non-hierarchal, peer support, self-reflection and self-reflexivity. Indigenous mentorship goes beyond academic and professional competencies by including cultural, spiritual, social, and psychological aspects of being a human being (Atay et al., 2023; Barnabe et al, 2023; Murry et al., 2022).

Pidgeon et al. (2014) critically examine the impact of SAGE (Supporting Aboriginal Graduate Enhancement), a culturally relevant peer and faculty mentoring initiative designed to foster Indigenous graduate student success. The authors discuss the broader implications of culturally relevant peer-support programs for mentoring, recruitment, and retention of Indigenous graduate students. Another prime example of Indigenous-specific graduate student mentorship is the Indigenous Graduate Education in Nursing (IGEN) Project. The IGEN Project

is “an Indigenous-led collaborative of diverse people and institutions, Indigenous communities, and supporters seeking to collaboratively develop, implement and evaluate an Indigenous Master of Nursing education specialty stream for Indigenous nurses and nurses working with Indigenous People in British Columbia” (BC IHNR Program, 2024, Reclaiming and Recovering Indigenous Knowledge in Graduate Nursing Education). Indigenous-specific mentorship programs in graduate education such as the IGEN (BC IHNR Program, 2024; Harrington, 2024) and SAGE (Pidgeon et al, 2014) create a strong sense of belonging, expand networking opportunities, and encourage self-accountability in academic work by reducing feelings of isolation. Throughout the literature, consistent calls for institutions to take greater responsibility in supporting Indigenous undergraduate and graduate students by implementing policies, programs, and services that enhance their academic experiences and success (Atay et al., 2023; Murry et al., 2022; Barnabe et al, 2023; Pidgeon et al, 2014).

Demonstrating Indigenous mentorship in action, a collective of six Indigenous and non-Indigenous nurse researchers who hold the inaugural CIHR-funded Indigenous Health Research in Nursing Chairs (I-Chairs, 2024) collaborated with graduate students on the creation of an ethical framework for Indigenous Health Nursing (IHN). Building upon core values of respect, relevance, reciprocity, and responsibility (Kirkness & Barnhardt, 1991) with a distinctive responsibility to community (Bourque Bearskin et al., 2016), the IHN Ethical Framework embeds Indigeneity into nursing education, clinical practice, research, and policy.

The inaugural I-Chairs (2024) include Dr. Mona Lisa Bourque Bearskin (Beaver Lake First Nation), Dr. Holly Graham (Thunderchild First Nation), Dr. Wanda Phillips-Beck (Hollow Water First Nation), Dr. Amélie Blanchet Garneau (Canadian Settler, French Ancestry), Dr. Jason Hickey (Canadian Settler, European Ancestry), and Dr. Margot Latimer (Canadian Settler,

European Ancestry). Graduate nursing students who collaborated and were mentored by the I-Chairs on this project include Christina Chakanyuka (NWT Métis Nation), Anne-Renée Delli Colli (Canadian Settler, French Ancestry), Dawn GooGoo (We'koqma'q First Nation), S. Josée Lavallée (Manitoba Métis Federation's Bison Local), and Michelle Padley (Métis Nation of BC).

Guided by the IHN Ethical Framework (I-Chairs, 2024), Padley and colleagues (in press) explore the distinct features of Indigenous nurse mentorship in the forthcoming CASN Nurse Preceptorship textbook chapter, Lifelong Learning Beyond Preceptorship Through Indigenous Ways of Knowing, Doing, and Being. Core competencies identified within the IHN Ethical Framework include Indigenous worldviews, decolonial understanding, respect, inclusivity, relationships, knowledge gardening, mentoring, and student advocacy (I-Chairs, 2024). Imbued within intergenerational Indigenous nurse mentorship are IHN values of relevance, relationality, respect, reciprocity, transparency, and responsibility (I-Chairs, 2024; Padley et al., in press). Imperative to Indigenous nurse mentorship, these IHN values are praxis-oriented:

> Relevance underscores the necessity of culturally relevant mentorship to support Indigenous nursing students in navigating academic challenges and fostering cultural safety in health care.
>
> Relationality emphasizes the importance of relational ethics and reciprocal knowledge sharing between Indigenous nurse mentors and learners, grounded in cultural understandings of kinship and community.
>
> Respect emphasizes the recognition of Indigenous Peoples as experts in Indigenous health and the importance of respectful relationships with communities.
>
> Reciprocity underscores the reciprocal nature of intergenerational mentorship within Indigenous cultures, where mentorship roles are both received and given back.
>
> Transparency is highlighted as a foundational value in mentorship relationships, promoting openness, vulnerability, and mutual learning.
>
> Responsibility emphasizes the collective effort required to advance transformative and decolonizing change within nursing education and practice, including the role of both

> Indigenous and non-Indigenous mentors in supporting Indigenous students and colleagues. (Padley et al., in press)

2.2.2 Indigenous Ways of Knowing in Nursing

Centering Indigenous sovereignty recognizes and respects the strength, resistance, and power of Indigenous healthcare leaders across healthcare systems and beyond (Bond et al., 2019). To complete the circle of Indigenous sovereignty and achieve Indigenous health-equity, culturally relevant, responsive, and self-determining structural reform must be led by Indigenous Peoples (Downey, 2020). Lowe and Struthers (2001) present a conceptual framework that include seven dimensions essential to the practice of Native American nursing: caring, traditions, respect, connection, holism, trust, and spirituality. While these features are similar to values in Western nursing, they are not the same (Lowe & Struthers, 2001) within the context of Indigenous Nursing Knowledge (INK) and Indigenous Health Nursing (IHN). For example, Saulteaux-Ojibwe/Cree and Celtic nurse and medical anthropologist Dr. Bernice Downey (2020) proposes a reconciliation-inspired "IND-equity model" that upholds Indigenous rights to self-determination and is informed by Indigenous ways of knowing. Downey (2020) articulates how Indigenous nurses can integrate their own distinct ways of knowing into their work, providing an analogy of "picking up our bundles":

> For Indigenous health practitioners, this also requires an acknowledgement of our own Indigeneity and an understanding of how we harmonize our own ways of knowing and healing into the work we do. This experience can be described as "picking up our bundle"; an expression that captures a self-reflective process of the acknowledgement of our Indigeneity and our ancestral knowledge and wisdom and applying this knowledge to the work we do as healers. (p. 102)

Cree nurse matriarch Jean Goodwill (1975) urged nurses to acknowledge the value of Indigenous ways of knowing, doing, and being in the world, stating that "our contributions live in the manifestation of alternate approaches to life that come from the original inhabitants of this

land" (p.10). Indigenous nurses who were raised in their culture and community possess unique knowledge, skills, and capabilities that emerge from First Nations, Inuit, and Métis worldviews that encompass epistemology, ontology, and axiology (Bourque Bearskin et al., 2016). Dion Stout (2012) discusses how the harmonious balance of multiple dimensions of wellness, including but not limited to physical, spiritual, mental, emotional, social, environmental, and cultural, are achieved when Indigenous Peoples assert "individual autonomy, collective interests, and creative genius" (p. 13). (Re)claiming Indigenous rights to self-determined identities, (re)connecting with community, and (re)discovering our relationship with the homelands of our ancestors can invigorate (w)holistic aspects of self in relation to kinship, belonging, healing, and wellness (Corntassel, 2012; de Finney et al, 2020; Wilson, 2015; Wilson & Hughes, 2019; Wright Cardinal, 2017). So, what might this mean for Indigenous nurses who work with and in our home communities?

In Mâmawoh kamâtowin, "coming together to help each other in wellness," Bourque Bearskin et al. (2016) describe INK and how Indigenous nursing scholars achieved wellness by integrating the very roots of their being into their nursing practices relationships with Indigenous people, where local people and traditional knowledge systems were vital to community nursing practice (Bourque Bearskin et al., 2016). Indigenist philosophy in relation to wellness therefore allows "Indigenous people to represent their worlds in ways they can only do for themselves, using their own processes to express experiences, realities and understandings that are unique to indigenous society, history and culture" (Boyd, 2014, p. 430). Together, we can move through a relational ethic (Bourque Bearskin, 2011) to advance nurse education and practice that is culturally safe and honours Indigenous Nursing Knowledge (Bourque Bearskin et al., 2016). Within Indigenous communities, intergenerational transfer of knowledge is a reciprocal process

and a critical underpinning of the kinship structure "that nurtures inclusion, connectedness, strength, and thrivance (Kahn-John et al., 2023, p. 369). Regarding reciprocal and transformative reconciliation relationships, Borrows and Tully (2018) share how "robust resurgence infuses reciprocal practices of reconciliation in self-determining, self-sustaining, and inter-generational ways" (p. 5). Indigenous scholars have cautiously argued that

> reconciliation and resurgence are more appropriate English terms for the unique place-based, kin-centric, and relational ways Indigenous people conceive and enact transformative change, at least in comparison to Western theories of colonization/ decolonization. Their view of transformative resurgence and reconciliation is grounded in Indigenous traditions of regenerating healthy and sustainable, gift reciprocity relationships. (Borrows & Tully, 2018, p. 7)

Acting in reciprocity means that we recognize ourselves as equals within the mentorship relationship and with all our relations (Murry et al., 2022). As Kelly and colleagues (2023a) assert, Indigenous nurses hold familial and community relationships in high esteem as they have supported us in the positions we hold and encourage us to "add our voice in authentic and self-determining ways" (p. 189). In 2007, ANAC published Twice as Good: A History of Aboriginal Nurses. Practicing in her (our) home community of Fort Smith, NWT, Canada at that time, Métis nurse Julie Lys reminds Indigenous nurses that "role modelling must be accompanied by the strong leadership in communities, as well as a supportive mechanism which helps nurses to transition back to communities from school" (as quoted in ANAC, 2007).

2.3 Intergenerational Healing and Collective Indigenous Wellness

Prior to colonization, Indigenous Peoples held self-determined and complex governance systems in which the physical and spiritual world were understood as interconnected and inseparable (Coates, 2008; Little Bear, 2000; McGregor, 2021). Indigenous kinship relations and health systems in Canada have been drastically impacted by strategic government policies aimed at colonizing, assimilating, and erasing Indigenous families and communities (de Finney et al.,

2019; Drees, 2013; Linklater, 2014; Wright Cardinal, 2017). The Métis Nation of British Columbia (MNBC, 2021) explains their shift away from using the terminology of "cultural safety" when describing Indigenous wellness in recognition of the potential trigger for people who often feel unsafe due to oppression of their identity and human rights. At the root of Indigenous-specific challenges to being well lies the historical legacy and contemporary reality of living in a colonial settler-state where systematic oppression and systemic racism continue to bear concentric trauma on Indigenous individuals, families, and communities. In this section, I will briefly discuss the pathology of colonial trauma and then consider how intergenerational healing and collective wellness of First Nations, Inuit, and Métis worldviews are addressed in the literature.

2.3.1 Pathologizing the Legacies of Colonialism

In her book Decolonizing Trauma Work: Indigenous Stories and Strategies, Linklater (2014) explains how Indigenous trauma has been "diagnosed" and pathologized by non-Indigenous healthcare providers using Western medical, psychological, and psychiatric theories and frameworks. According to Radford and colleagues (2021), adverse childhood experiences (ACEs) are one of the most significant variables for heightened rates of mental and physical health difficulties for Indigenous populations who have concurrent experiences with concentric colonial traumas, cultural genocide, racism, and systemic discrimination. However, Western frameworks are inadequate within the context of Indigenous trauma as they minimize Indigenous strength and resilience while often neglecting basic root-cause analysis of multi and intergenerational trauma occurring as a direct result of colonization (Bombay et al., 2009; Hatala et al., 2016; Linklater, 2014). A deeper understanding of the multifaceted ways in which colonialism causes and sustains intergenerational trauma is neglected within Western

frameworks which often minimize Indigenous strength and resilience (Bombay et al., 2009; Hatala et al., 2016; Linklater, 2014). For example, protective factors such as cultural identity, resilience, and social supports have been shown to reduce the impact of ACEs (Radford et al., 2021).

Research on Métis mental health highlights the urgent need to address mental health disparities and the systemic inequities that contribute to them as the impacts of colonial oppression and Indigenous-specific racism are experienced by Métis across generations (Auger, 2019; Monchalin et al., 2019; Monchalin et al., 2020). For too long, Métis Peoples have been underrepresented or misrepresented in health research, often grouped within broader Pan-Indigenous studies. Red River Michif nurse scholar Josée Lavallée (2023) addresses this gap by exploring how participation in Métis cultural activities during Manitoba Métis Federation (MMF) Culture Camps impacts the health and well-being of Red River Métis youth. Relationality as both a core value and a lived experience that shapes Métis wellbeing (Lavallée, 2023). Métis scholar Monique Auger (2019) found that Métis Peoples in BC emphasized the importance of culturally responsive care that integrates both Western and traditional healing approaches. There is a growing body of research that calls for distinctions-based research on Métis experiences to support the development of more inclusive and responsive healthcare systems across Canada (Auger, 2019; Monchalin et al., 2019; Monchalin et al., 2020).

The importance of Indigenous self-determination and reclamation in health, healing, and wellness cannot be overstated when it comes to shifting colonial paradigms. Dion Stout (2012) asserts that Cree rights to self-determination will only be realized when the paradigm of Atikowisi Miýw-āyāwin (Cree, ascribed health and wellness) shifts to Kaskitamasowin Miýw-āyāwin (Cree, achieved health and wellness). Further, (re)establishing traditional roles in

community and (re)connecting with the land have been shown to support Indigenous-specific intergenerational community healing and wellness (Gaudet & Chilton, 2018; Gaudet, 2016; Redvers, 2016).

2.3.2 First Nations, Inuit, and Métis Perspectives on Wellness

Across the lands currently referred to as Canada, First Nations, Inuit, and Métis scholars have articulated how distinctions-based research is grounded in the specific worldviews, knowledges, and practices of their respective Nations. In *Seeking Mino-Pimatisiwin: An Aboriginal Approach to Helping*, Cree scholar Michael Hart (2002) emphasizes that (w)holistic understandings of the universe and traditional teachings about interrelatedness "have existed for a time longer than I can imagine" (p. 24). Building on this, Landry and colleagues (2019) describe the Cree concept of *mino-pimatisiwin* as a comprehensive health philosophy, rooted in the Algonquian language family—loosely translated "as 'living the good life,' to describe a state of harmony, well-being, and comprehensive health based on relationships, cultural identity, and connection to the land" (p. 2). Similarly nestled within the Algonquian language family, the Anishinaabe concept of *mino bimaadiziwin*, also meaning 'living the good life', calls for maintaining "right and good relationships with all of our relations (human and non-human, seen and unseen), upholding our responsibilities to those relationships, to live with spirituality and the sacred as our center, are central to living well and in harmony with all" (Stevens, 2020, p. 8). These examples illustrate the relational, linguistic, and Nation-specific foundations of distinctions-based research that honour diverse Indigenous ways of knowing and being.

From an Inuit Qaujimajatuqangit (Inuit worldview), Tagalik (2015) explains that the significance of balance, harmony, intuition, and (w)holistic thinking as essential to "living a good life." Inuit knowledge systems emphasize the intergenerational transmission of wisdom

through observation, experience, and storytelling, where ethical living is guided by principles such as respect, service, consensus, and environmental stewardship (Wheatley & Ferguson, 2011). As Tagalik (2015) shares, Inuit worldview teaches that cultural wellness involves connectedness, relationality, and reciprocity as central to collective and individual (w)holistic well-being. Together, these perspectives highlight how Inuit Qaujimajatuqangit offers a relational and distinctions-based framework for understanding wellness, one that is grounded in Inuit knowledge, cultural continuity, and ethical responsibilities to community and environment.

From a Métis worldview, individual wellness and health are inherently linked to the well-being of others (Gaudet et al., 2020; MacDougall, 2017). Métis perspectives on cultural wellness resonate with concepts of healing, strength, empowerment, self-care, and wellness for all (MNBC, 2021). Métis perspectives and experiences of cultural wellness honour each person's distinct identity and connection to their First Nations roots and unique story (Gaudet, et al., 2020; Flaminio, et al., 2020; MNBC, 2021). KAA-WIICHIHITOYAAHK, meaning "we take care of each other" is a Michif word that represents Métis value of togetherness that guides the understanding and practice of cultural wellness (MNBC, 2021). In BC, Métis Elders and Youth contributed to a statement about what it means to be "culturally well" from a distinctly Métis worldview:

> Cultural wellness is a sense of belonging and pride we feel when we are connected to our Métis families, Communities, traditions, and the Land. It feels like home.
>
> We express cultural wellness by honoring the strength, determination, and traditions of our ancestors. We do this by telling our stories, using the Michif language, being on the land and practicing and passing on traditions such as our music, jigging, and art.
>
> Métis culture is a beautiful continuation of the strength and resilience of our ancestors, the joy of family connection and the passing on of the teachings and traditions of our Elders to future generations.

> Cultural wellness fosters balance in physical, emotional, mental, and spiritual health for our Métis individuals, families, and Communities. (MNBC, 2021, p. 10)

Building on Anderson's (2016) research about reconstructing Native womanhood, Indigenous-led research with and by Métis women, Gaudet, Dorion, and Flaminio (2020), used collaborative and relational Indigenous practices of visiting, ceremony, and creative arts-based methods authentically situated and attentive to identity, place, and intergenerational wellness. The importance of intergenerationality in traditional knowledge translation is highlighted in Métis-led research on learning-through-doing cultural activities that has been shown to strengthen the kinship-relations of Métis grandmothers, aunties, and nieces (Kermoal, 2016). From a Cree–Métis worldview, the concept of whakotowin "contains the original laws and principles that guides how families function" and reminds us that "we are related to everything in Creation" (Dorion, 2010, p. 54). Gaudet et al. (2020) explore how promising wellness practices occur when Indigenous women come to know and embrace roles and responsibilities in kinship-relations and community that have often been disrupted by ongoing colonialism. Métis People hold extensive kinship networks and shared experiences that interact with "the natural and spiritual world" in ways that reflect a distinct worldview, which includes "a profound shared sense of mutual responsibility for each other" (MacDougall, 2017, p. 9). Together, these contributions affirm a unique understanding of Métis cultural wellness—one that is rooted in kinship, relational accountability, intergenerational connection, and a deep sense of collective care and responsibility that reflects the unique histories, identities, and cultural expressions of Métis Peoples.

In a recent study, Cree/Settler research team Rowe et al. (2020) engaged Indigenous Elders from multiple Nations to explore what is needed to support wellness for Indigenous older adults. While the study included diverse perspectives, Elders spoke from within their own

distinct Nation-based worldviews, affirming that reclaiming cultural identity and resuming traditional roles as knowledge transmitters supports not only personal healing from colonial trauma, but also contributes to intergenerational wellness within families and communities. Cardinal (2017) similarly emphasizes that (re)claiming Indigenous identity after forced disconnection—particularly through the child welfare system—revitalizes (w)holistic aspects of self through kinship and community relations. As affirmed by other critical Indigenist scholars, it is essential that Indigenous Peoples have access to the teachings of Knowledge Keepers from their respective territories—teachings grounded in natural law, family systems, and relationships with land and place (Cardinal, 2017; Corntassel, 2012; Rowe et al., 2020).

The enduring nature of intergenerational well-being is reflected in Stevens' (2020) assertion that it involves "reconnecting the heart and spirit" and maintaining "an active relationship with our ancestors of the past and of those yet to be born" (p. 11). Kermoal's (2016) research on Métis women's environmental knowledge similarly demonstrates how relationships with land and plant medicines are vital to community well-being and cultural continuity. She found that knowledge sharing among Métis women was intimately tied to land-based practices and the intergenerational transmission of wellness.

Esteemed Cree–Métis knowledge keeper, cultural teacher, and author Maria Campbell (2007) critiques Western notions of "Indigenous human rights" for being rooted in dominant, patriarchal worldviews that overlook the responsibilities embedded in relationships with "all our relations" (p. 5). She calls for a return to the principles of *wahkotowin*, a Cree–Métis concept often translated today as kinship, relationship, or family—but which originally encompassed the whole of Creation. Campbell explains that *wahkotowin* teaches the interdependence of all beings and the reciprocal obligations that guide respectful living. It is through stories, songs,

ceremonies, and dances that these responsibilities are taught and upheld across the life course—between human beings, and between humans and plants, animals, waters, and the land. This worldview positions wellness not merely as an individual or human concern, but as a shared responsibility across generations and throughout Creation. Campbell (2007) elaborates:

> At one time, from our place it meant the whole of creation. And our teachings taught us that all of creation is related and inter-connected to all things within it. *Wahkotowin* meant honoring and respecting those relationships. [It was] our stories, songs, ceremonies, and dances that taught us from birth to death our responsibilities and reciprocal obligations to each other. Human to human, human to plants, human to animals, to the water and especially to the earth. And in turn all of creation had responsibilities and reciprocal obligations to us. (p. 5)

Her reflection highlights how Cree–Métis conceptions of wellness are deeply rooted in interdependent relationships carried through intergenerational teachings, and enacted through ceremony, land-based practices, and kinship systems. Such a framework understands wellness as collective, ecological, and grounded in relational accountability.

In this literature review, I have provided insight into the barriers and enablers of Indigenous nurse recruitment and retention, the distinctive relationality of Indigenous-specific, Indigenous-led mentorship, and the foundational role of Indigenous healing and wellness in countering intergenerational trauma. While a growing body of literature explores the structural challenges Indigenous nurses face, there remains a significant gap in scholarship focused on intergenerational mentorship, traditional wellness practices, and the ways these approaches support Indigenous nurse identity, belonging, and cultural continuity.

Two key insights emerge. First, despite decades of recruitment and retention efforts, Indigenous nurses and nursing students remain underrepresented and continue to experience systemic racism across educational and practice settings. Second, Eurocentric mentorship frameworks are inadequate because they fail to account for colonial histories and overlook the

distinct cultural and relational realities of Indigenous Peoples. As described in *Mâmawoh kamâtowin* by Bourque Bearskin et al. (2016), Indigenous nurse wellness is not an individual pursuit but a collective process of coming together in relationship—drawing from local Knowledge Holders and teachings to integrate the roots of our being into nursing practices that honour community and cultural context.

This study responds directly to these gaps. Grounded in Indigenous research methodologies and supported by the intergenerational strength of Indigenous knowledge systems, I explore how mentorship and traditional wellness practices contribute to the strengthening of Indigenous nurse identity, wellness, and ways of knowing. In doing so, it builds on the values of Indigenous individuals and families "who are personally involved in and responsible for their own health, social well-being, and health care" (Dion Stout, 2012, p. 14). Echoing Campbell's (2007) call to return to *wahkotowin* and drawing from the work of Indigenous scholars and Knowledge Keepers, this research affirms that Indigenous wellness is a relational, intergenerational, and distinctions-based practice of living in right relation—with one another, with the land, and with all of Creation.

Chapter Three: Cultivating Indigenous (Re)Search Methodologies

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) calls global attention to the truth and need for reconciliation in response to the ideological, physical, and spiritual legacies of the colonial past (United Nations General Assembly, 2007). Unfortunately, healthcare providers often "lack tools to engage critically with questions of race and racialization and how these are manifested in the context of asymmetrical settler colonial power" (Sylvestre et al., 2019, p. 1). As Māori Scholar Linda Tuhiwai Smith (2012) explains, the countless ways in which scientific research has been implicated in the most brutal excesses of colonialism has occurred to the extent that it remains powerfully offensive to Indigenous identity and humanity for many of the world's colonized peoples. Contemporary Indigenous scholars understand how research both in and on Indigenous Peoples, knowledges, cultures, and resources has been used to exploit and extract, evoking memories of oppressive processes (Smith, 2012).

Research involving Indigenous peoples has been predominantly defined and carried out by non-Indigenous researchers in ways that have not always benefitted Indigenous communities, thus leading to mistrust of research that originates outside of Indigenous communities (Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans [TCPS-2], 2018). Further, health research "about" Indigenous Peoples is often focused on problematizing deficits and pathologizing diseases most prevalent in Indigenous populations without critical inquiry into historic and contemporary oppressive colonial realities. Regarding the ethical conduct of research involving First Nations, Inuit, and Métis (FNMI) Peoples, the TCPS-2 provides "a step toward establishing an ethical space for dialogue on common interests and points of difference between researchers and Indigenous communities engaged in research" (Interagency Advisory Panel on Research Ethics, 2019, para. 1). In this chapter, I begin with an introduction to the

paradigm, principles, and processes of IRM and the philosophical grounding of Indigenist nursing (re)search that guides this research study. Next, I organize the methodological features of the research design into four phases and detail how the research will be conducted. Finally, I present issues of rigour and potential limitations of this study.

3.1 Indigenous Research Methodologies: Paradigm, Principles, and Processes

An overarching distinction between Indigenous Research and Indigenous Research Methodologies (IRM) is that the former involves innumerable methodological approaches to research that are not necessarily guided by Indigenous worldview (Kovach, 2012) or led by Indigenous Peoples. Contemporary research that involves Indigenous Peoples must follow the principles of Ownership, Control, Access, and Possession (OCAP®), as explained by the First Nations Information Governance Centre (First Nations Information Governance Centre [FNIGC], 2019). These principles assert that "First Nations have control over data collection processes, and that they own and control how this information can be used" (FNIGC, 2021). In my research, I applied Métis research principles aligned with Ownership, Control, Access, and Stewardship (OCAS), which replaces possession with stewardship to ensure ethical, community-driven data management (University of Manitoba, 2021). This approach reinforces Métis authority over research affecting their communities while ensuring access to data that supports their well-being (University of Manitoba, 2021).

Indigenous scholars from diverse backgrounds have elucidated the principles and processes of IRM that are guided by Indigenous worldviews (Absolon, 2011, 2022; Kovach, 2012; Smith, 2012). Within an Indigenous Research Paradigm, Indigenous-led health equity research with and in Indigenous communities uphold central principles of respect, relevance, reciprocity, and responsibility, often referred to as "the 4 R's" (Kirkness & Barnhardt, 1991).

Relational ethics in IRM are grounded in the central principles of the "4 R's" with a distinctive responsibility to community throughout the research process (Bourque Bearskin, 2016; Wilson, 2008). Indigenist researchers provide critical insight to the praxis of IRM that explicitly involves Indigenous knowledge systems and is guided by Indigenous worldview, both of which place inherently high value upon relationality and reciprocity (Absolon, 2011, 2022; Absolon & Willet, 2004; Kovach, 2012, 2021; Weber Pillwax, 1999, 2001, 2021; Smith, 2012; Wilson, 2008). Indigenist (re)searchers take a unique approach to (re)search that is "inextricably linked to who we are, our lived experiences and the need to contribute to changing our location from object of study to active re-searchers" (Absolon, 2011, p. 38).

In her early work, Weber-Pillwax (1999) explores IRM as an "elusive subject," through which the existence of our own being in relation with our work, that research becomes an ongoing, dynamic process of life, wherein "one breath leads to another breath in an unending flow to the uniting force of creativity" (p. 45). Centering an Indigenist, anti-colonial framework in IRM highlights and corrects for colonial power dynamics in ways that strengthen knowledge co-creation and deepen learning with Indigenous communities (Hart et al., 2016). The paradigm, principles, and processes of IRM offer a distinctively self-determined and community-driven way of thinking about and practicing the principles of OCAP® (FNIGC, 2021) that are imperative to advancing Indigenous human rights, benefitting Indigenous community, and achieving self-determining rights and responsibilities (Schnarch, 2004). In other words, Indigenous thinkers, voices, knowledges, teachings, cultural practices, community protocols, and concerns are embedded in every step of the research process in IRM (Bourque Bearskin et al., 2016; Smith, 2012; Weber-Pillwax, 1999).

3.2 Philosophical Grounding of Indigenist Nursing (Re)Search

Nurse researchers have an opportunity and an obligation to question colonial power relations, epistemological racism, and our own critical self-location when it comes to knowledge production "on" or "about" Indigenous Knowledge and Indigenous health practices. Indigenous scholars continue to question and contest the pervasive assumption that academic institutions are ideologically neutral, when in fact these institutions remain staunchly entrenched within a persistently dominant Western worldview (Baskin, 2005; Battiste, 2013; Burke & MacDonald, 2020; Cote-Meek, 2014; Kelly & Chakanyuka, 2021; Wilson, 2008). Drawing on many of these Indigenous scholars, Burke and MacDonald (2020) suggest that disrupting Eurocentric-Western knowledge within the academy is only made possible by "situating Western knowledge as a way of knowing rather than the way of knowing and the foundation from which all other perspectives are viewed" (p. 2). When asked to define an Indigenous paradigm by the Canadian Journal of Native Education, renowned Cree scholar and author of *Research is Ceremony* Dr. Shawn Wilson opened his response with an offering of context. As a component of Indigenous human rights adopted within the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP, 2007), the concept of Indigenous (or traditional) Knowledge has been at the forefront of this conversation. Wilson (2007) explains how Indigenous Knowledge has been generated "through millennia of interaction and relationships with our environment" and a meticulous Indigenist research paradigm that exists as "part of what makes us Indigenous peoples, and its philosophy is reflected in everything that we do, think, and are" (p. 193). He goes on to assert that:

> In order to describe and use the paradigm, researchers and authors need to place themselves and their work firmly in a relational context. We cannot be separated from our work, nor should our writing be separated from ourselves (i.e., we must write in the first person rather than the third). Our own relationships with our environment, families,

> ancestors, ideas, and the cosmos around us shape who we are and how we will conduct our research. Good Indigenist research begins by describing and building on these relationships. (Wilson, 2007, p. 194)

As a philosophical approach to nursing praxis and research, the term *Indigenist* describes a (w)holistic centering around Indigenous worldview. A term that recognizes the inherent rights, cultural practices, and governance structures of First Nations, Inuit, and Métis Peoples as separate and distinct (CIHI, 2022a; Government of Canada, 2018). Rather than applying a pan-Indigenous lens, distinctions-based nursing research calls on scholars to ground their inquiries in Nation-specific knowledge systems and relational protocols. This approach affirms Indigenous self determining processes outlined by UDRIP (2007) which aim to ensure culturally meaningful methodologies emerge from within each community's own context, language, and ways of being.

According to Boyd (2014), Indigenist research is "a form of social enquiry based on the principles and philosophies of Indigenous peoples, adopted by Indigenous people and designed to be conducted by Indigenous people within their own communities" (p. 430). Building on this, Rigney (1999) defines Indigenist research as a transformative framework grounded in Indigenous self-determination, political integrity, and resistance to colonial dominance. It calls for research that serves the priorities of Indigenous communities and that centers Indigenous ways of knowing as valid and sovereign. The term *Indigenist* has also been used in Indigenous Research Methodology (IRM) to describe an approach that centers Indigenous ontology, epistemology, and axiology—also referred to as Indigenous ways of knowing, being, and doing (Wilson & Hughes, 2019).

Decolonizing research is enacted through special times, places, and spaces where relational and land-based practices define not only what research is done, but how and why it is

done. This orientation reflects a paradigm that is rooted in Indigenous temporalities, ethics of care, and geographies of meaning-making (Absolon, 2022; Gaudet, 2019; Gaudet et al., 2020; de Finney et al., 2018; Wright Cardinal, 2017).

Critical self-location in IRM is attentive to both relational intersectionality and intergenerationality as it allows people to better appreciate the fundamental relational networks of families and communities and the responsibilities that come with these unique connections. Collins and Bilge (2018) make a case for intersectionality as a means of engaging in collaborative coalition-building work, the potential for Indigenist thinking-in-relation to others holds great potential to transform social complexities and political solidarities via critically situated IRM. The authors argue that "working for social justice is not a requirement for intersectionality" and yet, "people who are engaged in using intersectionality as an analytic tool and people who see social justice as central rather than as peripheral to their lives are often one in the same" (p. 30). Intersectionality is thus a critical lens through which researchers might gaze to better understand how the socio-historical context of power-relations at the individual, institutional, and structural level contribute to inequities, oppression, and privilege (Lopez & Gadsden, 2017). Drawing on Indigenous philosophical understandings of the world, Indigenism achieves its purpose by placing itself "against what is seen as an imposed (Western) view that does not acknowledge indigenous ontology and epistemology" (Boyd, 2014, p. 430).

According to McLeod (2017), "a valuable conceptual tenet of the critical tradition is its devotion to a praxis oriented critical approach" (p. 167). Further, critical anti-colonial analysis "recognizes the collective experience of colonization and the epistemology of the colonized as a challenge to current power relations in knowledge production prevalent in dominant development discourse" (Price, 2011, p. 30). Through the practice of critical inquiry and anti-

colonial discourse analysis, we come to understand that colonialism is a structure, rather than an event (Wolfe, 2006). Colonialism persists to this day in manifestations of overt state violence against Indigenous peoples, lifeways, and lands. Anti-colonial Indigenist nursing research therefore involves confronting present-day colonial processes while being deeply committed to the centrality of Indigenous knowledge, values, and relationships, and affirming Indigenous rights to self-determination in research that "can create positive change for Indigenous peoples, as defined by them" (Hart et al., 2016, p. 8). The primary purpose of an Indigenist philosophy in nursing (re)search is to advance self-determination that respectfully honours the rights of Indigenous people to represent their own worlds, through their own processes, and to express their distinct experiences, realities, and understandings (Boyd, 2014). Just as Webber-Pillwax (2021) explains that "decolonization will not be attained through discussion, discourse or critical theory" and maintains that "sharing narratives and receiving narratives are acts of decolonization" (p. 3), decolonization in nursing research requires an approach that maintains Indigenist nurse narrative resurgence and authority.

3.3 Methodological Features of My Collective Research Design

The purpose of this study was to examine how intergenerational Indigenous nurse mentorship and traditional wellness practices influence Indigenous nurses' identity, knowledge development, sense of belonging, and experience of wellness. Guided by the overarching principles of IRM, this Indigenous nurse-led study honours the strength of Indigenous Nursing Knowledge (INK), the sovereignty of Indigenous matriarchal wisdom, and the importance of intergenerational relationality in nursing. My research design builds on the work of Indigenous nursing scholars who have drawn distinctive ontological insights from their Indigeneity to inform their epistemological nursing viewpoints and (re)search, such as Dr. Joyce Desjarlais (2011), Dr.

Donna Kurtz (2011; 2013), Dr. Holly Graham (2006; 2011), Dr. Lisa Bourque Bearskin (2014), Dr. Bernice Downey (2014; 2020), Dr. Wanda Phillips-Beck (2020), Dr. Vanessa Van Bewer (2020), Dr. Erica Samms Hurley (2024), and Dr. Leanne Kelly (2024).

As a Métis nurse-(re)searcher, I aim to move beyond conversations about Indigenous nurse retention and advance INK that deals with the protection and promotion of wellness through the lived experience of intergenerational Indigenous nurse mentorship. In this study, I draw on the relational practice of intergenerationality and traditional wellness practices as key to Indigenous healthcare provider (w)holistic well-being, the principles of respect, responsibility, and reciprocity throughout the research process. Using this approach, this research seeks to uncover the meaning of intergenerational wellness mentorship. The next section describes research activities that occurred to engage Indigenous nurses in conversations to contextualize their own experiences of intergenerational mentorship and wellness with and in community. Engaging in the cyclical iterative research process of co-creating Indigenous nurse mentorship and wellness knowledge with Indigenous nurses, I have aligned the methodological features of my research design with the "4 R's" and organized this study into the following four phases: (1) Respectful Community Engagement and Relationship Strengthening, (2) Relational Knowledge Gathering and Data Collection, (3) Responsible Data Analysis and Collaborative Meaning Making, and (4) Reciprocal Knowledge Sharing with/in Community.

3.3.1 Respectful Community Engagement and Relationship Strengthening (Phase 1)

The community-based relational research process taken in this study aligns with the principles, process, and outcomes of IRM where the purpose and outcome of the research is directed by the needs and desires of the involved community. As a Métis nurse born and raised in the community of Fort Smith, my own lived experience is intimately intertwined with those of

Indigenous nurses and mentors who are also connected to place. Therefore, community engagement activities have been inextricably tied to my own identity as a Northern Métis re(searcher), neuro-diverse, cis-gender, mother, daughter, granddaughter, sister, nurse, educator, and lifelong learner. In this next section, I will detail my process of relationship building and strengthening of my community engagement process.

As a respectful and reciprocal community engagement strategy to inform the creation of this research study, I visited and consulted with one of their first Indigenous nurse-mentors from my home community, Julie Lys (Julie). As the NWT Métis Nation On-The-Land Healing & Wellness Coordinator and a retired Nurse Practitioner, Julie was my Métis nurse-mentor who agreed to participate in an advisory role for the duration of this study. In our home community of Fort Smith, Julie has established reciprocal relationships with community members who actively engage in traditional Indigenous wellness practices and worked collaboratively with members of the Fort Smith Métis Local 50, Salt River First Nation, and Smith's Landing First Nation. As a Métis nurse from the community of Fort Smith, I took this as an opportunity to build upon and strengthen my own community relations.

Throughout my career and to this day, my relationship with Julie has remained a dynamic and active mentorship where context-appropriate and place-based traditional wellness activities are informed by community voice. In my former role as a doctoral trainee on Dr. Sarah Wright Cardinal's CIHR-funded grant Sharing Medicine Bundles and Pathways to Community Wellness: Land-Based Connections to Address Youth Protective Factors and Intergenerational Healing in Four Indigenous Nations, I travelled to the NWT in the fall of 2022. During this trip, I was given the opportunity to participate in ceremony with Dr. Wright Cardinal (Sarah), her family, and several Indigenous women, including Julie. Sarah explained how her approach to

research as oskâpêwis (Cree, ceremonial helper) honours the matriarchal wisdom of her maternal Cree lineage and is grounded in reclaiming ancestral teachings while revitalizing land-based ceremonial practices of wellness, where invited by community (personal communication, Dr. Sarah Wright Cardinal, 2022). In ceremony and in community, I observed how both Sarah and Julie demonstrated humility and honesty when introducing themselves and sharing where they were at on their own living and learning journeys. This practice of authentically locating within one's own learning journey, without explanation or expectation to prove oneself, is something I have been critically considering and exploring for myself through self-reflexive activities during this study.

Within my extended community-network of Indigenous nurse relations and chosen kinships and mentorship under the BC Chair, Indigenous Health Nursing Research team, friendships and kinships in community with Indigenous nurse grandmothers, aunties, big sisters, little sisters, and Two-Spirit siblings as mentors have informed how this research study was imagined and carried out. As an imperative aspect of IRM, relational accountability during this study has meant intentionally nurturing existing relationships while listening deeply, observing intently, helping, and learning-while-doing. With intentionality, I have committed to nurturing respectful and reciprocal relationships within my own Indigenous nurse community alongside Julie and Lisa to support the sharing of meaningful wellness experiences and teachings.

Weber-Pillwax (1999) highlights that relearning to trust her own understanding and experiences with Indigenous Research Methodology (IRM) enabled her to engage with a research environment shaped by compassion, stillness, and humility. Starting with the respectful community engagement and relationship strengthening phase, and continuing throughout this study, I used written and audio-recorded critical reflexive journaling to articulate and examine

my own questions, seeking deeper insights into my own understanding of Indigenous wellness practices. As I positioned myself inextricably within the context of this study, I returned home multiple times to reconnect with my community, nurture my roots, reaffirm my grounding. This process allowed me to reflect, find clarity, and cultivate a space for meaningful contemplation while remaining open to nurturing and trusting my intuition.

Recruitment. Purposive sampling was used to help obtain in-depth information from participants with lived experience as Indigenous nurses with essential knowledge, experience, and expertise in Indigenous health nursing and wellness activities. Purposive snowball sampling and word-of-mouth recruitment began with a brief description of the study and a poster being sent to the Indigenous Health Nursing Research (IHNR) email list serve and cross-posted on relevant social media forums. Contact information for the researcher was included on a recruitment poster (Appendix A) so that prospective participants could choose to contact me directly for inquiries and to express interest in participation. Gender inclusivity during recruitment involved explicitly welcoming Indigenous nurses of all genders and sexualities to participate in this study. Participants were then recruited via an informative letter of invitation with contact information available for the researcher (PhD candidate), research team (PhD supervisory committee), with an attached consent form for their review (Appendix B). The invitation letter explained why they had been contacted, the purpose of the study, and what to expect if they agreed to participate.

To ensure prior and informed consent, invitation and consent documents were reviewed with participants individually at times that were convenient for them. Participants were invited to share information about this study with other potential participants who met the inclusion

criteria. Participant enrolment was confirmed when consent forms were signed and witnessed with the understanding that consent could be withdrawn at any time.

Co-(Re)searchers. Eight self-identified Indigenous (First Nations, Métis, Inuit) nurses with experience in being mentored by an Indigenous nurse, community helper, or healer were actively engaged throughout the research. The number of participants selected for this research reflects the relational quality and feasibility of this study. The role and relations of Indigenous nurses as a distinct community of practice was central to shaping this research. The history and significance of pre-existing relationships within the community of Indigenous nurses who participated was to be expected, as the researcher and participants were all Indigenous nurses who shared relational connections within and to the broader community of Indigenous nurses in Canada. Therefore, relational positioning and self-situating within the context of this (re)search, our learning, and lived experiences occurred throughout this study. As a self-determining suggestion, Indigenous nurses were invited to choose to participate as co-researchers in this study as they contextualized their own experiences of intergenerational mentorship and wellness.

As a result, it is with deep respect and gratitude for the eight Indigenous nurses who generously shared their stories and collaboratively contemplated the research question that each nurse participant is recognized as a co-researcher in this study: Grandmother Doreen Spence (Saddle Lake Cree Nation), Laura Makokis (Bigstone Cree Nation), Lucy Barney (St'át'imc Nation), Julie Lys (Fort Smith/NWT Métis Nation), Laurie Dokis (Dokis First Nation), Leah MacDonald (Inuk), KD (Keith) King (Notikewin/Métis Nation of Alberta), and Victoria Lynn Dick (c̓išaaʔatḥ, Tseshaht First Nation). A more fulsome introduction to these Indigenous nurses and their distinct relational positioning is presented at the beginning of the findings chapter.

Drawing from my own Métis family values, I gifted each person with locally harvested preserves and other small gifts from my home community to demonstrate respect for what they shared. Métis people are resourceful. Local to my home territory, highbush cranberry bark is traditionally harvested for medicine and the berries are quite tart, an "acquired taste," a taste of home. As an expression of gratitude, I gifted each nurse a jar of my mother's homemade highbush cranberry jelly before visiting over meals, walks, a cup of tea, and, when necessary, Zoom.

3.3.2 Relational Knowledge Gathering and Responsible Data Collection (Phase 2)

Métis perspectives and experiences of cultural wellness honour each person's distinct identity, diverse relations, and unique story (Gaudet, et al., 2020; Flaminio, et al., 2020; MNBC, 2021). Co-researchers were invited to share time and space visiting and circling with the (re)searcher, and each other. Together, we gathered around metaphorical online "home-fires" kept by Indigenous nurses where transformation was invited to occur through sharing individual stories and articulating a collective narrative. Specific methods used in this study to collect data responsibly included relational knowledge gathering through visiting (Gaudet, 2019; Gaudet et al., 2020; Flamingo, 2018) and sharing in circle as distinctly conversational methods (as described by Kovach, 2012). What follows is a descriptive overview of the specific research methods and activities used in this study: visiting, circle sharing, reflexive activities, and responsible data management.

Visiting Method, Approach, and Activities. Gaudet (2019) introduces Keeoukaywin, "the visiting way," as a distinctive and relational Indigenous research methodology grounded in Métis ways of knowing, doing, and being. As a research method, visiting fosters time and space in which "connections are strengthened, stories are heard, remembering occurs, and we are

reminded of who we are and our responsibility for the well-being of the whole" (Gaudet, 2019, p. 55). Flaminio (2013, 2018) acknowledges the teachings of her mentor, Maria Campbell, when outlining the Cree/Métis laws that inform kinship-visiting research approaches: Wahkotowin (honouring kinship relationships and responsibilities), Kiyokewin (visiting our relatives), Wîcihitowin (the act of helping one another), Manâtisiwin (the inner capacity to be respectful), Kisêwâtisiwin (the inner capacity to be kind), and Tâpwêwin (speaking the truth with precision). Often occurring over a meal, or simply tea and bannock, visiting allows the researcher to be entirely present with participants and serves to build relationships grounded in a mutual understanding of Indigenous ways of being (Gaudet, 2019).

As revealed in the literature, reclaiming traditional Indigenous teachings, languages, and cultural protocols is central to practicing Indigenous healing and wellness. Within the context of (w)holistic interconnectedness of mind, body, and spirit, orality is a means to express Indigenous ways of knowing, being, and doing. Orality reconnects us with our "oral histories and in the expressions of these sacred reconnections that lie the healing and fulfilment of the individual and collective capacity to enter fully into the power of orality consciousness" (Webber-Pillwax, 2001, p. 163). Orality is often rooted in the language of the peoples and is more than a verbal expression or literary approach. Weber-Pillwax (2001) explains how orality is woven into her Cree consciousness, expressed as interconnected and (w)holistic ways of being, knowing, and doing which occurs through language, ceremonies, songs, and relationships to family, community, and others.

In this research, orality — meaning the verbal interchange that occurred throughout our conversations — is woven into my Métis consciousness as the (re)searcher, and I draw on this consciousness to ponder and document my own story in relation to the Indigenous nurses who

participated in this study. There were two interrelated research activities that participants were invited to draw from their individual and collective capacity to engage orally: one-on-one visiting and collaborative meaning making with other participants through collective consensus circling. Participation in one or both activities was entirely voluntary based on interest, availability, and comfort level. These visiting and circling activities allowed knowledge, perspectives, and "living experiences" of Indigenous nurses to be shared, elevating our collective understanding of wellness and intergenerational mentorship with/in/amongst a community of First Nations, Inuit, and Métis nurses.

Informed by Keeoukaywin (Gaudet, 2019), this study enlists the internalization of traditional oral culture, and narrative sovereignty through visiting as a relational method of gathering knowledge and collecting data. Following enrolment, participants were invited to schedule a visit for 1-2 hours with the researcher at a time and place that was convenient for them. In keeping with the values of responsibility and reciprocity, I coordinated research activities, protocols, and processes in collaboration with each of the co-researchers. Visiting occurred over a meal, a walk, or live video conferencing from a place in community or on the land at a location of the participant's choosing. An opportunity to extend the time of the visit was offered based on participant preference.

A semi-structured visiting guide (Appendix C) that included a script for introduction, sample open-ended questions, and closing statements was used to help engage and generate new knowledge from visiting conversations. Visits were digitally audio-recorded following informed consent with the understanding that they could withdraw consent at any time. Consent forms included specific options for confidentiality where participants could choose to remain anonymous or to be recognized by name for their contributions, including direct quotations. All

eight co-researchers declined the invitation to remain anonymous and agreed to be recognized, explicitly stating that they wished to be named for their contributions. Consensus Circles.

In IRM, sharing circles are a form of hearing story and "a way to provide space, time, and an environment for participants to share their story in a manner that only they can direct" (Kovach, 2021, p. 165).

In this study, sharing circles were used for a collective data analysis process to validate and confirm individual stories of lived experience and "living experience" (Starblanket et al., 2017) of intergenerational wellness with/in community from the gathered Indigenous nurse collective. Following completion of visiting, participants were invited to participate in a sharing circle with other participants and the researcher. Circle format was chosen as it promotes equality by removing the differential power imbalance that can exist between researchers and participants, teachers, and learners (Bourque Bearskin, 2011) and older and younger generations of nurses. Sharing circles were used to create safe spaces for everyone to gather with equity and generosity in listening while "being with," yet without the pressure to "jump in" to be heard (Graveline, 1998). As a method for collaboratively analyzing and co-creating impartial data within Indigenous communities, collective consensus-based data analysis "satisfies the need for building relationships, sharing, mutual respect, facilitating reciprocal information sharing, and ensuring that research findings are relevant" (Starblanket et al., 2019, p. 9).

Collective data analysis strengthens respectful relationships within communities and reduces the possibility of individual bias through group consensus (Bartlett et al., 2007; Starblanket et al., 2019). The Collective Consensual Data Analytic Procedure (CCDAP) was developed by Métis scholar Judith Bartlett as a method for data analysis within the context of IRM (Bartlett et al., 2007; Starblanket et al., 2019). The CCDAP method was designed with

minimal use of information technology and involved collecting “lived or living experiences” from the participants through interviews, sharing circles, or focus groups using phenomenology (Starblanket et al., 2019). Starblanket and colleagues (2019) adapted and streamlined the CCDAP using NVIVO software for initial thematic analysis, digitalization, and online videoconferencing to support virtual community participation and enhance process timeliness. This adapted CCDAP method (Starblanket et al., 2019) was given a traditional Cree name by Elder Betty McKenna: Nanatawihowin acimowina kika-mosahkinikehk papiskici-itascikewin astacikowina (NAKPA), which means “medicine/healing stories picked, sorted, stored”.

To maintain accountability in this inquiry, collective analysis was done collaboratively with participants engaging in circling activities as co-researchers. After visiting research activities were complete, participants were invited to join virtual circling activities for collaborative meaning making. Drawing on the CCDAP and NAKPA methods (Bartlett et al., 2007; Starblanket et al., 2019), the governance of this research respects Indigenous ethical principles of responsible consensus-based decision making, reciprocity, and relationality.

Guided by Indigenous worldviews and matriarchal wisdom, the researcher and participants came together to contemplate the data and collaboratively generate meaning. Enlisting circle works as methodology allowed us to engage in meaningful dialogue while reflecting on the interconnectedness of all things, our unique positionality within the world around us, and the importance of taking a compassionate view of self and others (Graveline, 1998; Kovach, 2021) within our nursing context. The circle process involved gathering research participants together and asking open-ended guiding questions to elicit relational knowledge shared by Indigenous nurses. Participants were invited to determine a time and place to gather for an in-person or virtual sharing circle where collective consensual data analysis would follow

cultural protocols facilitated by the researcher with support from one of her Indigenous nurse mentors. Three collaborative sessions dedicated to circling activities and consensus-based meaning making occurred. An open invitation to attend one, two, or three of the sessions was offered to allow each member of the group to self-determine the amount of time they were able to attend. An opportunity to extend the circle time and space to hold a follow-up circle gathering and wellness activity on-the-land was offered, and the group decided this would be best after research was completed.

Reflexive Activities. My experiences and insights as the (re)searcher were documented through critical reflexive journaling to draw out my own questions about the contextual and structural knowledge being shared within the context of my own nursing practice. Following these visiting and circling activities, I reflected on the Indigenous nursing knowledge, experiences, and insights that emerged from the individual and collective stories. Through this self-reflexive process, I considered the effects of colonizing ideologies and actions on the lived experiences and knowledge of self, participants, and community. Activities to capture my own thoughts, feelings, and lived experience included audio-recorded and written reflective journaling, handwritten field notes, contemplative walking, and arts-based methods such as beading while re-listening to conversations recorded during visiting and circling activities. Reflexive journaling allowed me to continue situating myself in the research and to document potential biases throughout the research process based on meanings from my own personal experiential perspective, understanding, and knowledge development.

Responsible Data Management. As described above, data was initially gathered through open-ended questions to collect “living experiences” (Bartlett et al., 2007; Starblanket et al., 2019) of Indigenous nurses with intergenerational Indigenous nurse mentorship and wellness.

Prior to individual visiting interactions, I reviewed the letter of invitation and consent with participants, then asked for permission to record our conversations using an audio-recorder. In compliance with institutional research ethics, all participants were required to sign a consent form. At the start of each visiting or circling interaction, I again requested permission to record our conversation, with a reminder/prompt to myself included on my Visiting Guide script (Appendix C) that was also reviewed for prior, informed, and ongoing consent.

In keeping with IRM and relational ethics, participants were provided with the opportunity to determine their level of anonymity in the written research results. Co-researchers were given the opportunity to choose to be identified and credited in the study results or recorded as anonymous. If any participant had elected to be anonymous, they would have been provided with a pseudonym, which they could choose, and their identifying information would be modified. Although all eight nurses opted not to remain anonymous, an alpha-numerical identification code was used on the written interview guide, notes, transcription, and electronic copies of the data until after participants were given the opportunity to review transcripts of their individual conversations to ensure accuracy prior to data analysis and meaning making. Throughout the study, participants were given opportunities to verify, clarify, edit, and approve their conversation transcripts, and collective analysis processes and are invited to collaborate on a final publication. Furthermore, each participant is recognized as the owner of their own stories with the freedom to use any pieces of the textual data for further personal or professional use. For transcription of in-person recorded interviews, I used the University of Victoria's (UVic) Microsoft 365 and completed two transcripts on my own. I then hired a professional transcriptionist to assist with transcription of the confidential Mp3 audio files. When in-person participation was not possible, UVic password-protected Zoom for audio/video visiting and

audio-recording was used. Participants were invited to choose whether to have their camera on. The recorded images were not used. Verbatim transcripts from individual visits were shared with the participants for their review and approval. As Zoom was used to record circling activities, I used UVic Echo 360 to assist with transcription of the Mp4 audio/video file. All recordings and transcriptions were secured through an electronic data file and stored on the researcher's password-protected laptop computer. All digital data were stored in a password-protected dual authentication computerized database with a restricted access code available. All material notes and data sets will be kept in a locked file in the researcher's office for 5 years. Upon completion of the study, all recordings, transcripts, and other information will be destroyed after 5 years as per ethics approval.

3.3.3 Responsible Data Analysis and Collaborative Meaning Making (Phase 3)

During the knowledge gathering phase, eight Indigenous nurses from distinct First Nations, Métis, and Inuit communities generously agreed to participate as co-researchers in this study. I visited with each participant in-person when possible and over Zoom when not possible. As a personalized expression of gratitude, my mother's highbush cranberry jelly had made the gifting more meaningful as each jar came from my home territory. After completing and returning each participant's verbatim transcript for review, I used NVIVO to organize the data. Prior to data analysis, I was curious to see what may emerge simply based on word frequency across the eight verbatim transcripts. The word cloud below provides a preliminary visual

representation of what words were most frequently spoken by participants [Image 1].

Image 1: “Indigenous Nurse Knows” word cloud represents word frequency across eight verbatim transcripts

This activity helped me to visualize and sharpen my focus on what some of the key topics might be as an exercise to question my own assumptions. During responsible analysis and collaborative meaning making, I conducted a series of interrelated processing activities. Although reading transcripts and using NVIVO to organize and familiarize myself with the data was a useful endeavor, I still felt the need to engage more deeply within my own story, as I began to think about re-storying the collective story shared by the nurses. It was important to connect my work to my home. For this reason, I created an organizing framework for myself that resembled a four-petal highbush cranberry flower that put the research question in the center of my search. As a precious preserve from my homelands, highbush cranberry jelly emerged as a distinctive metaphor and place-based memory for how I am preserving the findings of this study.

At the center of the flower, I wrote “intergenerational mentorship” and “traditional wellness practices.” Around the center of the flower, I wrote “Indigenous” and “nurses.” Then for the four petals emerging from the center, I wrote “identity,” “knowledge,” “belonging,” and “wellness.” This flower does not represent the findings; it was a tool I created to help organize my critical reflexive analysis of each story shared in a distinctly Northern Métis way (Image 2).

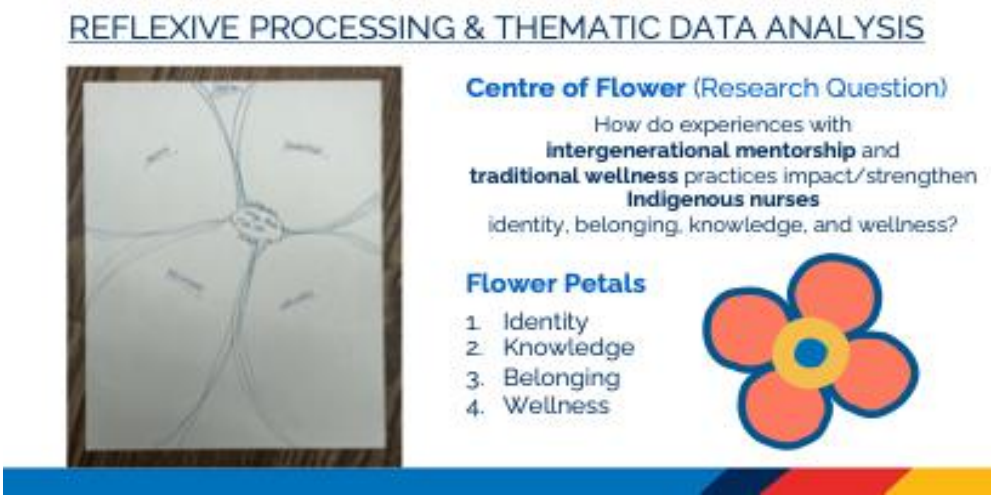

Image 2: Highbush Cranberry Flower: Reflexive Processing of the Research Question

After each visit, I engaged in an immersive and iterative process of individual transcript analysis grounded in Indigenous relational principles. I began by listening to the audio recording multiple times, reading the transcript alongside field notes, and reflecting on the relational dynamics of each visit. I identified key concepts by attending to repeated phrases, teachings, and moments of emotional resonance expressed by each Nurse Co-Researcher. These concepts were shaped not only by what was said, but by how and when knowledge was shared—through stories, metaphors, humour, silence, and embodied expressions.

After reviewing each printed transcript line-by-line, I proceeded to fill in each petal with relevant bits of data from each participant’s story shared during our conversation. When I first started this process, I didn’t know what would come of it. This process was meaningful to me as

each word somewhat resembled a bead and the experience of filling in each petal mirrored my experience with Métis beadwork, another craft I am new to learning. Stepping back and looking at each completed flower, there were so many interconnected pieces of data in-between the petals that emerged through my reflexive processing. Each word was like a bead or berry that represented the intricate threading of each story in relation to the four key areas of interest: identity, belonging, knowledge, and wellness. In the end, this "analog" arts-based reflexive process of sorting and analyzing the data became my distinct Highbush Cranberry Flower representing the growth of my thinking and organizing thought process for my initial analysis of key patterns of thoughts (Image 3).

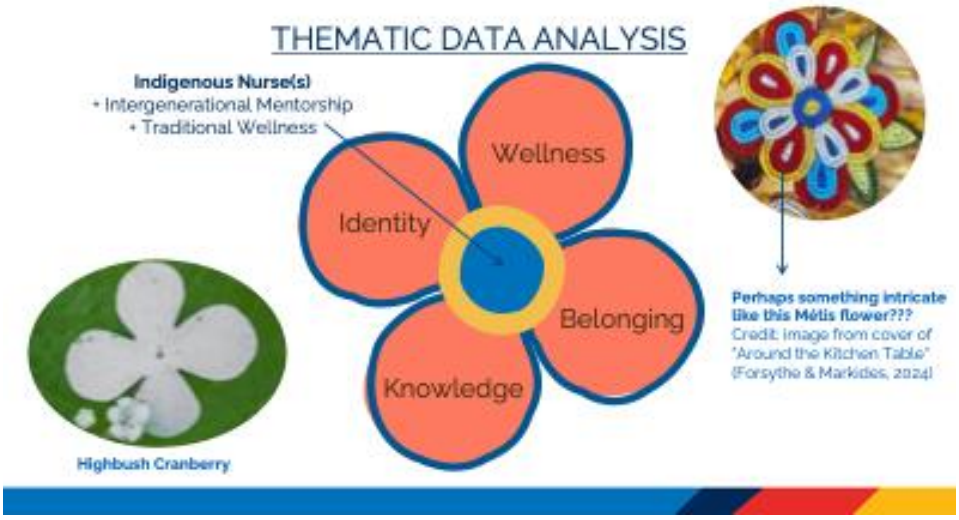

Image 3: Highbush Cranberry Flower Framework for Data Analysis

After completing individual "flowers" for each participant, I wrote narrative summaries for each participant to review. After confirming receipt and welcoming revisions from each participant, I returned to the Highbush Cranberry Flower Framework to map out the collective story. Pre-analysis and initial themes from the data were elicited by myself as the researcher then reviewed, clarified, and verified through member checking with participants as part of the relational and generative meaning making process. In preparation for three consecutive collective

consensus data analysis circles, I organized initial themes on slides and presented them for contemplation and analysis. With unanimous support from co-researchers for the organizing structure of the four-petal Highbush Cranberry Flower Framework, each theme and pattern were presented, reviewed, and refined by the collective during our collaborative circles.

In keeping with the values of respect, responsibility, and reciprocity, those who participated as co-researchers in data analysis and circle activities are co-owners of any knowledge generated. Due to the added time commitment, participants who chose to engage in circling activities were offered a small honorarium for their time and contributions. Although participation in circling activities was meant to take place in-person, gathering was not possible due to multiple factors such as distance, cost, and time. As a result, a virtual "back-up" option was used to engage in the process of circling activities for collective consensus meaning making via Zoom video conferencing. While collective consensus data analysis augments accessibility by removing geographic barriers, a potential risk that a poor internet connection may hinder full participation remains. Mindful of this potential limitation, efforts to ensure and test access to reliable internet connections were made in advance of each session.

The approach for Collective Consensus Circles (CCCs) provided an open-ended dialogue, aimed at refining and validating the ideas and key messages developed from my initial summaries. Although in-person CCCs would have been ideal, the location and timing were determined collectively as participants chose to join in the cyclical meaning making process of listening, questioning, and sharing. Due to time constraints, geographic distance, and financial cost, all three CCCs were held via Zoom video-conferencing and recorded with attendees' expressed permission and consent. Before beginning the dialogue, each CCC was opened in prayer and acknowledgement. The first CCC session was held on August 28, 2024, and included

seven participants. Grandmother Doreen set a warm and inclusive tone during the introductions, sharing her unique positionality and lived experiences as a Cree Grandmother and now-retired nurse. The focus of this CCC was primarily introductory, with attendees sharing personal stories and initial reactions to the deductively proposed themes. The second CCC session, conducted on September 4, 2024, included deeper discussions with three participants, including two returning participants and the one participant who could not attend the first circle. This session was spent concentrating on refining and enhancing the understanding of the themes. The third CCC session occurred on September 23, 2024, and was attended by three participants who had attended the first session but not the second. Altogether, eight out of eight participants joined at least one CCC and of those eight, five attended two CCCs.

Collaborative data analysis transpired during circling activities where consensus-based meaning making was used as a method to engage participants in the cyclical process of listening and sharing in a sacred time and space together. During each session, changes were made in real-time based on participant feedback, demonstrating a dynamic and responsive approach to theme development. This process was designed to promote a respectful and inclusive environment, where each participant's voice could significantly contribute to the evolving thematic framework. These sessions effectively captured the essence of collective wisdom sharing, reminiscent of learning from a wise elder, ensuring that the analysis not only resonated with but was co-created by the participants. These shared times and spaces served as a unique opportunity for us to collectively engage in learning-through-doing Indigenous nurse-led intergenerational sharing circle(s) that served to elicit relational knowledge shared by Indigenous nurses.

3.3.4 Reciprocal Knowledge Sharing with/in Community (Phase 4)

Upholding the relational principles of respect, responsibility, and reciprocity, knowledge sharing with and in community was integrated throughout the research process. My process to maintain these values required open and transparent conversation about ethical standards and issues of rigour as I navigated institutional requirements and holding myself accountable to the people involved. I sought and received permission from participants to use this data in her dissertation and invited co-authorship on future published work. The knowledge generated will be reciprocally shared with and in communities of Indigenous nurses. Further, the results of this study will generate knowledge on how to go about respectfully and reciprocally sharing knowledge and wellness with and in community. In the remaining methodology sections that follow, I will present ethical considerations, issues of rigour, and limitations of this study.

3.4 Ethical Considerations

Prior to the commencement of dissertation-specific research activities, this proposal was submitted to the University of Victoria Human Ethics Review Board (application #22-0766) for ethics approval. Indigenous ethical principles of responsible consensus-based decision making, reciprocity, and relationality are in keeping with the values of my own Métis responsibility of gathering and making meaning with participants in a way that honours their self-determination as co-researchers in this study. This Indigenous nurse-led research was conducted with respect, humility, and a commitment to First Nations principles of OCAP® (FNIGC, 2021) and OCAS (University of Manitoba, 2021). Participation in this study was entirely voluntary. Respect for participant privacy and the right to free, prior, informed, and ongoing consent throughout this study was maintained as our priority. All research participants were required to provide informed consent prior to enrollment in the study, and I continued to check in regularly to confirm their

continued willingness to participate. During collection and processing of the data, an alpha-numerical identification code was used on the written interview guide, notes, transcription, and electronic copies of the data.

There were two interrelated research activities that participants were invited to engage in over the course of this study. These included one-on-one visits with the researcher and an optional collective circle for collaborative data analysis and meaning making with other participants. Again, participation in any research activity was entirely voluntary based on participant interest, availability, comfort level, and informed consent. The decision to participate, not participate, or to withdraw from participation at any time was offered without any explanation required. If participants chose to withdraw, they could determine whether they wanted all data gathered until the time of withdrawal to be destroyed. There was no obligation to participate in circling activities, and participants were given the option to refuse to answer any question and/or withdraw from the study at any time without any negative consequences. During both the sharing circles and individual visits, participants did not have to answer any questions or discuss any subject if they did not want to. They were also given the freedom to decide to stop or take a break from the circle or visit at any time.

Informed Consent. Complete confidentiality cannot be guaranteed in the group setting. Circle protocol was reviewed with those present prior to beginning the circle. Essentially, what is said in circle is meant to stay in the circle. Throughout the study, participants were given the opportunity to review, verify, clarify, edit, and approve their individual conversation transcripts, narrative summaries, and had final say on what would be included in the dissertation. Given that all eight participants gave informed and ongoing consent to be identified by name and credited as co-researchers in the dissertation results of the study by signing the consent form (Appendix B),

their identifying information has not been changed when attached to direct quotes. Participant names are only used in this dissertation and will not be used in future publications without their explicit consent.

In alignment with Indigenous research methodologies that centre relational accountability, each participant was provided with clear, repeated opportunities to choose whether or not they wished to be named in the final dissertation. Their consent to be identified was voluntary, well-informed, and documented in writing as described on the consent form. It was also reaffirmed through ongoing conversation and reciprocity across the course of our visits and data analysis. Each co-researcher is recognized as the rightful owner of their own stories, with the freedom to use any pieces of the textual data for further personal or professional purposes. As the researcher, only I have access to the recordings, transcripts, and notes. The signed consent forms were stored in a folder separate from the audio recordings and transcripts to further protect confidentiality and data integrity.

Benefits. The voices and knowledge of Indigenous nurses are valuable. Knowledge shared in this study included Indigenous nurses' wisdom, experiences, ideas, stories, recommendations, and opinions. Participation supports the co-creation and co-development of a community-based intergenerational nurse wellness apprenticeship for Indigenous nurses, serving to benefit co-researchers and society. The intergenerational wellness approach promoted nursing practices rooted in traditional and ancestral Indigenous Knowledges, acknowledging, and respecting the distinctions within First Nations, Métis, and Inuit Peoples, as the foundations of relational healing and wellness. The information that is collected may help healthcare providers, educators, researchers, and policy makers provide dedicated time and space for self-determined mentorship and wellness strategies for Indigenous healthcare providers. This will help to bridge

gaps in Indigenous nursing knowledge creation, translation, and mobilization in Canada. Although not guaranteed, participants may have found it empowering to gather with a community of Indigenous nurses and talk about their unique experiences with sur-thrivance, intergenerational mentorship, and wellness in nursing.

Risks. There was minimal risk to participating in this study. Recognizing that conversations about values, beliefs, and experiences may trigger memories of personal events leading to emotionally charged responses, I remained attentive to any emotional, physical, or intuitive signs that indicate that a participant is beginning to feel uncomfortable. Should this have occurred at any time, I would have offered to conclude the session, provide access to a knowledge holder for support, and reconvene at another time should the participant wish to continue. Participants had the freedom and choice to share what was comfortable and important to them without any pressure to disclose experiences they were not comfortable sharing. While this did not occur in this study, if a participant had experienced any uneasiness or discomfort while participating in conversations at any time, they would have been asked to notify the researcher and given the option to end participation in the session or in the study without providing a reason. They could also request to take a break at any time. If at any time a difficult or distressing topic emerged, participants would have been offered additional support from a local Knowledge Holder or Elder from the community in alignment with Indigenous healing and ceremonial protocols. This Knowledge Holder was available to provide support and would receive financial compensation for their time. Participants would also be asked if they would like to connect with a counsellor and contact information for Indigenous-specific free mental health services will be provided.

During both visiting and sharing circles, participants were reminded that they do not have to answer any questions or discuss any subject if they do not want to, and that they can decide to stop or take a break from the circle or visit at any time. If there was something that a participant would not like to be discussed or known, they did not have to speak about it. Although complete confidentiality cannot be guaranteed in the group setting, each sharing circle began with a review of circle protocol. Regardful and respectful of sacred knowledge and ceremonial teachings, the researcher discussed with participants in detail what they are comfortable sharing so that no appropriation of sacred knowledge would occur. Further, mindful of my own potential to encounter emotional triggers during this work, I identified and invited a local Elder to work with me as advisor and they agreed to guide me throughout this search.

This study adhered to the UVic Communicable Disease Plan. Participants would have been advised if they had encountered an individual who tested positive for COVID-19. Contact information was stored in a separate file from research data in case follow up was needed.

Compensation and gratitude. Respect and gratitude were demonstrated by gifting. Gift packages of locally harvested tea, medicines, and/or jam were provided to all mentors, advisors, and participants. Any expenses related to participating in this study (i.e., transportation, parking, childcare, etc.) were reimbursed out of appreciation for their time and to remove any financial barriers or considerations on their decision to participate. There was no financial compensation other than protocol gifts provided to participants who engaged in visiting activities during the relational knowledge gathering phase. Participants who engaged in circling activities during the collaborative data analysis phase received a small honorarium in appreciation for their added contributions of time and effort.

3.5 Issues of Rigour

In this study, participants were invited to share sacred time and space together in-community visiting and circling around metaphorical home-fires kept by Indigenous-nurses. Rigorous member-checking with participants as co-researchers during collective consensual data analysis and collaborative meaning making served as a tool to ensure the accuracy of the data and reduce bias. I ensured rigorous authenticity, trustworthiness, and relevancy at a deeper level by conducting this research with continuous consideration of the following IRM principles articulated by Weber-Pillwax (1999, pp. 31–32):

(a) the interconnectedness of all living things
(b) motives and intentions of doings
(c) the foundation of research as lived indigenous experience
(d) the groundedness of theories in indigenous epistemology
(e) the transformative nature of research
(f) the sacredness and responsibility of maintaining personal and community integrity
(g) the recognition of languages and cultures as living processes

In addition to these principles, the national ethical guidelines and local community protocols were honoured while adhering to the ethical principles of IRM. First, by inviting participants with relevant Indigenous health nursing experience to discuss their own lived experience and recognizing that my own lived experience is intimately intertwined with those of the participants, connections are highlighted through reflexive statements incorporated throughout the findings. Second, by grounding this study in community and privileging local principles, protocols, and processes of Indigenous (Métis, Cree, and Dené) knowledge systems, this study encouraged authenticity and supported integrity throughout the duration of the study. Third, by meeting Indigenous nurses around special times, places, and ceremonies determined by the nurses as co-researchers, the context of this study is locally situated. Finally, engaging respectful and reciprocal relationships throughout the research process as an inherent value of

IRM ensures that the results of this study will serve to benefit the broader community of Indigenous nurses.

3.6 Limitations

This study aimed to examine how intergenerational Indigenous relationships and traditional wellness practices strengthen Indigenous nurse knowledge and wellness approaches in their personal and professional practice. Although visiting and circling in-person and in-community are essential elements of the research design, due to uncertainties, such as the ongoing COVID-19 pandemic, an alternate contingency plan for virtual gathering via an online video-conferencing platform (such as Zoom or Microsoft Teams) was readily available. Four visits were completed in-person, four visits were completed remotely, and all three collective circles were completed via Zoom.

Limitations to this study include the potential for personal bias and issues of self-reporting. To reduce the potential for bias, I engaged in reflexive inquiry and journaling throughout the research process to increase self-awareness of my own assumptions and biases. An audit trail of my subjective interpretation of events was kept to avoid having these impact study findings and I engaged my PhD committee and my mentor Julie during this process to discuss individual and shared insights, potential biases, and limitations. The risk of bias was further reduced through member-checking with participants during collective consensual data analysis and collaborative meaning making processes. Recognizing that conversations about values, beliefs, and experience may trigger memories of personal events leading to emotionally charged responses, I remained attentive to any emotional, physical, or intuitive signs that indicate that a participant is beginning to feel uncomfortable. Should this have occurred at any time, I would have offered to conclude the session, provide access to a knowledge holder for support,

and reconvene at another time should the participant wish to continue. Further, mindful of my own potential to encounter emotional triggers during this work, I sought support from Indigenous nurse mentors to work with me as advisors throughout this search.

In conclusion, this Indigenous nurse-led study generated evidence for self-determining and sustainable strategies to protect and promote Indigenous nursing knowledge, identity development, sense of belonging, and experience of wellness within the nursing profession. This study honours the strength and affirms the rights of Indigenous nurses to intergenerational mentorship relations and wellness with/in their communities. Guided by the overarching principles of IRM, visiting and circling activities with Indigenous nurse co-researchers described the barriers and facilitators of Indigenous wellness practices and mentorship that they have encountered across generations within nursing. Before reporting and discussing the findings generated from the collective story of these Indigenous nurses, the next chapter provides an opportunity for each nurse to be introduced as a co-researcher.

Chapter Four: Introducing the Indigenous Nurse Co-Researchers

As an act of relational accountability, this chapter is dedicated to introducing the Indigenous nurses who participated in this study as co-researchers. Opening space for these nurses to introduce themselves in their own words, this chapter serves to honor the nurses' autonomy in defining themselves, providing essential context for the findings and discussions that follow. Although there will be so much more that could be said, the introductions that follow illustrate the parallel structure of orienting oneself in relation to place, family, community, and nursing.

Throughout the introductions, findings, and discussion chapters that follow, I preserve the essence of what was shared "in their own words" by including quotations and excerpts from verbatim transcripts. These quotations are presented within the body of these chapters as single-spaced, double indented, italicized text aligned with the left side of the page. Where appropriate, my conversational contributions appear italicized and aligned with the right margin as a creative way to visually represent the natural back-and-forth of our conversations. When a particularly significant quotation or prayer opens a section, these will appear italicized, single-spaced, and centered in the middle of the page followed by the name of the person speaking in brackets.

During visiting conversations and circling with the collective, relational positioning remained a consistent feature of how each nurse introduced themselves. When we came together in circle, Elders were invited to set the tone for how we would proceed with relational self-location. With deep gratitude for each nurse who generously shared their storied experiences as Indigenous mentors and mentees in nursing, I honour the unique relational positioning shared by each nurse regarding who they are, where they come from, to whom they are connected, and how they came into nursing.

4.1 Grandmother Doreen Spence (Saddle Lake Cree Nation)

Born in 1937, Grandmother Doreen's mother was from Good Fish Reservation and her father was from Saddle Lake Cree Nation in Northern Alberta. To avoid residential schools, Doreen was raised by her grandparents on Good Fish Reservation, spending a great deal of time on the land and speaking Cree as her first language. Acknowledging where she comes from and where she lives now, Doreen began her oral introduction as follows:

> ***Doreen:*** *First of all, my Sacred Name is paskostiwanew kihew iskwew onikaniw, meaning Bald Eagle Woman Who Leads. And I am from the Saddle Lake Reservation, but I have moved to Treaty 7, here in 1970. I bought a home in 1973 and setup roots here in the Treaty 7 area. There are seven different tribes in this area. The main tribe is the Blackfoot Nation. But the closest ones are the TsuuT'ina Nation, a branch of the Dene. They live just down the street from me. They used to be out on their own little property, but they're surrounded by the City of Calgary now. Then we have the Nakota Nation, the Stoney people, we have the Kainai. In the City of Calgary, we also have the Métis Nation. We have a real multicultural Indigenous group here in the City of Calgary, because we have people coming from the far North.*

At age 14, Doreen was ordered by the government to return to Good Fish to assist the non-Indigenous teacher and later earned a scholarship to attend Bible School in Calgary where she eventually went into nursing. Doreen recounted missing her nohkom (great granny) who was a medicine woman and used to call her "a little Elder like me" as she followed in her footsteps as an apprentice.

> ***Doreen:*** *She was very renowned as a medicine woman in the community and surrounding areas. She delivered babies and even new immigrants, our neighbors off reserve, would come to her quite often for her services. I was her little apprentice. I was with her wherever she went, right from when I could walk. I also learned from my great granny because she would take me berry picking and foraging for food in the boat. Wherever granny went, I was her shadow and so I had a real solid background as a result.*

Graduating from nursing school in 1959, Doreen was one of the first Cree nurses in Alberta. Now retired, Doreen reflects on her journey with pride and remains actively engaged in sharing her knowledge with the next generation of helpers and healers.

4.2 Laura Makokis (Bigstone Cree Nation)

Born in 1953, Laura is a Woodlands Cree woman originally from Bigstone First Nation in Northern Alberta. Cree was her first language, and her family lived off the land to avoid residential schools. Acknowledging where she comes from and the generations of family to whom she is connected, Laura began her introduction as follows:

> ***Laura:*** *About myself? I originate from Treaty 8, Woodlands Cree, Bigstone First Nation. When I had DNA done, it traced us to the Gladue clan, so we're Indigenous, Asian, Scottish, and French, which is what the DNA said, but I mostly identify with the Indigenous 'cause I didn't need to identify with the others. So, I married into Treaty 6 Saddle Lake Band and became a Makokis. I have four biological children and adopted three of my stepchildren, and one we just recently lost who lived on the streets in Edmonton. I have 12 grandchildren, six boys, six girls, but I also have now eight step… I mean, what do you call that, next generation? [Laughs]*
>
> ***Christina:*** *The great-grand?*
>
> ***Laura:*** *Yes. Eight great-grands. Two recently born just a month apart each, so eight, and there's one on the way, sorry. And I grew up in a family of six boys and six girls, so my parents, they had so many grandchildren and great-grandchildren, we could never count and keep up with the amount…*

Initially working in healthcare as a medical receptionist, Laura recounted how she was inspired to pursue nursing by a dedicated nurse in her community before attending Blue Quills College:

> ***Laura:*** *So, I thought, "Well, maybe that's what I want to be," but I never thought it was possible until I got called into the Blue Quills College there, and where they were told that my name was submitted to apply for the practical nursing program they wanted to run and would I be interested… So, I got signed up there, started in Blue Quills but I was also expecting my fourth child. My mother-in-law said, "Don't tell anybody you're pregnant." I said, "Well, I think they're gonna know soon enough."*

Graduating from nursing school in 1983, Laura proudly shared how her daughter, nephew, and three nieces have gone into nursing. Having lost her home and material possessions in a fire two years ago, Laura describes herself as a "nomad" moving between Saddle Lake and living with family in Edmonton and Tsuut'ina. Since retiring, Laura spends her time actively engaged in cultural activities and sharing her knowledge in the community.

4.3 Lucy Barney (St'át'imc Nation)

Born in 1956, Lucy grew up in Lillooet, a town on the traditional territories of the St'át'imc Nation where her parents were from. Acknowledging where she comes from and the generations of family to whom she is connected, Lucy began her introduction as follows:

> ***Lucy:*** *My name is Lucy Barney. I grew up in Lillooet - where many St'át'imc communities are situated, and the town of Lillooet came to be. My father is Titqet. And my mother in Nquatqua. Both parents are St'át'imc. I'm the twelfth of thirteen children. And I'm the mother of two boys. Grandmother of six… I'm the first in my family to get past grade 10. So, family mentorship, intergenerational mentorship wasn't there for me… from a Western educational or scientific perspective.*

Starting out in healthcare working as a unit clerk in various departments, Lucy shared how a colleague recognized her strengths and encouraged her to pursue nursing:

> ***Lucy:*** *And it was on one of my shifts in the Labour and Delivery maternity ward that one of the nurses said to me: "You know, you're smart. Why don't you become a nurse?"*
>
> *And I said: "Okay."*
>
> *So, then I looked into it and realized um, that I have to upgrade because it was more than five years um, since I did my Chemistry, Biology, English, and Math from grade 11 and 12. So then, in order to continue with the process of registering I did go to school and because I worked evening shifts at Richmond Hospital, I had to then go to day school with high school students to finish those off. So that was interesting. But I did it. And they-all the students accepted me. I'm not a young, young punk. [laughs]*
>
> *Yeah. So that's how I became a nurse and what got me into nursing, because I would've never ever thought that I could achieve something like that…*
>
> *…But I did.*

Graduating from nursing school in 1997, Lucy completed her RN education at Langara College and then went on to complete her BSN at the University of Victoria and her Master of Science in Nursing at the University of British Columbia. Recently retired, Lucy remains active with crafting, powwow dancing, and mentoring younger Indigenous nurses.

4.4 Julie Lys (Fort Smith/NWT Métis Nation)

Born in 1960, Julie grew up with her parents, Seraphine Evans neé Mercredi and John Evans surrounded by a big Métis family in Fort Smith, NT. When introducing herself to the collective during our first circle, Julie shared the following about where she comes from and connected with Laura's story of attending nursing school with a young family.

> ***Julie:*** *OK, so I'm Julie Lys, Evans. I was born and raised here in the community and my mom and dad are both Métis. I come from a big, big, big family. I have 15 siblings and I'm the second youngest. I'm 15 of 16 and we were all born and raised here in Fort Smith.*
>
> *And I went out to Edmonton, I left here in when I was 17, when I graduated from high school. I had never even stayed alone in a house by myself because there was always people around us and always people home. And I moved to the city and went to college but not until I started. I decided to go into nursing in 1983 and then I found out I was pregnant the week after I was accepted into nursing. So, I had my baby and went to school and brought her to school with me.*
>
> *And much like [Laura], I brought my baby with me. And yeah, when I first started nursing, I worked in the city at the Royal Alec for a few years and then my dad had a stroke when I was in nursing school in 1983. So, I knew my mom needed help with him and I came home after a few years of getting experience. I came home and I convinced my then boyfriend, or "baby daddy" I guess he was, to come up North for a year just to just to try it out. And we've been here for, I don't know, 30 something years 35 or 36 years.*

Graduating from nursing school in 1985, Julie became one of the first Métis women from the NWT to earn her nursing degree and eventually went on to become a Nurse Practitioner. Over the course of her career, Julie served the community of Fort Smith as an exemplary nurse leader, advocating for Indigenous rights, advising on territorial healthcare policy, and creating community-based mentorship opportunities for younger generations of nurses, encouraging them to return home. Now retired from nursing, Julie enjoys visiting her grandbabies and continues to share her gifts with the community in her role as the NWT Métis Healing and Wellness Coordinator.

4.5 Laurie Dokis (Dokis First Nation)

Born in 1960, Laurie is an Anishinaabe woman from Dokis First Nation in Northern Ontario. Her father, Melvin Dokis, is Anishinaabe and her mother, Patricia Dokis, holds Irish and British settler ancestry. During her initial introduction to the collective circle, Laurie shared the following:

> ***Laurie:*** *So, I was born in 1960. That was the year, you know, it was just the year that Indigenous people had the right to vote. And so, I grew up during the 60s, pretty tumultuous time. My father was involved with the Indian movement and the Friendship Center movement in Toronto. And so, I started school in 1965 and right from the get-go, I started, I experienced umm discrimination and racism and the whole, you know, "La Savage" and all this kind of business. And it was when I was five years old, and I have a brother that's a year younger and a sister, three years younger.*
>
> *When I was five, my parents decided to take me, because I was having so much negative experience in the Catholic school, with the nuns and everything in Toronto, they took me out of that school. And then, that was the first time, like, that's when I started to realize I was "Other". Before I went to school, I was hanging around, a couple of other Native girls that lived in the apartment building that we lived in, and I gravitated to them because I never really, um, the brown skin thing was a real issue for me growing up. In other words, I have been searching for "my tribe" and building on my identity as an Indigenous person for a long time.*

Graduating from nursing school in 1994, Laurie has recently retired and is enjoying being a grandmother. Although living in Vancouver most of the time, when introducing herself to the collective, Laurie shared her appreciation for hearing the "nursing origin stories" of other Indigenous nurses.

> ***Laurie:*** *I just really appreciated this space that you're creating here, Christina. And I'm really enjoying hearing, you know these introductions, because I don't know Doreen or Laura. I know Lucy and Julie. I think that's all. That's who I know. But I love hearing people's sort of nursing origin stories. It's really, cool… So, I'm right now I'm calling in from the traditional Treaty 6 lands of the TsuuT'ina People. I'm here in Alberta for a while because I'm visiting my daughter and my granddaughter here in Hinton.*

4.6 Leah MacDonald (Inuk)

Born in 1972, Leah's mother was an Inuk woman from Cambridge Bay. Although she did not grow up knowing her father, she shared that he was White. Her introduction started with her mother's story of being apprehended in 1960 at the age of 12 and sent to residential school in Yellowknife. Leah shared how her mom learned English quickly and graduated at the top of her class, eventually going on to become a nurse. As a child, Leah survived cancer, witnessing family violence, being apprehended into the foster-care system, and losing her mother when she was only 11 years old. Eventually returning to the Northwest Territories for school, Leah settled in Fort Smith after marrying a local Métis man and starting a family. Although Leah recalls that she never really wanted to be a nurse, she reflected on the impact of her time spent in hospital as a child.

> ***Leah:*** *And so, I spent a lot of time in a hospital growing up. But when you're a child with cancer everybody treats you like a rock star. It is absolutely the kindest place in the world to be. So, I never – I had – I don't have bad memories, and I've had a really good relationship with my doctor and my nurse and just really good memories of the place…*

Graduating from nursing school in 2008, Leah continues to practice as a Registered Nurse in Fort Smith. Leah was first encouraged by a community health nurse to consider a career in nursing as a young mother while providing home-based palliative care for her grandmother. Shortly after, her best friend besought her to attend nursing school together and they did, along with their young children. At the time of our first collective circle, Leah was the only nurse on duty in the community and could not attend. During the second circle, Leah introduced herself to the nurses gathered with a brief description of her place-based connections to family and community.

> ***Leah:*** *I've been a nurse for 16 years. I am originally from Cambridge Bay, Nunavut. I moved to Fort Smith 34 years ago with the intent of staying six months, met my husband, and I've been here ever since. I decided to go to nursing school with three children while I was still breastfeeding my youngest, who's now 21.*

4.7 KD (Keith) King (Notikewin/Métis Nation of Alberta)

Born in 1979, KD's mother is Métis, and his father is of European-settler ancestry. He grew up in a small hamlet called Notikewin in Northern Alberta on Cree, Dene, and Métis Homelands (Treaty 8). When we met for the first time, KD introduced himself in relation to home, land, and family as follows:

> ***KD:*** *So, my name is Keith King, and I'm a registered nurse. I'm originally from North of Peace River, Alberta, a little tiny hamlet, called Notikewin, and that's how we pronounce it, but I recently learned the Cree word is Notikewin, which means to go home.*
>
> ***Christina:*** *That sounds really awesome.*
>
> ***KD:*** *And I heard a little bit of the story behind that, and it was also known as the third battle. That river was called the Third Battle. And it was during a time, pre-colonial time, when Cree people were fighting with Dene people, in the North, and they'd gotten far north, and winter was coming, and it was the 3rd battle when they decided they would not fight anymore because it was getting winter, and it was cold. And so yeah, I was like, oh, that's a nice name for this place. Also, because I've traveled a lot.*
> *You know, I always have such mixed feelings about going home, so finding out that where I'm from is called "to go home" or going home, Yeah, I don't know. It's really powerful teaching. So, I come from up north in Treaty 8 and my Métis family is all on my mom's side. My mom's mom was a Teggart, and a Brazeau and her grandparents were Brabants and Deschaneaux, and Courcheins from across the homeland, but Grandma grew up around the Battlefords. And then moved up North to get away from [laughs] the life that they lived there. My dad's an English settler. I went to university at the MacEwan University here in Edmonton and the U of A to do my nursing degree. But my mom and my grandma, both Métis women, are also nurses… So that's ultimately how I came to nursing. [laughs]*

Graduating from nursing school in 2004, KD is currently working as a research assistant and a sexual health nurse in Edmonton on Treaty 6 Territory while also completing his PhD in Nursing. Since our initial visit, KD has chosen a name that fits with his identity as a proudly Métis, ayahkwew (Two Spirit), and queer person who uses "all the pronouns".

4.8 Victoria Lynn Dick (c̓išaaʔatḥ, Tseshaht First Nation)

Victoria is a Tseshaht member of the Nuu-chah-nulth Nation from Port Alberni, BC. From her paternal and maternal grandparents, she holds ancestral connections to Tseshaht, Clayoquot, Ucluelet, Hesquiaht, and Lillooet First Nations, as well as German ancestry from her maternal grandfather. Acknowledging where she comes from and to whom she is connected, Victoria began her introduction during our first visit as follows:

> ***Victoria:*** *My name is Victoria Lynn Dick. My Indigenous name is T'at'usayalthim. It was given to be my great grandmother on my father's side. On my father's side, I come from Tseshaht, Ucluelet, Hitacu, and Hesquiaht. On my mother's maternal side, I come from Tlaoquiaht and Lillooet First Nations. My mother's father was German. And I find relatives everywhere. For example, Rose Casper was my grandmother's aunt and my great grandmother's first cousin.*
>
> ***Christina:*** *Wow. So, you're related to the first Indigenous nurse in BC? It sounds like you're from a lot of Nations.*
>
> ***Victoria:*** *Yes.*

As a child, Victoria moved to the City of Victoria and then to Vancouver with her mother who studied criminology and psychology after leaving an abusive relationship. Victoria spent most summers with her grandparents or great-grandparents in Port Alberni, eventually moving "back home" with her Tseshaht family when she was 14. Expanding on her family connections within nursing, Victoria shared the following during our first collective circle:

> ***Victoria:*** *My grandmother was Pearl Dorward and the late Ina Seitcher. My great grandparents were Alan and Agnes Dick, Ian and Margaret Seitcher and my other grandpa was JC Lucas. Yeah, they kind of raised me after I moved back to my home Nation in Port Alberni on Tseshaht Reserve. I'm very thankful to live here.*

Graduating from nursing school in 2020, Victoria quickly found herself on the frontlines during the COVID-19 pandemic. Since we first met, she has been involved with the BC IHNR Chair Program and started her PhD in Nursing with a focus on Nuu-chah-nulth Nursing Knowledge and nursing the Nuu-chah-nulth way.

4.9 Transitioning from Individual Stories to the Collective Story Harvest

By centering the voices of Indigenous nurses, this chapter ensures that their stories are not abstracted from their lived realities. Who we are, where we come from, and how we show up in the world are deeply connected to how we make meaning of our experiences. By sharing their introductions, participants not only situate themselves within their own cultural and personal contexts but also demonstrate the significance of relationality in shaping knowledge. Through the practice of (re)searching with Indigenous nurses in a meaningful way, individual experiences with intergenerational Indigenous nurse mentorship and wellness have been brought together and shared with one another. As a collective of Indigenous nurses, eight co-researchers and I came together as a community group to share what we have come to know through the lived experience of Indigeneity and nursing. This harvest represents a collective story of their journey through nursing, talking about how they were mentored, and how they continue to mentor present and future generations of Indigenous Nurses in ways that center relationality and traditional wellness in the discipline of nursing.

Chapter Five: Harvesting (Re)Search Knowledge and Berries for Our Collective Story

As the individual flower drops its petals to the ground, the individual berry begins to grow. All the petals of generations past have soaked up the sun and now serve to fertilize the soil from which the highbush cranberry grows. Little clusters of highbush cranberries emerge as the lifecycle of this hardy Northern shrub regenerates and plants are found all over our home territory. Over the years, the highbush cranberry continues to soak up nourishment from the soil and water through its roots. Through the continual cycle of generative and regenerative processes, a new edible and medicinal source of energy begins to emerge annually. One must know where to look to find the berries, the location of secret family berry patch. The best way to know is through the knowledge and teachings of our mothers and grandmothers, learning-through-doing and being within the harvesting family or community.

Collaborating on the harvest of these lived experiences and unique perspectives, our collective story begins to emerge as Julie Lys opened our first circle in prayer:

Creator, we thank you for this day.
We thank you for this land that we are on, for all our ancestors that walk before us.
We thank you for our Mother Earth and our Father Sky,
our Grandmother Moon, our Grandfather Sun.
We thank you for all our relations; for the two-legged, the four-legged,
the winged ones, the swimmers, and the crawlers.
We thank you for our loved ones in this world and in the spirit world.
We thank you for all those that are gathered today on this call
that are helping Christina with her work.
We thank you for the important work that we're doing here.
We thank you for all those that have come before us,
all those nurses that have led the way,
all those Indigenous People that have brought their thoughts
and goodwill to the system to help Our People heal.
We ask that you watch over each and every one of us.
We ask that you watch over us as we do this work,
that we're able to carry our own thoughts and visions through to Our People to help us all heal.
Watch over each and every one of us,
that we walk through this day with love, honour, respect, and kindness
for all things in creation, including ourselves.

Hiy-hiy.
(Julie)

Beginning the findings chapter in this way honours the importance of setting mindful intentions as we harvest our collective story with love, honour, respect, and kindness—for ourselves, one another, and all our relations. What follows is a cohesive narrative that emerged from the harvest of our collective story through the generative process of collaborative meaning making. In this chapter, the findings of this (re)search study are presented and organized in four sections: embodiment of Indigeneity in nursing, decolonizing knowledge and nursing, relationality and collectivity as resistance in nursing, and (re)claiming our wellness with and in community.

5.1 Embodiment of Indigeneity in Nursing

As Métis people, we pick up the best of both worlds.
You learn to walk in both worlds...
Education is very important to us…
knowing who you are and where you've come from.
(Julie)

As shared in Chapter Four, the relational nature of our individual self-locations and lived experiences provides insight into our collective career motivations, dedication, and reciprocity in the community. Consistently situating themselves within intricate intersections of identity, the nurses in this study demonstrated how embodiment is deeply rooted in relational ties to kinship and place. How we acknowledge our collective spiritual connection to the greater mystery of life becomes part of our everyday practice as Indigenous nurses.

In this section, I share how our collective experiences and perspectives reflect a distinctions-based embodiment of Indigeneity as nurses—expressed through lifelong self-learning, the carrying forward of traditional familial teachings, and resistance to Othering. These stories reveal how cultural identity shapes, strengthens, and grounds both Indigenous nursing

practice and relational connections within community. This embodiment is explored across seven interrelated themes: relational positioning, intersecting and distinctions-based identities, lifelong self-learning, traditional familial teachings, dedication to community, encounters with Othering, and perseverance and Indigenous nurse *sur-thrivance*.

5.1.1 "Who's Your Mama?": Relational Positioning and Accountability

> *I don't know what else is about being Métis, but just the connections.*
> *Relationships are important.*
> *And I always felt like when I came into a room,*
> *I always wanted to know, "Who's Your Mama?"*
> *You establish that relationship before you start into anything.*
> *(Julie)*

In both our visiting conversations and collective circles, what struck me about our relational introductions was how we all naturally began our stories in distinct, yet similar ways. Each story began with relational positioning that revealed who we were in relation to land, family, community, and nursing.

> ***Victoria:*** *So now when I go into community and work with Elders…*
> *I can just be myself and it kind of puts them at ease.*
> *And it starts off a relationship, in a good and trustful way. I think that's it.*
> *I don't have to "do" anything except be respectful,*
> *they just see me as Nuu-chah-nulth, and it opens doors.*
> *They usually start by asking me "Where are you from? Who's your family?*
> *Who are your relatives?"*

This practice of relational positioning is foundational in Indigenous contexts. It builds trust and accountability while honouring the teachings passed down by Elders and family. Victoria emphasized how her Nuu-chah-nulth upbringing shapes her everyday interactions with community—not through separate roles, but through an integrated identity.

> ***Christina:*** *Listening to Victoria speak reminded me how natural it felt to lead with who you are and who your people are when back home—something that is often missing or misunderstood in Western professional spaces. I realized again how essential our relational positioning is, not just for trust, but for belonging.*

Julie and Laurie offered further reflection on the distinction between "Indigenous Health Nursing" (working with Indigenous people) versus "Indigenous Nursing" (being Indigenous and nursing). Julie explained:

> ***Julie:*** *Just because you work with Indigenous people, it doesn't mean you're an Indigenous nurse. It's like ICU nursing—just because you work there doesn't mean you're an ICU nurse.*

Laurie added:

> ***Laurie:*** *We're not saying we're special from anybody else... but distinct.*

Their stories use humour to call out performative or appropriative identity claims, affirming that the identity of an Indigenous nurse is inseparable from ancestry, lived experience, and cultural connection.

> ***Laurie (laughing):*** *It's like my daughter said: Mom, they just want to be you!*
>
> ***Julie (smiling, quipped back):*** *It's like, oh, thanks, but you're not actually!*

This exchange highlighted a recurring concern throughout our conversations—that false claims to Indigeneity erode trust in healthcare and cause harm in our communities. Precision in how we use language matters. This distinction is not about gatekeeping, but about protecting the integrity of Indigenous knowledge and relational responsibilities.

> ***Lucy:*** *What I am trying to say is that, as an Indigenous nurse, you are there 24/7.*
> *We are very connected to our family and community.*
> *We are always on call. We always answer the call.*

All co-researchers described Indigenous nursing identity as deeply rooted in family, community, Nation, land, and lived experience. Their identities were not only professional but spiritual and relational—inseparable from kinship and intergenerational responsibility.

> ***Christina:*** *As I listened to the nurses speak about introducing themselves by their families, Nations, and territories, I found myself thinking of the many times I had felt out of place in professional spaces that demanded objectivity and neutrality. These conversations affirmed for me that bringing our full selves—including our families,*

ancestors, and teachings—into the room is not only appropriate, but essential to Indigenous nursing.

Rather than reflecting a singular Indigenous experience, each nurse navigated their practice through a lens that honoured their own histories, responsibilities, and Nations' traditions—fostering a deeply relational and place-based approach to nursing. Ultimately, these stories reinforce that Indigenous nursing is not simply what we do—it is an expression of who we are, where we come from, and the relationships we are accountable to.

5.1.2 Intersecting and Distinctions-Based Identities

For sure, we are Indigenous first, and then we are a nurse.
That's what defines us.
(Lucy)

Indigenous nurses in this study emphasized the significance of self-determination and distinctions-based relational positionality. Speaking about the meaning of being a First Nations, Métis, or Inuk nurse, they consistently foregrounded relationality, genealogy, cultural teachings, and lifelong learning. As each co-researcher described how their identities as Métis, Cree, Tseshaht, St'át'imc, Anishinaabe, or Inuk nurses shaped their practice, it became clear that their ways of mentoring and caring were profoundly cultured, gendered, geographical, and intersectoral—shaped by both traditional knowledge and colonial encounters.

Mentorship emerged as a key process that supports Indigenous nurses in navigating and affirming these intersecting identities. It reinforces a sense of belonging, cultural continuity, and wellness in nursing practice. This interplay of identity and mentorship also reflected a refusal to separate who they are from how they practice.

Rather than collapsing Indigeneity into a pan-Indigenous category, each nurse articulated how their nursing identity is inherently distinctions-based. Embodying Indigeneity in practice

requires knowing who you are and finding ways to "just be"—without compartmentalizing one's cultural, spiritual, or community responsibilities from one's professional role.

KD explained how his distinct Métis worldview emerged from the relational ways he was raised, offering a powerful contrast to individualist assumptions in Western nursing education:

> **KD:** *It's so interesting because I never knew that I had a different worldview than most people until I realized I had a totally different world view than a lot of people… we grew up in families where everyone's your cousin, everyone's your auntie and uncle… six grandparents—not biological, but people who helped raise my parents.*
> *And so, that relational worldview, I never had words for that till I went to university, but that relationality that we grew up in, turns out it's not common.*
> *… And when I went into nursing, it was so natural.*

KD's reflections illuminated the centrality of relationality in his distinctly Métis way of knowing and being. His story affirmed how extended kinship, community caregiving, and interconnectedness shape not only personal identity but professional practice.

> ***Christina:*** *As a Métis nurse from a small town, the relational assumption that "everyone's your cousin" is not just a saying, but rather, it is a way of moving through the world with a sense of responsibility and belonging.*
> *Listening to KD describe the comfort and strength he draws from being relationally grounded reminded me of my own family. We also didn't have rigid lines around "who counts" as family. Aunties, cousins, friends of cousins, grandmas that weren't biological—we moved through our worlds with a wide net of care. It wasn't something I ever had to name until academia asked me to define it. I wonder how many of us have been made to feel our ways of knowing are "less valid" simply because they haven't been translated into institutional language...*

Julie shared a similar experience of kinship-rooted nursing, informed by her Métis nursing knowledge of local families and histories.

Julie: *I think as Métis people in general, we pick up the best of both worlds.*

> *You learn to walk in both worlds. Knowing who you are and where you've come from, and genealogy has always been another big thing that has been really important to us as Métis People, and I do a lot of genealogy myself.*
> *So, knowing the families and how they're connected,*
> *and all that was really important to me – and being part of the community,*
> *I knew a lot of the family connections from when I was growing up in the community or my parents would tell me the connections.*

Julie's community knowledge supported her ability to offer relational and emotional care in moments of grief and crisis:

> ***Julie:*** *And one of the things I felt I was good at was like,*
> *when people were in a crisis, I was calm.*
> *Somebody has to be calm in the room. And I always felt like,*
> *we're going to get through this. This is OK.*
> *We always said a prayer before I went into any crisis.*
> *I always said a prayer before I went into the room,*
> *that whatever resources we need will be there*
> *and that we would have the best outcome that was intended to be.*
> *So yeah. So, those are the things that I always had in my practice…*
> *They were important to me.*

Julie's story illustrates how Métis ways of being and spiritual grounding are woven into her nursing identity and practice. Her (w)holistic approach to nursing was not just about technical skills, but about the embodiment of spirit in care. When pausing to pray before entering crisis situations, her demonstrated how (w)holistic nursing was not only clinical but spiritual, relational, and grounded in community relations. She also emphasized how everyday acts like bus rides, bannock making, and berry-picking reflected a broader understanding of health that honoured cultural, physical, cognitive, and social connections. In doing so, she expanded the definition of care to reflect the reciprocal and interconnected well-being of her community. Her reflections reminded me of how often I, too, have been uplifted by prayer and guided by Creator in my work—especially when supporting patients and families through difficult times.

Pausing to pray before entering crisis situations, Julie demonstrated that her practice extended beyond technical skills to embody the spirit of care. During our conversation, she emphasized how everyday activities like bus rides, bannock making, and berry-picking were part of a broader understanding of health that honoured cultural, physical, cognitive, and social connections. In doing so, she expanded the definition of care to reflect the reciprocal,

interconnected, and intergenerational well-being of her community. After visiting with Julie and reflecting on her words, I re-membered something significant about my time working back home as a newly graduated RN, and I wrote the following in my reflexive journal:

> ***Christina:*** *As I recall, my ability to remain calm and not become overwhelmed always seemed to correlate on the mornings when I remembered to pray. Perhaps it was just that moment spent setting intentions for the day and praying for those I would encounter that helped me maintain a sense of calm and focus. Hm. I haven't really thought about that in a while, but as Julie shared her story, the memory came back to me. I could relate moment of grounding, intention-setting, or a sense of connection beyond the immediate demands of the day.*

This makes me wonder: How do we, as Métis nurses, continue to create space for spirit within Western healthcare systems? How do we ensure these teachings are passed down so future generations of Métis nurses can also walk in both worlds with confidence?

Grounded in their own values and beliefs, each Indigenous nurse positioned themselves uniquely within family and community, moving beyond Western notions of professional identity. Embracing our distinct positionalities reveals the multifaceted ways relationality permeates our nursing identity, practice, and purpose. Each story added insight into how Indigeneity and nursing were embodied in (w)holistic and relational approaches that differed from those of non-Indigenous colleagues.

Laurie described how embedding her distinct Anishinaabe identity into practice meant advocating for Indigenous ways of knowing, doing, and being. While working in home care, she was able to provide family-centred, land-based, and culturally-rooted care:

> ***Laurie:*** *I was able to provide (w)holistic care through an Indigenous lens in Home Care. For example, I was supported to do land-based healing, case conferences where the ceremonies were held, and complete home visits in the evenings. When I could get the whole family together and stuff like that, right? And my boss used to let me go out to the ceremonies. I'd have my back of my car with all my home care supplies, and I had canes, and walkers, and stuff like that. And old people would call me "the nurse" in Ojibwe because they are Saulteaux/Anishinaabe too.*

Laurie further reflected on her growth and clarity of purpose as an Indigenous nurse leader:

> *…The power of the process. It's grounded in inter-relationality*
> *between the generations in my family and my profession.*
> *It's all related to what it means to be me,*
> *as a human being first, a she, an Anishinaabekwe, and Indigenous nurse leader.*
> *I am now clear on my identity, who I am and what my purpose is*
> *– and the freedom that I've allowed myself now, to continue to grow.*

As our collective story unfolded, the way First Nations, Inuit, and Métis nurses self-identified and positioned themselves relationally within community remained a defining feature of how they cultivated therapeutic relationships rooted in distinct knowledge.Lucy, a retired St'át'imc nurse, offered a powerful reflection on the sacredness of gender identity and family roles within Indigenous worldviews:

> ***Lucy:*** *I wanna explain my title on zoom here a little bit,*
> *"Lucy Barney: Mother, Grandmother and Sister" because, you know,*
> *…people don't understand, there's racism against Two-Spirit.*
> *As Indigenous people we have always welcomed us.*
> *They are always gifts in our lives.*
>
> *And so, I don't understand, myself, why people are saying she/her/they/them.*
> *I don't understand that language. But what I do understand is,*
> *who I am as a person and a mother and grandmother, sister.*
> *And one day I will learn the "she/they/them" pronouns thing,*
> *but right now, I just know that we accepted them throughout our whole beings.*
> *You know? That there was no racism against them. They weren't shunned.*
> *It was just the churches that did that. The churches made Two-Spirit a dirty thing.*
> *Whereas for Indigenous Peoples, it's a sacred way of being.*
> *So, that's why I refuse to use pronouns for myself,*
> *because it's new, someone created it,*
> *and it didn't come from our own people.*

By centring her unique familial relationships over externally imposed gender classifications, Lucy resists colonially legislated identities and reaffirms St'át'imc understandings of identity as sacred, relational, and dynamic. Her reflections call us to remember that Indigenous identities are not just intersectional— they are rooted in collective responsibility and cultural continuities. In this light, even seemingly progressive approaches to self-

identification may risk reinforcing individualism if they are disconnected from relational teachings.

> ***Christina:*** *Listening to Lucy made me pause. I had never considered how some of the very tools we use to reclaim identity might also pull us further from our communal responsibilities. It reminded me that being in good relation isn't just about how we identify—but how we show up for others.*

Embracing the fullness and fluid continuity of our intersecting identities can be both an act of resistance and self-love. KD, who now proudly identifies as a Two Spirit, queer, Métis nurse, shared how his journey to "just be" unfolded over time:

> ***KD:*** *Yes, as a masculine person, you know, I grew up being told "you have to be a boy". You should be a farmer, a truck driver. If you can't be that you should be a scientist or a doctor, [laughs] a lawyer or something, right?*
> *And so, I'm also a proud ayahkwew, or Two Spirit person.*
> *It took me a long time to kind of come around to, like, accepting that part of myself.*
> *And so, I did a science degree before I went into nursing,*
> *and I had my eye on, like, medical school or veterinary school.*
> *My grades weren't that good, because I left my small town*
> *and went to university in the big city and partied my face off.*
> *And I was struggling with my identity and drinking a lot.*

KD continued to reflect with humour and self-awareness on how identity and academic resilience intersected:

> ***KD:*** *Yeah. The first year was a total wash, I will tell you that. Like I failed chemistry, organic chemistry, and statistics. And then, the irony of me going back and doing a masters in epidemiology. Like I'm really good at statistics now.*
> *...I actually use all the pronouns.*

KD spoke openly about pronoun fluidity and choosing love in the face of confusion and discomfort:

> *KD: They usually limit you to two,*
> *so, I'll usually put he/they, but I actually do use all,*
> *as long as they're said with love… If you're not disrespecting me…*
> *For example, I had a unit clerk at a hospital here in Edmonton…*
> *she phoned to confirm that appointment…*
> *there was a lot of hesitation… she goes 'Is Keith King there?'*
> *And I said, 'this is me.'*

> *She goes, 'oh, you sound like a lady' [laughing]…*
> *And I was like, I'm gonna take that as a compliment…*
> *I'm just gonna choose love today.*

In that moment, KD's choice to respond with humour and grace highlighted the everyday acts of resistance and care that make space for gender and cultural fluidity in healthcare.

> ***Christina:*** *KD's story made me laugh, but it also made me think about the quiet courage it takes to show up as your whole self in systems that aren't built to receive you. His presence—unapologetic and loving—reclaims space in a profession that still often demands conformity.*

When asked how being a Two Spirit, queer, Métis nurse shapes his practice, KD shared:

> ***KD:*** *Well, working in sexual health has been an opportunity to thrive 'cause it's, you know, generally nurses who work in sexual health have a pretty open mind. I've got a lot of things, and they're also willing to learn because we're always hearing new crazy stuff from our patients who are doing crazy new things.*
> *And so, it's like a pretty dynamic work environment and I feel like I have been able to thrive there, but I also have been doing that work for a long time.*

In the end, familiar and seemingly humorous questions like "who's your mama?" ground our identities in the enduring continuity of relational connections—ties that stretch across time, place, kinship, and community. Throughout our conversations, Indigenous nurses emphasized how their intersecting and distinct identities shaped the living reality of being an Inuk, Métis, Cree, Tseshaht, St'át'imc, or Anishinaabe nurse. Each nurse's practice reflected the unique histories and teachings of their Nations. Their relationality extended beyond genealogy to include ancestral land, languages, and responsibilities to community.

For many, embodying Indigeneity in nursing has been a long journey—one shaped by learning, unlearning, and finding the freedom to be fully seen. As the profession becomes more inclusive and open to diversity, Indigenous nurses continue to carry and hold space for collective teachings, ceremony, and kinship in practice. Their stories remind us that nursing, at its heart, is about relationship—and the courage to remember who we are.

5.1.3 Lifelong Self-Learning through Indigenous-Specific Mentorship

But the Indigenous part of it, nobody can teach you that.
That comes from you,
that comes from your family of origin that.
That's why my mom was my first mentor in nursing because
I was still learning to be me.
(Julie)

Julie's reflection introduces a key insight shared by many co-researchers: that becoming an Indigenous nurse involves more than professional training — it is a lifelong process of self-learning grounded in cultural identity, relational accountability, and ancestral teachings. Co-researchers described learning "how to be me," "how to be Indigenous," and "how to be healthy" in a (w)holistic way. These teachings were often passed on informally, through lived experiences and the guidance of Elders, mothers, community members, and other Indigenous role models. Lifelong self-learning was also described as an act of resistance, creativity, and survival — especially in the face of colonial health systems that often deny or devalue Indigenous ways of knowing. What emerged was a collective affirmation that mentorship must be rooted in cultural continuity, and that self-learning is part of carrying that legacy forward.

Lucy: *As Indigenous People, we live in two worlds and*
I think it's important to keep, try to keep, as best as possible, our genuine self
to find our purpose within our nursing career
if that's what we're going to become, a nurse.
Find our purpose within a nursing role that makes us want to do our best.

Lucy's reflection reminds us that Indigenous nurses often navigate dual expectations — maintaining their authentic self while adapting to a system that was not built with them in mind**.** For her, sustaining this balance is grounded in self-honesty, purpose, and doing good work from a place of integrity. Her words reflect how co-researchers tied mentorship and identity to the broader practice of lifelong learning and self-location within nursing.

Julie: *That true understanding of, getting that picture of what it means*

to be an Indigenous nurse; I think an Indigenous nurse is when
you can bring your true self, your protocols, your ways of being.

People are still learning to be Indigenous.
So, just because you're Indigenous, it doesn't mean you have anything to bring,
anything special to bring to the table,
because we are still finding ourselves.

Julie's insight further deepens this theme of evolving identity. She emphasized that the journey of becoming an Indigenous nurse includes ongoing self-discovery, healing from intergenerational trauma, and (re)learning protocols and teachings. Her words challenge the assumption that Indigenous identity is fixed or automatic — and instead position it as a lifelong process of (re)connection, embodiment, and mentorship in relation to community and self.

Laurie: *And one of the big things I really saw when observing some of these women, was that, like, they took their kids to work, they did not separate their personal life from their professional life. She role-modeled in that she was able to live her identity as an Indigenous woman in her work and she didn't have to separate herself.*
She was able to walk between the two worlds as a strong Indigenous woman.
…And that helped me to strengthen my resolve to find a career where I could be who I am as an Indigenous person and as a health professional. She was the executive director; she didn't have to ask permission or take days off if they had ceremony or family stuff.
So, I started to realize, "OK, I'm going to start doing that. I'm not going to be afraid."
I used to always be afraid to miss anything, for fear of being called a "lazy Indian",
or not grateful, or reliable, whatever, you know?

…So, then I had peer mentors, I guess you could call it at that at that time, right?
And so that was helpful because they modeled, you know,
things like to be able to stay connected to your identity, to your community,
and not have to hide it, that you had these commitments, these other commitments.
And so that was good.

Laurie's story illustrates how mentorship outside formal institutions can be just as formative — or more so — than what is learned in school. By watching strong Indigenous women lead with pride and balance, she found new models of leadership that reflected her values. These role models helped her break free from harmful stereotypes and the pressure to compartmentalize her

identity. Instead, she chose to embody both her Indigeneity and her nursing role together — reinforcing the importance of self-learning through community-rooted mentorship.

> ***Victoria:*** *Belonging and identity didn't come until later…*
> *When I first started in nursing research, I was trying to separate being a nurse with being a Nuu-chah-nulth member. And I couldn't make that happen…*
> *[My mentors] finally told me, "You're not supposed to be separating it.*
> *You're a Nuu-chah-nulth nurse. You're Nuu-chah-nulth and you're a nurse.*
> *You can't separate that". So that really put that into perspective for me.*

Victoria's reflection underscores the struggle and eventual reconciliation many Indigenous nurses face when navigating professional and cultural roles. Guided by Indigenous nurse mentors, she learned that integration — not separation — was key to embodying both her nursing practice and Nuu-chah-nulth identity. This moment of mentorship affirmed her belonging and transformed her understanding of herself as a Tseshaht nurse within a colonial healthcare landscape.

> ***Victoria:*** *So now she just wanted to like, comfort them. And just be somebody to hold their hand. So, she was a really – I used to go up to the hospital and pop in to see her when I was there. So, her, and then her sister was an RN, and she was just such a strong leader. A family of the tribal council and everything. And she had the protocols.*
> *So, watching her and kind of was helpful…*
> *And their policies eventually got in the way of that,*
> *but she nursed, like, the actual Nuu-chah-nulth way.*

Victoria's memories of her aunties and grandmothers nursing in a distinctly Nuu-chah-nulth way reflect the relational and spiritual depth of Indigenous care. These early examples shaped her understanding of nursing as a way of being — grounded in presence, respect, and community service. Despite institutional constraints, these family role models carried out culturally-rooted care that made a meaningful difference in how others experienced health and wellness. Even as a relatively new nurse, Victoria has been invited to advise on Nuu-chah-nulth health services in multiple communities — a recognition of her unique positionality as a Tseshaht nurse. She described how Indigenous-specific mentorship has affirmed her confidence and capacity to

intertwine her Nuu-chah-nulth identity with her emerging professional practice. Her story illustrates how mentorship can awaken not only identity, but leadership rooted in relational accountability.

This insight was echoed by several other co-researchers, who emphasized that meaningful mentorship must be culturally grounded and intergenerational. It is not simply about developing clinical skills or navigating professional roles — it is about learning how to carry oneself in alignment with community values, ancestral teachings, and spiritual integrity. Leah, for example, sought spiritual mentorship from an Elder who was not a nurse, but who embodied the wisdom needed to sustain healing work.

> ***Leah:*** *And I actually met an Indigenous healer out of that group who I need to spend more time with...*
> *And I said, "I need to, I need to sit with you because I need to learn how to keep myself safe while doing this kind of healing."*

Leah's story reminds us that mentorship often emerges through reciprocal, intergenerational relationships within community. Following intense circle-work, she sought out a respected Sahtu Elder and healer to guide her in learning how to protect her spirit while doing emotionally and spiritually demanding work. While the Elder was not a nurse, their teachings were essential — affirming that mentorship for Indigenous nurses must include spiritual and cultural dimensions of wellness that are often left out of formal training.

Like Leah, other co-researchers emphasized that not all mentorship is equal. The difference lies not only in who teaches, but in what they are able to offer — and whether that offering is grounded in lived Indigenous experience.

> ***Julie:*** *So as much as people think they can mentor an Indigenous nurse in an Indigenous role, if you're not Indigenous, you cannot do that.*
> *You cannot give something you are not. You know what I mean?*

Julie's words offer a powerful assertion of what makes Indigenous-specific mentorship distinct and non-transferable. While professional networks may offer guidance, she emphasized that mentorship rooted in identity — especially through cultural self-learning — must come from someone who carries that same lived reality. Her reflection reminds us that cultural transmission cannot be substituted or simulated. True mentorship in this context requires shared experience, kinship, and the strength of having lived through cultural disruption and survivance.

> ***Julie:*** *That's one of the things that the Indigenous nurses gave me that no other... I could have been involved with RNANU, with many professional associations. And I was, like there were other professional bodies that I was part of. But the Indigenous part of it — nobody can teach you that. That comes from you, that comes from your family of origin. That's why my mom was my first mentor in nursing, because I was still learning to be me.*

Julie's reflection draws a sharp contrast between institutional mentorship and the mentorship that is rooted in kinship, cultural identity, and lived experience. While professional associations offered opportunities for involvement, they could not provide what she received from other Indigenous nurses and from her own family. Her story underscores that self-learning and mentorship are inseparable from community, origin, and the deep personal work of becoming.

> ***Julie:*** *So as much as people think they can mentor an Indigenous nurse in an Indigenous role, if you're not Indigenous, you cannot do that. You cannot give something you are not.*

This firm statement builds on Julie's earlier reflection — affirming that mentorship in Indigenous contexts must be grounded in relational accountability, not just professional goodwill. She reminds us that lived experience, especially the experience of surviving cultural disruption and reclaiming wellness, cannot be substituted by well-meaning allies.

> ***Doreen:*** *There's that component between post-secondary and traditional... I think as physicians, as doctors, as teachers, as educators, as mothers, as Aunties, and as grandmothers within our communities, it is incumbent upon us to take those sacred teachings seriously and to walk the talk, not necessarily talk the talk, but to exemplify the teachings. I always tell my students, 'Show me, don't tell me, show me.'*

Doreen speaks to the responsibility carried by those who hold and share traditional knowledge — particularly women, grandmothers, and knowledge keepers in the community. Her call to "walk the talk" challenges future health professionals to live their teachings rather than merely speak about them. This ethic of embodied mentorship is rooted in Indigenous pedagogy and spiritual practice.

> ***Doreen:*** *...I shared how we are taught very young to use these two ears to make sure we're using them. I told my story about how dad rode up on a horse when I was playing on the ground with little rocks. He looked down at me and he said, "did you forget to do your chores?" and I said, "Oh, I did forget my chores".*
> *I remembered that I had not weeded the garden. And I realized that if I didn't weed the garden, the veggies wouldn't grow. And we would have nothing to put away for those harsh winters. We had a root cellar that we used.*
> *I realized how this affected our family, and it blew my mind.*
>
> *So, in a very calm voice, he said "you see that tree over there?*
> *You go and hug that grandfather tree and learn how to listen".*
>
> *And I recall hugging that tree and I could feel the energy coming from it.*
> *I could feel its energy going deep into the earth, and it had an amazing, profound rhythm.*
> *I may have fallen asleep as it was so peaceful. The whole day was gone before I knew it, and it was time to go in for dinner.*
>
> *When we were all seated around the table, Dad always asked everyone*
> *"How was your day?" I was usually the last one to speak because I was the youngest.*
> *I sat there with excitement to share how my day went.*
> *I remember my words, saying, "bittersweet". Of course, I had to explain why.*
> *I learned a lot of lessons that day. I learned that if I did not weed the garden, the veggies wouldn't grow, and we would not have food for the winter. Experiential teachings like that are almost unheard of nowadays.*

Doreen's detailed memory offers a powerful example of experiential, land-based learning that carries ethical and practical meaning across time. Her story of forgetting to weed the garden, being gently redirected, and then guided to listen through physical connection with the land

reveals the layered teaching styles present in many Indigenous households. The lesson wasn't only about chores — it was about responsibility, relationality, and understanding one's place in a web of interdependence. By calling the tree "grandfather" and instructing her to listen to its energy, Doreen's father invited her into a teaching rooted in kinship with the natural world — a knowledge that resonates far beyond childhood. These teachings are rare in institutional learning environments, yet they remain foundational to Indigenous ways of knowing and nursing.

Well into retirement, Grandmother Doreen continues to carry these teachings forward, sharing traditional knowledge and providing transformative learning experiences in community. Her voice, like those of the other co-researchers, affirms that lifelong self-learning through Indigenous-specific mentorship must remain relational, embodied, and rooted in everyday acts of care and accountability. While each co-researcher emphasized the significance of knowing one's roots and relations, they also highlighted the inherent value in slowing down — in making time to sit with Elders, listen to the land, and reflect on what it means to be well. These teachings provoke important questions about the power — and the burden — of self-identifying as Indigenous within colonial systems: what does it mean to carry that truth in institutions not built to recognize or uphold it? Ultimately, the stories in this section remind us that mentorship is not only about guiding others, but about continually creating the conditions to keep finding ourselves.

5.1.4 Traditional Familial Teachings

And intergenerational, that is natural.
That's a natural way of being Indigenous.
Everything is intergenerational.
The older people teach the younger ones.
It's almost your role as you get there to teach other people.
(Julie)

As Julie reflects, Indigenous nursing identity is not simply acquired — it is lived, remembered, and embodied. Across the stories shared in this study, co-researchers emphasized how foundational teachings begin early in life, grounded in cultural upbringing, familial guidance, and deep relationship to the land. This journey of becoming is not only ancestral and personal, but shaped through lived experiences that carry creation stories, relational knowledge, and the responsibilities of being part of a living, spirited world. Learning to nurse as an Indigenous person involves reclaiming Indigenous ways of knowing, being, and doing — often through non-linear, intergenerational processes of self-learning.

What emerges is not just professional knowledge, but a way of living that honours land, kinship, and spirit. Through this lens, co-researchers described mentorship as not only guidance from others, but also as a deeply embodied form of self-mentoring — learning how to "be me" in culturally grounded, life-affirming ways.

What was clear across the nurses' stories was the deep impact of being raised in culture and in connection with the land — and how these relationships shaped their sense of wellness. Co-researchers shared that wellness was not just physical or emotional, but tied to the ability to access their own creation stories and origins of personhood through lived experience. From an early age, they learned that knowledge is inherently relational and intergenerational, passed down through generations in ways that affirmed belonging and responsibility. Some co-researchers emphasized the significance of knowledge sharing and relational accountability as core to Indigenous identity and ways of knowing.

Co-researchers consistently spoke to the belief that everything has a spirit, reflecting a worldview where all relationships — with land, people, and more-than-human beings — are interconnected. Within this understanding, key aspects of Indigenous nursing identity were not

taught in a classroom, but lived out in families, through observation, practice, and care. This is the kind of knowledge that is felt, not just learned.

> ***Christina:*** *I've often heard the phrase "everything has a spirit" growing up, but it was through sitting with co-researchers that I started to really feel what that means in a nursing context. Listening to their stories, I was reminded of the times I've turned to land and family teachings when I didn't have textbook answers. Sometimes, it's in the quietest moments — like watching my mother learn to bead moccasins, her hands moving slowly and intentionally — that I understand wellness most deeply. I remember being taught about the spirit bead: how it's placed with care to remind us that nothing in life is perfect, and how, sometimes, it's Creator nudging us to pay closer attention to what's right in front of us. That one bead carries so much — humility, presence, and meaning. It's those teachings that stay with me in my work, especially when I need to slow down and listen differently.*

What was clear in the stories of the nurses was how being raised in culture and connected to the land profoundly shaped their sense of wellness. Wellness was often described as the ability to access one's own creation story and origin of personhood through the journey of life experiences. Indigenous nurses in this study emphasized that knowledge is inherently relational and intergenerational — passed down from one generation to the next. Many spoke about the importance of knowledge sharing and relational accountability. Co-researchers emphasized that everything has a spirit, reflecting a worldview where relationships are inseparable from land, community, and all living beings. Key aspects of Indigenous nursing identity are rooted in traditional familial teachings that are carried forward across generations. This knowledge is acquired through experiential learning and lived practice, where reclaiming Indigenous ways of knowing, being, and doing is both personal and collective.

Deeply rooted in her Cree identity and the traditional familial knowledge passed down to her, Doreen began learning about traditional medicine from a young age by helping her granny and great granny, both renowned medicine women**.** Respected in the community for offering (w)holistic care to all—regardless of where they came from—Doreen's grannies left a lasting

impression on her. Watching them apply their traditional healing knowledge and medicines with generosity and care deeply shaped her understanding of what it means to be a helper. She recalled how her granny lovingly called her "a little Elder like me," as Doreen shadowed her through everyday acts of care, learning through apprenticeship and presence.

> ***Doreen:*** *My great granny was a medicine woman and so was my granny that raised me. She was very renowned as a medicine woman in the community and surrounding areas. She delivered babies and even new immigrants, our neighbors off reserve, would come to her quite often for her services. I was her little apprentice. I was with her wherever she went, right from when I could walk. I also learned from my great granny because she would take me berry picking and foraging for food in the boat. Wherever granny went, I was her shadow and so I had a real solid background [in traditional medicine].*

This kind of apprenticeship, rooted in kinship and responsibility, was echoed in Laura's story as well. Describing what she called "the way back in the day," Laura shared how she, too, was apprenticed through presence and participation. She learned by accompanying her grandmothers and other relatives on berry-picking and medicine-gathering trips — experiences that were not framed as formal teaching moments but as life lived together on the land.

> **Laura:** *Way back in the day we used to go with my grandmothers — four grandmothers — and we'd go picking medicines with them. Or else I'd go with my dad and my grandmothers mostly. I'd travel with them, and we'd go pick berries with my mum and grandmothers. But I think back in the day I wanted to be a teacher.*

Laura described how learning was interwoven with attention to place, season, and safety. Helping her family members meant being observant and aware of her surroundings — practices that would later inform her understanding of nursing care. Her aspirations to become a teacher were shaped by these early experiences of knowledge exchange, rooted in family, land, and seasonal cycles.

> ***Christina*****:** *There's something deeply familiar in Laura's story. I remember being taught not just what to do, but how to pay attention — how to watch, listen, and learn by being near. These teachings weren't given as instructions; they were offered through rhythm, through walking beside someone who trusted you enough to bring you along. That kind of trust felt like a responsibility — one I still carry in the way I show up in nursing and in*

research. And yet, I'll admit I often forget these teachings when I'm busy or distracted. I was never a great berry picker back home — I'd get bored or wander off — but now I see how much medicine I missed. Slowing down, connecting with myself and the land… it's something I'm still learning to return to. And maybe that's the teaching too: the coming back.

Laura: *Way back in the day we used to go with my grandmothers, four grandmothers, and we'd go picking medicines with them, or else I'd go with my dad and my grandmothers mostly. I'd travel with them, and we'd go pick berries with my mum and grandmothers, but I think back in the day I wanted to be a teacher.*

Lucy spoke of discipline as one of the most important teachings passed down from her parents — not as punishment, but as a means of ensuring family survival. Her story reflected a life where everyone, regardless of age, contributed to the work of preparing for the seasons ahead. Fishing, harvesting, and preserving were family affairs — and no one was left out.

Lucy: *Well one, discipline, that my parents taught me.*
Ah, and it was good discipline...
They mentored us on how to work hard.
In order for us to have food in the winter,
we had to work through the spring and the summer.
So, for example, if it was fishing season, the whole family went down to the river
and caught the fish, dried the fish, jogged the fish, salted the fish.
If we had orchards and gardens ah, so, as the fruit and the vegetables ripened,
it was a whole family affair to preserve the food.
So, we all did it as a family and no one was left out.
If you thought you could get away with not helping, you were wrong.
You, you were part of the family, and you had to support
everything that was being done for the family.

Lucy's story illustrated how wellness was not only about healing the body but sustaining the family — a collective rhythm of effort and care passed down through generations. Everyone had a role. And that role, while grounded in hard work, was also a way of showing love, respect, and commitment to each other's well-being.

Christina: *Lucy's words remind me of the kind of discipline that wasn't about control, but about contribution. I used to roll my eyes when I was told to help with things like picking berries, cleaning fish, or prepping food — it felt like work I didn't choose.*
But looking back, I see it was a teaching about showing up.
It wasn't just about the food — it was about the care that made the food possible.

I've come to realize that I often struggle to maintain that rhythm in my adult life.
I forget to prepare, to slow down, to notice the small things that sustain us.
But I'm learning.
Protocols, practices, rituals, and customs — they aren't just cultural details.
They are ways of being that ask us to be present, to listen deeply, and to carry ourselves with humility. The nurses in this study reminded me that these are the spaces where learning happens — the slow, relational kind. I know that when I can step into those spaces with intention, I remember who I am and what I carry.
These teachings aren't always loud, but they're always there, waiting to be lived.

Victoria described how traditional knowledge is often passed down through specific family roles — each person or household holding a particular teaching or area of practice. In her family, it included fishing, medicine making, and hosting — all rooted in care for community. While much of this knowledge was shared through storytelling and repetition, she explained that many teachings were also protected, meant to be shared only when there was readiness, safety, and trust.

Victoria: *Everybody has their roles to play in the family and the community.*
For example, my grandfather could filet a fish in one second and he hunted.
There's so much seafood here, a lot of people fish and preserve, smoke, or can the fish.
People harvest seafood and berries that they share with their families.

I spent so much time with my paternal great-grandparents who were like these amazing Elders in the community. And I didn't know it at the time, but they would make us sit down, like all their great-grandkids, twenty or thirty of us at some times.
They would make us all sit down, and they would just speak to us.
I kinda thought that was the same thing over and over again.
You had to be quiet and listen. But that's the way they did it.
And those lessons have stuck with me.

Victoria's story reminded us that some of the most profound teachings are not always explained — they are absorbed through presence, repetition, and patience. These moments may not feel significant at the time, but they carry deep meaning and purpose. As she shared, traditional teachings often begin from birth or even before, during ceremonies such as the burial of the placenta — a practice where intentions for one's life are lovingly set by grandmothers. Victoria explained how familial mentorship and community support helped her learn to take care

of herself and maintain her own well-being. With humility, she shared that traditional wellness knowledge is vast — impossible to master in one lifetime — and typically passed down through generations, often beginning from birth or even before, through intentional ceremonial practices.

> ***Victoria:*** *There are stories that we are told about where to get these medicines and how to use them properly. Sometimes the teachings come from family and sometimes they even come from Elders who are clients. It's a lifelong journey. You can't ever get all the information. You can't master it because there's so much out there.*
>
> *I think it takes a very long time to learn traditional knowledge, honestly.*
> *You're supposed to get started when you're a baby, or even before that, I think.*
> *For example, when you bury the placenta, the grandmothers will set the intentions for their life with the things they bury with them.*
> *Nobody ever told me why I couldn't go…*
> *maybe when I'm an auntie or grandmother, I will know.*

Victoria emphasized the significance of knowledge sharing and distinct roles that individuals and families have held in the community for generations. She spoke briefly about sacred practices such as cedar brushings and cleansing rituals that are protected within the community. This knowledge is not always accessible to everyone, and the community is in the process of relearning and reclaiming these practices amidst challenges such as loss of land and resources.

> ***Victoria:*** *And traditionally, it's supposed to be very private.*
> *My grandparents did it. It's something you do privately, just between you and Creator...*
> *Just by themselves and through very protected practice.*
> *And then, the traditional plants and medicines,*
> *which in like, Tseshaht, traditionally is kind of spread out between families...*
> *So, you have one family who makes teas, you have one family that makes like,*
> *tinctures, one family makes creams. We can all make different stuff.*
> *We all traditionally held different knowledges and practices.*
> *But these knowledges have not been preserved and they're not easily accessible to everybody. So, it's still, I feel like, the community is just starting to relearn and reclaim these practices.*

Across the stories shared, nurses spoke of traditional knowledge not as static or prescriptive, but as a living gift — one that's carried through time, reawakened through

relationships, and made stronger by being shared. Some described the everyday lessons that grounded them — teachings from parents and grandparents that shaped how they understood giving, receiving, and being well.

> ***Lucy:*** *I was lucky to have both parents who were there for me,*
> *who showed me how to be giving and welcoming.*

> ***Doreen:*** *And so, for me, I had the best mentors on the planet, because when I'm having a bad day, or a down day, or a lot of distractions, all I have to do is remind myself of the mentors and the people in my life that have influenced me.*

Even when teachings weren't passed down through bloodlines, they found their way through community. Leah described how she was lovingly taught by her husband's Métis grandmother — learning to identify, gather, and prepare medicine. She learned not because she was biologically related, but because she was welcomed and trusted.

> ***Leah:*** *So, granny [grandmother-in-law] would teach me things.*
> *Even though I wasn't her granddaughter,*
> *she would still teach me those things and tell me what to pick*
> *and how to pick it and told me how to make it.*

What emerged through these stories was a shared understanding: traditional knowledge is relational, offered through presence and reciprocity, and revitalized through intergenerational mentorship. This kind of mentorship preserves and strengthens cultural teachings while making space for them to adapt within contemporary contexts. It is not about perfect continuity, but about a continuous relationship — one that honors where knowledge comes from and who it's meant to serve.

Transmission of traditional wellness knowledge and practices from Indigenous nurses and Elders to younger generations was described as both a responsibility and a gift. Whether passed through bloodlines or through chosen family, these teachings are sustained through intergenerational mentorship rooted in love, respect, and reciprocity. This not only preserves but

also revitalizes cultural teachings that have been fragmented or suppressed by colonial influences. Mentorship in this sense is not just about the transfer of skills — it's about remembering who we are and how we are meant to be with one another. It creates the conditions for a continuous, living tradition that adapts, survives, and thrives within contemporary contexts.

Laurie's story speaks directly to this — to the power of being welcomed into a family, of finding mentors through ceremony, and of learning to carry traditional wellness teachings as part of one's own healing journey. For Laurie, connection to traditional knowledge came through being adopted into a Saulteaux family while living in Hinton. Through these relationships, she was introduced to a broad network of Indigenous healers who offered not only medicines but mentorship, community, and ceremony. Her story reflected the relational nature of learning — one grounded in trust, humility, and the willingness to be transformed.

> ***Laurie:*** *My sister did medicines. People came to her for medicine.*
> *She gave me medicine. I have medicine that she gave me years ago and I kept it.*
> *I take it to ceremony every time and get it blessed again and keep it.*
> *I believe in it so much. Yeah, I just, I seen first-hand how those medicines worked.*
> *And I saw how, I learned all the different people, the network of healers. It's extensive.*
> *It goes across Canada and down into the States.*
> *Like the different healers that people would go to,*
> *and it was all… it's not… it's underground.*

Laurie shared how this network helped people find support for their mental, spiritual, physical, and emotional health. Through ceremonies like the Shaking Tent, she began to understand how ancestral anger — carried through intergenerational trauma — was showing up in her own life, and how that emotion could be honored and transformed. This conversation highlighted the richness of Laurie's self-learning and self-healing journey which transcended community-based mentorship and the discipline of nursing through first-hand experience with the power of ceremony and traditional healing practices.

> ***Laurie:*** *And that's when I learned about, you know, the intergenerational trauma*

that I was carrying, the anger of my ancestors.
And that that anger was there - I was supposed to channel it in a different way, right?
So anyways, that all happened there.
That's where I learned the power of land-based ceremony
and the power of traditional healing practices.

Ceremony became a central part of Laurie's healing, particularly during her cancer journey. She leaned on teachings from the Midewiwin Lodge, pipe ceremonies, and offerings of tobacco. Even when she couldn't attend in person, she found ways to remain connected — sending offerings, participating remotely, and creating sacred spaces in her own home. These evolving practices allowed her to stay rooted, even in an urban environment far from her traditional homelands.

Through her work and personal connections, Laurie learned that traditional wellness is deeply rooted within oneself when learning with knowledge keepers, healers, and elders. She acknowledged the diverse teachings of different Nations and territories and emphasized the importance of humility and respect in acquiring and sharing Indigenous knowledge. Throughout our visit, Laurie reflected on the influence of family blood relatives and adopted kin who provided traditional medicines and taught her about the extensive, underground network of Indigenous healers across Canada and the United States. These healers helped her understand and channel her anger, recognizing it as resulting from intergenerational trauma and embracing it with care. Laurie emphasized the importance of traditional teachings and ceremonies for her healing, especially during her cancer treatment. She received cancer medicine and support through ceremonies conducted on her behalf.

Laurie: *I get the traditional teachings and go to ceremony, like the Midewiwin Lodge and the pipe ceremony, we're resurrecting the teachings of this Lodge.*
I'll go back there for my healing... I have learned how to be able to do things remotely.
Even to buy, to get, you know, when I was there, like the ability to have to offer tobacco.
To do things now, and again, it's just the evolution of things, and it's OK now.
Whereas before you know, you'd have to do it in person,

but you know we have to adjust to the way the times are.
So that's how it works.

And it just, again, it's evolved through these networks, eh?
These kinships… Through my own family and then my family's connections, right?

From steaming and cleansing in her bathroom to asking her daughter to carry offerings on her behalf, Laurie emphasized that ceremony is not about rigid replication, but about intention, humility, and continuity. She spoke of meditating daily on the teachings she's received — always with respect, always with a readiness to share when the moment is right.

Laurie: *Like I smudge every day, I meditate on my learnings. What's been shared with me, to always uphold those teachings in my life, and to continually try to get better at it… To get better at those, you know, with the humility and the compassion and respecting that, recognizing it's a lifelong journey, right? It's a lifelong journey.*
And then I try, when I can, to share. Again, when I feel it's safe.
And what I've learned over the years too, there has to be readiness.

Laurie's story, like those of many co-researchers, revealed how Indigenous nurses often weave traditional knowledge and teachings into their nursing practice in quiet, intentional ways — always with great care. These acts may not always be named or seen, but they carry the strength of generations and are offered with humility, presence, and the deep purpose of healing.

For example, Julie's story offers a glimpse into how Indigenous nurses carry cultural teachings into care spaces — often quietly, but with deep meaning. She *re-membered* witnessing another Indigenous nurse bead beside a dying patient, a moment that reminded her of her mother's teachings about making moccasins to honour someone's journey into the spirit world.

Julie: *So, over the years, I felt like I had good mentors.*
There were other Indigenous nurses that came along.
For example, one day I saw an Indigenous nurse sitting with somebody that was dying, and she'd be sitting there, and she'd be just pulling out her beading and just sitting.
And I've never seen a nurse do that before.
That's just what she would do. I remember my mom saying
that they would make a pair of moccasins for the person that was dying.
That was a local tradition and there was this Indigenous nurse
sitting with a patient that was dying and their family, and she was beading.

I don't know what she was making
but it reminded me of what my mom had said about the moccasins.

These small acts of care — unnoticed by many — carry generations of teaching. They are quiet expressions of relational knowledge, embedded in presence, intention, and love. Laura also shared how, during the COVID-19 pandemic, she invited six of her teenage grandchildren to live with her, using the time to pass on traditional teachings and cultural practices.

> ***Laura:*** *So, I've introduced my grandchildren to the cultural aspects of our life in the time of COVID. I brought six of my teenage grandchildren to stay with me, where I went back into the time when we were using washboard, how we used snow to melt snow, you know to wash clothes, and then I taught them how to make bannock, and then we made ribbon skirts. We even drank skunk juice together just to show them that that was a very important part of our growing up years. When we were sick, that's what we had. We didn't have a pharmacy next door or a doctor in the area, so our parents were – that's how they raised us with them.*
>
> *So, that time I was talking to my granddaughter recently, and I asked her,*
> *"What part of COVID was – what did you get out of that?"*
> *And she said, "Nohkom, I love that time because we learnt how you guys lived back in the day, and we learned sharing. We learned prayer and song and cultural activities that we did and learning the legends," because I had taped off some legends like one was why the spider lives in a corner, why they lay their nets in the corner of a house or outside, stuff like that. That's what she got out of it, and she said, "I wish we could go back to those days. It's so hard living now in the world of drugs and alcohol."*

These stories reveal how generosity and reciprocity are lived through traditional familial teachings — in moccasins, bannock, beading, and story. They remind us that the interconnectedness of life is not only something to be spoken about, but something to be passed on — through prayer, song, laughter, and apprenticeship. The teachings shared by co-researchers are not simply historical — they are foundational to reclaiming Indigenous approaches to care and informing how nursing is practiced today. With relational intentionality, Indigenous nurses remember where they come from, who they are connected to, and the purpose of their work. In doing so, they grow stronger in themselves, and in their communities.

5.1.5 Dedication to Community

Anything and everything I do,
I do it as though I've got my grandmother standing with me.
(Leah)

A deep sense of dedication to community is a characteristic shared by Indigenous nurses in practice. Participants expressed a strong commitment to their communities and families, which is especially visible in areas like home care, palliative care, and community care environments. In these contexts, mutual respect and trust are cultivated through long-term, meaningful relationships. Indigenous nurses described how they "show up when others won't," embracing a (w)holistic, relational approach that doesn't rush care. This culturally grounded style of nursing, where each patient is approached as though they were a relative—often described as "caring for someone like they were my own grandmother"—results in improved quality, continuity, comfort, and positive health outcomes.

The first thing Leah said at the start of our visit was, "anything and everything I do, I do it as though I've got my grandmother standing with me". When Leah was 26, her maternal grandmother had a brain aneurism, which she survived with some deficits and a palliative prognosis of imminent aneurism recurrence. Leah answered the call of her family and returned home to Cambridge Bay with her two young children to provide palliative care for her grandmother. As an Inuk woman, her dedication to family and community led one of the local homecare nurses to encourage her to consider a career in nursing in a way that really resonated.

> ***Leah:*** *To think about my grandmother now I – there's absolutely nobody on the planet I would have allowed to take care of her other than myself. There was nobody else who could have done it, regardless of any kind of training or whatever. It was just such an intense thing that I had to do. And so, my cousin and I did it. And the two of us together took care of her. And so that kind of sparked my nursing career, but I wasn't interested at that time, it still took us another couple of years.*

Julie's story further illustrated the sense of relational responsibility that motivates Indigenous nurses to return to their communities. She shared how she was initially hesitant about working up North due to lack of experience, but still wanted to go home to care for her father. Despite her concerns, the hiring team valued her as a Métis nurse from the community and appreciated her willingness to return.

> ***Julie:*** *At that time, the nurses, it wasn't just the nurse.*
> *The nurses were local. The nurse manager was local,*
> *and the HR person was a local person.*
> *And they really believed in bringing people home that wanted to work there.*
> *They really were looking for nurses that wanted to come home.*
> *In fact, when I phoned and asked about the job, they asked,*
> *"Who are you? Who's your mom? Who's your dad? Are you Seraphine's kid?"*
> *And I'm like, "Yup, that's my mom."*

As I've shared before, being from the same community, I have always looked up to Julie and have appreciated her ongoing mentorship. Here's another excerpt from my reflexive journal:

> ***Christina:*** *As Julie shared her storied experience of returning home and nursing in the community, I began to recall parts of my own story that fit within her early career timeline. After our visit and again while transcribing our conversation, so many memories came up for me as I reflexively contemplated the ways in which our stories and timelines aligned and crossed over. For example, while Julie's father and two uncles were living at the Northern Lights Special Care Home (NLSCH) in Fort Smith, I was working in the kitchen as a dishwasher and cook's assistant. While still in High School, I eventually trained on-the-job to become a Health Care Assistant and this was my first experience with caregiving in my community.*
>
> *As I further contemplated the impact of my early years working with community Elders at Northern Lights, I recalled that most of the HCAs and LPNs were local Dene, Cree, and Métis women. With role models in my family and community, it was easy for me to imagine myself going into nursing. With the encouragement of my parents and to the delight of my maternal grandmother who was a nurse, my decision to go into nursing always felt very natural. However, as I started to remember the stories and experiences shared while working with Métis Elders in my home community, I realized this was just as influential to my decision to go into nursing.*

As Julie continued to share some of the early challenges encountered during her transition to nursing in our home community, we shared a couple of good laughs.

> ***Julie:*** *I had a bit of a time transitioning into the community, because, especially the Elders, saw me as a child. And they knew me growing up and "you're just a kid, like, how could you be a nurse?" So, I kind of went through, that kind of helped me to prove myself that I was actually a nurse. So, it started out like, well, what does she know she just a kid, right?*
>
> *And then to the point where it was like, OK, like, let's just see her and nobody else. And so, that was kind of one of the things about coming home that was a little bit hard.*

Returning to nurse within the community that raised you presents unique opportunities to rebuild trust in healthcare spaces and systems have been historically unsafe for our relatives. As Julie spoke of these challenges, I understood the meaning as it resonated with my lived experience. Her story brought up a memory from my early years of nursing at home in Fort Smith and later, in Yellowknife that I recorded in my reflexive journal.

> ***Christina:*** *Most community members from Fort Smith that were sent up to Yellowknife were happy to see me and I would get calls from family members to go check on their relatives. However, this was not always the case, as on one occasion when a community member was sent from Fort Smith to Yellowknife via medivac for a particularly intimate procedure. After I introduced myself and included my relational connections to Fort Smith, he refused to have me as his nurse, stating "you can't take care of me, you're just a child". I recall feeling confused and a bit dejected as I had only vague memories of seeing him in the community while growing up and I did not know him well.*
>
> *As it turns out, not only was he a distant relative of my mother, but he had also known my parents since I was a child. Although it is rare to have such a request to switch nurses on a busy acute care ward granted, considering the possibility that my relational positionality had upset and potentially embarrassed him, another nurse took over his personal care for the rest of the shift. After his procedure, we visited, and he told me a few stories of my parents from "back in the day".*

Julie described a profound experience early in her career that illustrated how "nursing while Métis" supported a family's cultural and spiritual needs. After a patient passed, the family shared that they had witnessed the spirit world come to guide their loved one. Although Julie felt aligned with their interpretation, a senior non-Indigenous nurse responded with hostility and dismissal.

> ***Julie:*** *I told her what happened, and she said, "What a bunch of bullshit"*

Like, "that's just bullshit." She said, "you saw her - she was comatose.
She did not move. There's no damn way she would sit up and reach at anybody.
So, what are they talking about? Stupid stuff."
She said, "And don't you put any that of that shit in the chart!"
And I was totally shocked. And I felt really, almost, verbally assaulted.
Because my beliefs were similar to the people I was caring for.

I was told as a child that when people die, somebody may come
and get them from the spirit world or somebody from the spirit world
may come visit them when they are dying. So that wasn't strange to me,
but to this other nurse, she totally shut that down.

And so, I wasn't going to explain my beliefs.
I wasn't going to say anything because I just felt really, almost attacked,
but I also felt really protective of the family too
because I felt like I didn't want her to go in the room and say that to them.
So, I was like the buffer between her and the family
and trying to be as kind and supportive but not let her be with them.

As Julie went on to describe the many ways in which she served the community as a nurse, I was in awe of the sheer magnitude of positive influence she has had over the course of her career.

Julie: *So, I came back to Fort Smith, and I got a job here at the Health Center and I worked there for 30 years, and I did everything. I started out as a nurse on the ward, I worked in home care; I worked as a nurse educator.*
I went back and got my degree and then I worked some more.
Sometimes I was the Director of Nursing, sometimes I was a CEO.
I started out as a teenager washing dishes in the hospital.
So, I did everything from the dishes to the CEO in that place over the years
and including washing the floors, even as a CEO.

The experiences shared by Laura, Doreen, Victoria, and Laurie further reflect the ways that Indigenous nurses bring deep relational and cultural accountability to their work.

Laura: *I was the only Indigenous nurse,*
so, I was sent to the different communities to go help out
because they were mostly Cree communities, right?

Doreen: *Because I could understand the people and speak the language, I got a lot of hands-on experience interpreting, doing case histories, and learning to complement those Two Worlds… I would quite often be paged or asked to go to Emerg. to help with a patient. The doctor relied on me for a lot of things and that was a unique position at the time.*

Victoria: *So now when I go into community and work with Elders and people who have such a mistrust for NTC staff, nurses, or health care….*
I can just be myself and it kind of puts them at ease.
And it starts off a relationship in a good and trustful way.

Laurie: *And Old People would call me "the nurse" in Ojibwe because they are Saulteaux/Anishinaabe too. And it was told to me by one of the Old, the Chief, that I was connected by blood to these People.*
It was so many things, that I won't go into, but
there's just so many things that connected me to that community.

Indigenous nurses are attentive not only to the here and now but envision a future where our communities thrive. The identity of these nurses extends beyond professional identity, encompassing cultural teachings, language, traditional healing practices, respectful communication, and trusting relationships with and in community. The dedication to our families, communities, and collective futures is not just an extension of our nursing practice — it is embedded in our identity as Indigenous nurses. Nursing in one's home community involves navigating relational dynamics shaped by long-standing connections and histories. Being recognized as a nurse by those who knew you as a child can bring comfort — but also tension — especially when community-based ways of knowing challenge colonial notions of professionalism.

5.1.6 Encounters with Othering

They said,
"Well, everything that they didn't wanna do Laura would do it.
Those are her people anyway."
I've heard those remarks.
"She would understand them better."
It didn't matter if it was a dangerous situation and we knew it, safety-wise.
I was still sent out. I must have had somebody watching over me
because a lot of times they were really scary situations.
(Laura)

Indigenous nurses often share stories of being "Othered" within the broader healthcare system. This experience stems from ignorance, negative stereotyping, and systemic racism

encountered in both nursing education and clinical practice. From being the only Indigenous person in a workplace to facing explicit discrimination, the nurses in this study described a pattern of marginalization. What remained clear across their stories was the power of relational strength, cultural grounding, and mentorship in resisting these harms and creating space for future generations. In this way, intergenerational mentorship serves as a powerful counterforce to Othering, as Indigenous nurses reclaim their identities, resist systemic erasure, and continue the work of making space for future generations while ensuring Indigenous Peoples are treated with respect and dignity.

Laura's story introduces a recurring pattern faced by Indigenous nurses: being treated as different, less valued, or disposable. Her account echoes the layered expectations placed on Indigenous nurses to work harder, take on riskier roles, or navigate more emotionally difficult cases under the assumption that they are somehow more capable of handling them due to their Indigeneity. Laura reflected on being frequently sent into unsafe situations under the pretense that she would "understand them better."

> ***Laura:*** *And I find now that, when I think of the nursing,*
> *back when I was actually in the nursing field being that,*
> *very much so, I was the only Indigenous nurse, and I didn't feel a part of them*
> *because they didn't really accept me as being Indigenous*
> *working with the non-Indigenous nurses, I guess I'll say.*

Similarly, Laurie traced her experience of being Othered to early life experiences in school. She described how childhood encounters with racism shaped her desire to understand systems of healthcare and pursue a role in healing. Like many co-researchers, Laurie described a pivotal moment of realizing her perceived difference and her drive to create change.

> ***Laurie:*** *And so, I started school in 1965 and right from the get-go, I started,*
> *I experienced umm discrimination and racism and the whole, you know, "La Savage"*
> *and all this kind of business…*
> *…And then, that was the first time, like,*

that's when I started to realize I was "Other".

So, after years of tumultuous, whatever, I ended up moving to Alberta, got a job.
I knew I wanted to get into healthcare, 'cause I felt like healthcare was going to help me heal myself and help me to understand, why -
[voice breaks] - why do white people not like Natives?
Like why is there so much discrimination and looking down?
I didn't understand it…

She later worked in the admissions department at a medical school, where she encountered performative and paternalistic policies that further revealed how institutions tokenize Indigenous identity.

Laurie: *And so, I worked in the admissions department at the Faculty of Medicine. And it was during that time that the university decided that they were going to create one space for an Aboriginal medical student. And so, I've had this happen to me before, where they thought I would know all the Native People… "Can you go through all the admission files, and pick out who's Aboriginal?" And I said, "No, I don't know, you know, who all the Aboriginal students are." They hired somebody from Health Canada to come in and start to try and get this program going and she was non-Native too. Her husband was old Indian agent, whatever. It was a very paternalistic and racist situation. So anyways, one thing led to another, and I thought, I'm out of here, eh?*

These narratives frame Othering not just as interpersonal conflict, but as a symptom of broader colonial structures that position Indigenous nurses as outsiders. Many participants spoke of the emotional toll this takes, particularly when compounded by professional isolation or lack of culturally safe support. Yet, even in these stories of exclusion, there is a parallel thread of resistance and reclamation. For every act of marginalization, there was a countering act of courage, advocacy, and cultural grounding.

Encounters with Othering are not always loud or visible. For many Indigenous nurses, these experiences take shape through a quieter erosion of safety, dignity, and trust. One of the most common protective responses described by co-researchers was to remain silent about their Indigeneity—or to navigate their identity carefully, depending on who was in the room.

Julie's story of the bulletin board incident stands as a powerful example. Despite being in her predominantly Indigenous home community, she chose not to reveal her Indigeneity at work out of fear for her safety.

> ***Julie:*** *And I didn't have any Aboriginal role models.*
> *In fact, I did not say that I was Indigenous…*
>
> *Shortly after I moved to Smith, I was working nights one night*
> *and I went to read the bulletin board when I came to work.*
> *And there was a notice for the Indigenous nurses.*
> *The Indigenous nurses were having a meeting.*
> *I didn't even know that there were other Indigenous RNs in the community*
> *but these ones working in public health and homecare.*
> *So, they weren't working with me.*
> *Most of the LPNs were local and were mostly Indigenous.*
> *Some of the RNs were local but not Indigenous.*
> *So, these two Indigenous nurses were RNs,*
> *and they were putting this meeting on.*
>
> *So, I was reading the poster, and I was just thinking to myself,*
> *"Wow, I should go to this meeting"*
> *because I didn't even know they had other Indigenous nurses.*
>
> *And the LPN that was working with me, came out and said,*
> *"Oh, what are you reading?"*
> *And I said, "Oh, just looking at the bulletin board."*
> *And then she's like, "What the F is this?" And I'm like, "What?"*
> *And she grabbed the poster that I was reading, and she tore it down*
> *and ripped it up and said, "How would they like it if we had a f'ing White nurses meeting? How would that go over?"*
> *And she just threw the poster in the garbage right in front of me.*
>
> *And I thought, I'm not telling her I'm Indigenous. No way, not safe.*
> *And this is in my own community that was predominantly Indigenous.*
> *I was interested in what the Indigenous nurses were about, but I was too scared to put myself out there that I was Indigenous. It just didn't feel safe.*

Julie also shared how her mother offered comfort and support in navigating the challenges and vicarious trauma of being "Othered" when witnessing racism and speaking up against unethical practices.

> ***Julie:*** *Probably my mom was my best mentor ever, because there were so many times that*

I just stood up to doctors, to people that did things wrong, like harmful things.
And I mean, harmful in terms of culturally harmful, potentially physically harmful.
Like they were racist, there were things that I saw that I just,
sometimes I couldn't stand up to them.
There was too many of them, and I couldn't stand up.
I couldn't find my voice, and I just go home and cry
or I'd go and tell my mom.

And I know as an adult, you're not supposed to do that, but I did...
And my mom would say, "They're pitiful, they don't know any better"
or "they're just being mean".

Lucy's account reflects the emotional cost of working in predominantly non-Indigenous environments, where support was minimal and performative inclusion masked deeper exclusions. As the only First Nations nurse in several of her early workplaces, Lucy's sense of isolation was compounded by co-workers who were friendly to her face but dismissive behind her back.

Lucy: *As a First Nation person in the work that I was doing,*
I was the only Indigenous nurse or staff in any of the organizations I worked in.
I never worked for an Indigenous organization.
So, um, being only Indigenous person it was kind of isolating and difficult in that,
you know, I knew what needed to be done.
And then there are the plastic people who, you know, barrel out of.
And that's, you know, sometimes that hurts, you know?
They're, they're so happy to see me yet I know it's very plastic.
And that's the environment I worked in. For the most part.

This sense of being both visible and invisible—seen only when convenient—fueled Lucy's understanding of how tokenism operates within mainstream health systems. Despite the challenges, she continued to ground herself in her purpose and identity, even when genuine connection with colleagues was scarce.

Although there were Indigenous Health Care Assistants and Human Resource workers in some communities, it was not necessarily a culturally safe working environment for Indigenous nurses. Julie shared that even in her home community, she did not initially feel safe to self-identify as Indigenous to her non-Indigenous colleagues. Grandmother Doreen's story further

illustrates the burden faced by many Elder Indigenous nurses, many of whom carried the trauma of isolation and hostility in early training settings. Her determination to stay and graduate despite overt racism reflects the depth of her strength and commitment to making space for Indigenous presence in nursing.

KD's story further complicates this terrain, highlighting the experience of being a "white passing Native" and the hidden burden of hearing racist commentary not meant for Indigenous ears. During our visit, KD spoke about the complexities of being a lighter-skinned Métis person. He described how, as a nurse who is not always visibly recognized as Indigenous, his encounters with racism differed from those of his more visibly Indigenous family and community members.

KD: *Yeah, it's interesting because I'm a "white passing Native".*

Christina: *Yeah?*

KD: *My experiences are very different, I think, from some of my more visibly Indigenous colleagues. Like, I'll never forget, you know, we're probably related, but I grew up with one of my mom's good friends who's an LPN, [family name], probably a relative, and I just remember my mom's experience and my mom's less visibly Native.*
...Like she still gets asked for Treaty card if she's on reserve, but if she's off,
people might just think she's... well their mood shifts.

Christina: *That happened to me in Peace River*
on my way down here for the first time ever.
And I was like - "I must be lookin' real Native today"
[laughing] Sorry to interject!

KD: *[Laughing] Yeah, totally,*
like my mom is always flattered when she gets that…
But nobody would assume I was…

Christina: *If they saw walking down the street, visibly?*

KD: *Right. Never.*
And so, what I experienced most in nursing,
and what I remember most as being the most challenging
about being an Indigenous person in nursing,
is the racism that I hear because they don't think I'm Native.

So, I feel like I'm privy to things that they wouldn't say in front of my mom.

You know, things people wouldn't say
in front of [a more visibly Native nurse], and they wouldn't say maybe in front of you even.
Because I'm not coded, and that code switching process,
because then I have to disclose my Indigeneity,
and so, I hear those things.

Christina: *Which is a choice, yeah?*

KD: *And I'm like, "what are you doing? What are you saying?*
Like, why are you saying this?
You know I'm Métis?
Oh, you didn't know?
Well, it shouldn't matter."

Like, you know, having those hard conversations again and again and again.
…And it's the same with the Two-Spirit queer stuff like,
even in the Academy I have to remind myself that having PhD
doesn't make you knowledgeable about much outside of your area of expertise.
Like there's this expectation that LGBTQA plus requirements for grant applications
and all this stuff, but who does… like it's very obvious to me
that many people do not pay attention to those things.
So, like yeah, there's a lot.

Holding a dual awareness—of knowing oneself as Métis while also recognizing that others may or may not perceive or affirm that identity—was an experience that I could relate to. Leah's story of disclosing her Inuk ancestry was similar. She shared how allowing people to assume she was Cree felt safer than self-identifying as Inuk when she was younger. However, over time, as her Inuit identity has been visible and recognized by other Inuit people, she has nurtured a deeper cultural connection to the language, history, and identity of her maternal Inuit ancestors. Both Leah and KD shared stories about the significance of "being seen" and connecting with another Indigenous person while travelling. For Leah, "being seen" by another Inuk who recognized her as Inuk was especially meaningful.

Leah: *So, I think when I first moved here to Fort Smith, when I was 18, people - I think racism was pretty, pretty big back in the day. I didn't tell anybody my ethnicity, but a lot of people assumed that I was Cree from like, the Deh Cho.*

And I never corrected anybody until I was older…

Inuit recognize me across the world, but other ethnicities don't.
Like, I was in Copenhagen, and I was at the train station
and an Inuit woman got off the train. And it was super crowded, Copenhagen is huge.
And this Inuit woman stepped out sideways to specifically wave at me and recognize me as a fellow Inuk. Yes, it was really cool.
And I was like, I knew she was Inuk.
It's just, it's just something that you know.

For KD, connecting with and sharing his experience as an "invisible Native" with a "visibly Native" Cree woman was a point of relational significance that furthered the conversation about "Othering".

KD: *I remember, meeting a Cree woman in London, England, when I lived there. And we hit it off immediately because I was like, it's funny when you live overseas, the things you miss, like seeing a single Indigenous person… And we talked about what it was like to be, like I'm an invisible Native anyway, but in another country, you're like even more invisible. Or your exoticized. Like [friend], being very visibly Cree -*
and she was like, people were like, Pocahontas fantasy all over her.
And she's like, you don't know the story, obviously, you've seen the Disney version…
…it was really cool to like bump into [friend] in London; Someone with a shared experience.

Both Laurie and Lucy shared insights about the nuanced relationship between self-image, dual consciousness, colourism, and racist stereotyping. For Lucy, colourism played a significant role in her practice of code switching in an effort to be accepted.

Lucy: *Yes, we just had different ways of being.*
Ah, I think it had to do with skin colour,
cause her skin was more white and mine's brown.
I have to be, I felt I needed to be accepted
so, I had to be kind and gentle in my approach.
Whereas she could get away with things that I wouldn't be able to get away with in my work environment. …Um, it was a lot of, you know,
I experienced a lot of racism, lateral violence.
But I did it. And I carried on. Um, I didn't make many friends.
Which I, which I'm okay with… Whereas the others, you know,
I'm no longer of any use to them. Friendship over…
Like maybe they were marginalized too. Maybe that's our similarity.

For Laurie, encounters with Othering at a young age fueled a long-standing search for belonging and self-learning to become secure in her identity.

> ***Laurie:*** *Before I went to school, I was hanging around, a couple of other Native girls that lived in the apartment building that we lived in, and I gravitated to them because I never really, um, the brown skin thing was a real issue for me growing up. In other words, I have been searching for "my tribe" and building on my identity as an Indigenous person for a long time.*

These stories exemplify that there are distinct and different ways in which Indigenous visibility is experienced in nursing and society. The desire for belonging and living authentically as an Indigenous woman was evident throughout Laurie's story, even before becoming a nurse. Here is where I pause once more to share a brief self-reflection from my journal.

> ***Christina:*** *Becoming and being comfortable in one's own [brown] skin is something I've heard from my brown-skinned cousins and witnessed second-hand through my own mother.*
>
> *My positionality as a light-skinned Métis woman means that I do not have that same experience being visibly "Othered" and this is a point of privilege that I believe comes with an obligation to dig deeper, to explore individually and consider acting collectively within the context of our kinship and mentorship relations. Accepting that I will "never know" what it feels like to work so hard to "fit in"- not in the same way that Laurie or my mother or my cousins have… While the social and political realities "of the day," that each generation of nurses has experienced will continue to evolve over time, knowing each other's stories helps us to gain perspective and gratitude for what older generations have gone through in order to "just be" Indigenous and a nurse.*
>
> *In this way, I am reminded to continue interrogating my own unique intersections of Indigeneity, gender, colour, and colonially imposed legislated identities. And in the end, I too desire for belonging and living authentically as a Métis nurse, educator, and aspiring scholar.*

In some cases, "Othering" occurred through lateral violence, that is, harmful microaggressions from other Indigenous community members. This can be harmful as wounded and hurting people tend to lack insight and empathy for the pain that they cause to others. At

times, lateral violence occurs between nurses while at other times, it may occur between Indigenous community members who are not nurses. For example, KD shared a story of meeting Grandmother Doreen for the first time following an encounter with Indigenous-specific lateral violence from a Michif community member.

> ***KD:*** *Yeah, Grandmother has been amazing.*
> *I offered her tobacco, I think, three years ago to be her oskapiew [helper]*
> *for some of this, and she always tells me this story about,*
> *well, she always reminds me of this story of when we first met.*
>
> *We met in a circle about community-based research*
> *and there was a Michif woman there, I don't want to like cast aspersions,*
> *but you know, sometimes people show up to things in different ways.*
> *This Métis woman showed up in full, like I would say, regalia. And like, that kind of performativity sometimes freaks me out. Like she had on the full ribbon skirt, the sash, the earrings, the necklace, the like, she just was like, in full Native gear for this community consultation.*
>
> *And I was like, ok, ok, cool, you know or whatever, it's a circle, we all go around and talk. And like, during the introductions, I talked about from like fact that I'm a reconnecting Métis, like we grew up knowing we were Métis, but it was like a secret and that we were hush hush about it.*
>
> *And then afterwards she came up to me, this person that was in full Métis, you know, whatever, "gear". Anyways, after the circle, she comes up to me and starts speaking in Michif, which I don't speak. You know, I grew up hearing some Cree and Dene sometimes, but we definitely don't speak Michif.*
> *And I was like, I'm sorry, I don't speak that language,*
> *and she was like "Oh, OK, you're one of those",*
> *like this kind of back-handed native shaming comment...*
> *After I'd shared in the circle that I was like, reconnecting.*
>
> ***Christina:*** *Oh, my goodness!*
>
> ***KD:*** *Yeah, it's not cool.*
>
> ***Christina:*** *That's some kind of lateral violence.*
>
> ***KD:*** *Super lateral violence, right?*
> *So anyway, grandmother walks up to me, she observed this interaction,*
> *and she walks up to me and just put her hand on my shoulder and just said:*
> *"don't let anybody tell you how Métis you are because only you know who you are.*
> *Nobody else here knows who you are".*

Christina: *Beautiful.*

KD: *And then I was like "ah", you know,*
I started crying. I love this woman!

While Grandmother Doreen's affirmation underscores the deeply personal nature of Indigenous identity, self-recognition, and acceptance, this is set against a backdrop where Indigenous nurses may experience lateral violence, sometimes from their own peers. Further, performativity can also harm the self-image and acceptance of Indigenous peoples who may be reconnecting with their roots. As I reflected on the complex meanings of identity and mentorship that are highlighted in KD's narrative, I wrote the following in my reflexive journal.

Christina: *I recall a First Nations artist who attended a nurse education conference in Edmonton once commented on how she viewed "some" Indigenous People as "performing" their Indigeneity "with beads and feathers". Something about that statement always stuck with me as I consider the implications of my own visibility (and invisibility) as a Métis person. I love my beaded Métis earrings and other adornments. However, I am also afraid of the negative impact that the racist recurrence and trending revelations of Indigenous identity fraud coupled with performativity can have on present complex intersectoral Indigenous identity. Perhaps colourism and lateral violence exist within racism as a contributing factor to how we experience Othering and violence as Indigenous nurses?*

Compassionately, Julie pointed out that lateral violence generally occurs due to unresolved intergenerational trauma. Julie emphasized how Indigenous mentors who have acknowledged and processed their own trauma can create positive, healing-centered environments. In this way, effective mentorship is not determined by age or years of experience but by self-awareness and the ability to nurture others.

Julie: *So just being Indigenous,*
it's the people that have found their true identity,
that have a lot to bring forward.

…And I've seen Indigenous nurses that have been anything but mentors.
Like you put them with an Indigenous nurse because you feel like,
"Well, you're an Indigenous nurse, here's another Indigenous nurse."
And it's harmful. It's harmful, like they treat you as racist as the next person. (Julie)

> *And to know that a lot of Indigenous people, including nurses,*
> *are recovering from intergenerational trauma.*
>
> *Some have not acknowledged it so they're carrying a lot of anger and a lot of that…*
> *It's when you've been able to acknowledge that and process some of it.*
> *And I think that you become really effective, because we need good people that are role models, that can say, she's an Indigenous nurse and she treats people like this.*
> *There are some Indigenous nurses that are 25 years old, that'll treat somebody way better than a very experienced 60-year-old Indigenous nurse, right?*

Over the course of our conversation, Julie revealed that healing and self-awareness are essential for strong mentorship. Those who have processed their trauma are more likely to guide and uplift others. Victoria also commented on the impact of lateral violence on community trust.

> ***Victoria:*** *After COVID there was really bad office lateral violence…*
> *I've had to work to rebuild community trust.*
> *There is a mistrust of nurses around confidentiality and accountability due to past experiences. And then, being a Tseshaht nurse working within NTC*
> *and just being there for the pandemic. Again, there was so much heightened fear before the vaccine came out. So that was tricky.*
> *But I think that really showed the communities you're committed.*
> *You're committed to their health*
> *or you're committed to supporting them through anything.*

Lucy added a comment on how, even within Indigenous organizations, lateral violence can occur due to hierarchy and intersectoral privilege.

> ***Lucy:*** *Nurses seem to be left out of the picture.*
> *Whereas if you become a doctor, you're put on a pedestal, treated very different.*
> *And that in itself is lateral violence, ah, where even Indigenous organizations would rather fund doctors than nurses.*

These stories illustrate the conditions that support or hinder mentorship in Indigenous nursing. Understanding how identity, trauma, and lateral violence intersect with mentorship allows for a clearer conceptualization of the challenges and strengths within Indigenous nursing communities and Indigenous organizations. By framing mentorship as a restorative and healing practice rather than just a professional responsibility, the collective story elucidates culturally grounded approaches to uplift Indigenous nurses.

Lateral violence is known to occur in nursing, as it exists within a Eurocentric worldview where the hierarchy of knowledge, power, and position are reinforced. Over the course of her career, Laura faced discrimination yet remained resilient and committed to providing (w)holistic nursing care in communities.

> ***Laura:*** *In fact, they were saying that I was a softy, and I wasn't.*
> *I just, I care. I cared about people.*
> *Didn't matter what nationality they were, they were people…*
> *So, I did run into a lot of that with the ones who were on the same level,*
> *but then they got more degrees behind them, and then they were put in positions to be more in control. That's when I became way lower than them.*
> *They said, "Well, everything that they didn't wanna do Laura would do it.*
> *Those are her people anyway." I've heard those remarks.*
> *"She would understand them better." It didn't matter if it was a dangerous situation, and we knew it safety-wise; I was still sent out. I must have had somebody watching over me because a lot of times they were really scary situations.*

Despite all these encounters with palpable discrimination and racism, Indigenous nurses consistently demonstrated strength, courage, and relational dedication in their persistent efforts to support community wellness. They remained grounded in their values, even when systems failed to recognize their worth or actively restricted their opportunities. For Laura, this meant continuing to advocate for addictions training despite being denied full access:

> ***Laura:*** *I asked the higher-ups there, "Can I go take this addictions training through Poundmaker's Lodge?" And at first, she said yes. So, I finished up the two years,*
> *I was looking forward to the third and fourth, and she told me,*
> *"No, you can't apply for that." "Why?"*
> *…I said, "I want to finish the four years because I need to, in order to understand why people get addicted to pills. Why do people – why do they not want to take their medications, or why do they want to stop their medications.*
> *I need to know how the role of the drugs and alcohol,*
> *so they interfere with the treatment of our people."*
>
> *And she said, "No, two years is sufficient for you. You don't need anymore."*
> *So, that's what I settled with, that was her. And yet, initially, when I went into nursing, she was one of the few nurses that I worked with at the beginning,*
> *where she was just "one of us" but since they put her in a higher position,*
> *she really cracked down on me.*

For Julie, it meant challenging pay inequities while being taken for granted in her home community:

> ***Julie:*** *I know for a fact that I was not paid the same as other nurses.*
> *I know that I was started at, because I would be signing job offers for people and you're starting this one at a level three, and you started me at a level one. Why is that?*
> *Because I've been here for 25 years, and she wasn't even born 25 years ago.*
> *So why is this? "It's just the way it is. She won't come here and work if we don't give her more money?" And I'm like, "I'm right here. Why are you not giving me more money?"*
> *I would put it on the table and say, "What is this?"*
> *And people would just say "Take it or leave it like, whatever, take it or leave it."*
> *And in some ways, I felt like my desire to be in my home community was –*
> *it was like, you're going to be here anyway.*
> *I was taken for granted because, "you're not going anywhere anyway".*
> *Where would you go? Right?*

Despite all these encounters with palpable discrimination and systemic racism that Indigenous nurses continue to face, their strength, courage, dedication, and determination remains evident in their persistent and creative approaches to adversity when working in a profession dominated by Eurocentricity. These testimonies reveal not only the emotional and structural weight of being Othered, but also the remarkable determination of Indigenous nurses to resist, remain, and serve. They are not simply surviving in Eurocentric systems—they are transforming them. Through cultural grounding, mentorship, and kinship, these nurses reject narratives of disposability and claim space as knowledge holders and change-makers. Their stories reaffirm that true inclusion in nursing must be rooted in respect, reciprocity, and relational accountability—not performativity.

5.1.7 Perseverance and Indigenous Nurse Sur-thrivance

I will stand up for my fellow man,
and I will not allow anyone to call us down
because we're just as good as everybody else...
To us everybody – every life is sacred.
It doesn't just mean our people,
but it means we are all one in the creator's eyes

(Laura)

A common thread across these stories is how Indigenous nurses draw strength and purpose from within themselves and their communities, allowing them to persevere and succeed despite ongoing challenges. Laura, for example, was often assigned the most difficult and dangerous tasks based on the assumption that she understood "her people" better—yet was simultaneously seen as "less competent" by those with higher credentials. Despite the racist "Othering" from non-Indigenous nurses, she consistently demonstrated care and commitment to those she served.

As a Cree nurse, Laura actively resisted discrimination throughout her education and career. While completing her BN, she and another Indigenous student challenged harmful stereotyping by involving the Indian and Inuit Nursing of Canada and a human rights representative, ultimately leading to the dismissal of a biased instructor.

> ***Laura:*** *...they would make remarks like,*
> *"The community I work in, all the men are wife beaters."*
>
> *And I said, "You can't say that… That is not the truth... You can't say that."*
>
> *We met with [a human rights representative], and we told them exactly what we faced… our Indigenous Nurses of Canada, they came in and sat with them,*
> *and as a result of it all, without going into all the details, that instructor was fired.*

Laura also recalled a moment of affirmation when a newly appointed Black instructor, recognizing her spirit and resilience, asked her to be class valedictorian:

> ***Laura:*** *she said, "Because I like your spirit… You don't take any crap from anybody." And I said, "Well, I'm submissive about that, but I will stand up for my fellow man… To us everybody – every life is sacred."*

Ongoing colonial impacts and internalized racism were also acknowledged by Lucy, who emphasized how deeply embedded Indigenous nurses remain in the lives of their families and communities—often at the cost of their own well-being.

> ***Lucy:*** *What I am trying to say is that, as an Indigenous nurse, you are there 24/7.*

We are very connected to our family and community.
We are always on call. We always answer the call.

…And when there are multiple significant losses in my family,
there were so many deaths that I didn't even tell my bosses about. I was embarrassed.
My internal struggle was that there were so many deaths
due to overdose, alcoholism, and accidents.
For example, when my sister was dying of cirrhosis,
I spent all my vacation days taking care of her.

This is internalized by Indigenous nurses, but it needs to be shared
and named publicly as our lived experiences as Indigenous nurses.
There were many struggles with being an Indigenous person
and to be that professional nurse.

Community responsibility during health crises was a recurring theme in stories from Laurie and Victoria. Both described being called upon during times of public health emergencies—not because of equitable planning, but because others would not step up.

Laurie: *When other departments like public health found out I was a Native nurse,*
they wanted me to follow up with all of their Native clients.
Especially because there had been a TB outbreak, and they were having difficulty following up with community members because of their implicit bias around stereotypes.
For example, "they don't answer the phone, they don't bring their kids in for immunizations", all that stuff... And they couldn't keep saying "lost to follow up"
because the people were there. And then, I had nurse colleagues that were all non-native.
And in retrospect, I can see that they were what we would not call allies.

Victoria: *I was sent straight into the frontlines of pandemic nursing because none of the non-Indigenous nurses in NTC wanted to deal with it.*
They were scared of the COVID testing. They didn't want to do education or screening.
So that was all on my shoulders as a brand-new nurse.

Despite increased workloads, both nurses emphasized the importance of relational care, grounded in cultural knowledge. Her distinctive Anishinaabe ways of being, doing, and knowing as a nurse informed how Laurie would engage relational care in community, starting with the grandmothers.

Laurie: *Then I said, yeah, I'm happy to do this, even though I was new to the community. I wanted to get to know the Native people and help out the community. So, I navigated it. And I knew because of the way I'd been brought up, my father's values, and then my mother, was*

very humble and respectful to Native ways... So, I knew, because we used to spend the summers on the reserve, so, I knew, just the way the reserve worked, like so I thought, OK, I have to find out – who the grandmothers are around this place.

These stories also demonstrate how Indigenous nurses often shoulder the added burden of educating others. Despite years of cultural safety training, many non-Indigenous colleagues remain unaware of Indigenous protocols or needs. Julie, for instance, described feeling like a "bad nurse" for advocating against unethical practices:

Julie: *But when I stood up, I wasn't a good nurse in their eyes.*
So sometimes I wasn't a good nurse. I guess.
I felt like there were many times where I went home and just cried because I just thought, "Oh, my God. What did I see?" Just the way people were treated was terrible...
If I told the doctor they couldn't or shouldn't do something, then it was like,
"You can't do that" meaning you are just the RN, and they are "the doctor"
even when it was unethical on their part.

Julie's account reflects the moral distress many Indigenous nurses experience—balancing advocacy and ethics in systems that do not support them. Participants also shared how Western professional boundaries often conflict with Indigenous ways of being:

KD: *And nursing and medicine try and teach you not to see the world that way.*
You know, they talk about professional boundaries,
you know, the limits of the therapeutic use of self, all of these things.

And, like I get those, I see why they're important for various ethical reasons,
but there has, there has to be, and this is something that I've learned through my career, through mentorship and other good nurses,
that those are not, they shouldn't be standards, they should be guidelines…

Because if there's one thing I've learned in my career, that if you want to be a real nurse, you have to break the rules sometimes.

This tension—between protecting professional standards and honoring cultural responsibilities—was a recurring concern. Several participants described how hierarchies and systemic discouragement made it difficult to access Indigenous mentors, particularly in academic

settings. KD, Victoria, and Christina discussed how Indigenous students were often steered away from science-based professions:

> ***KD:*** *I think in rural, there's more. I also think there's some weird power dynamics around, like, LPNs and RNs, because there's so many more LPNs that are Indigenous…*
> *And you know, to me, that's colonialism in action...*
> *And even what children are told they can achieve.*
>
> ***Christina:*** *Yes. And even more HCAs. You know what I mean?*
> *Yes, the determinants of health are determinants of education - education and career…*
> *"Go to trades", is what most people in my high school were told, you know?*
> *"Go into trades, you'll make money, and it doesn't take that long". Yeah?*
> *Not "go be a doctor or go be a nurse", as often anyways.*
>
> ***Victoria:*** *…A lot of trades work just cause it's an easy program that is offered through a 10-month certificate program or something.*
> *There's no support for sciences or other things*
> *that would support students to go on to college or university.*
> *Or like, fishing… but more people from other Nations transfer into the community through marriage and access all the resources, and it's just… busy.*
> *…Mentorship for younger, elementary and high school students…*
> *I feel like there's no mentorship. We went to Kyuquot, and their staff was just like, "you're a Nuu-chah-nulth nurse! You went through the nursing program, we wanna show our younger people that they're capable to do it"*
> *- because so far, they haven't been shown that or told that ever.*
> *Which is sad, because they just don't have the supports or the resources in place.*
> *And, we're trying to get it there, or get them.*

These reflections underscore the urgent need for visible Indigenous mentors within healthcare. Seeing Indigenous nurses in community—offering culturally safe, relational care—reaffirms for youth that they, too, belong in these roles. As a retired nurse, Laura emphasized the need for cultural continuity in mentorship:

> ***Laura:*** *You help them maintain their identity and not separate themselves from tradition cultural aspects of nursing.*

These stories underscore the importance of seeing Indigenous nurses practicing in and with community. The nurses emphasized that seeing Indigenous nurse leaders in action was critical for affirming their own identities. In both urban and rural settings, Indigenous youth are more

likely to “be one” if they can “see one” Indigenous nurse practicing with authenticity and autonomy. Many Indigenous nurses report that their unique cultural practices—such as language, ceremonies, dances, songs, and traditional healing methods—are essential components of their lived and living experience of being Indigenous. These practices provide a grounding sense of purpose, commitment, and connection, allowing nurses to navigate the challenges of their profession while remaining true to their roots. Therefore, Indigenous nurse mentorship can be used as a tool for resisting cultural assimilation, ensuring that younger nurses do not feel pressured to conform to dominant healthcare norms.

In summary, these stories illuminate how mentorship can help solidify one’s sense of self. Embracing one’s own beautifully intersectional and distinct cultural identity empowers Indigenous nurses to draw strength and belonging through a deeper connection to land, water, family, community, Nation, and our natural environment. When practicing authentically within their communities, the presence of culturally grounded Indigenous nurse role models facilitates a sense of possibility for younger generations of Indigenous nurses. Offering culturally safe services that resonate with community beliefs and values, the genuine integration of Indigenous identity within nursing practice is distinctions-based. Indigenous nurse mentors do not just pass down clinical knowledge; they model cultural integrity, resilience, and relational accountability, creating a mentorship framework rooted in Indigenous ways of knowing and being. This alignment promotes well-being for the nurses themselves and serves to enhance the quality and outcomes of care provided in community. By framing mentorship as an extension of cultural continuity, the collective story reveals how the embodiment of Indigeneity and nursing acts as both a bridge and a foundation for strong, intergenerational mentorship relationships, ensuring that future Indigenous nurses continue to thrive.

5.2 Decolonizing Knowledge and Nursing

Because it doesn't matter what part of the world Indigenous people come from,
we have a very different way of knowing and being.
It's that ancient knowledge, that ancient wisdom.
Even though we've spent hundreds of years being colonised,
we still have those traditional teachings.
(Doreen)

These words from Doreen remind us that despite centuries of colonization, Indigenous knowledges persist — in our memories, in our stories, and in our everyday practices. For many Indigenous nurses, reconnecting with land-based teachings, community protocols, and intergenerational wisdom is not only a personal journey, but a professional responsibility. This section explores how co-researchers reclaimed Indigenous epistemologies to reshape their practice and challenge colonial assumptions embedded in Western healthcare models.

Indigenous nursing knowledge is rooted in a blend of ancestral teachings, lived experiences, and the ongoing journey of self-learning. Co-researchers shared how traditional familial teachings, experiential learning, and critical understandings of colonialism informed their evolving practice. Reclaiming Indigenous ways of knowing — through language, ceremony, kinship, and community care — emerged as both a form of resistance and a source of strength. These stories also highlight the intergenerational transfer of knowledge and the critical role Indigenous nurses play in disrupting and transforming healthcare systems.

Together, these teachings form the foundation of a (w)holistic nursing practice — one that honours Indigenous knowledge alongside the demands of modern healthcare. What follows are the core themes and patterns that reflect Indigenous Nursing Knowledge in practice. Embracing one's Indigenous identity, language, and cultural practices is not separate from wellness — it is wellness.

5.2.1 Uncovering Colonial Legacies

Laurie shared how her first experiences with racism and misrepresentation began in Catholic school, where "Native components" of the curriculum were taught by non-Indigenous educators in ways that misaligned with her lived reality. These early encounters deeply shaped her sense of alienation and ultimately motivated her to understand why Indigenous Peoples continued to be marginalized.

> ***Laurie:*** *Because she was White, and a Catholic nun, she helped me heal my past trauma of abuse in the Catholic school when I was 5. She also helped me gain confidence that I could succeed in the university environment. She was not Indigenous, but she was basically my first mentor – beyond my parents, aunties, and grandparents.*
> *She was amazing. I worked with her at the Med lab science for 5 years and then moved to work in the Faculty of Medicine, in 1984, the year my first daughter was born.*

Laurie's story reflects the layered tensions many Indigenous nurses navigate when seeking support within colonial institutions. Despite her early trauma, mentorship from a non-Indigenous ally helped her begin the process of healing and offered her a sense of place within the university system. Working within the Faculty of Medicine, she began to critically reflect on how paternalism and racism shaped institutional policies and practices.

Julie also spoke to the deep and ongoing influence of colonialism, Christianization, and racism in healthcare institutions — particularly in the North, where churches once ran the hospitals.

> ***Julie:*** *And everybody prayed in the morning, before you started your shift.*
> *So that was in my career, in my lifetime as a nurse. People would start out praying.*
> *Nurses were expected to go to the chapel on Sunday.*
> *So, there was a lot of influence…*
>
> *…So just being Indigenous, it's the people that have found their true identity,*
> *that have a lot to bring forward. And I've seen Indigenous nurses that have been anything but mentors. Like you put them with an Indigenous nurse because you feel like,*
> *"Well, you're an Indigenous nurse, here's another Indigenous nurse."*
> *And it's harmful. It's harmful, like they treat you as racist as the next person.*

Her reflection captures the complicated dynamics of cultural and institutional harm. It also challenges the assumption that shared identity automatically equates to safe mentorship, especially in systems still steeped in colonial violence. Julie's experiences reveal how the legacies of assimilation have, at times, fractured relational trust among Indigenous nurses working within those systems.

As our visits unfolded, each co-researcher described the friction between Western models of nursing and Indigenous ways of knowing, doing, and being. Despite this dissonance, many emphasized the importance of staying true to themselves and their communities. For Julie, being recognized and trusted by community members meant that she heard stories and held truths that would not have been shared with a non-Indigenous nurse.

> ***Julie:*** *And it just changed everything about the way I thought about health care, because I thought, if they intended to do that, what else did they intend to do?*
> *I didn't even hear about the 60 Scoop yet. My Elders would tell me about stories about the Charles Camsell Hospital and how they would not get on a plane to go out if they were Medevac'd because they had kids that didn't come home.*
>
> *And there was a couple times in home care that I tried to write letters to find their kids because their kids never came home. And they wanted to know what happened to them. And I'd write a letter to the government, like, somebody took my kids away, they went to the Camsell, like they went to the hospital. But where did they go?*
>
> *…And then, I remember when I was a teenager, my dad telling me that, "Someday my girl, you're going to have to work for the government. And they don't always do the right thing. They're not always honest. And they don't do the right thing. But you'll have to work for them to get a good job. So just be yourself.*
> *Make sure you do the right thing, even if they don't."*
> *And I was like, "Is that what he meant? Did he know this?*
> *He went to residential school; did he know this?"*
> *You know what, I mean, I had a lot of questions.*
> *But my dad had had a stroke by that time, and he couldn't talk to me.*
> *He couldn't answer any of my questions because he was aphasic.*

Julie's story speaks to the emotional weight of generational silence and the lingering questions that many Indigenous nurses carry as they navigate systems not built for them. Her

efforts to write letters and track missing children reflect a broader practice of Indigenous nursing — one that includes advocacy, bearing witness, and accountability to community.

Both Julie and Laurie described how taking Indigenous Studies and Governance electives helped them better understand the historic and ongoing harms enacted by government and church institutions. These courses offered frameworks that contextualized their lived experiences and encouraged them to shift their nursing practice toward advocacy.

> ***Julie:*** *Almost all the Indigenous nurses that I knew over the years were inspiring to me.*
> *I would consider mentors because that's the first time that I felt I belonged as a nurse.*
> *Because we thought the same, we had many of the same experiences.*
> *We all faced discrimination and racism in the system.*

Finding solidarity through ANAC and in the stories of other Indigenous nurses helped Julie begin to heal and strengthened her resolve to advocate for Indigenous healthcare rights. These collective experiences show how uncovering colonial legacies is not just an act of recognition — it is also a call to action for systemic transformation. Indigenous nurses must understand colonialism as more than a historical force — it is a present-day determinant of Indigenous health and wellness that extends beyond the social.

5.2.2 Understanding Colonial Impacts

Understanding the impacts of colonialism is another critical refrain that informs Indigenous Nursing Knowledge. Co-researchers spoke candidly about the ongoing legacy of colonization, which has caused generational trauma for Indigenous peoples worldwide. From disconnection from land and ceremony, to the continued erasure of traditional knowledge in healthcare, these stories illuminate the depth and complexity of colonial trauma.

> ***Doreen:*** *And I'd reflect back and think*
> *"Why are you getting me up when we have had to scrounge for food?"*
> *This was when they forced us onto the reserves.*
> *And they wouldn't let us kill our cattle, because that was meat.*
> *They wanted us to live off of rations.*

Although we had pigs and we had cattle,
they wouldn't allow us to kill that for food. We were not allowed.

Doreen's recollection speaks to the deliberate policy decisions designed to control and disempower Indigenous families. Her testimony underscores how historical regulations — such as restrictions on food sovereignty — contributed to systemic nutritional and health disparities that persist today. These memories are not distant history; they are embodied knowledge that shapes Indigenous nurses' understanding of health, loss, and survival.

Lucy: *Indigenous people were overrepresented, getting Syphilis and HIV.*
So, yeah, a lot of the clients were Indigenous. And trying to explain to them the science of their illness and how to incorporate our Indigenous ways of wellness, like our spirituality, sense of being and togetherness with others.
So, we became little communities and families wherever we were. You know?
Whether it was people living with HIV, Two Spirit, or living with addiction.
Whether it was us going to communities to provide the education on HIV, um, you know, because family members were living with HIV at the time, and AIDS, our people were dying sooner than anyone else because of the lifestyle, you know. sSo always incorporating our ways of being in the work that I did.

We as Indigenous nurses know the history of our people, of colonization, sexual abuse, injection drug use, and even some of our people turning to prostitution to survive.
They were often treated poorly in their life, so they turned to live unhealthy lifestyles that was inviting to them. Whereas racism is very uninviting. sFor example, getting and keeping a job, getting an education... those were very uninviting.

Lucy's voice reflects both professional insight and lived empathy. Her understanding of structural racism, colonial trauma, and community resilience shapes how she creates welcoming, culturally grounded care spaces. Her reflections reinforce the importance of recognizing how colonialism manifests in underdiagnosed diseases, inaccessible care systems, and generational survival strategies.

Julie also stressed how it was important for Indigenous nurses to acknowledge the harm that alcohol has caused within Indigenous families and communities. She recounted how

participating in ceremony required abstaining from substances like alcohol to align with the teachings passed down by her grandmother and reinforced by her mentor.

> ***Julie:*** *The problem that alcohol has caused in our communities and our families and our culture and knowing that it was given to us intentionally, and my granny used called the mind changer, when we were young. She always called alcohol the mind changer. It was dangerous, just don't let anything play with your mind. That's the mind changer, stay away from it. And she always told us that.*

Julie's story emphasizes the spiritual teachings passed down through her family, cautioning against substances that disrupt the mind and heart. For her, abstaining from alcohol is not simply a health decision but a cultural and ceremonial teaching rooted in ancestral warnings. These teachings are especially meaningful in a profession where colonial framings of addiction often ignore or pathologize the historical conditions that led to substance misuse.

Leah also reflected on the devastating effects of colonial violence, including the continued trauma surrounding missing and murdered Indigenous women and girls. She shared a deeply personal story about her mother's suspicious death — a case that received no proper investigation. For Leah, involvement in cultural projects such as *Surviving Canada 150 Years* and *Walking With Our Sisters* became part of her own lifelong healing journey. These initiatives not only honour the memories of MMIWG2S+ but also serve as sites of resistance, collective mourning, and political education. Her advocacy is deeply rooted in community grief, justice-seeking, and the refusal to let these stories be erased.

> ***Christina:*** *Listening to these stories and re-reading them later, I felt a deep ache — not just as a researcher, but as a granddaughter, a niece, and a community member who has also inherited the weight of these histories. Lucy's words echoed that quiet strength we carry in crisis — how even in the face of HIV, racism, and dislocation, she still chose to build kinship and care. And Julie's words and her mother's warning about the "mind changer" — struck something tender in me. I've heard similar stories and I've seen how alcohol has moved through my own family, not as a singular cause of harm, but as one of many tools used to separate us from ourselves. These aren't just stories of what was done*

to us — they're stories of how we re-member, how we resist, and how we reclaim the work of wellness…

5.2.3 Disrupting Colonialism in Nursing

And again, in my family and community,
they gave me a name in Ojibway,
Mangidoon, "big mouth".
We'd be at meetings, and they'd say,
"Big mouth, say something"
and they'd say it in Ojibwe, "Say something!"
So, then I would speak up and say something…
(Laurie)

In response to colonial impacts, Indigenous nurses are also learning how to challenge, disrupt, and deconstruct oppressive systems. From the collective story of the Indigenous nurses, there emerged painful yet inspiring accounts of persevere against injustice in service to community. They described the importance of knowing when and how to speak up, recognizing the triggers of colonial harm, and advocating for Indigenous human rights, truth, and justice. Practicing attentiveness and intentionality, learning how to breathe, wait, and speak when ready, all of which strengthen their ability to advocate with confidence and conviction. This advocacy is often directed toward the protection and promotion of Indigenous self-determination, leadership, and human rights within healthcare.

Doreen recounted several personal experiences with racism and the challenges she faced while working in the colonial healthcare system for over three decades. She acknowledged the emotional difficulty of discussing these experiences, especially in non-Indigenous healthcare settings. Despite this, she emphasized the importance of this work, recalling a specific time where she took a courageous stand against racism and genocide in nursing.

Doreen: *Eventually, I was seconded from the Charles Camsell Hospital to the High Prairie Hospital as head nurse. That's where my journey with the colonial system began.*

In just a matter of months, perhaps six months or so, I went to work one morning and went through my OR list. As I was going through the list, I saw one of the kids,

a 13-year-old Indigenous girl, was scheduled for a tubal ligation.
What am I supposed to do about that?

I was just sick. So, I went by with my med cart
and I "accidentally" - purposely took her fasting card off of her tray
and threw it underneath with all the others.
When they passed out breakfast, she got her breakfast, so that gave me time to act.
I ran down to the Hudson Bay Company in High Prairie
and I telegraphed the Attorney General's office. I said,

> *"Urgent. I'm potentially going to lose my licence because I have a 13-year-old child who is going for a tubal ligation. There is no consent form. She doesn't know and her parents don't know that she is going for this tubal ligation. The Catholic Constitution states that you cannot force someone to do something like this against their religion. This is against my religion. Please advise."*

And I sent it off.

That afternoon, I got hauled over the coals by everybody that counted in High Prairie.
And I'm still here to share my story. I have many stories that I could share about racism and what it was like after over three decades of being in the system.
Sometimes I find it difficult to even talk about some of the experiences
that I saw in the non-Indigenous hospitals. When I reflect on what it felt like,
I also reflect back on how important and critical that work was.

Doreen's words carry the weight of lived experience, resistance, and the enduring strength of Indigenous Nursing Knowledge. Rather than interpreting over Doreen's words, I want to highlight her own reflection on this experience:

Doreen: *Because it doesn't matter what part of the world Indigenous people come from, we have a very different way of knowing and being.*
It's that ancient knowledge, that ancient wisdom.
Even though we've spent hundreds of years being colonised,
we still have those traditional teachings.

Here, Doreen's own words provide the interpretation. By centering her words, we see that the lesson is not just about the harm inflicted by colonial systems, but about the resilience of Indigenous Nursing Knowledge that continues to guide and sustain her own worldview. While the experiences she shares are painful, they are also a testament to the strength and endurance of traditional teachings. The strength of these teachings is not diminished by colonization but

carried forward, making Doreen's resistance not just an act of defiance, but an affirmation of something much older and more powerful than the systems she confronted over the course of her nursing career.

Despite encounters with colonialism and racism in nursing, Indigenous ways of knowing, doing, and being persist and are passed down to the next generation. During my initial visit with KD, he shared how Doreen had both inspired and supported him. Acknowledging the gravity of Doreen's living legacy, KD expressed respect and gratitude for her courage, at one point exclaiming:

> ***KD**: Like in the 70s they were like, sterilizing... She sent a telegram to the Governor General and they sent people to investigate. And the director of the hospital told her she better get out of town. And so, she got on the bus and never went back because she was scared for her life. Like, the stuff that woman has seen [pause] and done...*
> *She told me that story and I was like, you know,*
> *thank you for being there.*
>
> *And she said, "but I never. it still sits with me that I never knew what,*
> *if the government did anything about this".*

Doreen's response reveals the unresolved burden she carries. Despite her brave intervention, she never learned whether her efforts led to meaningful change. This uncertainty speaks to the frustration and heartbreak that many Indigenous advocates experience when acting against systemic injustice but rarely seeing accountability or justice fully realized. In comparing Doreen's first-hand account with KD's second-hand retelling, the resilience and courage required to resist colonial violence are clear, as is the emotional toll of not knowing whether that resistance made a difference. As a demonstration of how knowledge evolves over time, I am reminded that the meaning is like its original definition but just different context. In this way, I suppose Indigenous Nursing Knowledge continues to develop over time.

Reflecting on his own experience witnessing and responding to colonial violence and discriminatory practices over the course of his career, KD shared a memorable experience from nursing school. He recalled the feeling of powerlessness in not knowing how to speak up when witnessing a nurse's disrespect towards a palliative patient who was receiving their last rights. While not a Catholic himself, KD shared how his Métis grandmother had been a staunch Catholic who raised him to be respectful of others' beliefs. While he instinctively knew it was wrong, he lacked the confidence to speak up.

> ***KD:*** *I knew what that nurse was doing was so disrespectful and so wrong,*
> *and I didn't have a voice, I didn't know how to articulate…*
> *And you know, them, sort of explaining,*
> *"well, you know power, and you know, you did the right thing by not doing anything because I don't want you getting kicked off the unit".*
>
> *But then they said to me,*
> *"You know, a big part of learning how to be a nurse is learning how not to be a nurse"*
> *…And you know, that's always stuck with me, like, some people will teach you how to do things and other people will teach you how not to do them.*

Demonstrating their commitment to justice and advocacy, KD reflected on the burden that many Indigenous nurse activists carry and the lingering uncertainty about whether our actions lead to real change. Although his instructor's response was disappointing in that they did not provide any insight or action to uphold ethical responsibility and professional accountability on the unit, they did provide an important lesson that stuck with KD; that learning, and knowledge comes in many forms: from those who demonstrate understanding and from those who demonstrate what must never be repeated.

Recognizing the oppressive colonial structures that persist in healthcare systems is a crucial step in dismantling them. The nurses in this study repeatedly highlighted the tension that often exists between Indigenous cultural practices and the mainstream healthcare system that is known to marginalize Indigenous ways of knowing, doing, and being. Julie stressed that

healthcare providers must understand racism, colonization, and their concentric impacts to effectively disrupt and deconstruct oppressive systems.

> ***Julie:*** *I think the care of our people is really important. I think it's important that people understand, we have to understand racism, we have to understand colonization and what it's about. We have to understand that and deconstruct that system. We have to be able to recognize it to deconstruct it. I've become a lot more aware of what it means, what colonization is about and the colonial way of being.*
>
> *…Well, people can teach you a lot about nursing. Anybody can teach you about nursing about the Western system. The constructs are all there, the syllabus the objectives, but people can't teach you to be Indigenous. That comes from your core, and you bring that with you. And how much of that you can bring into the system safely is up to you to decide. So that is what's important and that's what can't be taught.*
>
> *…And we've talked about it, and we did it. Ceremony, people were doing their own ceremonies and stuff like that… …And again, that's not something that was safe to be part of our system. It was something that we had to do on the side. Something that we went away and did as the Indigenous nurses that we could talk about, and we could share and stuff in that space. But when we went back to our own community, it was business as usual.*

While Indigenous nurses engage in ceremonies and cultural practices to support one another, these activities are still often done outside the formal healthcare setting as they are not widely accepted or safe to incorporate within institutional settings. This underscores the ongoing struggle for authentic representation and inclusion of Indigenous knowledge in healthcare spaces. Further highlighting the importance of disrupting the status quo with flexible, creative, and culturally safe healthcare practices, Laurie found success collaborating with interdisciplinary healthcare providers who shared her commitment to improving healthcare for Indigenous community members.

> ***Laurie:*** *I had a lot of success working with the doctors because they were keen, they were young, and they were keen to be able to provide better care to the Native people, particularly diabetes and stuff like that. They couldn't make time for case conferences during the day and so they came in the evening to meet with clients and families too…*
>
> *I was able to provide (w)holistic care through an Indigenous lens in Home Care. For example, I was supported to do land-based healing, case conferences where the*

ceremonies were held, and complete home visits in the evenings. When I could get the whole family together and stuff like that, right? And my boss used to let me go out to the ceremonies. I'd have my back of my car with all my home care supplies, and I had canes, and walkers, and stuff like that.

Together, these stories illustrate how Indigenous nurse mentors pass down knowledge not just through direct teaching but also by example, role modelling through their actions how to question and disrupt the status quo. The unique knowledge, perspective, and experiences that Indigenous nurses bring cannot always be taught or practiced authentically by non-Indigenous individuals. Although Indigenous nurses face distinct challenges while navigating colonial healthcare systems, we are simultaneously reclaiming Indigenous ways of knowing and being within those systems.

5.2.4 Deconstructing Colonial Health Systems

And she said,
"You just could not put enough culture into that system to make it safe.
We have our own way of being and you just let us be."
(Julie)

The current healthcare system remains inadequate for addressing Indigenous wellness needs. Julie was very clear when discussing the challenge of integrating traditional wellness knowledge into the current healthcare system. She recounted seeking advice from Elders on how to make the system culturally safe and competent, only to be told that true cultural safety comes from within individuals and communities, not from attempts to incorporate culture into the existing system.

Julie: *I asked them, "How could we go about bringing culture into the system to make it culturally safe and culturally competent?"*
And I remember one of the Elders saying,
"Oh, my girl, you're trying so hard". She said,
"But that's not right." She said,
"They have their system, and we have our system.
And we have our own ways of being well and healthy. And they have their ways.
And you could never put enough of our culture into that system to change it."

And she said, "You just could not put enough culture into that system to make it safe. We have our own way of being and you just let us be."

This conversation with the Elders highlighted the inherent clash between Western healthcare systems and Indigenous ways of being well. Despite efforts to introduce cultural elements into healthcare policies and practices, Julie came to understand that true wellness cannot be achieved within a system that is inherently colonial and governed by policies that prioritize risk management over cultural practices.

Julie: *And that's why the ceremonies were underground,*
like that was part of not bringing them out because it wasn't safe yet to do that.

So, cultural wellness and safety comes from the core, it comes from within.
And so, it comes from within each one of us, as individuals,
and then it will come through our families and our community.
And we've got to build that power within ourselves….

And we, as Indigenous nurses, are a good bridge to that, a wonderful bridge to that because when we become healthy, and understand our own protocols, and practice our own ceremonies, then we can share those with our family and our community and stuff, right? Otherwise, it's just another thing, that can be not safe. You might need a policy about that. You might need a risk management assessment about that. And you don't do that risk management assessment about it…

And you can't be yourself when the system is so colonial and so tightly wrapped in colonial policies, right? It doesn't allow us as Indigenous people to be Indigenous very much. There's no space for that. And when you come into the system, you don't even recognize that if you don't know the difference between Indigenous ways and colonialism. Now, people are starting to see it more. Back in the day, we didn't see it that way. We just thought – you could just go and make a policy…

We used to smudge, we used to just cover the smoke detector with a rubber glove,
and we'd smudge. We couldn't ask for that. But somewhere along the way,
they outlawed smudging, not because of the smoke, I don't think because of the smoke detectors thing, we never ever set off a smoke detector,
but somehow it became illegal to do that in the healthcare system in our hospital,
which, it was in the 90s. And all of a sudden, you can't do it.
And it took us nine months to make a policy so we could smudge in the health centre and if they wanted a policy that said we couldn't smudge, it would not take nine months.
It would take a week. Those are things…

They use your policy and all that stuff as kind of weapons -

to make their way and not the Indigenous way.
Governments have done very destructive things through policy.

Many Indigenous nurses struggle to integrate their cultural identity into practice due to rigid colonial structures. The restrictive nature of Eurocentric colonial policies in healthcare often prevents Indigenous nurses from fully expressing their identities. Above, Julie exposes how contemporary healthcare policies remain rooted in colonial violence and can be weaponized to oppress Indigenous cultural practices. With a healthcare system so deeply entrenched in colonial structures, many do not recognize these limitations unless they are actively engaged in Indigenous ways of knowing and being. Without active resistance and advocacy, healthcare will remain a space where Indigenous identity is constrained rather than celebrated. Indigenous nurses play a crucial role in rebuilding this strength by reclaiming their protocols, ceremonies, and traditional knowledge and sharing them with their communities.

Victoria echoed some of the challenges of being known within the community, such as balancing professional boundaries with familial obligations and managing the community's mistrust of the healthcare system. She described an encounter during the COVID-19 pandemic, where she and another Indigenous nurse worked under difficult conditions to support remote communities without much institutional support. This commitment helped rebuild trust and demonstrated the dedication of local Indigenous nurses to Indigenous community health. She noted the dual nature of her role as a Tseshaht nurse in building relationships and trust with added responsibilities of advocacy and unique emotional burdens. For example, systemic barriers exist that impact the way in which Indigenous nurses can implement Indigenous protocols in their nursing practice while following non-Indigenous policies.

Victoria: *Traditional – That's tricky.*
I feel like BCCNM, or like, policies can prevent us from practicing

in a way that includes traditional health knowledges just because of liabilities and the unknown and just the unwillingness or, inability to share information about traditional knowledges. And then, some of it um, feel like just tryna' remove the aftereffects of the residential schools…

Traditional wellness practices focus on (w)holistic self-care, which can clash with the rigid structures of Western healthcare systems, such as strict appointment times and bureaucratic constraints on home visits and travel time. In traditional Nuu-chah-nulth nursing, practices such as visiting Elders for tea, conducting unhurried home visits, and engaging in meaningful conversations with community members are considered essential. Although these practices are often undervalued by funding organizations, and further hindered by certain institutional time restrictions and liability policies, traditional wellness practices are inherently tied to the Nuu-chah-nulth way of nursing and remain crucial for community health.

Victoria: *So, like, the lineups, and the appointment times, and like, some rigid structure which is not our way. And like, we have some nurses who go to community home visits, and they'll have tea with the elders and it's really what they try to support in the Nuu-chah-nulth way.*
Like you go sit with your elders and you have tea with them,
maybe you don't even do an assessment that day,
but you're there… for an hour.

Throughout our visit, Victoria shared how observing Indigenous nurses in practice helped her to gain confidence in pushing back on constraints and constructs that did not fit into an Indigenous way of nursing. Further, she has been able to creatively find ways to enlist community support to give people what they want and need when it comes to traditional medicines.

Victoria: *Like I can't say, "go get this plant and put it on your burn".*
Like, I can't say that, but I can find ways around it.
For example, we have a wellness champion through FNHA. I couldn't do that because of my license but she's a community worker and she has every right to say that.
So, I can chat with her and, and then she can go chat with the person.

Victoria also discussed the importance of mental and spiritual health in traditional wellness, recognizing the expertise of certain community knowledge holders who steward the knowledge and practices.

> ***Victoria:*** *There is a group called Uustukyuu. They have the teas, they have the creams, they have the very powerful head-healers. I had a very powerful session with them a few times and just the message that they brought forward just made so much sense. They are really intuitive, and it was really helpful.*

Lucy also emphasized the importance of incorporating traditional knowledge and spirituality into her work, which required convincing her colleagues and developing policies to promote cultural safety such as honorarium policies for elders. Throughout her career, she advocated for cultural safety and the inclusion of Indigenous practices in healthcare.

> ***Lucy:*** *As a First Nation person in the work that I was doing, I was the only Indigenous nurse or staff in any of the organizations I worked in. I never worked for an Indigenous organization. So, being the only Indigenous person, it was kind of isolating and difficult in that, you know, I knew what needed to be done. For example, incorporating our traditional knowledge and spirituality. That took a lot of convincing, but in the end, they allowed me to do my work the way I felt I should because that's why they hired me…*
>
> *When I did my work, having to include the elders as knowledge keepers, there were barriers such as institutional policies on honoraria. And so, I had to write the policy and protocol to be culturally safe and provide timely handshakes…*
>
> *And, because of the loss of our spirituality, our practices and ceremonies being outlawed, for example, our people become ill, and if we don't incorporate them [now] our people will stay ill. So that took all of my nursing career.*

With her psychology degree as a foundation, Laurie successfully challenged the system's requirements and applied to nursing school in 1990. It was an arduous process, but one that revealed to her the power of persistence:

> ***Laurie:*** *That's how I learned that you need to challenge the system, right?*

Laurie described her journey through nursing school, including several encounters with discrimination. As a single parent, she had to self-advocate against a discriminatory White nurse

educator and also found herself standing up for another Indigenous student who was being treated unfairly by their peers. Though they weren't always in the same cohort, there were a few other Indigenous students in the program — and that small sense of visibility mattered. Encouraged by her family and Indigenous nurse mentors, Laurie spoke up when injustice occurred. Over time, she refined this instinct, learning that speaking up is a skill — one that involves timing, discernment, and grounding

> ***Laurie:*** *When we spoke up, we were seen as troublemakers,*
> *which now, we would be seen as disruptors.*
> *Like when I came to BC, and when I was part of*
> *the Aboriginal Nurse Leadership Circle with NINA BC, I was new…*
> *They encouraged me, and again what I was told by my elders,*
> *that I had to channel my anger towards this advocacy stuff, to speak up.*
>
> *…And again, in my family and community,*
> *they gave me a name in Ojibway, Mangidoon, "big mouth".*
> *We'd be at meetings, and they'd say, "big mouth, say something"*
> *and they'd say it in Ojibwe, "say something",*
> *so, then I would speak up and say something…*

Laurie's story exemplifies how Indigenous nurses develop courage and leadership not only through formal education but through culturally grounded mentorship, family teachings, and lived experience. Over time, she learned not only when to speak — but how. Early in her career, she would speak up as soon as she "felt the poke." Later, she learned to pause, breathe, and act with intention.

These leadership teachings were reinforced and sustained through relationships in Indigenous nurse-led initiatives and organizations. Laurie explained how these networks provided a safe base for advancing Indigenous nursing knowledge, mentorship, and policy change. For example, in Alberta, she helped design a culturally safe peer support process for annual nurse registration reviews — a system that had often failed Indigenous nurses.

> ***Laurie:*** *And we did some great work over there, right?*

> *We did the, we started the work on the culturally safe peer support process and that was to work to create a network of nurses to work together to do the annual peer review for registration.*

Later, Laurie collaborated with researchers at UBC and UVic to co-create a workbook and Indigenous-informed peer review process that would support nurses in meeting continuing competency requirements. Despite resistance, she advocated persistently for better coordination of services and for mandatory cultural safety training.

> ***Christina:*** *Laurie's words — "Say something!" — lingered with me as I sat with all that was shared. I've often been the one to speak up, to challenge, to question — I am far more likely to feel embarrassed or anxious after speaking up than beforehand….*
> *But these stories reminded me that the courage to disrupt colonial systems isn't always loud or immediate. Sometimes it's in the pause before speaking. Sometimes it's in the quiet grief of not knowing whether your intervention changed anything at all — like Doreen. Her story left a lump in my throat. I kept returning to her act of resistance: feeding a child to buy time, sending a telegram that could have cost her everything. While her story is inspiring, this kind of bravery is rarely celebrated. It's held, carried, and sometimes mourned alone.*

In summary, Indigenous nurses resist colonial systems that continue to harm and oppress our Peoples. Both relationally and strategically life-giving, collectives of like-minded Indigenous nurses and colleagues can support one another in disrupting colonialism and deconstructing colonial healthcare systems. Inherently tied to our collective obligation as Indigenous nurse leaders, standing up, speaking up, and even acting up is how Indigenous nurse mentors role model "how to" disrupt and deconstruct colonial systems. These acts — standing up, speaking up, and sometimes acting up — are not disruptions for the sake of conflict, but expressions of care and responsibility rooted in Indigenous values. Intergenerational mentorship plays a vital role in this work. Through example, encouragement, and lived wisdom, Indigenous nurse mentors teach the next generation how to navigate, disrupt, and ultimately transform healthcare systems. Intergenerational mentorship provides invaluable prospects and opportunities to re-connect, re-imagine, and re-construct our collective healing and self-determined wellness.

5.3 Relationality and Collectivity as Resistance in Nursing

Collective wisdom,
we have this collective wisdom that lifts us up and keeps us going on the journey.
It's a lifelong journey for us as Indigenous nurses.
We are not retiring at 65 or 70 or whatever.
We will continue to advance leadership, mentoring, and our knowledge.
(Laurie

Belonging is a central pillar of human identity and Indigenous nurses, deeply rooted in intergenerational relationships and community connections report a on the fractures impacting ways of being, doing and acting. Indigenous nurses find belonging through familial bonds, apprenticeship and mentorship, and their ties to the knowledge, land and people they serve. This section explores how belonging is inherently intergenerational and tied to wellness with Elders playing a vital role in guiding and teaching younger nurses. It also highlights the importance of "homegrown" nurses, whose deep-rooted connections to their communities promote trust and representation. Finally, it emphasizes the lifelong relationships that Indigenous nurses build with one another, creating networks of support, mentorship, and shared resilience that sustain both their personal and professional growth. This section conveys the interconnected and intergenerational nature of relationality, mentorship, and community within Indigenous Nurse Belonging.

5.3.1 Inherently Intergenerational and Interconnected

Intergenerational healing.
'Cause nobody will understand as much as we can about our own people.
And that's when I had that moment with that patient.
Had I not been Indigenous through these experiences,
she wouldn't have held me and said,
"I will see you in a year when I've had my life changing moments.
(Leah)

Indigenous nurse belonging is deeply rooted in intergenerational and interconnected relationships. These bonds span family, community, and professional nursing roles, emphasizing the idea that each person has unique strengths, gifts, roles, and a sense of purpose. Nurses, particularly those connected to Elders, describe a profound sense of respect and admiration for the wisdom, guidance, and knowledge passed down by Elders. Elders play an irreplaceable role, sharing teachings from within the community and on the land, inspiring the younger generations. In return, Indigenous nurses, as mentees, are committed to learning from their Elders, spending time in their presence, and honouring their wisdom through their nursing practice. The connection is reciprocal, as caring for and learning from Elders strengthens the nurses' sense of belonging, while nurturing their motivation and commitment to future generations.

This interconnectedness extends beyond the immediate family to encompass the community and its shared identity. Mentorship in this context nurtures strength, resilience, and wellness. It encourages self-care among nurses and promotes the collective healing of the community. Through these relationships, nurses reinforce the cultural and emotional bonds that sustain them, fostering a sense of belonging that transcends the boundaries of the nursing profession. When asked to think about her relationship with other Indigenous nurses and how she might describe or view the concept of intergenerationality, Julie responded with the following:

> ***Julie:*** *Well, it is the same, whether you're a nurse or not a nurse*
> *when you're Indigenous, your Elders are the important ones, our leaders.*
> *I felt I learned so much from them. I just wanted to spend time with them.*
> *I wanted to learn everything from them.*
> *And in the association, the Elders had their role.*
> *They were our advisors. They told us what to do.*
> *We were the younger people; we did the work.*
> *But their wisdom was like the guiding force.*

Throughout our visit, Julie emphasized the importance of Indigenous wisdom and intergenerational relationships in nursing and Indigenous communities. For example, she

highlighted the role of Elders as advisors and the significance of learning from them. Even within the ANAC, Elders played a crucial role in guiding the work of younger members.

> ***Julie:*** *I think mentorship is important, because there's so much of what you can learn in nursing school, there's so much that you can't learn in nursing school...*
> *The learning begins when you actually start practicing, like the everyday stuff.*
> *But there's a lot that you learn on the job that you don't get in school with any job.*
> *But we need mentors that are healthy. And it starts with being healthy –*
> *to be a good role model and be healthy.*

Despite not considering herself an "Elder", Julie explained how she enjoys mentoring others, emphasizing the importance of self-care, ceremony, and understanding racism and colonization in nursing practice. Near the end of our visit, I asked if there was anything that she would like to emphasize and she added one final point about the reciprocal nature of intergenerational Indigenous nurse relationships.

> ***Julie:*** *And, you know, it's been my saving grace in my career to have mentors. You know? People to look up to and people that I wanted to be like, and that supported me. There's a reciprocity. That's important.*

Knowledge-sharing while spending time together was emphasized as foundational to Indigenous nurse-mentors taking a nurturing approach rooted in their own experiences with mentors who provided a safe, supportive environment in which to learn and grow. Over the years, Leah has taken on a mentorship role for other Indigenous nurses. Leah and I discussed the view of intergenerational relationships in kinship terms, with trusted Indigenous nurses not only offering support and guidance, but a deep sense of belonging. Within an intergenerational kinship model of nurse mentorship, Leah identifies herself as having taken on a motherly role within the local nursing community.

> ***Leah:*** *And those girls are under my wing*
> *and anything and everything they need to know or learn –*
> *there is no knowledge hoarding, at all.*
>
> ***Christina:*** *Oh, so this is the intergenerational mentorship?*

> ***Leah:*** *Absolutely! There's so much – like anything – and they both know,*
> *anything and everything they need to ask they're safe to do so,*
> *it doesn't matter what the question is.*
> *They feel safe coming to work because they know they're supported.*
> *Yes, I love it.*

This conversation highlighted the importance of matriarchal governance within intergenerational mentorship and "heart-family" cultural connections in Indigenous communities, particularly within the nursing profession. Leah's experience highlights how these connections foster a sense of pride, identity, and resilience among Indigenous nurses, allowing them to draw on their cultural knowledge and experiences to provide compassionate and culturally safe care. For example, Lucy's disciplined upbringing helped her in nursing school, where she faced anxiety in crowds and classrooms. A non-Indigenous psychologist tried to help her but the exercises they gave did not work. Finally, an Indigenous liaison worker at the school provided her with support. She advised her to take time to smudge and pray. This led to a realization that she was still grieving her mother's death and provided an opportunity for healing, as she drew strength from knowing that her family and community were cheering her on to succeed in nursing.

> ***Lucy:*** *And I found a quiet place outside of the Indigenous room and it came to me that I was grieving my mother who I lost thirteen years prior to that.*
> *I'd never allowed her to die. So um, yeah.*
> *That become very clear to me that I was in heavy grief,*
> *and I cried my eyes out…*
>
> *And it was awesome, in that, what was clear to me was this hard rock.*
> *Coming from Lillooet where we have mountains and our way of life is very hard,*
> *I had to look at myself as being as strong as that rock is.*
> *And I have that rock with me still.*
>
> *And what also came clear is that there's many people cheering me on.*
> *The leaves were shinning, and shimmering and I looked to those as my people cheering me on to keep going. And that was an amazing day.*

And so that then gave me permission from that day forward to incorporate spirituality into all my nursing education in all of the projects I did.
And then that, that I kept going through my nursing career as well.
I incorporated our traditional spirituality and everything.
Thus, the break there looking at the mind, body and spirit.

The imagery of a rock or hard place being associated with where she comes from and the leaves of the trees shimmering to cheer her on being associated with members of her family and community served as motivation. Throughout her education and career, Lucy remained determined to incorporate spirituality into her nursing practice. She took pride in holding strong connections to her culture, family, and community and explained the concept of "self-mentorship" as something that she had to do early on in her career.

Lucy: *Some of us didn't have family who were nurses.*
And so, we were mentored by others in the field.
My family was my mentor, and they taught me hard work ethic
and to be welcoming and inclusive of everyone.

For a long time, Indigenous Peoples were not permitted to access nurse education due to restrictive and oppressive colonial policies like the Indian Act. As a result, elder generations of retired Indigenous nurses were often the first in their families and communities to become nurses. Conversely, younger generations of nurses are able to recount relationships with other Indigenous nurse mentors from their families and communities.

Initially pursuing a teaching degree, Victoria explained that her hesitancy to pursue nursing was linked to respect for the high standard her relatives had set as strong Indigenous nurses and community leaders. Although her grandmothers were nurses, it wasn't until after taking in her baby niece that she seriously considered switching to nursing, encouraged by nurses in the community that she met during that time.

Victoria: *And I tried to avoid that, actually,*
because my grandmothers were so influential in the Indigenous health nursing
in the communities and in the tribal council.

So, I think I didn't wanna follow them in case I couldn't live up to it...
It felt like they were just such, such strong nurses.
And such strong people within their communities that,
how could I follow that?

As Victoria reflected on the impact of Indigenous nurse's role modelling how to authentically embed Indigenous ways of being and doing into their nursing practice, she began to elucidate her views in intergenerationality within the context of nursing the Nuu-chah-nulth way. Up until recently, she noted that there hadn't been many Indigenous nurse mentors in her professional practice environment. She described how meeting Indigenous nurse mentors and leaders helped her to clarify her Nuu-chah-nulth perspectives and authenticate her distinct experience.

Victoria: *Indigenous nurse scholars working together are like a family.*
It's different than working with non-Indigenous mentors.
We almost fall into those family roles and relationships. Like aunties and siblings.
For example, I still question whether I belong in graduate studies,
but Lisa always encourages and compliments me.
Like an auntie, she sees something in me that I don't see in myself yet.

Victoria described how her sense of belonging as an Indigenous nurse was validated over the course of her early career through Indigenous-specific mentorship. Playing a significant role in her life, Victoria shared how these Indigenous nurse mentors saw potential in her that she hadn't recognized yet. This kind of support was crucial for her self-confidence and professional growth, with mentor relationships often mirroring familial roles. Despite being relatively new to nursing, Victoria emphasised her sense obligation to share her life experiences and contribute to intergenerational knowledge sharing within her community. She explained her role as a mature young nurse to connect with local high school students in a meaningful way and encourage younger community members to consider a career in nursing as an attainable and safe choice.

Victoria: *It's our role, and it's their role too -*
to mentor and support younger peoples to fill these nursing roles.

Because we eventually have to pass them on.

Explaining how mentorship holds as an essential and reciprocal role in supporting younger people to enter nursing, Victoria acknowledges that these roles would eventually be passed on. She noted that, in travelling to remote Nations as a nurse and a researcher, students were excited to learn more about the various roles that nurses could take on beyond bedside care, such as research and policymaking.

As Indigenous nurses shared stories of the nurses who mentored them in nursing, Laurie highlighted how she believes in the interconnectedness of all things and viewed relationships through both blood and choice. For example, Laurie explained how she was adopted into Nancy's family and often had people from the community reach out to her, asking if they could call her "Auntie" or "Kokum." And so, in the community, she always affirmed these connections, believing that they were all related through blood and relationships. Laurie took these relationships seriously and was committed to helping others, provided it did not compromise her well-being.

> ***Laurie:*** *And I just will say, "if you want me to be, I am, because we are connected. We're connected and we are related. And we are related through our blood, and we're also related through our relationships"*
> *...when those things happen, I take those relationships pretty seriously. And so, you know, when I get asked to help then I usually never say no unless it's going to compromise my own well-being, right?*
> *Like unless I don't have the energy, right? If I can't, just too much, eh?*

Indigenous nurses in this study echoed that relationality extends far beyond personal and professional identity, shaping our professional practice, collective governance, and intergenerational knowledge sharing. Julie emphasized the importance of intergenerational knowledge transfer within the context of community, stating "when you're Indigenous, your Elders are the important ones, our leaders. I felt I learned so much from them. I just wanted to

spend time with them. I wanted to learn everything from them". She went on to reveal that this was how the governance structure at CINA reflected the value of intergenerationality: "And in the association, the Elders had their role. They were our advisors. They told us what to do. We were the younger people; we did the work. But their wisdom was like the guiding force."

Intergenerational mentorship in the context of Indigenous nursing means that knowledge, traditions, and practices are passed down from one generation to the next, promoting the integration of rich cultural teachings into modern healthcare practices. This mentorship fosters a sense of identity and pride among Indigenous nurses, who can see their cultural knowledge being valued and utilized in their professional roles. Combining intergenerational mentorship with Indigenous nursing knowledge promotes a culturally safe, (w)holistic, and community-oriented approach to healthcare, which can lead to a sense of pride, identity, and belonging among Indigenous nurses and patients alike.

5.3.2 "Homegrown" Nurses

So, when you can get homegrown nurses,
it makes a difference on who wants to come in to receive care.
(Leah)

Indigenous nurses in this study believe those who are raised within their communities are often seen as the strongest solution to long-term nursing shortages. These "homegrown" nurses hold deep familial and community ties that set them apart from non-local or non-Indigenous nurses. They each talked about their visibility and representation within the community served as a powerful source of inspiration, showing local youth and adults that they, too, can succeed in nursing. Homegrown nurses possess an intimate understanding of the local context, customs, and knowledge, and they are trusted by their communities in ways that outside nurses may not be. Despite the challenges they face, such as managing confidentiality and often over-functioning

due to their deep personal ties, they believe they were trusted to care for their people. Their belonging is intricately linked to where they are from or where they consider home to be, with a sense of responsibility to community wellness that originates in distinct geographical locations.

> ***Julie:*** *There were Indigenous LPNs and there's that hierarchy, you know, in the system.*
> *But they were LPNs, but they were Indigenous, and they stood their ground.*
> *So, they were my role models, and they backed me up. They didn't back down from stuff.*
> *They said it the way it was, and they were good nurses, they treated people well.*
> *They spoke their languages.*

Although there were not many Indigenous RNs working in the North at the time, Julie found support and mentorship from local Indigenous LPNs who stood their ground and backed her up in tricky situations. Julie reflected on how these were the nurses that she aspired to be more like. How they were true to who they were as Indigenous women, spoke their languages, and treated people well. Witnessing their strength and resolve to stand up and say something role modeled to Julie how to be a "good nurse" and treat people well. Even though there remains a hierarchy between LPNs and RNs, Julie shared how it was these Indigenous LPN who served as role models. She described how she found greater strength within herself to speak up and use her voice with greater confidence.

> ***Julie:*** *One of the Indigenous LPNs was working in HR, but still like just the way she treated people, the way she talked. They were a lot of support.*
> *And when they felt like I was getting picked on, they came to my rescue.*
> *I mean, for the most part, I didn't speak up,*
> *but the longer I worked, the more I spoke up.*

Leah's story about building trust in her home community demonstrates her strong presence and impact as a nurse – where her husband is often recognized as "Leah's husband," even though his family has been embedded in the community for several generations. Over the past 16 years, Leah has worked in almost every department in the hospital. Leah shared how her time in homecare was pivotal, allowing her to form strong bonds with Indigenous community

members. This connection made them feel safer and more welcome when they later encountered her in clinical and emergency settings.

> ***Leah:*** *So, when you can get homegrown nurses,*
> *it makes a difference on who wants to come in to receive care...*
> *And I would see them, and I'd just open my arms, and be like, "Welcome family."*
> *And we have very good bonds. So, a lot of people felt safer coming in...*
> *And sometimes people will walk in, and they'll just breathe a sigh of relief.*
> *When I worked Emerg, people would come in and just like – you could see they were tense and then they could just drop it down and be like,*
> *"Oh, my God, thank God you're on." You know?*

Leah remains dedicated to nurturing and mentoring "home grown" Indigenous nurses, meaning nurses who were raised in the community and return to work in the community. These nurses not only have strong family and community connections that provide support while working in a somewhat rural and remote community but also provide more long-term solutions to staffing shortages. For example, Leah shared a story of one local Indigenous nurse who spoke her [Indigenous] language but only stayed in the community for a short time after graduation.

> ***Leah:*** *And she's amazing. We've been trying to recruit her here.*
> *So, I've done so many things, like one of the things I did do was I was the Acute Care Manager, I was trying to recruit her to come to work at Fort Smith for a very long time.*
> *Because I said to her, "We need more Indigenous nursing.*
> *We need more people in our community because too many times we hear people don't feel safe with the nurses that sometimes come here" because we have a huge locum base right? So, when you can get homegrown nurses, it makes a difference on who wants to come in to receive care.*

Laura also shared experiences of mentoring younger nurses, including both Indigenous and non-Indigenous nurses, introducing them to Indigenous communities and cultural differences. She found fulfillment in helping these students understand and appreciate Indigenous cultures. Although challenges to retaining Indigenous nurses in Indigenous communities remain, Laura explained how these relationships positively impacted her sense of

identity and belonging, particularly as more Indigenous nurses graduated and joined the workforce.

> ***Laura:*** *Well, I was glad that I was no longer the only Indigenous nurse in the Treaty 6-8 because I was for a long time working for Health Canada. I was the only Indigenous nurse, so I was sent to the different communities to go help out because they were mostly Cree communities, right?*
>
> *So, [now] more and more Indigenous nurses were now graduating and coming to work in the area. At one point, at the health centre in Saddle Lake there were six of us Indigenous nurses working for our community. That was just awesome.*
> *Then some headed for greener pastures, some got married and left, and some just left because they didn't like reserve life, and they wanted the city life.*

Even though Leah was not born in the community, as a self-described "import", she considers Fort Smith her home because this is where her children and grandchild have all been born and raised. While the significance of Indigenous nurses working in their home communities certainly emerged as a strength, Indigenous nurses who work in other communities have likewise cultivated strong and trusting relationships. Within the context of Indigenous Health Nursing (IHN) and community support, Leah recounted the various Indigenous nurses who have mentored her within the community of Fort Smith. When describing how it felt working alongside more experienced Indigenous nurses, the primary sentiment that Leah recalled was that of feeling safe. When asked how she might locate herself within an intergenerational community of nurses, Leah explained how, early in her career"

> ***Leah:*** *Those were really safe, really strong foundation places to start. Especially working in our community... And it was super beautiful to work with women of this community, seeing how they interacted with their community.*

When working with Indigenous nurses early in her career, Leah went on to explain how there was no discrimination, and she never felt embarrassed about anything. Leah emphasized how there are no barriers based on roles or titles when working with other Indigenous nurses.

Whether an individual is an LPN or an NP, everyone is treated equally and has full access to support and information. This creates a safe learning and growing space, especially for newer nurses. Speaking about the nature of this community-based Indigenous nurse mentorship, Leah described her feelings towards one of the senior Indigenous nurses:

> ***Leah:*** *And I love her to the end of the earth and back.*
> *She's just, she's an amazing nurse, who, in the middle of an emergency,*
> *is who you want on your side. She's good at what she does. Love her to pieces.*
> *So, I actually spent a lot of time with her…*
> *I think being an Indigenous nurse in this community*
> *has a real huge benefit for the people, because they can trust me.*
> *I've been here for 33 years. My kids are born here.*
> *My grandchild is born here. I'm super embedded in the community.*

Generosity and reciprocity emerged as key attributed of intergenerational Indigenous mentorship of "homegrown nurses" choosing to return to work in their communities. Just as Julie found support and mentorship from other Indigenous nurses in the community, she eventually became a mentor herself. She actively promoted nursing as a career to Indigenous youth and established programs to support and mentor aspiring Indigenous nurses.

> ***Julie:*** *Because again, you could be a nurse,*
> *but you can't have that same sense of belonging when you're not from the community.*
> *I mean, I've gone into other communities, and I know I'm a visitor there.*
> *I'm there to help. I'm there to work. That's great.*
> *But that's not my place.*
> *It's different when you're looking after your family.*
> *And it's your place.*
> *And there's this myth that as an Indigenous nurse,*
> *you can't work in your own community and look after your own people.*
> *And I've never once believed that to be true.*

Over time, these recruitment and mentorship actions contributed to an increase in the number of Indigenous nurses working in their community's health center. Throughout our visit, Julie and Leah maintained that Indigenous nurse mentorship provides significant guidance and valuable support for both personal and professional growth. One interdisciplinary community-

based care strategy that Leah highlighted as a success was the implementation of integrated healthcare teams in the local clinic, noting the strong cohesion and collaboration among team members. This collaborative approach has led to better preventative care and a more supportive environment for both healthcare providers and patients. For example, when a territorial specialist came to visit the community, she said that this is the first clinic she'd worked in where she saw such a cohesive nature.

> ***Leah:*** *"What? Everybody doesn't work like this? Like, come on."*
> *We're really good friends and we see each other outside of work,*
> *we plan things – yes, we plan things together.*
> *And we just get along so well.*

5.3.3 Life-giving Indigenous Nurse Relationships

A key element of Indigenous nurse belonging is the formation of lifelong relationships with other Indigenous nurses. These connections are described as essential for not just surviving but thriving in the profession. The shared experiences, values, and understandings among Indigenous nurses create a safe and supportive foundation for learning and growth in professional practice. These relationships are free of competition or knowledge hoarding, as Indigenous nurses actively encourage one another's success and well-being through both intergenerational and peer mentorship. The bonds between nurses often resemble familial kinship, with many describing their colleagues as sisters, cousins, or even grandmothers. These authentic, trusting friendships provide a vital support system, enabling nurses to flourish both personally and professionally.

> ***Victoria:*** *Indigenous nurse scholars working together are like a family.*
> *It's different than working with non-Indigenous mentors.*
> *We almost fall into those family roles and relationships.*
> *Like aunties and siblings. And it's friendship too.*

Leah's best friend was instrumental in her decision to pursue nursing when she was 31-years old. Leah demonstrated immense dedication and perseverance, especially considering challenges faced, such as moving to Yellowknife, managing family responsibilities, and overcoming health issues. Leah pursued nursing school as a stay-at-home mom, overcoming challenges to complete their education. Throughout her story, the strong support system, and deep bonds she holds with her best friend and the community were emphasized. Caring for her grandmother during her illness also inspired her to consider nursing. Leah's dedication to nursing and to the community, combined with the support and encouragement from her best friend, have played crucial roles in shaping her career.

> ***Leah:*** *So, when my best friend, who convinced me to move here,*
> *asked me to go to nursing school, it just seemed like the perfect thing to do.*
> *She's Indigenous as well. And so, I'm like, "Yes, let's do it!"*
> *So, we went – we had to leave our houses, and we had to leave our lives behind*
> *and go to Yellowknife with no support whatsoever,*
> *and just forged through with seven kids, and our husbands [working] at the mine.*
> *And we did it. And then we both ended up back here [in Fort Smith],*
> *and I've been here working full-time for 15 years and 7 months.*

Laurie emphasized the importance of kinship and intergenerational relationships within the community of Indigenous nurses. She viewed these relationships as vital connections that she worked to maintain. Laurie likened these connections to familial ties, where colleagues, family members, and even extended family adopted her into their lives.

> ***Laurie:*** *Anyways, you know, the wellness piece and the mentorship part…*
> *it's like networking and finding your soul mates and your allies.*
> *I always found there were soul mates and allies.*
> *There were people that, you know, I had a real affinity for that, we really…*
> *And then your allies. To me, the wellness was always about these relationships.*

Laurie emphasized the significance of these bonds and how they strengthened the sense of community and support among extended networks of Indigenous nurses as part of wellness. This

perspective underlined the importance of maintaining and nurturing intergenerational relationships, recognizing their role in personal and professional growth.

> ***Laurie:*** *I too think about it as, in terms of kinship relationships.*
> *Like I think, my staying connected with you, and the people that I've stayed connected with. Like, so to me, those relationships are important and that's why I try to stay connected, eh? I don't want to lose those relationships, like, um, to me, that's what it's always been like - it's my colleagues, but my family too, my, you know,*
> *the same thing, sisters…*

Doreen fondly remembers working with one Indigenous nurse colleague early in her career at the Camsell Hospital and later in the North. This relationship provided a sense of solidarity and understanding in a predominantly non-Indigenous healthcare environment. On one occasion, Doreen advocated for an Indigenous nurse colleague to be sent up North to lead the maternal-child care, stating:

> ***Doreen:*** *…Then I'll know,*
> *at least somebody that I know will have a loving heart*
> *and will be able to take care of the people the way I expect to run the ship!*

When asked how this relationship with an Indigenous nurse impacted her own sense of identity and belonging, Doreen responded:

> ***Doreen:*** *Well, I didn't feel alone.*
> *I knew that there was somebody else like-minded.*

Wanting to dig a little deeper, I asked Doreen about how she views the concept of intergenerationality within her relationships with other Indigenous nurses. Doreen explained how the concept of intergenerationality was central to Indigenous nursing. She emphasized the importance of traditional teachings and (w)holistic approaches that distinguish Indigenous healthcare practices. This includes respect for all living beings and a deep connection to cultural heritage, which influences how Indigenous nurses relate to patients and colleagues alike.

> ***Doreen:*** *I view it as something very unique.*
> *Because we're so different from most.*

We have this (w)holistic approach, first of all, we
– in relationships, the first thing we all say,
"Where are you from? Where are you from?"
And that shows, before we even ask your name,
we then know the history of the land, the place and so forth,
and we build that relationship from there, on.

So, it's like with [nurse name], I knew she was Indigenous.
We didn't speak the same language or understand each other,
but English was our common language.
And automatically, she had respect for me, and I had respect for her.
That's why I put her in charge of the Maternal-Child department.
I knew there'd be competence, and I knew that she'd treat these people
from that Indigenous (w)holistic perspective.

Because it doesn't matter what part of the world Indigenous people come from,
we have a very different way of knowing and being.
It's that ancient knowledge, that ancient wisdom.
Even though we've spent hundreds of years being colonised,
we still have those traditional teachings.

Christina: *And relationships?*

Doreen: *And relationships.*

By fostering relationships with others who share similar experiences, Indigenous nurses create supportive networks that enhance their ability to heal and grow. Although the majority of Lucy's career in nursing saw her working in practice environments where she describes as "I was the 'lonely only'" Indigenous nurse within an organization, there were times that she met and created mentor-relations with other Indigenous nurses. For example, while at Langara College, Lucy recalled receiving a handwritten invitation from Evelyn Voyager which led to their involvement with the BC Chapter of the Aboriginal Nurses Association of Canada (BCC ANAC), later the Canadian Native and Inuit Nurses Association of BC (CNINA BC), that was over 2 decades ago.

Many Indigenous nurses have shared their journeys of overcoming trauma, discrimination, and other obstacles, which has shaped their understanding of health and wellness.

Resilience is a key theme in the wellness of Indigenous nurses, reflecting their ability to adapt and thrive despite the challenges posed by systemic barriers and personal adversities. This resilience is often bolstered by a strong sense of community support, mentorship, and the teachings of Elders, who impart valuable wisdom about healing and coping strategies.

Although in-person meetings were infrequent, the solidarity shared with other Indigenous nurses provided a sense of motivation to continue to be strong, and to especially advocate for more Indigenous nurses in the workforce.

> ***Lucy:*** *There was only maybe five-six of us at the time throughout British Columbia. And it felt good to belong to a group of people that, you know, us Indigenous nurses. I felt welcomed and I thought we are going to do such good work insuring we get more Indigenous nurses in the work force to succeed and to be able to provide (w)holistic care for our people the best way possible...*

Amongst Indigenous nurses, collective resilience serves not only to strengthen individual nurses but also to uplift the community, reinforcing the notion that healing is a shared journey. For example, Julie reflected on the general lack of Indigenous role models in nursing that shifted upon joining the Aboriginal Nurses Association of Canada (ANAC, now CINA) in the late 1990s. She explained how joining ANAC provided not only a supportive community of Indigenous nurses from across the country, but also a national platform to address issues within the colonial healthcare system.

> ***Julie:*** *Most of the Indigenous role models that I had were through the Aboriginal Nurses (ANAC/CINA). And one of the career-saving things that I did was eventually I joined the Indigenous Nurses (ANAC/CINA).*

Despite facing challenges like unequal pay and being taken for granted due to her long-standing presence in her home community, Julie found inspiration and guidance from Indigenous nurses who envisioned a healthcare system that addressed the impacts of colonization and prioritized Indigenous health.

> ***Julie:*** *In terms of mentors, I would say all of the Indigenous nurses were my mentors.*
> *They were the most important because I could identify with them.*
> *Many of them had been practicing much longer than me*
> *and I have been through a lot of the same stuff. And they were visionaries.*
> *They had that vision of what our health should be like, what's important,*
> *how discrimination affects your health, like all of those things, right?*
> *They were the ones that were the true nurses.*
> *That's what was important.*

Lucy cited racism and inferred sexism within the healthcare system as a significant barrier, with Indigenous nurses often being undervalued compared to Indigenous doctors. For example, Lucy mentioned the challenges of maintaining the BC Native and Inuit Nurses Association due to a lack of funding and broader support. Despite these obstacles, the group continued to support each other, nurturing personal strength and collective resilience.

> ***Lucy:*** *Though, you know, we would meet, and our camaraderie is what kept us going. It allowed us to build within ourselves our own strengths to be able to go back to where we come from and work, and to do the best we can with what we have. It's just like, fed us.*
> *You know, like um, ah, like it was nutrition. You know?*
> *It was like coming to get some good medicine. And I go back, and then it'll wear off,*
> *then you gotta' come back together again, when you can.*

Lucy's experience with peer mentorship highlighted the importance of finding one's unique voice and approach within the professional environment. She described peer-mentor, Indigo Sweetwater, as a nurse with such strong work ethic and positive intentions towards growing the Indigenous nursing workforce. This fellow Indigenous nurse had a different approach to advocacy that was much louder but influenced Lucy to develop her own gentle and storytelling-based method of patient care and advocacy. When asked what was special about these relationships, Lucy said:

> ***Lucy:*** *There's that quiet life-experience connection that we have.*
> *I think that's what keeps us together. You know?*
> *Even though were, like I haven't talked to Evelyn in over a year, abut I know if we see each other, we'd be so happy to see each other.*
> *And we don't have to say a thousand words.*
> *We could smile and we can hug each other,*
> *and we know we're okay.*

Years later, working alongside Kwakwaka'wakw nurse and Elder-in-Residence, Dr. Evelyn Voyager, also played a crucial role in Victoria's education and professional development. Victoria explained how her relationships with Indigenous and non-Indigenous mentors, were pivotal in shaping her nursing career and understanding of Indigenous health nursing. Dr. Joanna Fraser was acknowledged as a non-Indigenous teacher who worked with Victoria since the first year of nursing school and had a particularly significant influence on her through an experiential emphasis on relational practice and Indigenous health research. Victoria also met Dr. Mona Lisa Bourque Bearskin through her involvement in research projects within Nuu-chah-nulth communities in 2018 while still completing her undergraduate degree in Nursing at North Island College.

> ***Victoria:*** *Until I saw her doing Indigenous health research, which she and Evelyn have been so committed too... When I look at other nursing schools, I'm actually thankful I ended up at North Island College because although there's still institutional barriers and stuff that gets in the way, their focus on Indigenous health nursing, and Indigenous topics in general, is really advanced.*

Victoria identified Xaxl'ip nurse leader Jeanette Watts, as one especially influential mentor to the nurses in her family. Although originally from Lillooet, one of the communities that make up the St'at'imc Nation, Jeanette married into the Tseshaht community and has been an advocate for the Nation-based Nuu-chah-nulth Nursing Framework. When Laurie first started working for the Intertribal Health Authority on Vancouver Island, she also named Jeanette Watts as an influential mentor and role model who demonstrated a (w)holistic approach to Indigenous Health Nursing within the community.

> ***Laurie:*** *So that's where I worked when I first moved to the island.*
> *So, my first Indigenous nurse mentor when I went over there was Jeanette Watts...*
> *It was so bizarre because I read about her just prior to moving to the island.*
> *They did an article on her in the Canadian Nurse...*
> *And so, in that she was in Nuu-chah-nulth, and I just thought,*

"Oh, my God, I gotta meet this woman".

Throughout our conversation, Laurie emphasized the importance of networking, finding allies, and maintaining relationships for wellness. Laurie also understood the protocols of different Indigenous communities and navigated them respectfully as a visitor. Laurie went on to establish connections with Indigenous nurses and nurse leaders to create a network of support. For instance, she has always sought out local Indigenous community members to guide her practice and the subsequent relationships she formed highlighted the role of kinship and community in her journey. These relationships taught her the value of being open, trusting, and supportive, provided it did not compromise her own well-being.

> ***Laurie:*** *One of the things that I was tasked with doing was, you know, making connections and building relationships with the different Indigenous nurse leaders. And those relationships continue to this day.*
>
> *So, I created this network of Indigenous nurses who worked in First Nations.*
> *And that helped me, because I was a visitor and I knew that I needed invitations,*
> *to understand the protocol, of working within those Nations.*
> *That helped me because I always recognized, you know, from the get-go,*
> *I'm a visitor in these territories. I am just, I never profess to know and so,*
> *I really maintain those [relationships].*

Laura also discussed her relationships with other Indigenous nurses and how they mentored each other, especially during the early stages of their careers. She shared how the Indigenous nurses always supported each other, especially during instances of discrimination or lack of recognition from higher-ups compared to non-Indigenous nurses.

> ***Laura:*** *...there was also another Indigenous nurse that I graduated with, but the three of us were – we were able to help each other, mentoring each other, because we knew that some of the people in the higher category didn't regard us the same as they did the non-Indigenous, so we would mentor each other.*
> *It was hard, and I know when people now, young people, and they say,*
> *"I can't go because I have kids. What am I going to do with my children?"*
> *I said, "Hey, if I survived Edmonton with my four kids,*
> *you stick close to your group that you're with and you help each other."*
> *That's what we did. And I said,*

"We stuck together and made it through. Not all, but we made it through."
And it wasn't easy, but I stuck it out for 39 years, and then I said,
"If I don't retire now, I'm gonna be here till I go into a nursing home."
So, I said, "I need some me time now,"
so, I didn't regret retiring when I did because I still play active roles here and there.
I volunteer. I get asked to sit on committees or whatever.

Over the course of her career, Julie also became a role model and mentor to other Indigenous nurses (like me) in the community. This led to a significant increase in the number of Indigenous nurses returning home and working in the community.

Julie: *So over time, and with more experience, I started mentoring other nurses and started promoting nursing and Indigenous nurses to come home.*
I'd go into the schools and talk to kids about nursing.
We would have little nursing bring your kids to school day and the teddy bear tent was set up, so that kids weren't scared to come to the hospital.

All of those kinds of health promotion things
to get more people into nursing from the community.
And at one point, we had more Indigenous nurses than non-Indigenous
working at the health center. So over time, it worked.
And at one point, I worked as nurse educator mentor,
and I set up a preceptorship program for nurses.

Relationships amongst Indigenous nurses, family, and community members nurture the mentees and mentors who have significantly influenced the practice of Traditional Wellness.

The collective story of Indigenous women progressing through their nursing career reinforces the importance of relationships with Indigenous nurse mentors and community Elders that role modeled how to integrate their distinct cultural practices and values across their personal and professional life.

5.3.4 Indigenous Mentorship Protocol, Roles, and Responsibility

> That's our mentorship.
> We find it within ourselves to carry on
> because other people mentored us
> and that we know people are cheering us on.
> (Lucy)

Indigenous mentors, whether nurses or traditional healers, play a pivotal role in shaping the understanding and practice of traditional wellness. Lucy shared how relationship with such mentors has been profoundly influential, providing insights that bridge traditional knowledge with modern healthcare practices. Mentorship within Indigenous nursing follows traditional protocols rooted in humility, respect, and reciprocity. Aspiring nurses seek out mentors by asking for guidance with humility and often presenting a gift as a sign of respect. These mentor-mentee relationships provide crucial "check-in" spaces, where mentees have someone who they can call upon for support, advice, or simply to feel connected. Mentorship is an experiential process, where mentees learn by doing, gradually transitioning into mentors themselves. As they grow in their practice, they give back to the community, embodying the principles of reciprocity. This cyclical process strengthens intergenerational knowledge transmission, reinforcing the ties between cultural identity, wellness, and belonging within Indigenous nursing.

Engaging in mentorship empowers Indigenous nurses by providing them with the confidence, support, knowledge, and shared experience to navigate and challenge the constraints of the healthcare system. This empowerment enables them to advocate for their patients and community, ensuring that traditional practices are respected and integrated into patient care. It also fosters a sense of agency among Indigenous nurses, allowing them to reclaim their roles as healers within their communities. Intergenerational mentorship promotes continuous learning

and professional development. Experienced mentors can offer insights and knowledge that are not found in textbooks, while younger nurses can bring fresh perspectives and innovative ideas.

This dynamic exchange of knowledge and experience can lead to the development of new, culturally relevant health practices and policies. For example, Keith discussed the influence of their relationship with Grandmother Doreen Spence as Indigenous nurse mentor on their learning, knowledge, and practice of traditional wellness beyond ceremonial settings. Expressing his interest in learning more about traditional knowledge and practice as a nurse, Grandmother invited him to be her helper if he offered her tobacco.

> ***KD:*** *Anyways, we were all out on the land and she was just teaching us stuff, doing some plant teaching stuff and then, like I said, I'm a nurse, I'm really interested in learning more. And she said, "well, if you offer me tobacco, you can be my helper. And I can teach you." And it was like, yeah, it was such a gift. So, I of course, got tobacco, drove back to Calgary, um, gave her tobacco. We talked for a long time. She said, "I'm having a sweat on this day, come out. You can carry the stones, the grandfathers" And like, ever since then, I've just been like learning with Grandmother every chance I get. You know, obviously, I can't always go, because it's a long drive. It's not that long, but it's four hours to where she holds her lodge. But anytime I get enough notice, I'll go down and just help out.*

When invited to speak about the relationships between Indigenous nurses nowadays, Doreen shared about her experience teaching and mentoring both Indigenous and non-Indigenous nursing students inside and outside of the classroom.

> ***Doreen:*** *Well, it's exciting because I do have exposure to nursing students. I find they're hungry to learn their traditional backgrounds, their traditional ways. Some students even speak functional Cree or their own language.*
>
> *At Mount Royal, I'm teaching a class on traditional Native teachings to a mixed class [of Indigenous and non-Indigenous students]. With the Indigenous students, it's automatic respect. They'll never open their mouth, look straight at you, or be in your face. They're just automatically very different from the non-Indigenous students.*
>
> *Last fall, I had a small disabled person who was white come into our last class.*

> *On the first day when I opened up circles, she didn't say much - just her name and that was it. However, that same day at the closing circle she cried and said,*
> *"I love this class because I feel the sense of belonging from Grandmother."*
> *That's what our students feel every time they come into class...*
> *It's that relationality between all, not just each other, but all living beings.*

Doreen takes pride in supporting students through their academic journeys, from dissertation preparation to graduation, ensuring they uphold cultural values and integrate traditional knowledge into their nursing practice. She spoke of using her positionality as a respected Grandmother and Elder to not only mentor, guide, and support Indigenous graduate students, but to advocate for fair evaluation processes as well.

> ***Doreen:*** *I spend a lot of time mentoring post-secondary students. I help them through their dissertations. I often support them until they get a job. I've had two graduate this year, who I supported through their dissertations. One received her PhD. The other lady is Métis and had two bouts of cancer, yet she managed to graduate.*
>
> *For example, we talked and prepared for one student's oral defense on zoom. I'm getting pretty good at it now because I even told the student that she can send out her paper and questions to ask them four weeks in advance. She gave them her final draft and said "if you have any questions, look it over. If there's anything, please let me know."*
>
> *When we got on zoom, she introduced me, I did the opening, and then I handed it back to her. Then she talked about her paper, and they asked questions at the end. When they had finished, I said, "are there any more questions" because I had been asked to do the closing. I thanked the student, and I thanked the profs. Then one of the professors said, "Oh yes, I was going to ask about such as such."*
>
> *And so, I said to the student "did you not send out those questions four weeks ago? Was that not part of it?" And she said "yes." And so, I said, "my dear, your dissertations done. It was opened up for questions. All the questions were asked.*
> *And now it's time to close. Thank you again" And so we closed.*
> *Now that's a far cry from where I've seen our students coming....*
> *It's food for thought.*

While Indigenous lived experience is an important factor in providing Indigenous-specific culturally safe care, without the Indigenous nursing knowledge and experience, there remains a significant lack of assessment, treatment, referral, and capacity to advocate for our people. In diverse practice environments such as home care or mental health care and addictions

treatment, Lucy emphasized the negative impact of hiring lay people as healthcare providers. While these health workers/aides did the best they could with minimal training, a qualified LPN or RN would have done more extensive assessments and provided integrative care. She shared a personal story of her brother's inadequate care due to the use of underqualified and non-regulated Indigenous community health workers/aides.

> ***Lucy:*** *Whether it's nursing, a patient care aid, a home care person,*
> *because, you know, our reserves don't really hire nurses to provide home care.*
> *They hire community people. So, I have an issue with that…*
> *But, you know, they're doing a good job and they're doing the best they can*
> *with what they have... in my mind, our own communities are doing a disservice*
> *to our people by not hiring nurses to actually do the care, the home care.*
> *Because, you know, our people are still dying*
> *because they're not getting adequate care.*
> *Maybe it's the funding...*
>
> *In one way, it's good to hire community people, but hiring less-than-qualified,*
> *which is different than mainstream non-Indigenous healthcare*
> *where they would only hire nurses to do this work…*
> *They should be encouraging and funding program*
> *pathways for them [Indigenous People] to become an RN.*

While providing support and encouragement to others, Lucy emphasized the importance and impact of Indigenous nurses' training, assessments, and advocacy. She explained that one way in which our health care system is failing our people is because we don't have the qualified people trained as nurses within our communities. Lucy's approach to mentoring new generations of Indigenous nurses focused on celebrating people where they were at. With great humility, Lucy spoke about how she mentored others, encouraging Indigenous people in various healthcare roles to pursue further education and career advancement.

> ***Lucy:*** *What I can share is that I did mentor, very slightly, other Indigenous people to go into nursing as a stepping-stone whether they were a home care aid, a LPN, a unit clerk, to further their career. And I would celebrate them wherever they were at in providing health care with our people. Even nurses that work on nursing wards.*

You know, I lightly mentor them. You know some nurses that don't wanna go on to do their master's or don't want to work in an Indigenous organization.
So, I just slightly mentor them in ways saying, you know,
"you're doing good work where you are, that's awesome."
It's not necessary always to go through higher education,
as in a schooling system does, but to better your career where you're at.
Even, you know, mentoring them that if they're having a hard time, that there is a unity.
That they can reach to... and some of them are too afraid even to do that...

And I said, you know what?
You can trust them. They'll give you good direction.
Others, you know, I just praise them wherever they're at, wherever they are.

Regarding intergenerationality in nursing, Laura spoke about mentoring younger nurses and having family members who followed her into the nursing profession. She sees herself primarily as an "aunty" figure within the nursing community, providing guidance and support to the younger generation. She humorously noted that despite being 70, her younger colleagues still refer to her as aunty, not recognizing her age.

Laura: *I had an aunt that was a nurse. And let's see, I have my first cousin who went into nursing after I got out, I mean, after I graduated, and my daughter, three nieces, and a nephew that all went into nursing, and we're working on the younger ones now to get into it [laughs]. I've been referred to as nurses – I mean, as a grandmother or aunt, mostly aunty, I think. They all call me aunty. They don't think I age.*
They don't realize I'm 70 [laughing].

For Victoria, mentorship has been crucial in navigating the challenges of her profession, balancing the emotional demands of nursing with self-care, and maintaining (w)holistic well-being through cultural practices. The intergenerational transfer of knowledge not only enhances her professional capabilities but also enriches her personal life, allowing her to connect deeply with her cultural roots and community. When asked about her vision for bringing all this together and integrating intergenerational Indigenous nurse mentorship and traditional wellness practice, Victoria shared the following:

Victoria: *I'd like to see it, like you know how that medicine woman in Texas was?*
Where she gets calls from doctors, from nurses, and they get to treat them together?

She has this traditional medicine and it's really effective...
She has proper knowledge and makes use of it. I'd like to see that.

I would like to see barriers removed so Tseshaht nurses and community members can incorporate traditional health and wellness with our Western nursing care...
It's kinda backwards on how, with the health care, it was always preventative in Nuu-chah-nulth and people rarely got sick. It wasn't till all this other stuff happened.

In an ideal scenario, the systemic barriers to practicing traditional wellness would be removed, allowing for full integration of Indigenous health nursing knowledge with Western nursing knowledge. Indigenous nurses would be recognized as experts in both fields, able to practice freely and collaboratively with other healthcare professionals. For example, Laura emphasized how mentorship plays a significant role in learning traditional wellness, ensuring that mentees receive comprehensive knowledge and maintain their cultural identity.

Laura: *It plays a big part, because when you're mentoring somebody,*
you wanna make sure that they get everything that they need to know,
and you need to know what their needs are
and you need to know how you can help them.
How can you help them maintain their identity
and not separate themselves from tradition cultural aspects of nursing?

This vision, while challenging within the current Western-dominant healthcare systems, offers a path towards a more just and effective healthcare system that honours and integrates Indigenous knowledge and practices as distinctly held by Indigenous nurses. Doreen's narrative underscores the significance of Indigenous identity in nursing and an ongoing commitment to passing down traditional wisdom to future generations of nurses. She emphasized the invaluable teachings received from Elders, family, and community members, which form the foundation of their approach to mentorship.

Doreen: *For me, when you talk about intergenerational mentorship,*
I had the best teachers on the planet.
My granny, mom, my great-granny, my aunties, my uncles, and my community.
All those Old People managed to go through what they did, and still laugh.
Get up in the morning, pre-dawn, and welcome Grandfather Sun and say,

> *"Here we go. We're giving gratitude for a [new] day."*
>
> *And so, for me, I had the best mentors on the planet,*
> *because when I'm having a bad day, or a down day, or a lot of distractions,*
> *all I have to do is remind myself of the mentors*
> *and the people in my life that have influenced me.*
>
> *...So, that's what I talk about when I talk about mentorship*
> *in terms of body, mind, emotion and spirit, peace and harmony, tranquility.*
> *Nobody is superior to anyone else.*
> *We're all in it together as a collective, we have to look after each other,*
> *nurture each other and support each other.*

Doreen's insights and experiences highlight the transformative power of intergenerational mentorship in supporting one another, shaping our collective community, and nurturing future Indigenous healthcare professionals.

As Indigenous nurses come together to support one another in (w)holistic ways, it is our relationality that gives us strength to resist colonial oppression within healthcare as we continue to reclaim our wellness as a collective. Characterized by intergenerational relationships, lifelong learning, and the intertwining of our stories, the wellness practices of Indigenous nurses contribute to the overall health and resilience of Indigenous nurses. By fostering a sense of cultural identity and embracing relationality, Indigenous nurses not only enhance their well-being but also empower their communities, promoting collective healing and wellness.

5.4 (Re)claiming Our Wellness with and in Community

If I sat here every day and talked about all the trauma
and all the abuse that I've seen and experienced in my life,
it would consume my day.
But I choose consciously and mindfully to live it,
rather than talk about it.
I choose to be as well and balanced as possible
and to keep doing Creators work.
And it is incumbent upon each one of us to do our bit
and really care for the earth, because she provides all our needs for us.
And so, we must be mindful that way.
(Doreen)

This final section of the (re)search findings harvest serves as our collective story of reclaiming our wellness with and in community. It was confirmed that the concept of wellness for Indigenous nurses transcends mere physical health; it embodies a (w)holistic approach that integrates cultural, emotional, spiritual, and community dimensions. Central to this understanding is the belief that true wellness originates from within, requiring individuals to embark on a personal journey of self-discovery, familial reconnections, cultural reclamation, and supportive, collective healing. Drawing upon their ancestral knowledge and blood memory to cultivate a sense of belonging and connection, these Indigenous nurses generously shared their experiences of what it means to reclaim wellness.

5.4.1 Cultural Wellness Comes from Within

The Old People always told me,
"The longest journey that you're going to travel girl,
is from here to here, from the head to the heart space."
And I sure know what those Old People were talking about
because it's my lived experience.
(Doreen)

Cultural wellness is deeply rooted in an individual's understanding of themselves and their connection to their community. These Indigenous nurses recognize that true health begins

from within; to effectively share knowledge, they must first engage in personal healing and embrace their cultural practices. Their journey involved deep layers of introspection stemming from their family and community, emphasizing the importance of intergenerational healing. These nurses cultivated peace within themselves, embarking on a transformative journey from intellect to emotional embodiment, guided by principles of loving kindness. Throughout our conversation, Lucy's stories exemplified how traditional wellness knowledge and practice encompass the (w)holistic understanding of health, deeply rooted in culture, self-discipline, and traditional teachings. This perspective views health through a multifaceted lens, incorporating physical, mental, emotional, and spiritual well-being. It emphasizes the interconnectedness of individuals with their community, environment, and cultural heritage. For example, her father, who was a medicine man, used traditional remedies that left a lasting impression on her about the effectiveness and importance of natural healing methods. Lucy described how traditional wellness practices often include natural remedies, spiritual rituals, and communal activities that promote overall health and balance. However, Lucy also shared how being diagnosed with diabetes was a turning point that made her realize the importance of taking care one's own (w)holistic wellness.

> ***Lucy:*** *For many years, I didn't take care of myself. I thought I was okay. You know? Physically, mentally, emotionally, and spiritually. But it wasn't until I was diagnosed with diabetes that I realized, "holy shit, you know, this is real".*
> *Because I was under stress for all those years.*
> *My cortisol level was probably high every single day of my career,*
> *in trying to get this work done, that when I finally came to the realization that,*
> *and accept the fact that I have type 2 diabetes that I better smarten up…*
>
> *And I started mentoring myself into becoming well.*
> *I take my dog for a walk every morning. I smudge every day.*
> *I thank the Creator every day.*
> *I think about my parents every day and how hard they worked throughout their life to provide for us so that we could have a good life.*

Julie further stressed the importance of Indigenous people being confident in their own ways of keeping well. She maintains a personal goal to continue learning about Indigenous protocols and ceremonies and to mentor new nurses in understanding and integrating these practices into their work. She sees her role as nurturing wellness and resilience within both Indigenous nurses and the communities they/we serve.

> ***Julie**: And ceremony, I think is really important.*
> *I like to really encourage the nurses to look at ceremony for themselves.*
> *Self-care is very, very important.*
> *And that's another thing that I felt with the Indigenous Nurses,*
> *self-care was important.*

This path to wellness is cyclical and represents a lifelong learning journey. Nurses share their knowledge when they are ready, engaging in cycles of regeneration and growth. According to Leah, traditional wellness involves being the most respectful person you can be and offering care in the most authentic way possible. This means genuinely caring for others and being true to oneself in the process of providing care.

> ***Leah:** It's just being the most respectful person you can be.*
> *And most authentically yourself in your giving of your caring.*

Indigenous nurses also recognize the value of weaving traditional and contemporary medicines together. By "walking the talk," nurses not only embody these values for themselves, but also become mentors to others, participating actively in land-based living, personal healing ceremonies, and communal cultural practices.

> ***Doreen:** Get up in the morning, pre-dawn, and welcome Grandfather Sun*
> *and say, "Here we go. We're giving gratitude for a [new] day."*

In her post-retirement phase, Laura has deepened her understanding of wellness through hands-on experiences with traditional medicines and teachings on the land. She believes in the synergistic potential of combining traditional and contemporary methods to achieve the best

outcomes for health and wellness. Laura emphasized that blending traditional and modern medicine can be beneficial, as she personally experienced when she combined both approaches to treat her cancer.

> ***Laura:*** *I finished five years of gathering of medicines and learning them, what they are.*
> *I took six years of that, and I've been in the Elder role around Beaver Lake*
> *a lot and some in a county down south where my daughter lives.*
> *I live a very quiet life.*
> *I don't go much anywhere except for activities that are cultural or whatever,*
> *and I retired quite happily four year - it'll be four years now in July.*
>
> *The last like 39 years of nursing, and*
> *I wanted to now learn the cultural side of medicine compared with traditional.*
> *I mean, what is that called? Contemporary.*
>
> *What I learned about wellness?*
> *That a lotta times, like I was saying before, you can mix, say for instance, cancer, right?*
> *I had cancer myself, and I used traditional and contemporary.*
>
> *So, people wanted to know, "Well, why didn't you just pick the one that you're used to?"*
> *And I said, "Because they can help each other. They work and they can,*
> *or you can work them together so that you have the best coverage.*
> *You can mix contemporary with traditional if you believe in that,"*
> *and I said, "And I believe in it."*

Laura provided many insights into traditional wellness, emphasizing the integration of traditional and contemporary practices. She described traditional wellness as a (w)holistic approach that encompasses respect for the environment and collective strength within a community. She further highlighted the importance of respecting Mother Nature, living in harmony with the land, and sharing knowledge and resources with others.

> ***Laura:*** *Traditional wellness.*
> *Living in a world that's fast-paced*
> *and adapting the non-traditional to traditional, viewing it as one –*
> *because they can work together, the traditional medicines and the contemporary*
> *medicines can work together consecutively say like to fight cancer,*
> *you can use both, accommodate each other.*
>
> *They gotta live in respect with Mother Nature, with the land,*
> *with the weather, the skies, and live respectfully –*

that Creator is the one that watches over all of us.

We don't own anything on the land and that we share.
We must share what we know and what we have with each other
because we're more powerful together.

There is no one warrior out there that can fight on their own.
You need a whole army of warriors. So, that would be like us.
We can't work alone. We must work with each other
and together, we're stronger.

Another example of this was captured in the story of Grandmother Doreen inviting KD to participate in a Vision Quest, which he described as life-changing, emphasizing the profound teachings of the land that can't be learned in a university. land. This experience highlighted for KD how much there is to learn and develop a deeper connection with nature. We discussed very practical elements of being safety-conscious while being out on the land as well as the spiritual elements of interconnectedness amongst all things.

KD: *Did she tell you about my, like, too fabulous to sleep on the ground?*
So, after I offered her tobacco the first time, I went to help her with a Vision Quest...
so, I was just a helper, you know, carry the stones, make sure nobody dies,
and you know, just be generally helpful to the fasters and to the Elder.
And grandmother said "OK, well you have to bring a tent"
and I was like, "well, Grandmother, like, I'm pretty fabulous Two Spirit.
I'm like, tenting for me is like a Holiday Inn".

And she was like, "oh, you're too fabulous to sleep next to your mother - the earth –
the one who provides everything to you?" It was like instant humble.
Like, "you're right, I'm not too fabulous to sleep next to my mother,
the one who provides everything for me. I will get a tent, and I will sleep on the ground".

And honestly, I was visited by a bear that night and the bear came and dug around and
huffed outside my tent. Scared the crap out of me, yeah, and was literally like rooting
around in the dirt for like roots, or berries, or who knows what and that [laughing].

Christina: *Oh, it smelled your fabulous aftershave? [laughing]*

KD: *Right?*
Like Grandmother is pretty strict on like,
no aftershave and everything... [laughing]

Christina: *Yeah, yeah. And no strawberry shampoo?*
That's always been the one for whenever I go out with people,
I'm like, no strawberry shampoo!

KD: *Totally, there's no fructose or whatever.*
But yeah, so this bear came and visited me and the next day I was like "Grandmother, there was a bear outside my tent last night, I barely slept".
And of course, we went and looked and sure enough there's like digging and whatever.
And she was like, "oh, the bear was coming to like, thank you for coming out on the land. You know, this is a medicine bear".
And I was like, "Oh my God, there's so much to learn".

Yeah, you know, it's just she's just an incredible teacher
and, you know, I've learned not to be afraid anymore of, of the land,
I mean, I respect it, very respectful of all the things that can kill me,
but I no longer feel fear and that's a really powerful teaching.

Christina: *That's awesome. Yeah, yeah.*
Losing the fear and gaining, the, you still have the respect.
Yeah. That's beautiful.

Keith further emphasized the spiritual element inherent in their practice, drawing on teachings from ceremonies like the fast, which reinforce the interconnectedness of all things and the importance of paying attention to one's path.

KD: *That's something that the teachings of the fast have really given me.*
Like spending days and days without food or water, has taught me so many things and one of those things is definitively, everything is connected,
and it all happens the way it's intended to happen and that, you know,
if we pay attention... You know, we might be able to like, do good things.

It's when we don't pay attention and then we get disconnected from those things that the bad things start to happen. Because when we're when we're connected, we take care of ourselves, we take care of our communities.
And it's when we're overwhelmed with things like work and schoolwork, and homework, and all of these other kinds of colonial impositions that we start to make mistakes, or not make mistakes, but like, just get off the path that we should be on.

Reflecting on the wisdom shared by a Māori spiritual leader about healing and teaching oneself, Doreen shared a story about her engagement with an international, interdisciplinary Indigenous spiritual Elders in New Zealand.

> ***Doreen:*** *And the spiritual leader of New Zealand, he said,*
> *"We want to honor you for the work that you're doing."*
> *And they had a little hand-carved globe of the world that was hand-painted.*
> *It had a little chain, a little eye of a needle, and on top, a hook.*
> *He placed this around my neck and said,*
>
> > *"Many have become doctors and nurses but have not healed themselves. Many have become counsellors and advisors but have failed to consult or advise themselves. Many have become teachers and educators but have not taught themselves. Only a handful of those have led, and will continue to lead the red, yellow, black, and white people through the eyes of a needle."*

Years later, she realized that the metaphor shared about the scarcity of self-healed leaders reflected the wisdom of the Old People who taught her - that the longest journey is from the head to the heart, a journey they deeply relate to through her own lived experience.

> ***Doreen:*** *It took me years to really figure out what they were talking about when he said,*
> *"Through the eyes of a needle". That's the heart space,*
> *the Holy Grail, to me, that's the heart.*
> *The Old People always told me, "The longest journey that you're going to travel girl,*
> *is from here to here, from the head to the heart space."*
> *And I sure know what those Old People were talking about*
> *because it's my lived experience.*

During our visit, Doreen discussed the importance of personal healing journeys, which include practices such as Vision Quests and Sun Dances. For instance, Vision Quests lasting four days and four nights are pivotal for deepening understanding and personal growth. As a Cree Elder and nurse mentor, Doreen takes individuals through rigorous educational journeys that include land-based teachings and ceremonies. These rituals, alongside modern healing modalities, contribute to the (w)holistic well-being of nurses, addressing body, mind, emotion, and spirit. This approach ensures that traditional Indigenous knowledge and wellness practices are not just learned but lived and internalized. Therefore, the experience of (w)holistic wellness remains grounded in the understanding that everything is interconnected and interrelated.

5.4.2 Healthy Mentors Practice Authentically and Autonomously

> *So, I still feel like my role, even though I'm retired from that system,*
> *my role now is really to be who I am and understand the ceremony*
> *and to bring that into the system, to understand it well enough.*
> *I understand the Western system well enough.*
> *I understand health well enough. And I'm learning so much more*
> *about the protocols and ceremonies that that's what I want to bring.*
> *That would be my gift to my role in mentoring new nurses is*
> *"Come here. Let's look after you. Are you well?"*
> *(Julie)*

Healthy nurse-mentors and Elders play a vital role in fostering belonging through mentorship. Before guiding others, they emphasize the importance of being on their own journey toward wellness, recognizing that one must be healthy to effectively mentor others. These mentors inspire nurse-mentees by practicing "Indigenously," integrating their cultural identity, values, and knowledge into their nursing practice. They model (w)holistic and relational care, nursing in a distinctly Indigenous way. These mentors encourage mentees to maintain their cultural identity, integrity, and authenticity, while promoting self-care, balance, and wellness. They embody a nurturing approach, often asking, "Are you well?" and providing the support needed for their mentees to thrive. Through mentorship, mentees grow in confidence, learning to see and believe in their own potential, eventually becoming mentors themselves.

> ***Laurie:*** *Yeah, the power of the process.*
> *It's grounded in inter-relationality between the generations*
> *in my family and my profession.*

Self-acceptance and community acceptance are important internalized characteristics of Indigenous wellness. Julie recounted advice from another community Elder who explained that she should start with individual healing and then advocate for a grassroots approach to wellness that prioritizes individual healing and community support over institutional interventions. Beyond preceptorship and traditional (Western) applications of mentorship, Indigenous

relationality is at the core of Indigenous nurse relationships. The intergenerational nature of Indigenous nurse relationships was a key takeaway from my visit with Julie.

> ***Julie:*** *So, I still feel like my role, even though I'm retired from that system, my role now is really to be who I am and understand the ceremony. And to bring that into the system, to understand it well enough. I understand the Western system well enough.*
> *I understand health well enough. And I'm learning so much more about the protocols and ceremonies that that's what I want to bring.*
> *That would be my gift to my role in mentoring new nurses is*
> *"Come here. Let's look after you. Are you well?"*

As a Métis, queer individual, KD discussed their role in both mentoring younger nurses and learning from elders like Grandmother Doreen. He reflected on his own transition from mentee to mentor, noting his current stage of mentoring more than needing mentorship himself. KD described how he and his Indigenous colleagues would frequently meet to discuss their experiences, and how students would naturally gravitate towards them for mentorship. For example, after Keith shared about the significance of connecting with Indigenous nurse mentors and colleagues, he talked about how Indigenous students often sought them out for support, sharing an example of helping a student deal with racism experienced in the classroom.

> ***KD:*** *…We would gravitate together and meet up frequently,*
> *just talked about the nonsense that we were all dealing with.*
> *And then, what we also found, you know, I think [my Indigenous colleague] would agree, like students, especially Indigenous students would also gravitate to us.*
> *…And so, we would like naturally mentoring so many people*
> *because students would come to us, instead of their instructor,*
> *when something shitty happened….*
>
> *Like, so you know, we had a professor, who shall remain nameless,*
> *who was sort of pulling that "Pretendian" kind of thing, saying,*
> *"You know, I'm sure, you know, somewhere in my family tree there's a Native.*
> *So, I'm basically Native". And the student called them out.*
> *And then, they were feeling like they were being targeted by that instructor and whatever.*
> *It all got messy. But they came to me instead of going to the Dean.*
> *And so, we wrote some draft emails together like, "hey, how are we going to deal with this, who should be involved" like, you know.*
> *And so that sort of, it feels good. It's nice to be there for those students,*
> *but again, it's unpaid extra labour that we expend to try and keep our kin safe, yeah...*

> *So, I do feel like I'm a mentor to quite a few of my students in that many of them stayed in touch after graduation. Like I am literally getting emails and texts frequently from students being like, "hey, I'm applying for a job, would you be a reference or thinking about grad school? What do you recommend?"*
> *And I'm like, not saying anything about grad school [laughing].*
> *You know, ask me when I'm done.*

Continuing to use a humorous tone, KD reflected on his transition from mentee to mentor, acknowledging the unpaid extra labor required to keep Indigenous students safe in Western/colonial academic institutions. Keith mentioned that many of his students stayed in touch after graduation, frequently seeking his advice on job applications and further education. Despite the workload, he found satisfaction in being there for his students and maintaining those connections.

> ***KD:*** *You know, there's also a point in this thing I think where you –*
> *and I don't think you ever stop being the mentee, or the mentor –*
> *but there's a time where you sort of transition into like,*
> *OK, now I have more people who want me to mentor them than I need mentors.*

Explaining how intergenerational mentorship among Indigenous nurses was vital, KD also commented on how it was difficult to maintain due to systemic barriers and high turnover rates within institutions. Structured mentorship programs, like those accessed and experienced during their PhD, played a crucial role in connecting them with mentors like Grandmother Doreen. Affectionately referred to as Grandmother throughout our visit, Keith shared several stories about how Grandmother Doreen offered incredible guidance in both nursing and cultural teachings.

> ***KD:*** *And when I started my PhD, I got into an Indigenous mentorship program, now I work with Grandmother Doreen, she's a nurse, and I work with lots of diverse nurses now that do provide that, but it was through, like, a structured mentorship program at university that's for students, not for faculty.*

Speaking about his experiences with Grandmother Doreen, KD commented on how she exemplified bringing together intergenerational Indigenous nurse mentorship, land-based learning, and traditional knowledge-sharing. He recalled how he felt in awe of her and was initially hesitant to approach her. When AIM-HI mentorship program organized a cultural learning day at Siksika or TsuuT'ina, where they received cultural teachings, and Keith participated in his first sweat lodge. He used humour to share a story of how he had been unprepared and cut off his pajamas to use as shorts for this profound experience. About a month later, Keith attended another event with Grandmother on the land, where she taught about plants.

> ***KD:*** *Grandmother has been amazing. I offered her tobacco,*
> *I think, three years ago to be her oskapiew [helper] for some of this*
> *...Oh my God, life changing!*
> *All I can say is there's things you can learn from the land*
> *that you'll never learn in the university.*
> *And, you just have to, go in ceremony, and do things the right way*
> *with the right teachers. Yeah. It's been, it's been incredible.*
> *But yeah, we just kind of bonded over the fact that we were both nurses and she'd*
> *actually worked up in Slave Lake and some of the places around where I'm from.*

Knowing the significance of intergenerational mentorship and the benefits of integrating Indigenous relationality into Indigenous health nursing practices while also experiencing barriers such as institutionalized racism can be frustrating and even demoralizing. However, such challenges can also serve to fuel a deep commitment to challenging systemic barriers and "acceptable" norms to create a better future for Indigenous nurses. For example, Indigenous nurse mentorship has been crucial for Victoria's personal learning and practice of traditional wellness. She mentioned how mentors have helped her balance the emotional heaviness of nursing with self-care techniques. For example, Victoria described how observing one mentor role modeling an Indigenous approach to nursing inspired feelings of safety, hope, and balance.

She explained how learning from Indigenous nurse mentors and Elders in the community helped her to learn self-care in order to balance out the heaviness of nursing.

> ***Victoria:*** *She was like, almost an "honorary Nuu-chah-nulth member"*
> *in her teachings and in her approach. So, I find it really easy to work with her.*
> *And she was like, such a great role model to look up to.*
> *And just her way of being with the Elders.*
> *And she had all the community knowledge down. So, she's very great.*
> *So, I think with her and all the other people it kind of balanced me out.*

When asked about the significance and impact of combining intergenerational mentorship and Indigenous nursing wellness knowledge, Lucy responded by stressing the importance of Indigenous people disciplining themselves to become knowledgeable in their own way of being, practicing what they preach, and thereby mentoring others by example. She emphasized that people are always watching and so we need to "walk the talk" and "walk the walk" as a method of mentorship.

> ***Lucy:*** *Yeah, I had to then realize I need to practice what I preach more.*
> *And I like to mentor others… because people are looking to me still.*
> *When I go to a pow-wow they're looking to me, and all this.*
> *It's not like I'm retiring, they still come to me for advice...*
> *sometimes, you know, I'm asked to do the welcome and the prayer.*
> *And so, I always bring health care into it.*
>
> *I always bring spirituality, and I always praise everyone for being there.*
> *And um, I thank the families for bringing their families there to be together in this circle.*
> *I show up with a smile and I keep my smile on.*
> *Even though I know the politics that's going on, I just keep my smile on my face*
> *and do the best with what I have within me to be able to make my,*
> *and my families experience good.*
>
> *And those people that come to me, experience good as well.*
> *And so, if they ask me to say the prayer and the welcome, I pray that I do a good job.*
> *I always pray before I pray that my prayer is meaningful.*

Lucy also highlighted the significance of discipline in becoming knowledgeable about Indigenous ways of being, practicing what one preaches, and serving as a mentor to others. She emphasized the importance of self-care and community in nursing, encouraging upcoming nurses

to draw on their own childhood experiences to advocate for better care. Lucy also expressed her desire for younger nurses to carry forward traditional knowledge and practices, encouraging them to observe and celebrate community strengths in their nursing careers. She stressed the importance of being genuine and finding one's purpose within nursing in order to integrate traditional wellness knowledge into nursing practices.

> ***Lucy:*** *We each have our strengths. We each have our gifts. We each have our roles. I also wanted to share with you earlier that growing up as a child I could see in our community each person had a role. For example, you know, sitting outside our house in the shade, you know how we just have long bench, and families would just come and gather around whosever house was doing what, and um, one aunt would be taking care of infant, another grandmother might be taking care of other kids, ah, another might be cooking the food. ii…So as nurses, we need to find our role within the nursing world, where our role is. And do the best we can with the gifts. Because we all have a purpose. We need to find that purpose within our role in nursing. As our community did.*

Having multiple generations of Indigenous nurses and community members involved in meetings and discussions, whether in person or virtually, creates a rich learning environment for mentorship and knowledge sharing. Julie stressed the need for Indigenous representation in healthcare to ensure culturally appropriate care. Her narrative underscores the importance of personal wellness and cultural competence for all healthcare professionals mentoring nurses and serving Indigenous communities.

> ***Julie:*** *That's why we need more Indigenous people in the system because you bring yourself with you. And if you're confident in yourself and who you are, and that's why you have to do your own work. You have to be healthy yourself because if you're not healthy, and you're not comfortable, and you don't know the ceremonies and protocols, then you just bring the Western way. And you could be anybody. You don't need to be Indigenous.*
>
> *But if you're serving Indigenous people, I think it's good that we can bring ourselves with us and that we have that confidence to say, I am Métis. This is my relationship. This is my auntie, and I'm still calling her auntie. I'm not calling her anything else. I don't care what your policy says - that you can't look after your family.*

> *Well, I couldn't have worked in my home community if I couldn't look after my family because they're all family to me. So those things, those are the things that can't be taught by anybody else. Something to think about, right?*

Julie expressed deep gratitude for her greatest mentor in Indigenous wellness whose teachings emphasized the importance of personal wellness and authenticity. Guided by this Indigenous mentor, who is not a nurse but is a traditional healer and knowledge holder, Julie reflected on how has learned the significance of leading by example and embodying the principles they advocate for. This kind of mentorship extends beyond instruction and has actively supported Julie in her wellness journey by introducing her to healing ceremonies and encouraging her to carry her own drum and song. Julie described witnessing the transformative effects and profound impacts of her wellness mentor's authenticity, commitment to her teachings, and provision of guidance on others as well.

> ***Julie:*** *So, I saw the effect of people really believed her because she walked the talk. She did that. And so, I think that's important is people see – and you can see through people that are not being genuine – and that's really important in Indigenous health and wellness.*

Leah shared how personal experiences with healing intergenerational trauma has positively impacted herself and others, particularly through participating in Indian Residential School counselling and Indigenous-specific sharing circles. For example, Leah described the lasting impact of participating in an Indigenous-specific cultural safety training, which included a powerful Indigenous-only sharing circle. The ability to share stories and experiences in a safe, Indigenous-only space was incredibly significant for Leah and served to highlight the profound impact of shared trauma and healing experiences among Indigenous people.

> ***Leah:*** *And so, to me, that was the most profound moment that I've had as an adult to be in, like to have that honour to be in a group of Indigenous-only.*
>
> *And it was just, it was amazing,*

because I know that when you have a mixed group, no matter what,
they're not going to understand what it is you're going to share.
You don't have that common experience of trauma.
Nobody else will understand that.

Recognizing the distinct lack of Indigenous representation in healthcare, Leah shared many stories of how her Indigenous identity has been a significant asset in her nursing practice, allowing her to build trust and connect deeply with clients in Fort Smith. The tragic experience of not receiving comfort when her mother passed profoundly influenced her nursing commitment to providing emotional support and physical comfort to those in distress. Leah is respectful and asks permission before sharing relevant personal experiences that strengthen her connection and influence within the community.

Leah: *So, you can hear that all day from anybody,*
but if it's coming from an Indigenous person using the system,
I think that has a really big impact.
Because what I said to this person was when I, I had an issue like,
I always ask, "Can I share something with you?"
And if they say yes, then I go ahead and share what it is I'm going to share…

And in this case, they said yes, and so I shared my issue.
And I said that the Indian Residential School counselling turned that around for me
for the first time in my adult – for the first time in my entire life
it resolved my issue which plagued me for decades.
And I said, "It's been life changing." So, I gave them the number.
And at the end, when they were leaving the appointment,
they actually kind of held my arms in place, looked me in the face and said,
"A year from now I'm going to tell you how this has changed my life."

Shared cultural background and experiences enable a deeper level of understanding and trust that is essential for effective healing. Central to this understanding of (w)holistic wellness is the recognition that everything is interconnected and interrelated. Leah described traditional wellness in terms of interconnectedness and a (w)holistic understanding of health that integrates physical, emotional, mental, and spiritual well-being. This interconnectedness emphasizes the importance of collective and intergenerational healing, promoting overall community wellness.

The integration of traditional wellness knowledge and nursing practice is deeply rooted in respect for oneself, others, and maintaining a connection to the community, the environment, and significant cultural practices.

> ***Leah:*** *We're all interconnected.*
> *Everybody's interconnected. It's just the way it is...*
> *When you take care of an Indigenous Elder, it's, it is with honour.*
> *One hundred percent, it's with honour.*
> *And you do it gently, and you do it humbly. I love that.*
> *That's what ignites my soul on fire is,*
> *I take care of people as though I'm taking care of my grandmother.*

Leah's personal journey reflects the strength and intention of breaking intergenerational cycles of trauma. As a cycle-breaker, she raised her children in a home rooted in wellness and cultural teachings, nurturing resilience and carrying forward teachings that created space for healing, balance, and future possibility. Her story highlights the significance of overcoming adversity and cultivating environments of care for future generations.

> ***Leah:*** *Intergenerational healing.*
> *'Cause nobody will understand as much as we can about our own people.*
> *And that's when I had that moment with that patient.*
> *Had I not been Indigenous through these experiences,*
> *she wouldn't have held me and said,*
> *"I will see you in a year when I've had my life changing moments"*

The core principles of the Seven Grandfather Teachings—humility, respect, love, caring, honesty, bravery, and wisdom—serve as a foundation for many Indigenous nurses in their daily life and professional practice. For example, Laurie integrates these values into her daily rituals, such as smudging and meditation, which helped her stay connected to the Creator, her ancestors, spirit guides, and the broader universe. Laurie emphasized the importance of these teachings in shaping her relationships, both personal and professional. Sharing the Ojibwe phrase for "living a good life," Minobimaatisiiwin, Laurie reflected on the integration of wellness and gratitude within our nursing and daily lives. She described her understanding and practice of Traditional

Wellness as deeply rooted in her family origins and the teachings passed down through generations.

> ***Laurie:*** *When I think about Traditional Wellness,*
> *I would have to say that it's these relationships,*
> *particularly with the Knowledge Keepers, the healers, and the Elders, that guide my learning in this area. It's all very "distinction-based" and dependent on where you are and who the people are.*
> *That requires you to be humble because not every bit of Indigenous Knowledge is transferable. The values are similar, but the teachings of the different Nations and territories, while there's some overlap, they are diverse.*
>
> *And so, I use those teachings, they're part of my prayers.*
> *The rituals that support my relationships with the universe,*
> *the Creator, my ancestors, my spirit guides, my animal guides,*
> *my family, and relatives, my Nation, and my profession.*

In the spirit of reciprocity, Doreen described how sharing her knowledge and traditional teachings has been paid forward as she is training the next generation of helpers and healers. Throughout our conversations, Doreen emphasized the importance of a (w)holistic approach to mentoring that extends beyond academic achievements to personal identity and cultural reclamation. Doreen's teachings include not only practical skills, but also spiritual and cultural guidance that build resilience, nurture gratitude, and promote a (w)holistic approach to wellness. Doreen explained how mentorship can be used as a means to help individuals, particularly Indigenous nurses and educators, on their journey to reclaim and embrace their unique cultural identities. She emphasized how this journey involves finding one's roots, learning creation stories, history, traditional practices, and ceremonies.

> ***Doreen:*** *In this case, I'll give you an example.*
> *I have been mentoring university students, nursing students, and other nurses for quite some time. What I find is, that relationship we have is a bond.*
> *It's taken them back to the old ways, learning their own history, where they came from, their own history, and their traditional ways of being and knowing.*
> *For example, I had [an Indigenous doctoral student] graduate this year. At the beginning, I took her back to the land to teach land-based teachings. Just like everybody else, she took a two-day class where we just sat in a circle and did traditional Native*

teachings. That's a must for anybody I take on. Once they've completed that, they're welcome to come to ceremony, like the sweat lodges and the full moon ceremonies, and all of the ceremonies that are happening. And so, she did. Then the second part, the deeper aspect, is individually taking them out on the land, putting them out on the land, with no food, no water, on a Vision Quest for four days and four nights.
That's hands-on teaching.
They do four Vision Quests and when they're done, they come back,
and they learn how to sit in grandmother's spot. They learn deeper levels.
They learn more about the songs and the ceremonies and stuff like that.
So, they're now helpers.
And that's where I cultivate the fire keepers and the helpers from,
that's how they're cultivated.

Expressing a deep commitment to continue her work of passing on knowledge and traditions, Doreen also reflected on the physical challenges she now experiences related to aging. This dedication is driven by a sense of duty to honor the teachings of elders and ensure the survival of Indigenous knowledge for future generations. Doreen shared an example of how she had pushed through the pain of standing for over two hours of ceremony, blessing medical students the day prior. She shared how she had smiled through it all because it was for the medical students.

Doreen: *It gives me such gratitude to be able to do things like that.*
I feel so blessed that all those Old People that took the time,
I always feel they can use my voice.
They will tell me what to do, they'll tell me whatever, through dreams or through visions.
And so, I just keep plugging through and doing the best I can.
And I'll probably do this right to my bitter last breath.

But I have land-based teachings, I have groups that come out, university groups,
I have ceremonies to run, I have all of this responsibility to keep doing,
and this knowledge will be gone. You take a lot with you when you leave this planet. And so, I'm just going flat out to try to do the very best I can, and I don't expect that of everybody. I have no expectations for these university people that I go and work with, the academics and faculty members. I have no expectations; I just go in and do the best I can. Share my knowledge and then go home.
I've learned to find that peace within myself.
And it's that old saying, in the four realms where you say, I must take good care of myself in order to regain balance and harmony in all of that.
So that's what I try to do every moment of every day.
Just try to stay mindful and present, in the moment.

Doreen's commitment to healthy living and "walking the walk" of traditional wellness reflect her profound respect for the ancestral knowledge bestowed on her by the Old People and her dedication to mentoring future generations.

> ***Doreen:*** *For me, I've never drank,*
> *I've never got into places where I accorded myself to feel sorry for myself.*
> *Even when times were dark and challenging, and that, it was incumbent upon me to walk in the moccasins of my ancestors.*
>
> *As tough as nursing got, I'd think, I'm not doing this for myself,*
> *I'm doing it for the future generations.*
> *I'm doing it out of selflessness.*
> *So, not out of ego.*
>
> *But because those Old People took a lot of their valuable time*
> *to instill those values so that their voice would be heard and respected along the way.*
> *And that's the way I look at it.*
> *I just feel that time is so short, and especially at 86, I'm 86.*
> *My poor, old body tells me, my poor Cree bones get tired, and they get sore and all that.*
> *But I can't sit here and wallow in pain and agony,*
> *I have to keep going.*

Despite facing systemic challenges related to colonialism, Indigenous nurses emphasized the importance of perseverance and resilience. Throughout our initial and subsequent visits, these nurses offered profound insights into traditional wellness knowledge and practices, particularly through the experiences and teachings shared across generations of Indigenous healthcare providers.

5.4.3 Ancestral Language and Blood Memory

> *In my language, it's called wahkotowin,*
> *that is relationality, relationships.*
> *Everything is built upon that.*
> *(Doreen)*

Ancestral knowledge and blood memory play a crucial role in the wellness of Indigenous nurses, particularly in their relationship with language. When asked to share a phrase in their

Native language that would describe bringing together all we had talked about in relation to Indigenous nurse wellness and intergenerational mentorship, each participant shared insights that highlight the cultural richness embedded within Indigenous languages. Responses provided insights on the importance of ancestral languages and traditional knowledge in Indigenous communities, especially regarding intergenerational relationships and wellness.

Julie explained the intergenerational nature of language loss and how slow relearning/reclaiming the languages of our ancestors can be. She shared how her father spoke many languages including Cree, Michif, English, and French. Her parents had deliberately chosen not to teach Cree or Michif to their children to protect them from being disciplined in school where Native languages were not allowed. She expressed both an interest in learning more Michif and Cree while still mindful of the challenges of multilingualism and language revitalization.

The intergenerational impact of residential schools and Indian hospitals was apparent in stories shared by Grandmother Doreen and Laura, who were both fluent in Cree as children. Grandmother Doreen shared that her great-granny insisted that she learn English while maintaining fluency in Cree. Her story illustrates how many Indigenous families have had to make difficult decisions in relation to preserving their languages while also protecting children from harm in the Western-colonial school system.

> ***Doreen:*** *My great-granny never spoke a word of English, but she wanted me to speak English to her. She told me I needed to learn that language. My mom and dad also brought me up with English, although I understood and was fluent in Cree. I didn't realise why, but it was because they had plans for me for school. They didn't want me to get strapped when I'd go to school because of my accent, but that didn't stop the abuse from the teachers.*
>
> *And so, my grandparents snuck me off reserve when I was probably about 4 or 5. At the time they were scooping kids, and so we stayed away from everybody else. We were kind of nomadic and I didn't know why at that time. I remember missing my great-granny, my*

> *nohkom. She used to call me "a little Elder like me". At about 8 years old, when I became school age, I had seven miles to walk to school each way. I had excellent marks in school. In those days, it was a big deal when I graduated from grade nine.*

The Cree concept of Wahkotowin, often translated as kinship or family, was presented by Doreen and Laura the participants as a deeper understanding of the relational responsibilities that extend to the whole of creation. As Grandmother Doreen shared her personal experiences preserving her Cree language and traditional familial teachings, she again highlighted the importance of relationality, wahkotowin, and other foundational Cree teachings such as Kisewatotatowin (love and kindness).

Correspondingly, Laura shared her journey of language loss while in hospital as a child and her determination to relearn Cree as her first language. When asked about the significance and impact of integrating intergenerational mentorship with Indigenous nursing wellness knowledge, Laura stressed that such integration would be ideal and complementary, although not commonly practiced. She shared how integrating Indigenous perspectives and wellness into nursing through mamawinstowin (working together) and nîsohkamâtowin (helping each other) would help Indigenous nurses embody the essence of intergenerational wellness. As she spoke in Cree and sounded out each word for me, it was like she was teaching me…

> ***Laura:*** *Mama-win-sto-win Ne-so-wama-to-win –*
> *which is – the last word I forget, to say, Mama-win-sto-win Ne-so-wama-to-win –*
> *like, that's getting together… traditional medicine… and white medicine…*
> *Mama-win-sto-win, which is being together, working together.*
> *Nîsohkamâtowin and helping each other.*

In the Nuu-chah-nulth language, phrases such as Hupiimiin Wiikšaḥiiy'ap highlight the challenges of translating deep cultural meanings into English. Victoria explained how efforts to preserve and learn Indigenous languages can provide a more nuanced cultural understanding of helping relationships where "nursing the Nuu-chah-nulth way" means working alongside people.

During our collective circle, she recalled and shared the Nuu-chah-nulth Nursing Framework phrase, Hupiimiin Wiikšaḥiiy'ap, meaning "helping each other to be well." Emphasizing that new phrases might be created or generated as a result of having these kinds of conversations, she described how there are words for things like learning and helping that do not adequately represent the lived realities of Nuu-chah-nulth nurses who are nursing the Nuu-chah-nulth way.

> ***Victoria:*** *'Cause we don't really see ourselves as "helpers". The community...*
> *Because like, that Nuu-chah-nulth approach is, it's the client journey*
> *and you're supporting them and walking with them on their journey.*
> *We're not curing them, or stuff like that.*

In the St'át'imc language, Lucy shared two phrases that she would use to represent the interconnectedness of Indigenous nurse relations and wellness: Ama's chute, (feeling good inside), and Snex nuxwa7 (all my relations). When meeting with the collective, Lucy further explained how lived and living experiences of these teachings encompass far more than the English translation can convey. For example, the meaning of Ama's Chute, in the St'át'imc language conveys far more than simply "feeling good inside." Intricately tied to ancestral knowledge and lived experience, she explained how Ama's Chute is a sense of wholeness, happiness, and wellness. Likewise, the St'át'imc phrase Gidinawendimin, means more than "we are all related" as the ancestral and embodied understanding encompasses the interconnectedness of all beings as a foundational concept that cultivates a sense of unity within the community.

> ***Lucy:*** *Ama's Chute, feeling good inside... It means I'm feeling good inside*
> *(w)holistically, spiritually, mentally, emotionally and physically. Nothings bothering me.*
>
> *And Snex nuxwa7, it is all of my relations, friends and relatives. So, we're all related.*
> *Meaning that we're all related, and whether it's with the plants, the animals, friends,*
> *relatives, we're all related. We all have the similar life experience,*
> *and we all wanna feel good inside.*
> *And it's because you have to look at yourself first.*
>
> *Find the strength within yourself, your family and community,*
> *and build on those strengths and use those in your career.*

During the final moments of the conversation, I asked Laurie if she had any final thoughts to add and inquired about a phrase in Ojibwe that captures the integration of intergenerational Indigenous relationships and wellness in nursing. After looking up the word in a phrase book, she shared how she has been relearning words and phrases in Ojibwe as part of a lifelong language reclamation journey. Laurie emphasized that this concept embodies the essence of living a balanced, healthy life, appreciating every day as a gift.

***Laurie**: Mino… I gotta get the spelling.*

***Christina**: What does it mean in Ojibwe?*

Laurie: Living a good life.
Living, living in Wellness.
Living in wholeness.
Oh, here it is - The good life.

***Christina**: How do you spell it since you've got it? Thank you.*

***Laurie**: OK, here it is.*
MINO-BIM-AAT-IS-IIWIN. Minobimaatisiiwin.

***Christina**: Mino-bim-aat-is-iiwin?*

***Laurie**: Minobimaatisiiwin. Minobimaatisiiwin.*
It means living a good life.
And the other one I always say in my prayers is Minogiizhigad,
it's a good day. It's a good day to be alive. Every day is a good day.
It encompasses all that it means to be grateful.

Despite historical attempts at suppression and erasure, Leah explained the pride she felt in reclaiming her ancestral language, particularly through personal achievements like receiving an award in her mother's language of Inuktitut. She also emphasized the importance of supportive work environments and team collaboration in language revitalization reflected in the choice of Cree team names like maskwa (bear) and kihew (eagle) being used in the local clinic. Over time, Leah has reclaimed a deeper cultural connection to the language, history, and identity of her maternal Inuit ancestors. For example, she explained how the recognition and reclamation

of her mother's language during a long-service ceremony has imbued a sense of pride in her distinct identity as an Inuk nurse:

> ***Leah:*** *Everything is connected.*
> *And on Sunday, I receive my award for Long Service for 15 years,*
> *in my mother's language. And I'm very proud of that because it was stripped from her.*
> *My mother never taught me her language because it was probably beaten out of her.*
> *So, I don't know my language.*
> *My family, they speak it, but none of us, like none of my generation knows it*
> *because we weren't allowed to be taught it...*
> *So, when I receive my award on Sunday, it's in my mother's language,*
> *and I can't be prouder.*

Early in our conversation, KD explained the significance of understanding Cree concepts related to place-names such as Notikewin, which means "to go home". Near the end of our conversation, they emphasized how kisewatisiwin or "kindness" embodies how they view and experience the integration of traditional wellness knowledge and intergenerational Indigenous nurse relationships with mentors like Grandmother Doreen.

> ***KD:*** *So, I don't know if this word is the right word,*
> *but I always come back to kisewatisiwin or kindness.*
> *Because I was given the teachings around kisewatisiwin using the Sweetgrass braid*
> *as like, the embodiment of that. And now I'm gonna cry…*
>
> *You know the sweet grass teachings are about the braiding of,*
> *you know, in some instances, the man, the woman, and the child*
> *or the person, their family, and their community,*
> *like there's many, many ways of thinking about weaving the braid of the Sweetgrass,*
> *but that kindness is the like the guiding force of all of those connections.*
>
> *And, certainly in my experience of Indigenous nurse mentorship,*
> *like from my mother and grandmother, right, [deep breath, pause]*
> *like right up to Grandmother Doreen, um,*
> *it's always these femme folks being kind and generous*
> *with their knowledge and their experience, right? [tears up]*
> *So, that would probably be the word. [wipes tears]*

Throughout our collective story as Indigenous nurses, the richness of Indigenous languages provides a framework for understanding concepts of loving kindness, walking

alongside, and working collaboratively. This linguistic journey not only honours the legacy of our ancestors, but also serves as a vital tool for Indigenous nurses to connect with their heritage, strengthen their identities, and enhance their practice. Incorporating Indigenous languages and traditional practices into nursing care can also be a powerful form of cultural reclamation and pride. For instance, while relearning our languages takes time, receiving an award in one's ancestral language, as mentioned above, is a deeply meaningful act that honours both the individual and their cultural heritage. It acknowledges the past trauma of language and cultural suppression while celebrating resilience and continuity. A comprehensive understanding of health incorporates physical, emotional, mental, and spiritual dimensions, fostering a harmonious relationship with oneself, others, and the environment. The concept of relationality highlights how all aspects of life contribute to (w)holistic well-being and the potential for Indigenous nurses to create a supportive network that uplifts everyone involved.

In conclusion, bringing together Indigenous nursing wellness knowledge and Indigenous-specific intergenerational mentorship holds deep significance, particularly in the context of intergenerational healing. This (w)holistic approach recognizes that Indigenous Peoples possess a deep understanding of their own cultural and health contexts, which is crucial for effective self-healing, caregiving, and mentorship. Integrated and (w)holistic approaches to embodying Indigeneity, relationality, Indigenous Knowledges, nursing praxis, and traditional wellness can lead to more comprehensive and culturally safe healthcare experiences. The core belief that everyone and everything is interconnected generates a (w)holistic approach to Indigenous nurse mentorship, where the well-being of an individual is understood in relationship with the well-being of their community and environment.

Chapter Six: Preserving and Sharing the Harvest through Discussion and Mobilization

This study began with a complex question: how do intergenerational Indigenous nurse mentorship and traditional wellness practices shape identity, knowledge, belonging, and wellness within the context of nursing? Guided by IRM, eight nurses from distinct Métis, Inuit, and First Nation families participated as co-researchers, offering a rich collective story rooted in relationality and experiential learning. Their insights span over seven decades of practice — from the eldest nurse who graduated in 1959 to the youngest in 2020 — illustrating how intergenerational knowledge continues to strengthen both personal and collective nursing experiences.

The (re)search itself became a living practice of mentorship and wellness, showing how Indigenous nursing leadership can be transformative, reciprocal, and community-driven. In this final chapter, I draw forward the harvest of findings from Chapter Five, interpreting how co-researchers' stories extend, challenge, or deepen understandings of mentorship within colonized nursing systems. Their interwoven experiences offer alternate ways of understanding professional identity, education, and care — rooted in Indigenous knowledge systems. My own perspective as a Métis nurse educator informs this discussion, which is structured around three central contributions: the embodiment of Indigeneity within nursing, the (re)claiming of Indigenous knowledge systems, and the reconnection to wellness. These findings are situated within broader nursing literature to offer strategic directions for future teaching, learning, and mentorship.

6.1 Embodiment of Indigeneity with and in Nursing

Systemic racism and the silencing of Indigenous voices continue to undermine the experiences of Indigenous nurses in both healthcare and education (Government of British

Columbia, 2020; Kennedy et al., 2021). While the findings of this study affirm the persistence of Indigenous-specific racism and "Othering" across generations, they also illuminate powerful stories of endurance, resistance, and resilience. These narratives reflect the deep strength and tenacity shared among Indigenous nurses who continue to rise above structural and systemic barriers.

Through conversations about professional identity, it became clear that Indigenous nurses do not simply engage in the practice of nursing; they embody Indigenous ways of knowing, being, and doing through their everyday praxis. This embodiment is not an abstract concept—it is lived through relationships, ceremony, advocacy, and care. Drawing from individual narratives and the collective story, this section explores the distinctions and interconnected dimensions of Indigeneity in nursing that emerged from this study, and how these expressions offer transformative insights into what it means to practice nursing as an Indigenous person

6.1.1 Inseparable Identities

Co-researchers in this study made it clear — both implicitly and explicitly — that their Indigeneity is not something they bring into nursing; it is inseparable from who they are and how they practice. Identity was not an added dimension of their work but a core principle that shaped their approach to care, education, and community. Lucy's reflection, *"We are Indigenous first and a nurse second,"* resonated deeply across generations and mirrored a sentiment echoed throughout the study.

This finding aligns with Odette Best's (2011) doctoral research on Aboriginal nurses in Queensland, Australia, where she emphasized that the construction of Indigenous nursing narratives must begin with Indigeneity. In a recent IHNR webinar, Best (2020) reflected on her own identity, stating: *"Aboriginal is who I am; a nurse is what I am."* That distinction — of

identity first, profession second — reflects a widely shared understanding within this study and across the work of Indigenous nurse scholars such as Dion Stout (2012), Kurtz (2011, 2013, 2024), Bourque Bearskin (2014), Van Bewer (2020), Hurley (2023), and Kelly (2024).

The stories shared by co-researchers also revealed how deeply this integrated identity supports wellness — not as a static condition, but as a lived, mindful, and relational practice. Through intergenerational mentorship, co-researchers described wellness as something cultivated over time through remembering, connection to land, care for community, and spiritual continuity.

> ***Grandmother Doreen:*** *I choose to be as well and balanced as possible and to keep doing Creator's work. It is incumbent upon each one of us to do our bit and really care for the Earth, because she provides all our needs for us.*

This perspective challenges conventional definitions of professional accountability. While mainstream nursing often treats accountability as an individual ethical standard governed by policy or regulation, co-researchers described it as a relational and sacred obligation. Fraser (2022a) explains that for Indigenous Peoples, accountability is not just a regulatory concept, rather, it is a sacred obligation to care for ourselves, each other, and Mother Earth. It is an ethic rooted in relationship rather than compliance. Through this lens, Indigenous nursing is not merely a career or a role within the healthcare system. It is a lifelong, spiritual practice — one grounded in ancestral knowledge, sustained through relational care, and enacted through daily acts of resistance, teaching, and wellness. The responsibility to care for the Earth, for one's spirit, and for community is not an extension of nursing—it is the heart of it.

6.1.2 Claiming Place Amid Role Tension and Racism

Findings from the collective story highlight the resolve, resilience, and resistance of Indigenous nurses, who continue to draw strength from their familial values and historical truths.

Across generations, they described how relationships with community and family serve as grounding forces when facing racism and marginalization in healthcare settings. This resonates with historical accounts of Indigenous nursing in Canada, including Cree nurse Carol Prince's assertion: *"I've had to work twice as hard to prove myself. But in the end, I am twice as good!"* (ANAC, 2007, np).

Throughout the study, co-researchers demonstrated how their nursing identities are grounded in distinctions-based self-location, cultural responsibilities, and deep commitments to their communities. These findings echo Hart's (2002) assertion that Indigenous identity fundamentally informs praxis, shaping how care, advocacy, and relationship-building are enacted in the helping professions.

While proud of their Indigeneity, co-researchers described the pervasive stigma and persistent experiences of racialization within nursing. Systemic racism in nursing is not new. In the aptly titled *'Real' Nurses and Others*, Das Gupta's (2009) provides evidence of everyday racism in nursing and critiques institutional responses that fail to support those who speak out. Similarly, in *'Real' Indians and Others,* Lawrence (2004) explores how urban Indigenous Peoples with mixed ancestry face unique struggles with identity, belonging, and community, further complicating their roles in healthcare spaces. Co-researchers navigated these tensions daily, challenging dominant narratives of who belongs in nursing.

These inequities are not incidental — they are rooted in historical, political, and institutional systems that continue to uphold colonial power and perpetuate harm (Kelly, 2024; Seymour et al., 2023). This ongoing structural violence contributes to the underrepresentation of Indigenous Peoples in nursing. The findings align with literature that calls for relational,

culturally grounded nursing education that centres Indigenous worldviews (Kelly, 2024; Komene et al., 2023; Martin & Mirraboopa, 2003).

Western models of nursing professionalism often exclude Indigenous knowledge systems, reinforcing biomedical dominance and rigid identity constructs (Ramsden, 2002; Sawyer et al., 2023; Van Bewer, 2023). Research continues to challenge these frameworks, emphasizing that healthcare providers should not be evaluated solely through Western epistemologies (Hart, 2010; Komene et al., 2023). This study supports those critiques, showing that Indigenous nurses have long resisted Eurocentric professionalism by incorporating traditional teachings, medicines, and ceremonies into their practice.

As Bourque Bearskin (2014; 2024) has noted, Indigenous nurses often experience role tension as they balance institutional expectations with responsibilities as cultural knowledge holders. This study further demonstrates how such tension is not a barrier but a site of ethical negotiation — where nurses continue to uphold their community responsibilities while navigating systemic constraints. As Kelly et al. (2023c) emphasize, all nurses must reflect on their relationship to the land and to Indigenous Peoples, and interrogate assumptions shaped by colonialism and patriarchy through humility, honesty, and relational accountability.

These findings extend previous research by demonstrating that Indigeneity enhances, rather than detracts from, professional competency. Cultural knowledge and mentorship are not only essential for retention — they are foundational to (w)holistic and culturally safe care. Building on Ramsden's (2002) concept of cultural safety, this study suggests that intergenerational Indigenous nurse mentorship can be a life-giving pathway for First Nations, Inuit, and Métis nurses. However, further research is needed to examine how Eurocentric

definitions of professionalism and systemic pressures often prevent Indigenous nurses from bringing their full selves to their work — a freedom many only experience after retirement.

6.1.3 You Have to See It to Be It

Mentorship emerged as a key factor in strengthening Indigenous nurse identity. Unlike mainstream mentorship models, which often emphasize role modelling for the purposes of skill acquisition and career advancement (Hinsdale, 2016), Indigenous nurse mentorship is more like an apprenticeship rooted in reciprocity, cultural continuity, and collective responsibility (Padley et al., in press). Chew and Nicholas (2021) describe Indigenous mentorship relationships in higher education, as "the embodiment of a carved-out space for Indigenous ways of knowing, being, and doing work from within the academy propelled by aspirations to benefit our communities" (p. 69). In the current study, Indigenous nurses emphasized that seeing Indigenous nurse leaders in action was critical for affirming their own identities. Previous literature regarding Indigenous academic mentorship has identified relationality as key to building trust, nurturing communities of practice, and establishing culturally safe environments for students to learn and grow (Atay & Murry, 2023; Indspire, 2021). In the current study, Indigenous nurses emphasized that seeing Indigenous nurse leaders in action was critical for affirming their own identities through relationality.

Stories of "surviving" higher education in nursing draws attention to the impact of inequity, structural racism, and prescribed marginalization in nursing education (Kennedy et al., 2021) and practice on the well-being of Indigenous nurses and students. Anishinaabe scholar Gerald Vizenor's (1999) concept of *survivance*, emphasizes an active presence and the continuation of Indigenous narratives — rather than mere survival or victimization. Surviving as an Indigenous nurse within academic and healthcare institutions goes beyond merely adapting to

Western systems, or as Walters and colleagues (2019) describe, “developing hardiness within hostile settler colonial climates” (p. 614). Vizenor (1999) further describes survivance as a rejection of dominance, tragedy, and victimhood, instead fostering a sense of agency and resilience. Applied to the experience of Indigenous nurses, survivance challenges colonial narratives that render them powerless or invisible, instead asserting their visibility, strength, and ongoing contributions to health care and academia. This perspective frames the persistence of Indigenous nurses not as passive endurance but as a powerful, action-driven assertion of their presence, knowledge, and lived experience.

The findings of this study demonstrate how Indigenous nurse identity is shaped intergenerationally, particularly through the influence of matriarchal figures in their families and communities. This aligns with how Weber-Pillwax (2003) describes intergenerationality as a central and active force in shaping identity and consciousness within Indigenous community. Through intentional, lifelong, and intergenerational learning, Indigenous ancestral teachings and embodied knowledge are woven into narratives that carry blood memory across time and space (Weber-Pillwax, 2021). More than just a concept, intergenerationality functions as a guiding principle that influences theoretical frameworks, directs discourse, shapes awareness, and ensures cultural continuity that only emerges in the experience of lived realities (Chandler & Lalonde, 1998; Weber-Pillwax, 2003; 2021).

Ensuring that Indigenous Nursing remains grounded in community collective ancestral knowledge, as described by Kennedy and colleagues (2021), the current study provides evidence in support of the effectiveness of intergenerational mentorship as a mechanism for passing down ways of being in nursing. Recognizing the value of Elders' teachings has been shown to provide unique opportunities for Indigenous strengths-based approaches to healthcare and health

professions education (Kennedy et al., 2022). Findings of the current study indicate that Indigenous nurses are empowered to assert their Indigeneity through mentorship received from their families, communities, and each other. Through intergenerational mentorship and relational accountability, Indigenous nurses are supported in actively asserting their right to thrive within the profession on their own terms, contributing to the decolonization of nursing and healthcare spaces. Moving forward, it's clear that the transformative power of mentorship lies in its ability to not only nurture strength and resilience but to cultivate cultural continuity, community, and collective wellness with Indigenous nurses.

Across the generations represented in this study, Indigenous nurses described intergenerational mentorship as a tool for resisting cultural assimilation, ensuring that younger nurses do not feel pressured to conform to dominant healthcare norms. Laura provided additional insight into her sense of obligation to ensure younger nurses have everything they need to know, and "help them maintain their identity and not separate themselves from traditional or cultural aspects of nursing." Reflecting the reciprocal and intergenerational nature of Indigenous nurse mentorship, these findings align with the praxis-oriented values of Indigenous Health Nursing (I-Chairs, 2024; Padley et al., in press). Consistent with strengths-based approaches to nurture the nursing spirit across generations, centering collective strengths within Indigenous nurses and communities can be considered as an outcome of intergenerational mentorship.

Perhaps my most fitting example of see it to be it and learning-through-doing was experienced most recently while co-authoring a book chapter with fellow Métis nurse scholars Michelle Padley (MNBC) and Joseé Lavallée (Manitoba Métis Federation Bison Local) with Indigenous nurse mentors Dr. Bourque Bearskin (Beaver Lake Cree Nation), Dr. Graham (Thunderchild First Nation), Dr. Philips-Beck (Hollow Water First Nation) and the IChairs

(2024). When invited to contribute to this work alongside my Métis nursing colleagues—whom I now consider my "heart family"—we collaborated on a CASN chapter focused on Indigenous nurse mentorship in education. This experience became a powerful opportunity to engage in learning-through-doing with the mentorship and support of the IChairs (2024). Padley and colleagues (in press) explain how "relationships among Indigenous nurse leaders and learners intuitively practice reciprocity through knowledge sharing and giving from both sides of the relationship" and further assert that "the heart of what we do is not reclaiming identity but, rather, claiming how we intentionally position and commit ourselves relationally to each other." By asserting Indigenous identity as integral to our nursing praxis, this study expands existing literature by showing how embodiment of Indigeneity strengthens, rather than conflicts with, professional nursing competencies.

6.1.4 Who Claims You?: Relational Accountability and Indigenous Identity in Nursing

The role of relationality in shaping identity emerged as one of the strongest features of embodied Indigeneity in nursing. Indigenous nurses do not see themselves as isolated professionals but as members of a broader web of kinship, community, and responsibility. Their identities are deeply rooted in relational connections, which inform their practice, mentorship, and sense of belonging. Co-researchers in this study emphasized how these relationships form the foundation for Indigenous nursing identity and cultural safety in professional spaces. At the same time, participants expressed concern about how institutional practices around identity can undermine these relationships. Several co-researchers described experiences of distrust that arose in contexts where individuals claimed Indigeneity without demonstrated relational accountability or community recognition. While this issue was not a central focus of the study, it emerged in relation to broader reflections on trust, representation, and cultural integrity within nursing

education. These tensions also speak to the emotional labour Indigenous nurses carry when navigating systems that have historically excluded them, while simultaneously being expected to protect the integrity of their identities and communities.

Some co-researchers reflected on how exaggerated or stereotypical performances of Indigeneity—often by individuals lacking longstanding ties to Indigenous communities—can distort public and professional understandings of what it means to be Indigenous. As Métis scholar Dr. Caroline Tait explains, these performances often rely on familiar tropes, such as "the stoic, spiritual, culturally attached person [with] which we can identify because we've seen them in Disney movies" (Henry & Tait, 2023, p. 5). These caricatures not only affect interpersonal relationships but also influence institutional decisions around hiring, curriculum, and representation in ways that obscure the voices of Indigenous nurses with deep community ties.

Several Indigenous scholars have critiqued this phenomenon as part of broader settler colonial dynamics. Tallbear (2021) names this process "race-shifting," a contemporary form of settler colonial appropriation. Others, including Gaudry and Leroux (2017), have documented how some individuals—particularly those of settler descent—may revise their ancestral narratives and claim Indigeneity to gain access to opportunities without accountability to Indigenous communities. These critiques are not aimed at individuals with complex or mixed ancestry seeking reconnection, but at those who strategically adopt Indigenous identity for personal gain while disregarding relational accountability. As Mackay et al. (2022) explain, such actions are often upheld by patterns of white self-victimization and white virtuousness—where critique is met with defensiveness, and institutional systems reward perceived Indigeneity without verifying relational legitimacy.

These dynamics reveal how relational accountability—not just self-identification—is central to protecting Indigenous identity and integrity in nursing. Without clear protocols grounded in community validation, institutional systems risk rewarding claims to Indigeneity that lack meaningful connection to land, kin, or community. This places Indigenous nurses in the painful position of questioning the authenticity of peers while simultaneously feeling scrutinized themselves. These tensions erode trust and make mentorship, collaboration, and collective healing more difficult.

As heard in this study, these concerns are not theoretical. Participants echoed what was shared during the 2022 National Indigenous Identity Forum hosted by the First Nations University of Canada, where the Honourable Murray Sinclair emphasized that "this is about who claims you, not who you claim" (FNUniv, 2022, p. 14). This teaching affirms that Indigenous identity is not simply declared, but recognized in relationship.

The collective stories shared by co-researchers illustrate that relational accountability in nursing involves being answerable to Indigenous communities and ways of knowing, rather than to institutional definitions of identity. While relational accountability reflects one's responsibility to uphold respectful and reciprocal relationships (Wilson, 2008), relational integrity emphasizes consistency between these responsibilities and one's values, actions, and teachings over time (Hart, 2009; Kovach, 2009). For Indigenous nurses, introducing oneself through kinship and land-based connections—for example, through the question "Who's Your Mama?"—affirms both belonging and responsibility. As a way of maintaining relational integrity, this practice grounds identity in lived relationships rather than external labels. Participants in this study consistently emphasized that identity is shaped through relational positioning and community recognition across the life course.

For Indigenous nurses, mentorship reflects this same principle of continuity. A strong sense of belonging is cultivated through relationships with Elders, Knowledge Keepers, and other Indigenous nurses, who pass down teachings about care, healing, and accountability. This aligns with Wilson's (2008) view of Indigenous identity as inherently relational, embedded in language, land, and collective memory.

These insights must also be contextualized within the historical exclusion of Indigenous nurses from authorship, leadership, and research. As participants shared, this exclusion mirrors broader colonial dynamics in which Indigenous knowledge is devalued or co-opted. Non-Indigenous nurse scholars have long conducted research on Indigenous health without involving Indigenous nurses as co-creators, reinforcing systems that render Indigenous voices invisible. This pattern constitutes a form of **epistemic violence** — the systemic erasure and devaluation of Indigenous ways of knowing — and underscores the need for epistemic justice through the meaningful inclusion of Indigenous nurses as knowledge holders, leaders, and decision-makers. As Gebhard, McLean, and St. Denis (2022) argue, the helping professions often reinforce the myth of Canadian state innocence while upholding institutional structures that allow identity appropriation to persist.

Even so, Indigenous nurses in this study embody a dynamic and resilient sense of identity. They shared how their identities are rooted in land, kinship, language, and intergenerational teachings. These are not simply identity markers, but relational responsibilities. As Weber-Pillwax (2009) reminds us, identity is inseparable from lived experience and grounded in a sacred view of life.

While systemic racism and exclusion continue, Indigenous nurses create spaces for resurgence through mentorship, cultural continuity, and community accountability. Their acts of

resistance and relational care reflect a shift from *survivance* (Vizenor, 1999) to *thrivance*—"the ability to flourish and deepen scholarship, thoughtways, and science in the service of [Indigenous] communities, their ancestors, and for generations yet to come" (Walters et al., 2019, p. 631).

To truly honour Indigenous presence in nursing, institutions must move beyond surface-level inclusion and commit to structures that uphold community recognition, relational integrity, and belonging rooted in relationship with land. This approach offers a generative framework for resurgence, for reclaiming relational ways of being, and for being claimed in return. The findings of this study affirm that Indigenous nurse identity is sustained through relational accountability, which protects against cultural misrepresentation and supports intergenerational healing, belonging, and the continuation of Indigenous knowledge within nursing.

6.2 (Re)claiming Indigenous Ways of Knowing, Doing, and Being in Nursing

This research contributes to a growing body of evidence positioning Indigenist nursing (re)search as a site of knowledge reclamation — not merely knowledge production (Bourque Bearskin, 2014; Hurley, 2023; Kelly, 2024). Central to this is the principle of relationality, which shaped not only how knowledge was gathered, but how meaning was co-created. As co-researchers, participants helped guide both the direction and outcomes of the study, ensuring the process remained relational rather than extractive. The findings, then, are not a linear summary of responses, but a collective story — formed through shared experiences and nurtured through relational accountability. In this context, relationality emerges as both a method and an outcome of Indigenist Nursing Research.

Despite Canada's reputation for universal healthcare, Indigenous Peoples continue to experience severe and persistent health disparities, rooted in what Seymour et al. (2024) identify

as the “intersectional legacies of colonialism and racism” (p.70). In response, Indigenous and non-Indigenous scholars alike have called for urgent disruption of Eurocentric dominance in nursing education, research, and practice (Bell, 2021; Green, 2016; Kelly, 2024; Kelly & Chakanyuka, 2021; Louie-Poon et al., 2022; McGibbon et al., 2014; McGibbon, 2019; Moffitt, 2016; Symenuk et al., 2020; Van Bewer, 2020; Waite & Nardi, 2017).

At the heart of this disruption is the need to confront epistemic racism — the systemic privileging of Western knowledge systems and the devaluation of Indigenous ways of knowing. Epistemic racism perpetuates the belief that racialized and Indigenous ways of knowing are primitive or inferior, reinforcing the dominance of Western knowledge systems over Indigenous knowledge systems (Reading, 2013). Western academia and healthcare institutions often position Indigenous ways of knowing as secondary or anecdotal (Burke & MacDonald, 2020; Kelly, 2024; Wilson, 2008). Even when individuals do not explicitly endorse these beliefs, it remains crucial to expose how epistemic racism (Reading, 2013) systematically undermines and marginalizes Indigenous knowledge systems to uphold Western epistemic hegemony and White supremacy (Kelly, 2024). Making these hierarchies and assumptions visible is the first step toward critically challenging them (Kelly, 2024).

As members of the core BC IHNR chair team, Seymour et al. (2024) call for “immediate action to re-establishing epistemic justice and reframing Indigenous knowledge systems in nursing practices, policies, research and education as the starting point in counteracting systemic racism” (p. 70). Kelly (2024) further critiques how “colonial caring” (Sweet & Hawkins, 2015) — often framed as benevolent — continues to inform what is accepted as legitimate knowledge and practice in nursing.

The present study challenges colonial caring discourse by demonstrating how Indigenous nurses across generations assert knowledge sovereignty within oppressive systems through apprenticeship and mentorship. Here, sovereignty does not refer to state-based or Western legal constructs, but to the authority of lived experience — the ability to speak one's truths with autonomy and cultural integrity. Claiming Indigenous ways of knowing, doing, and being in nursing is not only an act of resistance, but a necessary foundation for dismantling systemic racism and transforming healthcare systems to better serve Indigenous Peoples (Seymour et al., 2023, 2024).

6.2.1 (Re)Claiming our Stories

Cree–Métis nurse educator and scholar, Dr. Leanne Poitras Kelly (2024) explains how "invisibility of societal violence and attempted genocide is not unintentional… Disregard is fostered through silence, suppression and obliteration of human stories" (p. 154). For some Indigenous nurses in this study, working towards healing our histories and (re)claiming our stories has required (re)searching the truth that has been intentionally covered up – by the Canadian government, religious orders, and educational systems, and sometimes by our own families. Several nurses spoke of parents and grandparents who did not explicitly share details of concentric colonial traumas they experienced for their own reasons. Co-researchers shared stories of the deep impacts of learning details about the methodically hidden systematic atrocities committed against their communities during residential schools, the Sixties Scoop, and segregated Indian Hospitals while taking elective Indigenous studies courses. The lasting impact of colonial attempts to displace and erase these families and their stories has meant (re)learning language, cultural practices, songs, dances, and land-based healing practices that have been kept alive, albeit underground.

While family- and community-based mentorship resonated through the collective story, the elder nurses spoke from a place of deep knowing that flows from fluency in ones' ancestral language. As children, these elders had been surrounded by language, land-based teachings, and cultural-familial knowledge as evidenced in the stories they shared about their parents and grandparents' defiance and resistance against colonial violence involved "breaking the rules." Choosing to live off reserve, on the land, and in other communities, these families intentionally avoided apprehension and mentored their children to preserve traditional teachings and healing practices through apprenticeship and land-based learning.

Indigenous scholars state that to learn from an Indigenous worldview "is a systemic approach to being in the world that can best be categorized as process thinking, as opposed to the content thinking found in the Western worldview" (Duran & Duran, 2000, p. 91). The approach of learning-through-doing was evident in stories shared by co-researchers. Just as it was in the past, co-researchers shared stories about the significance of being "on the land" to learn cultural knowledge with their parents and grandmothers, as well as their own children and grandchildren. From generation to generation, Indigenous Peoples have come to know that learning "is holistic, lifelong, purposeful, experiential, communal, spiritual, and learned within a language and a culture" (Battiste, 2010, p. 15).

In Nourishing the Learning Spirit: Living our Way to New Thinking, renowned Mi'kmaw educator and scholar Marie Battiste (2010) proposes that:

> What guides our learning (beyond family, community, and Elders) is spirit, our own learning spirits who travel with us and guide us along our earth walk, offering us guidance, inspiration, and quiet unrealized potential to be who we are. In Aboriginal thought, the Spirit enters this earth walk with a purpose for being here and with specific gifts for fulfilling that purpose. In effect, the learning Spirit has a Learning Spirit. It has a hunger and a thirst for learning, and along that path it leads us to discern what is useful for us to know and what is not. Our individual gifts for fulfilling our purpose are expressed in ourselves, in our growing talents, and in our emerging or shifting interests.

> These gifts often manifest themselves in surprise and in joy. That time of learning has often been called a 'wondrous' time and lasts a lifetime. (p. 15)

Co-researchers in the current study reinforce how the stories of Indigenous nurses are intertwined with and through ancestral teachings, oral storytelling, and experiential knowledge as valid and rigorous forms of evidence to inform their nursing practice. In the spirit of humility and honesty, I must admit that I had not fully anticipated the extent to which storytelling would present as both methodology and pedagogy imbued in how co-researchers in this study would both teach and share knowledge with me. It was through critical reflexive inquiry that I began to understand this depth, as captured in my journal writing.

> ***Christina:*** *More than a "method," every visit was a lesson, every story a teaching. Our knowledge doesn't live in documents or textbooks - it lives in relationships, stories, and, if we go inside ourselves, I expect that it even lives in my ancestral memory, as I've been told by the grandmothers. I have come to accept that this deeper, cellular level of knowing, and reclaiming my own wellness will require dedicated time away from the academic head-space that I've been in for too long. There it is, naming my intention to return home and to the land. That is where my story was born, where my roots are nourished, and where my own land-based healing and wellness is grounded.*

Unlike conventional interviews that impose hierarchical researcher-participant dynamics, visiting with and amongst Indigenous nurses in this study aligned with Indigenous ways of making meaning, creating a research space that mirrored traditional mentorship and storytelling practices. Relationality-in-action was evident throughout our collective circling — from the way each nurse introduced themselves, to the prayers that opened each virtual gathering and the stories that we shared, reinforcing our interconnectedness. The intentional bringing together of the co-researchers in circle ensured that knowledge was gathered, shared, and applied in ways that honoured Indigenous ways of knowing, doing, and being.

6.2.2 Genealogy of Indigenous Nursing Knowledge

Tracing the genealogy of Indigenous knowledge (Absolon, 2011) is vital for relational positioning and for honouring the sources of our knowing. In this study, the collective story reveals that Indigenous Nursing Knowledge (INK) is grounded in familial teachings, language, and land-based learning. These foundations are carried forward through mentorship, traditional education, and knowledge reclamation — all of which support individual and collective wellness.

Mentorship in Indigenous nursing mirrors the ways families pass down knowledge — not only through instruction, but through presence, experience, and relationship. The co-researchers shared how grandmothers, Elders, aunties, and senior nurses guided them not only in clinical practice but also in cultural teachings, values, and survivance strategies. For example, Doreen's story of learning through listening, observing, and engaging with the natural world illustrates how traditional knowledge is transferred through lived experience rather than formal instruction. For example, Doreen's story about experiential learning through listening, observing, and engaging with nature exemplifies the traditional methods of teaching and self-discovery that remain vital for Indigenous nurses.

Reflecting on what the nurses shared about intergenerational mentorship starting at home and in community with mothers, aunties, grandmothers, and great-grandmothers, I realized that my own mother has been my mentor all along. Thomas (2018) explains how colonial policies, rooted in sexism and white supremacy, have attempted to systematically dismantle and displace women's leadership roles, prioritizing formal governance structures that often overlook the ongoing, vital contributions of Indigenous women.

> In remembering and honouring our mothers, we become and are the bearers of the past; we are the links and if we refuse, walk away, or simply do not accept to carry the past of

> being within our presence today, then that past that is our own being today, simply falls away, and we no longer are. (Weber-Pillwax, 2024, p. 258)

KD reflected on the kindness and strength passed down by his mother, grandmother, and mentor, Grandmother Doreen — women who shaped his understanding of healing through matriarchal wisdom. As a proud Two Spirit Métis nurse, KD described these relationships through the concept of *kisewatisiwin* (kindness), honouring the matrilineal power of Indigenous knowledge as a source of both strength and restoration.

Dr. Qwul'sih'yah'maht Robina Thomas (2018), a Lyackson First Nation scholar with Snuy'ney'muxw and Sto:lo ancestry, explores these themes in *Protecting the Sacred Cycle*, highlighting how Indigenous women have long been life-givers and carriers of culture. Her concept of the Sacred Cycle captures the relational continuity across past, present, and future, emphasizing that traditional knowledge is not static — it lives through us, and through the ways we honour it in everyday life.

The findings of this (re)search affirm that Indigenous Nursing Knowledge is not simply a framework for practice — it is an embodied way of being. It is inseparable from identity, worldview, and ancestral lineage. Co-researchers consistently described mentorship as the primary means through which this knowledge is sustained and reclaimed — a relational process that honours lived experience as a legitimate, evidence-based source of wisdom (Simpson, 2017).

Whether formal or informal, intergenerational mentorship emerged as a pathway not only into nursing, but toward cultural reconnection and collective healing. Co-researchers emphasized that mentorship with Elders and Knowledge Keepers restores balance — not just for individuals, but for communities. In doing so, it affirms that Indigenous knowledge remains valid, powerful, and necessary, despite ongoing systemic erasure.

By locating mentorship within families and communities, Indigenous nurses reinforce collective responsibility for cultural continuity and wellness. These stories remind us that our strength is not only individual, but collective — woven through generations, nourished by relationships, and carried forward in (w)holistic ways.

The following excerpt from my journal further ponders the significance of intertwined memories in shaping how we come to know and share our truth through stories.

> ***Christina:*** *Back in 2015, during the Master of Nursing orientation at UVic, I remember how bright the sunlight was shining into the First People's House where I was sitting, the only self-identified Indigenous nurse, when I first heard Dr. Robina Thomas speak. As she described the resonating impact colonial institutions have on Indigenous families and communities, she told the stories of her own family members who attended residential schools and Indian hospitals at different times in their life. This was the first time in my life that I can recall hearing about segregated healthcare in Canada. This new-to-me knowledge and the image of one child, about the same age as my own child, having been chained to their hospital bed for several years to keep them from running away struck a memory for me.*
>
> *It was like a flash back and an epiphany all at once. Her stories provided an invitation for me to remember my own storied experiences with Indigenous-specific racism in nursing. First, I remembered the Indigenous man I cared for during my third-year rural-remote BSN practicum in Southern Alberta and the chilling words of the white nurse "what a waste of blood" … I sat with that memory for a while and honoured what I was learning now, through these stories. The truth. This memory triggered another, embodied memory. That man could have been my grandfather. The feelings of sadness and anger that welled up inside me as a youngster, hearing my mother retell her encounter with those words spoken by a nurse as my grandfather was dying "you people need to leave the room". The resonance of these memories and stories uncovered an uncomfortable truth.*
>
> *As nurses in this study shared their stories of uncovering the truth, buried under sanitized Canadian settler narratives, I began to remember again. Through the experience of remembering, I came to see and begin my learning journey to better understand the concentric trauma and harm of so-called colonial caring within the context of Canadian nursing history, health policy, and participation in legislated acts of genocide. That was a real eye opener for me. I realize now that Robina's act of truth telling through stories that day shattered my sense of identity as a so-called "proud Canadian" and Métis Nurse at the time.*
>
> *I wonder how all these memories and storied experiences have shifted my perspectives, understanding, and beliefs about the past-present-future of Indigenous Health Nursing?*

6.2.3 Relationality and Collective Strength in Indigenous Nursing

Relationality is foundational to Indigenous nursing practice. Yet, within Western biomedical models, relational approaches are often dismissed in favour of individualism, efficiency, and hierarchical structures (Hart, 2010; Wilson, 2008). In this study, Visiting and Circling were used as core research methods, emphasizing that knowledge is co-created through relationship rather than extracted through interrogation. The co-researchers were engaged not just as participants but as knowledge holders guiding the direction and outcomes of the study. As such, the findings represent a collective story — shaped through shared experience and relational accountability. Within Indigenist Nursing Research, relationality becomes both a method and an outcome.

Indigenous nurses resist colonial erasure through community-based advocacy and relational knowledge-sharing. These findings align with research on relational leadership, which emphasizes collectivity as a counter to professional isolation (Hart, 2010). Co-researchers highlighted the importance of Indigenous-led mentorship networks in navigating racism, lateral violence, and systemic inequities in healthcare (Biles et al., 2023). Mentorship, land-based learning, and community support were all described as key elements in grounding practice and promoting wellness.

Integrating land-based healing practices into nursing education and support programs could offer (w)holistic care for both nurses and patients. This includes reducing stress, addressing burnout, and creating space for cultural resurgence within healthcare. These findings reinforce that relationality is not just a philosophy — it is a practical and political movement toward transformation.

Framed as a form of collective resistance, Indigenous mentorship protects against isolation, discrimination, and professional burnout. Participants described how Indigenous nurses advocate through relational organizing, ensuring policy decisions reflect Indigenous rights to self-determination in health. As Kovach (2010) reminds us, this is not about surviving within broken systems — it is about transforming them by centering Indigenous voices and values.

6.2.4 Creating Community and Indigenous-Only Spaces for Support

Indigenous nurses in this study described how mentorship received from family, community, and each other empowered them to assert their Indigeneity in professional spaces. Consistent with Komene et al.'s (2023) findings on Whakarōpū (collective grouping), these nurses demonstrated the strength that emerges from being in community — especially in Indigenous-only spaces where they can speak openly without judgment or tokenization. Komene et al. (2023) found that Māori and Pacific nurses were collectively empowered and guided by *whakataukī waiho i te toipoto, kaua i te toiroa* (let us keep close together, not wide apart).

Many co-researchers shared that without relational support from Indigenous nurse mentors, they may not have remained in the profession. Julie described intergenerational mentorship and relational reciprocity as her "saving grace," ensuring she had supportive people to look up to that she wanted to be like. Dedicated time and space for older and younger nurses to gather, both formally and informally, emerged as critical for sustaining emotional and cultural wellbeing. For example, Leah recalled the significance of an Indigenous-only sharing circle during cultural safety training:

> ***Leah:*** *To have that honour to be in a group of Indigenous-only… it was just amazing, because I know that when you have a mixed group, no matter what, they're not going to understand what it is you're going to share.*

Julie echoed this sentiment:

Julie: *It just felt so good to be able to just be — without having to explain.*

These accounts support and extend previous research affirming the need for Indigenous-specific mentorship programs that foster belonging and counteract professional isolation (Best & Stewart, 2014; Biles et al., 2021; Kahn-John, 2023; Martin & Kipling, 2006; Pijl-Zieber & Hagen, 2011). While broader systemic changes are urgently needed, Indigenous nurses continue to assert their knowledge and presence through daily acts of care, resistance, and relational teaching. Strengthening Indigenous-led mentorship, integrating traditional healing, and creating culturally safe nursing spaces are not peripheral to the profession — they are transformational practices. Through these efforts, Indigenous nurses are not merely surviving within healthcare systems — they are reshaping the profession itself.

6.3 Remembering and Returning to Land, Language, and Wellness

This study affirms that relationality, collectivity, and intergenerationality are not theoretical concepts for Indigenous nurses — they are lived realities. Wellness, in this context, is not an individual pursuit but a community-embedded, relational journey grounded in cultural resurgence and self-determination. When mentorship is understood as a form of *re-membering*, wellness is reframed not as a personal achievement but as a shared process that sustains communities across generations.

Co-researchers emphasized that wellness is cultivated through connection — to language, land, and ancestral teachings — forming a framework that supports both personal and collective well-being. This (w)holistic approach to wellness guided nurses in reclaiming their identities and responsibilities through cultural practices. Many nurses shared how language reclamation became a powerful act of cultural resurgence. Though some did not grow up speaking or learning their language due to colonial suppression, learning and integrating even small phrases into care

was described as both healing and resistance. Laurie shared how Anishinaabe words like *Minobimaatisiiwin* ("living a good life") express layered understandings of health that cannot be captured in English.

Language, in this sense, is not just communication — it is medicine that reconnects us to our worldview, our responsibilities, and our People. When in community, I have often heard it said that "ancestors hear us when we speak our language." Co-researchers spoke of how learning from Elders and mentors allowed them to reconnect with ancestral knowledge systems that were silenced by colonization. Lucy expanded this reflection by describing how the St'át'imc language conveys whole ways of being. For instance, *Ama's Chute* means more than "feeling good inside" — it represents a (w)holistic sense of well-being, inseparable from ancestral presence and collective memory. As a Métis nurse, I can only access these meanings through our shared colonial language, but Lucy's teachings opened a doorway into deeper relational understandings. Similarly, *Snex nuxwa7* — often translated as "we are all related" — reaches far beyond a phrase of kinship. It is an embodied worldview that links humans, animals, plants, and land in a web of reciprocal responsibility.

These linguistic teachings remind us that blood memory and ancestral language are not abstract. They offer intergenerational connection and help guide Indigenous nurses through colonial systems while remaining rooted in who they are. As Lucy detailed in her 2005 master's thesis, the *Braid Theory* she developed in 1999 illustrates how mind, body, and spirit are intertwined. When one strand is weakened, the others are affected. This theory reinforces the need for healthcare systems to embrace Indigenous knowledge to support balance, identity, and well-being (Barney, 2005).

Doreen and Laura further demonstrated how fluency in their ancestral language (Cree) enhanced their care relationships, cultural integrity, and connection to worldview. Their stories support Wildcat and Voth's (2023) assertion that relational worldviews are rooted in place, language, and Indigenous intellectual traditions.

Land-based practices, including ceremony, medicine gathering, and simply spending time with the land, were consistently described as essential to wellness. These moments of reconnection help nurses find balance, process grief, and return to what Lucy calls "collective remembering" — where memories are carried in the land, the blood, and the stories of our people. Co-researchers described this return to land and language as a path to healing from workplace trauma, lateral violence, and systemic racism. Nurses who returned to land-based practices also described feeling more balanced, more grounded, and more able to withstand the stresses of their professional roles.

Doreen reminded us of the generative power of humour and joy.

Doreen: *All those Old People managed to go through what they did — and still laugh.*

This was not an afterthought, but a profound teaching in cultural humility and survivance. Laughter, even in the midst of trauma, becomes part of our healing — a return to balance.

Language reclamation and land-based healing worked in parallel, offering culturally safe care for both nurses and patients. These were not add-ons but essential elements of care that restored understanding of those displaced. Language reclamation and land-based healing worked in parallel, offering culturally safe care for both nurses and patients. As Wildcat and Voth (2023) note, Indigenous wellness is deeply tied to place-based knowledge and our relationships with the natural world.

Co-researchers emphasized that healing happens through reconnection. Whether learning from a fluent grandmother, attending a ceremony, or walking the land after a hard shift, these practices created space for reflection, release, and resilience. Co-researchers described how these teachings helped them navigate lateral violence, racism, and the bureaucratic constraints of colonial healthcare systems.

These findings call for a deeper integration of land-based practices and language revitalization in nursing education, wellness supports, and institutional policy. This study suggests that integrating land-based learning into nursing education and wellness programs could provide vital support for Indigenous nurses, helping them reconnect to culture while navigating the stresses of the profession. The well-being of Indigenous nurses is sustained not by performative inclusion, but by creating meaningful space for ancestral knowledge to live — in language, in land, and in us.

6.3.1 Intergenerational Healing Through Mentorship

Re-member-ing is an act of resurgence — a process of stitching back together the fragmented threads of identity, memory, and belonging that have been torn by colonialism (Rowe, 2014). Unlike Western research paradigms that emphasize detachment and objectivity, Indigenous (re)search is relational. It asks researchers to be accountable to the knowledge, the community, and the spirit of the work (Wilson, 2008; Absolon, 2011). This aligns with a (w)holistic approach to knowledge, which recognizes the interwoven nature of land, community, spirit, and well-being (Marsden, 2005; Miles et al., 2023). As Archibald (2008) reminds us: “Sources of fundamental and important Indigenous knowledge are the land, our spiritual beliefs and ceremonies, traditional teachings of Elders, dreams, and our stories” (p. 42).

This study reinforces what Bourque Bearskin (2014) and others have long asserted: mentorship is not just professional support — it is a deeply relational process of intergenerational healing. In her doctoral work, Bourque Bearskin described how four Indigenous nurse scholars helped her find a sense of home within her family, community, and the nursing discipline. This mentorship formed the roots of an Indigenist research program that supports Indigenous health governance and resurgence. As she writes:

> Re-member-ing original healers and helpers supports Indigenous Health Nursing and the application of Indigenous Nursing Knowledge to inform renewed Indigenous health governance systems for community wellness" (Bourque Bearskin et al., 2020, p. 3).

In this study, co-researchers described intergenerational mentorship as a vital force of reconnection and restoration. It was not just about passing on clinical knowledge — it was about remembering who we are. Mentorship helped reclaim language, values, spiritual practices, and ways of being that had been interrupted or suppressed by colonial systems. Nurses described how connecting with Elders, aunties, and grandmothers brought a sense of grounding, guidance, and belonging. Through mentorship, many described finding not only their professional direction but their cultural foundation and spiritual purpose.

Taking an Indigenous approach to helping, healing, and nursing involves acknowledging our role in modeling healthy growth and well-being. When our teachings, languages, and relationships are centered in mentorship, Indigenous nurses come to embody lived and living knowledge with balance across spiritual, mental, emotional, and physical dimensions. As Hart (2022) emphasizes, mentorship is central to this (w)holistic balance. It affirms that our languages and cultural values are not just tools for care — they are the source of it.

To close this section, I offer a reflection from my own journal:

> ***Christina:*** *When we come together, we laugh, we cry, we share food, and we share stories — all of which are medicine for the mind, body, and spirit. Gathering with Indigenous nurses creates space for trusting friendships, even kinship. We learn-through-doing — not just practical skills, but embodied ways of knowing, doing, and being in nursing.*
>
> *When I'm struggling, I know there's a circle of aunties and sisters, grandmothers and ancestors in front of me, beside me, behind me… It goes beyond having one's back — it's about caring for one another's spirit.*
>
> *And while we can't do the work of healing for each other, we can remind one another to remember. When I remember to pray, I feel grounded — more aware of what is seen and unseen around me. That is the life-giving beauty of Indigenous nurse mentorship: to come together, help each other be well, and remain surrounded by relationality and love.*

6.4 Strategic Imperatives

This study highlights the need for purposeful and systemic change in nursing and nurse education to create environments where Indigenous nurses can thrive, be well, thrive, and co-create community to mentor future generations of nurses, helpers, and healers. None of the findings related to the added burdens of colonial trauma and Indigenous-specific racism in nursing are new or novel. These stories have been told before — indeed, these stories have been lived alongside the so-called pioneering and colonial caring spirit of Western nursing. In 2023, CASN issued a statement of apology to Indigenous Peoples of Canada for Colonial harms resulting from nursing education "wish to express our deepest regret, apologizing to the First Nations, Inuit, and Métis peoples of Canada for harms, historical or contemporary, related to nursing education." Although the CNA and CASN have emphasized that Indigenous perspectives must be represented within nursing education, current approaches often fail to center the voices of Indigenous Nurses, let alone Indigenous epistemologies, pedagogies, ontologies, and health practices (CASN, 2025; CNA, 2025).

Capturing the spirit of Indigenous Education and setting the tone for meaningful action on a national scale, Colleges and Institutes Canada (2024) cite the following powerful words of

an Indigenous student: “Don’t just talk about it. Be about it.” Grounded in Indigenous research methodologies, the findings of this study highlight systemic patterns, lived experiences, and relational responsibilities that must inform decision-making in nurse education at institutional and policy levels. Indigenous nurses have been leaders in their communities since time immemorial — serving as healers, caregivers, and Knowledge Keepers. This research reinforces the importance of Indigenous nurses reclaiming knowledge, mentorship, and leadership within the profession. Within the context of teaching and learning, these implications and applications are presented as strategic imperatives to advance and sustainably embed intergenerational Indigenous nurse mentorship within nurse education. These imperatives are calls to action for organizations, policymakers, and community leaders seeking to make meaningful and sustainable change.

Calls for Action in Nursing Education:

- **Expand Indigenous Health Nursing as a Specialization** – Lucy specifically identifies this as a top priority action that echoes what many Indigenous nurses have been requesting for generations; Indigenous Nursing must be officially recognized as a distinct field within Indigenous Health Nursing as a specialization that integrates Indigenous worldviews, traditional knowledge, mentorship, and (w)holistic wellness. Indigenous nurse leaders must be at the forefront of decision-making and policy development in Indigenous Health Nursing Education and Research.
- **Mentor the Next Generation of Indigenous Nurse Leaders** – Co-create spaces and provide places for Indigenous nurses to come together across generations on a regular basis. Institutionalize Indigenous nurse-led mentorship programs that offer culturally safe guidance, professional growth, and emotional support. Strengthen existing Indigenous

mentorship networks and create apprenticeship-based research training programs, ensuring emerging Indigenous scholars receive mentorship and relational support. Mentor Indigenous nurses not only into frontline nursing roles, but also into advanced practice roles, teaching roles, research roles, leadership roles, traditional healing and wellness roles.

- **Create Dedicated Base Funding for Indigenous Nursing Programs** – Provide institutional support and secure long-term funding for Indigenous nurse-led mentorship programs and wellness initiatives. Welcome families alongside nursing parents and students with access to adequate funding for housing and affordable on-site childcare.
- **Co-Design Curriculum with Indigenous Nurses** – Ensure Indigenous nurses and Elders are co-creators of Indigenous Health Nursing education, not just guest speakers.
- **Embed local Indigenous Knowledge in Curriculum** – Victoria proposes that respecting Indigenous Nursing Knowledge Sovereignty means ensuring local First Nations, Métis, and Inuit perspectives, knowledge, and ways of nursing are valued, integrated, and meaningfully embedded in educational content. This will require unremitting time, effort, and funding to build long-term, trusting relationships with local communities.
- **Implement Land-Based Learning** – Shift from theoretical discussions to experiential learning, allowing students to engage with Elders, Knowledge Keepers, and land-based healing practices. Furthermore, Indigenous nurses must be supported in reclaiming land-based wellness and cultural healing practices in their professional roles.
- **Promote Indigenous Language Revitalization in Nursing** – Language is medicine and language reclamation as a form of healing and cultural resurgence. Incorporating

Indigenous languages into nursing education can strengthen therapeutic relationships and cultural safety within the discipline of nursing.

- **Respect and Protect Time for Wellness** – Institutional policies should include regenerative leave, allowing Indigenous nurses to reconnect with land, ceremony, culture, community, and traditional wellness practices.
- **Respectfully Integrate Traditional Healing** – Indigenous nurses should be supported in their learning and empowered to fully incorporate ceremonial practices, traditional medicines, and land-based healing into their professional practice while operationalizing the First Nations Principles of OCAP® (Ownership, Control, Access, and Possession).
- **Enact Relevant Policy Changes** – Align nursing policies with UNDRIP (2007) and TRC (2015) Calls to Action, ensuring healthcare institutions recognize and uphold Indigenous health sovereignty. Implement Indigenous Health Governance structures that prioritize community relationships and self-determination. Fund Indigenous Nurse Executive positions of leadership within healthcare institutions to shape policy, education, and practice standards. Ensure policies are in place to prevent and protect against Indigenous identity fraud, especially for Indigenous-specific positions in nursing.
- **Address Racism in Nursing Classrooms and Workplaces** – TRC Calls to Action mandate skills-based anti-racism education and improved retention of Indigenous healthcare providers. Institutions must take concrete steps to eliminate racism, lateral violence, and tokenism against Indigenous nurses. Enforce accountability measures for addressing systemic racism and targeted recruitment strategies for Indigenous health professionals into culturally safe education and practice environments.

6.5 Conclusion and Closing Reflections

This study advances Indigenous Nursing by centering mentorship, wellness, and knowledge sovereignty as acts of resistance against colonial systems. By reframing Indigenous Nursing as a process of reclamation rather than adaptation, this study supports the need for ongoing conversations about how Indigenous nurses are transforming health care through intergenerational resistance and resurgence. The findings illustrate how intergenerational mentorship and traditional wellness practices sustain Indigenous nurses' knowledge, identity, belonging, and wellness.

In the literature reviewed, enablers of Indigenous persistence and success in nursing education were shown to align with the unique features of relational, strengths-based, and culturally safe programming, enriched by the presence of Indigenous nurse-academic role models, enhanced by access to culturally secure learning environments, and supported by opportunities for Indigenous-specific, Indigenous-led mentorship. Bringing together Indigenous ways of knowing and doing, relationality is a distinctive feature of Indigenous mentorship that upholds Indigenous sovereignty and self-determination (Tynan & Bishop, 2023). Cultivating fertile environments for Indigenous nurse thrivance (Kahn-John et al., 2023) and wellness will require thoughtful consideration and intentional implementation of what Indigenous nurses say they need to grow and flourish. While the culmination of findings from the literature provided a roadmap to improve Indigenous nurse retention, there remains a paucity of knowledge on intergenerational Indigenous nurse mentorship and "how to" implement to ensure sustainable and systemic changes within nurse education and practice that uplift Indigenous self-determination and achieved wellness in nursing.

As matriarchal wisdom and intergenerational mentorship were foregrounded, the findings highlight how knowledge transmission in Indigenous nursing occurs through relationships, reinforcing that embodied knowing is gained through experiences that cannot be captured in the writings of a textbook. In this way, my experience learning-through-doing the research with the collective provides evidence that relationality and reciprocity are embodied within the search.

> ***Christina:*** *Perhaps the collective search and, indeed, the research process itself, became a site of mentorship, as nurses shared knowledge not only with me as "the researcher" but with one another. This undoubtedly served a mutual benefit, as each nurse expressed their gratitude for the work and the opportunity to come together in the work.*

This work comes from community and must remain within the community of Indigenous nurses — past, present, and future. To ensure accessibility and usability beyond academia, everything will be shared within our respective families, communities, and nursing networks. Land-based symbolism I drew from my home territory shaped by the relational practices of berry picking and the way findings were organized and understood, with co-researchers agreeing that the Highbush Cranberry Flower structuring metaphor that I used during initial analysis was appropriate as a creative and distinctly "me" Métis way of integrating knowledge in the processing of coming to know the importance of this work and the harvesting that many families continue to cherish. Visiting, sharing meals, and exchanging gifts such as homemade jelly became symbolic acts of reciprocity and connection.

> ***Christina:*** *The act of making jelly—finding, sorting, preserving, and sharing—has become a metaphor for the work of Indigenous nurses, who carefully pass down knowledge, preserve traditions, and sustain their communities. In the final circle, the nurses offered their own land-based metaphors for Indigenous nurses, presenting fireweed as a fitting symbolic metaphor… Perhaps that will be the framework for a future study as this work is sure to be continued over my lifetime.*

Intergenerational mentorship is not only a tool that supports professional identity and knowledge development, but it exists as a cultural imperative that sustains Indigenous presence in nursing. The findings of the study express the importance of intergenerational mentorship for

authentic healing to occur as healthy Indigenous nurse mentors come from lived and living experiences with wellness. Furthermore, through intergenerational mentorship, Indigenous nurses are actively disrupting colonial health systems, by encouraging non-Indigenous leaders to unpack their own distinct histories, cultures, and relationships. Indigenous Nurses (re)claiming their inherent and inherited right to advance Indigenous Nursing Knowledge will reshape their role in healthcare, allowing full integration of distinct ways of knowing, doing, and being in the practice of Indigenous Nursing and Indigenous Health Nursing as a specialty. This work calls for continued action to create culturally safe spaces and uphold Indigenous Nursing Knowledge, ensuring that Indigenous nurses — and their communities — flourish for generations to come.

Through lifelong mentorship and community-driven healing practices, Indigenous nurses continue to honour the matriarchs and leaders who have cleared the path while fostering the next generation of helpers and healers. As this work concludes, I find myself reflecting on the cyclical nature of knowledge sharing and mentorship, symbolized by the process of gathering, sorting, and preserving “berries” to create something edible and medicinal that can be shared and gifted to others. These processes — grounded in relationality, reciprocity, and wise practices — have shaped this research journey. Just as the highbush cranberry represents resilience and the taste of home, the findings of this research emphasize the strength and continuity of Indigenous nursing traditions, rooted in kinship, apprenticeship, and lifelong mentorship. Although writing and disseminating this dissertation gives only a taste of the gifts harvested from the collective story, my hope is that this work serves to widen the path for Indigenous nurses to remember who we are as we return to our home territories and ancestral berry patches in search of our own cherished jams and jellies.

Concluding this work is merely the beginning of my own journey to integrate what I've learned into my own practice. Looking ahead, I plan to return home, reconnect with the land, and continue my own learning-through-doing as an apprentice and helper with Julie at the NWT Métis On-The-Land Healing and Wellness Centre. This next step reflects the spirit of reciprocity and ongoing mentorship embedded in Indigenous ways of knowing and being. Collaborating with community and academic nurse mentors, I aim to continue co-creating spaces where Indigenous nurses can thrive. This journey doesn't end here — it extends into my continued commitment to amplify the voices of Indigenous nurses through initiatives such as publishing collectives, co-creating and sharing digital stories, and supporting programs that nurture the next generation of Indigenous nurse leaders.

By blending experiential learning with academic inquiry, I am in awe of how Indigenous nurses continue to reclaim and sustain their cultural and professional identities while contributing to systemic change. This work has deepened my understanding of interconnectedness, where all these elements are strengthened through relationality and lifelong learning. This summer, I will return to the land to pick berries and make jelly with my mother, continuing the cycle of learning-through-doing while reconnecting with family and community. This journey is both a personal recovery and a reaffirmation of the gifts that sustain us across generations. In the spirit of reciprocity, we honour the past, nurture the present, and prepare for the future — ensuring the strength and vitality of Indigenous nursing for generations to come. Mahsi cho.

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Roianne West Kalkadoon and Djaku-nde, Teresa Brockie Aaniniiin Nation, Terryann C. Clark Ngāpuhi, Lisa Bourque Bearskin Cree/Métis, Beaver Lake Cree Nation, John Lowe Cherokee/Creek/Lenape, Eugenia Millender Guna, Reakeeta Smallwood Gamilaroi & Odette Best Gorreng Gorreng, Boonthamurra and Yugambeh. (2021). Cultural Safety and Indigenous authority in nursing and midwifery education and practice, *Contemporary Nurse, 57*(5), 303-307, DOI: 10.1080/10376178.2022.2039076

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Appendices

Appendix A: Recruitment Poster

Appendix B: Information Letter & Consent Form

Intergenerational Indigenous Nurse Mentorship and Wellness

Co-Principal Investigator & Supervisor
Dr. Lisa Bourque Bearskin, RN, PhD
Associate Professor
School of Nursing
Human and Social Development
University of Victoria
Phone: (250) 828-5056
Email: bourquebearskin@uvic.ca

Co-Principal Investigator & Supervisor
Dr. Bernie Pauly, RN, PhD
Professor
School of Nursing
Human and Social Development
University of Victoria
Phone: (250) 857-2851
Email: bpauly@uvic.ca

Co-Investigator & PhD Committee Member
Dr. Brenda Mishak, RN, NP, PhD
Associate Professor
School of Nursing
Human and Social Development
University of Victoria
Phone: (306)980-7744
Email: brendamishak@uvic.ca

Principal Applicant & PhD Candidate
Christina Chakanyuka, RN, MN, PhD(c)
Assistant Professor
School of Nursing
Human and Social Development
University of Victoria
Phone: (778) 587-5611
Email: cchak@uvic.ca

Dear _____,

We invite you to take part in an Indigenous nurse-led intergenerational mentorship and wellness study. Before agreeing to participate in this research project, it is important that you read this letter, or have it read to you, and that you understand the following information about the purpose, procedures, risks, and benefits associated with participating. This information letter also describes your right to refuse to participate or withdraw from the study at any time. To make an informed decision whether you wish to participate in this study, you should understand study risks and benefits as well.

Study Purpose: The purpose of this study is to examine how intergenerational Indigenous nurse mentorship and traditional wellness practices strengthen Indigenous nurse knowledge, identity, belonging, and wellness. The role and relations of Indigenous (including First Nations, Inuit, & Métis) nurses as a distinct community-group will be central to shaping the conduct of this research. Guided by the overarching principles of Indigenous Research Methodologies, the researchers will use visiting and circling activities to generate wise practices for distinct strategies for Indigenous nurse mentorship and wellness with and in community. This research will lead to an improved understanding of the significance and impact of Indigenous nurses integrating Indigenous relationships, knowledge, and wellness practices.

Why were you invited to participate?
As an Indigenous nurse with valuable lived experience being mentored by an Indigenous nurse or traditional Indigenous healer, you are being invited to participate in this research because you are also actively engaged in learning and/or practicing traditional wellness activities. The

knowledge and experience that you share will guide our collaborative creation of an intergenerational Indigenous nurse mentorship and wellness model.

What are we asking you to do?
There are two (2) inter-related research activities that you are asked to participate in over the course of this study: one-on-one visiting and collaborative data analysis through gathering and circling with other participants. Participation in one or both activities is entirely voluntary based on your interest, availability, and comfort-level. Below is a brief description of the activities.

> **Visiting:** You will be invited to visit with the researcher, Christina Chakanyuka, at a time and place that is convenient for you. This visit will take approximately 2-3 hours and an opportunity to extend the time of the visit will be offered based on your preference and comfort. During your visit, the researcher will ask open-ended guiding questions and with your permission, the conversation will be audio-recorded. You will have the option to have the recorder turned off in the event you do not want to share certain information. These visits are intended to take place in-person, however, virtual visiting using video conferencing software will be made available upon request.
>
> **Circling:** Following visiting activities, you will be invited to participate in circling activities that contribute to collaborative data analysis with the researcher and other Indigenous nurses. This will involve gathering in-person with the researcher and participants to share relational knowledge. The process of circling will strengthen relationships, reduce the possibility of individual bias, and ensure findings are relevant through group consensus. These sessions will be recorded, and themes will be reviewed, clarified, and verified through member checking as part of the relational and generative meaning making process. The location and timing of these activities will be determined collectively with participants. An opportunity to extend the circle time and space to hold a follow-up gathering will be offered. These sharing circles are intended to take place in-person, however, virtual circling using video conferencing software will be made available upon request.

What does voluntary participation mean?
Participation in this study is entirely voluntary. Your decision to participate, not participate, or to withdraw from participation at any time may be done without any explanation required. The research study discussion begins with the researcher reminding participants that what is said during visiting and circling activities will remain confidential. If there is something you would not like to be discussed or known, you do not have to speak about it. You should not feel pressure to participate in any research-related activities if you do not want to and you can decide to stop or take a break from at any time. If you choose to withdraw, you will have the choice to determine if you would like all data gathered until the time of withdrawal to be destroyed.
It may not be logistically possible to remove an individual's data from the Circling conversation. In this case, a summary of your data will be used without identifying information.

What are the benefits of participation?
Your voice is valuable. Although we cannot guarantee that participation will serve any personal benefit to you, you may find it helpful to share your voice and to gather with a community of

Indigenous nurses in this study. The knowledge you share, including your wisdom, experiences, ideas, and stories, will help to bridge gaps in Indigenous Nursing Wellness Knowledge. The dialogue will support the co-creation of an Indigenous nurse-led intergenerational wellness model and promote nursing practices rooted in traditional and ancestral Indigenous Knowledges.

What are the risks of participation?
There is minimal risk to participating in the project. Sharing and talking about personal experiences may cause discomfort or fatigue during visiting or circling activities. You will have the freedom and choice to share what is comfortable and important to them without any pressure to disclose experiences they are not comfortable sharing. Should you experience any uneasiness or discomfort while participating in conversations at any time, you can notify the researcher and end participation in the session or in the study without providing a reason. You can also request to take a break at any time.

A Knowledge Holder/Elder will be available to provide additional support, upon request. You will be asked if you would like to connect with a counsellor. If so, you will be provided information for free mental health services, which may include:

- Hope for Wellness Help Line offers immediate mental health counselling and crisis intervention via phone at 1-855-242-3310 or via online chat with a counsellor at hopeforwellness.ca
- Kuu-Us Crisis Line Society provides crisis services for Indigenous People across BC available by calling 1-800-588-8717
- Métis Crisis Line is a service of Métis Nation British Columbia, available by calling 1-833-MétisBC (1-833- 638-4722)

This study will adhere to the UVic Communicable Disease Plan. Participants will be advised if they have or may have come into contact with an individual who has tested positive for COVID-19. Contact information for participants will be stored in a separate file from research data in the event that follow up is needed."

What are the costs of participation?
There should be no cost to you, other than your time and commitment to participate in this study. If needed, you will be reimbursed for parking, travel, childcare, or other related expenses.

Will I be compensated in any way for participating in the research?
You will be provided with refreshments during visiting conversations and sharing circles. As an expression of gratitude for your contributions, small gift packages of traditionally harvested medicines, tea, and/or jam will be provided to all participants. A small honorarium will be offered to all participants (amount TBD). Participants who choose to engage further in circling and collaborative data analysis activities will also receive a small honorarium (amount TBD) in appreciation for their added contributions of time and effort.

Statement of Confidentiality
All aspects of the study will be kept confidential. Your name or any other identifying information will not be attached to the information you provide or used in presenting study results, unless you give prior, informed, and explicit consent to the researcher. Participants may

choose to be identified and credited in the study results or stay anonymous. If you elect to be anonymous, you will be provided with a pseudonym, which you can choose, and your identifying information will be modified. Complete confidentiality cannot be guaranteed in the group setting. However, the researcher will review circle protocol with those present prior to beginning the circle. Only members of the research team will have access to recordings, transcripts, and any notes. The signed consent forms will be stored in a folder separate from the audio-recordings and transcripts. The information that you provide will be kept for at least five years after the completion of the study on a password-protected computer belonging to the researcher. Some written dialogue may be included in publications, but identifiers will be removed, unless you wish to be acknowledged.

Co-Ownership of Data
You will have an opportunity to verify, clarify or edit any of the conversation transcripts and you will also have final say on what is put into publication. Once we have completed collaborative data analysis, I will provide you a copy of the results and the data will be co-owned by participants and researcher. If there are presentations or publications on the research, you will be invited to participate as a co-author.

Dissemination of Results
Your individual and collective contributions will inform the results of this study. In alignment with Indigenous practices, the contributions of participants' and researchers' will be transcribed into one document to inform the overall project. Knowledge dissemination will acknowledge the distinctions of First Nations, Métis, and Inuit Peoples, while addressing Indigenous health nursing knowledge, mentorship, and wellness practices. Results may be used in conference presentations, publication of scholarly or popular articles, reports posted on websites, in learning materials for health education programs and services, and in knowledge exchange activities with other First Nations, Métis, and Inuit communities.

Future Use of Data
The information gathered during this study may be looked at again in the future to help us answer other questions. If so, the ethics board will review the study to ensure the information is used ethically.

If you have questions concerning matters related to this research, please contact:

1. Christina Chakanyuka at (778)587-5611 or cchak@uvic.ca
2. Dr. Lisa Bourque Bearskin at (250) 828-5056 or bourquebearskin@uvic.ca

Please read the next page carefully. The researcher will go through the consent form with you before any research-related discussions begin, and you will receive a copy for your records.

If you agree to take part in this study, please complete the attached consent form by answering each question and signing below.

CONSENT FORM
Intergenerational Indigenous Nurse Mentorship and Wellness

Do you understand that you have been asked to be in a research study?	Yes	☐	No	☐
Have you read (or been read) and received a copy of the attached Information Sheet?	Yes	☐	No	☐
Do you understand the benefits and risks involved in taking part in this research study?	Yes	☐	No	☐
Have you had an opportunity to ask questions and discuss this study to your satisfaction?	Yes	☐	No	☐
Do you understand that you are free to withdraw from the study at any time, without having to give a reason?	Yes	☐	No	☐
Has the issue of confidentiality been explained to you?	Yes	☐	No	☐
Do you understand who will have access to your study records?	Yes	☐	No	☐
Do you agree to have your conversations audio-recorded?	Yes	☐	No	☐
Do you consent to be identified by name / credited in the results of the study?	Yes	☐	No	☐

My signature below indicates that I agree to take part in this study.

Signature of Participant	Print Name	Date
Signature of Researcher	Print Name	Date

The information sheet must be attached to this consent form and a copy given to the research participant

Appendix C: Visiting Guide

Intergenerational Indigenous Nurse Mentorship and Wellness

Introduction

Thank you for agreeing to visit with me today. As you know, I am conducting this study to explore Indigenous Nurses' experiences with intergenerational mentorship and wellness.

Have you read the information letter and consent form for this study?

Are you ok if we quickly review together?

Do you have any questions?

Please sign the consent form, which includes consent to audio record our visit. Remember that your participation in this visit is entirely voluntary and you can withdraw at any time with no explanation required. Everything that you share will be kept confidential and you can choose the level of anonymity you would like to maintain. Today, we have 2-3 hours set aside for this visit. As a reminder, please let me know if you want me to turn off the audio-recorder or if you wish to end, extend, or reschedule the interview at any time. Mahsi (Dene, thanks).

Main Question

How do experiences of intergenerational Indigenous nurse *mentorships working with traditional wellness knowledge* impact your *identity development, sense of belonging, and experience of wellness* as an Indigenous nurse?

Sub-questions include:

What do Indigenous nurses identify as significant to their nursing knowledge, identity, and professional development?

How do Indigenous nurses view the concept of intergenerationality and in what ways do Indigenous nurse mentors impact the identity and sense of belonging experienced by other Indigenous nurses?

How do Indigenous nurse mentor relationships influence the learning and/or practice of traditional wellness among Indigenous nurses?

Guiding Questions to Start the Conversation

1. Could you please begin by sharing a bit of *information about yourself*?
   - ❖ For example, who are you, where are you from, to whom are you connected?
   - ❖ What and/or who inspired you to go into nursing?
   - ❖ What is the current context/focus of your nursing practice?

2. Can you please tell me more about your experiences "*nursing while Indigenous*"?
    a. What is the significance of being an Indigenous Nurse?
    b. What are the greatest challenges &/or rewards?
    c. What is the distinction or significance of being a _____ (*Indigenous self-location, Métis, Inuk, Cree, etc.*) Nurse?
3. Thinking about your relationships with other Indigenous nurses, can you describe *who has mentored you and your relationship with them?*
    a. How has this person (or persons) impacted your sense of identity and belonging as an Indigenous nurse?
    b. Thinking about your relationships with other Indigenous nurses, can you describe *how you view the concept of intergenerationality*?
    c. How would you *locate yourself* within an *intergenerational community of Indigenous nurses*?

We have two more questions left. Would you like to take a break first?

4. How would you describe "*traditional wellness knowledge and practice*"?
    a. How has your relationship with an Indigenous mentor influenced your learning and/or practice of traditional wellness?
    b. What has been your experience integrating traditional wellness knowledge and practices into your professional nursing practice?
    c. How has mentorship influenced your learning and/or practice of traditional wellness?
5. Bringing it all together now, what do you see as the *significance and impact* of bringing together *intergenerational mentorship and Indigenous nursing wellness knowledge?*
    a. Based on your knowledge of ancestral language(s), is there a word or phrase that describes the integration of "*intergenerational Indigenous relationships and wellness in nursing"?*
    b. Before we finish this visit, is there anything else you would like to emphasize or add?
    c. Finally, do you have any questions for me?

Closing

Thank you for sharing your time and insights with me. *Give gift.*

Once I've reviewed to the recording and transcript, I will send you a copy and you are welcome to comment or edit as you are comfortable/able. Are you interested & available to participate in circling activities with myself and other participants that will contribute to collaborative data analysis during the next phase of this research project? If so, what would you like that gathering to look like and when/where would be your preference? *Ask about availability/tentative dates.*

Appendix D: Research Journey Timeline

Intergenerational Indigenous Nurse Mentorship and Wellness

Note: This timeline honours the relational, seasonal, and iterative nature of this research. It includes academic milestones alongside significant events and community-based gatherings.

Winter/Spring 2023

Date	Event	Notes
Feb 24	Ethics proposal submitted to UVic REB	Also taught 1 section of N484
Mar 24	Ethics approval received	
Apr 4	Revised proposal submitted to committee	
Apr 10	Indigenous Nurses Day	#IndigNursDay Online Event
Apr 12	Dinner with committee & family	
Apr–May	Recruitment of 8 participants completed	
	Contributed to Indigenous Ethics book chapter	
May 29–31	Presented at CASN (Newfoundland)	Panels on ethics, IGEN circle, IHNR panels

Summer/Fall 2023

Date	Event	Notes
May–June	Data collection & visits	Summer non-teaching term
July	Trip home to Fort Smith with family	
Sept 11–15	HOSW (Vancouver)	
Sept-Nov	Data collection & visits	Some completed later due to seasonal availability, community evacuation, etc.

Winter/Spring/Summer/Fall 2024

Date	Event	Notes
Jan–Mar	Continued transcription, analysis, organizing	Taught 2 sections of N484;
Apr–May	Narrative summaries completed	
Apr 10	Indigenous Nurses Day	Away during in-person celebrations; Family trip to NY for solar eclipse
May 27–29	CASN (Calgary) & Writing Retreat	Sweatlodge, ceremony, land-based retreat

Jun–Aug	Dissertation writing	CCC prep
Aug 7	Submitted 8 narrative summaries to committee	Taught 2 sections of N456
Aug 8	Submitted revised Chapters 1–3	
Aug 27	CCC prep and data analysis	
Aug 28	1st CCC	7 nurses attended
Sept 4	2nd CCC	3 nurses attended
Sept 23	3rd CCC	3 nurses attended
Sept 30	Submitted final edited Chapters 1–3	Dr. Graham joined committee
Oct 9–11	NT NEIHR-sponsored National Grad Summit, Vancouver	Presented on Indigenous Nurse Wellness, PhD progress to date
Dec 9–11	Travel to Aotearoa, New Zealand with Indigenous nurses and family	Family holiday & IHNR Summit; presented dissertation research in PechaKucha
Dec 17–Jan 2	Holiday pause	No committee review

Winter/Spring 2025

Date	**Event**	**Notes**
Jan 17	Submitted revised draft to supervisors	2–4 weeks for review & revision
Mar 20	Submitted final dissertation to committee	Minor revisions
Mar 26	Submitted to UVic FGS & exam date set	30 workdays before defense
Apr–May	Prepare for defense; receive external review	6 weeks for review + prep
Apr 10	Indigenous Nurses Day Gathering	In-person #IndigNursDay Celebration; dinner with committee & family
May 12	Oral Defense (in-person and online/hybrid) Result: Passed with Minor Revisions	Co-researchers, nurses, faculty/staff, family, friends, and community members joined to witness presentation.
May 30	Revisions completed & approved by supervissors	Submitted to UVicSpace