

Where is Cultural Safety in Education?

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Abstract

Three nurse researchers came together in 2015 to conduct a study focusing on Indigenous learning within a Nurse Practitioner program in Canada. This work unfolds here as a series. The first, brings to the fore the researchers' relationship with the research answering the question "Who am I in relation to the Research?" This is followed by an account of the research, "A call to action: Faculty perspectives of cultural safety within a nurse practitioner curriculum." Coming to know the researchers' experiences within the context of nursing education, practice and their personal life experiences became a vital activity, one that would drive and instigate the overall research endeavour. Through this integral process the researchers functioned also as participants where analysis was both self-interpretative and hermeneutic. Preunderstandings molded through societal, cultural and historical forces interconnected with meanings of Indigenous methodology. Unearthing root assumptions through critical dialogues and stories was found to illuminate embedded world-views that challenged pervasive colonial perceptions critical to understanding the interwoven nature of cultural safety and reconciliation. This writing may be of high interest for researchers and educators wishing to create and sustain culturally safe spaces in practice and learning environments.

Keywords: Indigenous, reconciliation, education, nursing, faculty

Introduction

Who am I in relation to the Research?

In 2015, three nursing researchers who also are educators, practicing nurses, and nurse practitioners began a journey together. They were driven and inspired by their lifelong experiences through intersecting Indigenous and non-Indigenous contexts. The researchers shared an underlying passion to further nursing education that prioritizes knowledge and understanding of an unjust history and the resulting impact upon a people and their way of being and knowing. To this end, funding was made available through the Council of Ontario University's Programs of Nursing (COUPN) to explore how the Ontario Primary Health Care Nurse Practitioner Program integrated the recommendations of the Aboriginal Nurses

Association of Canada's (ANAC, 2009) Cultural Competency Framework for Nursing Education. Within such competencies, nursing curricula are understood to be an essential mechanism through which students can begin to understand in meaningful ways the limitations of an essentialist view of culture (ANAC, 2009). The assumption is that all nurses require a deeper understanding of cultural safety so that they might gain the capacities to address the social injustices and inequities faced by Indigenous people. Broadly, the original descriptive and qualitative project that motivated this article involved eight participants. It was vetted and approved by the researchers' university research ethics boards and included a qualitative descriptive survey analysis and interviews.

Across the country, academic centres are exploring the ways in which calls to action are addressed within mission and vision statements, institutional policies, and core curricula in undergraduate and graduate education. Educators are interested in how they engage in and embody particular ways of being in classroom and clinical settings that support and create culturally safe spaces. Since the inception of cultural safety by Ramsden in 2002, the meaning of cultural safety as a concept has evolved and broadened (Assembly of First Nations [AFN], 2008; Brascoupé & Waters, 2009).

Brascoupé and Waters (2009) explained:

[T]he concept entails not just the agreement and understanding that cultural differences matter in social and health policy delivery, but also the need to make a real difference in methods of delivery and the ultimate effectiveness of the policies. In other words, through cultural safety, the power of cultural symbols, practices and beliefs extends political power to the Aboriginal People. Cultural safety is not just a process of improving program delivery; it is also part of the outcome. (p. 11)

Cultural Safety is a concept that addresses issues of power and privilege, discrimination and racism, and the ongoing historical and contemporary concerns of colonization (Browne et al., 2016; Ramsden, 2002). Particularly, it stresses the obligation to centralize the identification of racial systemic structures that adversely impact on health (Greenwood, de Leeuw, Lindsay et al., 2015). Identifying structural racism may then be considered fundamentally essential to the provision of ethical health care (Reading, 2013). The need to further cultural safety education has also been emphasized throughout the literature (Shaw, 2012). In a mixed methods study concerning cultural safety in Canadian schools of nursing, Rowan et al. in 2013 explicated, "that educators need more knowledge preparation and support to deliver a cultural competence and/or cultural safety curriculum" (p. 8). Based on data from key informants, surveys and interviews, the CNA and ANAC discussion paper in 2014 entitled, *Aboriginal Health Nursing and Aboriginal Health: Charting Policy Direction for Nursing in Canada*, additionally prioritized the need to address racism and for more Indigenous education and professional development. Through a colonial history including the Residential school system, Indigenous people face challenging circumstances in every aspect of life. It befits any educational system, including those that graduate Nurse Practitioners to foster a comprehensive understanding of the full realm of issues that influence the health and wellbeing of Indigenous peoples. Evidence-based decision-making involving care and treatment of Indigenous persons requires that the health care providers have an extensive consideration for Indigenous ways of being and knowing in the provision of ethical care. Cultural safety is an integral part of health care and nursing curricula in

Canada, elucidated further in the wake of the Truth and Reconciliation Commission of Canada (2015) Calls to Action. In 2015, Justice Sinclair released the final report of the Truth and Reconciliation Commission of Canada, inclusive of the Calls to Action, which called on educators in:

[M]edical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of Residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism. (p. 3)

Our research team deliberated upon ideas of having just one course pertaining to Indigenous health issues, feeling at a gut level that there needs to be a far more pervasive dialogue, disrupting ingrained assumptions not only of students but also faculty.

Rogers asked the following questions in the foreword of the book by Lowry, Dewar, DeGagné, Rogers, and the Aboriginal Healing Foundation (Canada; 2012).

How did we get to where we are now? Until we answer this, our future as Indigenous and non-Indigenous peoples living together is uncertain at best... We must investigate our own complicated histories, asking questions about the land on which we work and live. What is the history of this place? Who was here before us? How did we come to occupy and define it? What was my family's relationship to Indigenous peoples? (p. 5)

As we worked through our research project, these questions echoed throughout, and we believe that they are perhaps organic questions that all nursing faculty, individually and collectively, need to consider. If the work of ANAC's (2009) Cultural Safety Framework is not to become reactive curricular content in nursing programs, then these questions become paramount to the development of morally responsive curricula focused on the formation of relational caring practitioners. We believe that the process that we undertook in getting to know one another and understanding who we were as individuals and as a collective group was significant not only to our decisions about what methodological and philosophical perspectives would ground our research but also to the conversation of reconciliation and cultural safety itself.

Amid this work, we spontaneously shared with each other their stories of life experiences. Prompted by the question "Who am I?", our stories became realized as highly significant to the research. Interpretations of our stories intersected with meanings of cultural safety and reconciliation in relation to concepts of colonization, decolonization, and racism. Through perhaps subconscious ways of knowing and being driven by our heartfelt connections within Indigenous families and communities, along with our past racialized experiences within health care and education, we were inspired to share the story beyond the primary research initiative. Following this momentum, the explication of our relatedness and affiliation with Indigenous ways of being through story became an opportunity for further discovery and introspection.

Interweaving Story, Indigenous and Hermeneutic Methodologies

An iterative and reflective autobiographical process was essential to our work while we continued to deliberate and weave together hermeneutic Indigenous research methodology and *Cultural and Pedagogical Inquiry*, Fall 2018, 10(2), pp. 84-108
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story. Self-reflexive writing and circle conversations were used throughout the process of creating and sharing our stories. As Bourque Bearskin, Cameron, King, and Weber Pillwax (2016) discovered, the reflexive writing and circle conversations brought about “sharing of our experiences and deepened the critical and analytical nature of our discussions, which facilitated a deepened integration of methodological features of the research phases” (p. 22). Bourque Bearskin et al. deftly pointed out in their discussion of Indigenous research methodologies (IRM), that a central precept “is that one who searches becomes the ‘active center’ to also reveal and present his or her own story along with the emerging stories of those who are re-searching from within their own worldviews” (citing Weber-Pillwax, 1999, p. 20). As a responsibility, discussion and stories must be respectful and beneficial not only to the listeners but also the surrounding universe.

In this document, we offer our stories, as Doerfler, Sinclair, and Stark (2013) suggested, in the spirit of engaging, inspiring, and affirming the values of all those who join in our journey. It was important that we constantly sustained respectful dialogue between and among one another through the process of gathering our stories and that the process of working together, including sharing our stories, was a reciprocal means to understanding and knowledge making. As women from different places, we worked together to create and unfold our own stories in relation to the bigger story of reconciliation and the culture of safety in nursing. Through conversation, we chose to walk between two pathways, one rooted in IRM (Bourque Bearskin et al., 2016; Wilson, 2008) and the other in philosophical hermeneutics (Freeman, 2016; Gadamer, 2000; Ricoeur, 1974).

From a hermeneutical perspective, the past, present, and future are interwoven, informing and reforming what is happening in the “here and now” (Caputo 1987; Gadamer, 2000). As Gadamer (2000) posited, human beings are historically located and are always interpreting the world around them contextually through a complex experiential and relational layering of historical, political, psychosocial, economic, and cultural perspectives. As women, nurses, and researchers, we have come to appreciate the interpretive nature of our lives and the significance of being historically, politically, and culturally situated in relation to the cultural safety and reconciliation discourse in contemporary nursing education. Experience, from a hermeneutic perspective, is something that individuals undergo, and ultimately, subjectivity is given over to the “event” of meaning, and subsequently, we become something from “being” underway (Gadamer, 2000).

Ricoeur (1974) asserted, “Reflection... must become interpretation because I cannot grasp the act of existing except in sighs scattered in the world” (p. 46). What Ricoeur brought forth is that events in life ripple and affect our being in present, past, and potentially future. Key to this understanding, as Freeman (2016) suggested, was that “it is impossible to know with any certainty how a trauma—or any other event—is going to play itself out in the course of a life until that life has been lived” (p. 139).

Freeman (2016) commented:

We have an event and we have a life, and a self, and, now that we have the opportunity to look backward ... we are trying to figure out what kind of impact the former may have had on the latter. But can we ever know?...We cannot know with any certainty how an event or constellation of events works itself out in a life; all we can do is interpret. ... It is

for this reason that, as we engage in the arduous process of self-understanding, our only recourse is to turn to “signs scattered in the world”—our hope being that, somehow, they might find a suitable home in story. (pp. 139-140)

Subsequent to the gathering together of particular aspects of one’s life history, we proposed that the corresponding stories that unfolded and shared were in some ways a means of meeting our innate need to make and remake sense of who we are in relation to our social, cultural, spiritual, historical, and political locations. This sort of recollecting made us recognize that we are part of something much bigger than any one of us. In this way, recollections are acts of imaginings rather than discrete things. “The products of a conscious being bringing to mind what is not present” (Freeman, 1993, p. 89). However, we are learning that history, what is no longer tangibly present is so profound in life that its echo(s) still reverberate and is experienced in the present, in subtle and not so subtle ways in one’s life and in the lives of ‘others.’ Interpretation of one’s own past calls for a critical awareness of self through reflection (Freeman, 2016).

Richard Wagamese (2011), an author and journalist, suggested that when we intentionally share the stories of our lives, we do so with a belief that through story, we spark a respectful and joyful intrigue in the back and forth of ideas. There might be feelings of awe and inspiration in discovering or making sense of previously held notions shared within bonding humorous chattering.

Our stories don’t have to be elaborate or highly dramatic to be powerful...they just have to be about us. When we share them with others, we let ourselves be known and understood. We build strong relationships in which respect is front and centre. Once this respect is established, all of our interactions are an opportunity for growth -- even a good, rip-roaring argument. (Wagamese, 2011, p. 91)

Stories and Reflections

The stories and the reflections of us as researchers, identified as Mary, Michelle and Sandra, unfolded in the following passages to offer understanding of and learning into the unique perceptions with respect to relationality and colonialism. Through these stories and reflections, we conveyed who we are and how our unique experiences and situatedness are integral to the research that seeks to further health care education. These stories are glimpses of ourselves that we felt would be meaningful to understand our location and significance within the overall research. We chose to leave the stories in their entirety so that the reader could receive the individual stories and consider what was heard individually and collectively within our stories of culture, history, colonialism, and truth and reconciliation.

Mary

From a community with family relations of Ojibwe and Pottawatomie ancestry, my memories unravel as stories that reveal the interconnectedness inherent within not only the family and community but also between the land and the people. As an island community geographically isolated from distant towns and cities, some of the traditional ways of living and the language may have been persevered. Many of the Elders still speak Ojibwe, yet the following generations, including myself, speak little of the language for a multitude of reasons. Fishing continues as a cultural tradition and also as a means of income and sustenance.

Events such as smudging, powwows, healing circles, sweat lodges, and naming ceremonies are happening with increasing frequency after a period when such gatherings were almost abolished. The occasions bring community members together, and there is always interplay among spirituality, language, and the land. The presence of the two churches in the community continue to offer gatherings such as funerals. Often the entire community will attend the death of a community member.

Many of the Elders had been forced to attend Residential schools that had been governed by churches in distant areas far away from home. The damaging effects of this trauma continue to be evidenced through the high prevalence of addictions, mental and physical health concerns, and social ills. The remoteness of this community also involves hardships in accessing health care and maintaining an ongoing, affordable, and sustainable nutritious food supply and employment opportunities. In this respect, my involvement in research cannot escape my embedded location as a member of an Indigenous community. In addition, as a health care professional involved in the provision of nursing care for my community, I have experienced many challenges within the health care system.

A personal experience relevant to understanding cultural safety and racializing that I shared with our research team involved a health care facility in the northern remote area where I live. Chronic kidney disease (CKD) is highly prevalent within my community, as in many other Indigenous communities, and many relations of mine, including my son, have CKD. In the context of worsening kidney disease prior to kidney transplantation, I recall a phone call from the kidney clinic that occurred in the later afternoon one particular day many years ago. The call concerned elevated potassium levels, or hyperkalemia, that can have serious health consequences if not managed. It was suggested that this condition would necessitate further monitoring and treatment. Unfortunately, the drive to the kidney clinic was more than an hour away, so the decision was made to go to the closer health care facility. Upon arriving at the triage station at the emergency room, I recall telling the nurse about the high potassium levels and the kidney condition. At that time, we were living on an island where our First Nation community was situated, so I asked if it might be possible for my son to be seen before the last scheduled evening ferry and also because of the serious nature of his kidney condition and high potassium levels. I recall the nurse giving me what felt like a cold glare and telling me that he would be called in when a bed was open. Thinking back, I wondered what was behind that cold glare, as I know that there had been a long history of complaints from the First Nation community concerning difficulty in accessing this particular facility's services. It was not difficult to speculate that because of our physical appearance and our home address, we belonged to the First Nation community.

After waiting for more than 6 hours in the emergency room and with only a short time left to catch the final ferry, I confronted the triage staff and tried to explain our situation again. This time, the nurse told me that if I could not wait, I should seek health care somewhere else. Rather than wait any longer and risk the consequences, I left. Furious, I drove to the hospital with the kidney clinic, and the nephrologist there told us to always bypass this facility, where we had waited in vain for help. Fortunately, my son's condition was treated appropriately, but it shocked me as a nurse how callous other members of my own profession could be. This was not an isolated incident: In 2008, Brian Sinclair, a Winnipeg Aboriginal man, waited for more than 30 hours and dies in the waiting room (Puxley, 2016).

When I entered nursing school more than 25 years ago, I steered away from acknowledging my First Nation self and family. I felt that “Indian” stereotypes would label me and impede any hopes for success. In my studies, I felt ashamed of the endless emphasis on statistics identifying a people fraught with disease and caught up in the social ills of alcoholism and poverty.

In those early years of my nursing education, I do not even recall ever learning about or hearing the term Residential school. There was never any acknowledgement of the manner in which Elders and family members taught each other that had enabled survival for eons. In this stereotypical view, traditional medicine and customs seemed to be thought of as backwards or lacking the sophistication and superiority of science. The emphasis was on the biomedical approach to healing.

It struck me at a visceral level the way in which Indigenous experiences and my own experiences within a colonialist health care system spoke to the great need for an introspective scrutiny into education. This introspection involved the feeling of risk to peer critically into the reasons learning omits, disregards, or leaves only minimal space or time for stories that reflect the traumas of isolation; poverty; and forced separation from family, culture, and language. In 1907, Dr. Peter Bryce took this risk when he attempted to publicize what was actually happening within the Residential school system. This critical piece of neglected history revealed an insidious oppression pervasive in education.

Later on, I would notice the attempts to further learning of an essentialist view of culture in the nurse practitioner, master’s, and doctoral nursing programs, with an increasing emphasis on holistic care, yet in my opinion, there was still a lack of Indigenous knowledge and history at all levels of education. From the assumptions that have emerged through my own experiences, I have come to realize that other faculty members and researchers with Indigenous backgrounds share similar experiences. By telling our stories, there is the potential to enhance nursing education and practice through an in-depth introspection of Indigenous knowledge and history that continually intersects within a colonial system.

Michelle

My heritage is one of mixed blood: I am the daughter of a Métis father (Cree and French) born in the La Salle River area of Manitoba. My father worked for the Hudson Bay Company (HBC), initially grading furs and trading, and later managing outpost northern stores. My father struggled with being Métis, and although he forbade us to speak French or utter any Cree or Ojibway words, he spoke French and Metchif (Cree/French) with ease. He kept his Métis identity for the most part silent, I learned to live in the shadow of that history. My mother is the daughter of a farmer who was a first-generation French immigrant. Her mother was an Irish immigrant, a city girl transplanted in the early 1900s into the rural landscape of Rat Portage. My mother is an artist, weaver, seamstress, and sometimes teacher.

When I was a small child, my father worked in one-room trading posts in northern Manitoba and northern Ontario. Historically, the HBC was a fur trading company. It was incorporated by the English Royal Charter in 1670 as the Governor and Company of Adventurers of England trading into Hudson Bay and functioned as the de facto government in parts of North America before European states (Royal Charter of the Hudson’s Bay Company, 2015). In my father’s time, the HBC had a system called BNL (board and lodging). Men like my father were

probably the last generation to be a product of the BNL system, a colonial practice that provided agents and/or managers with houses to live in; allowances for food and everyday living expenses (e.g., clothing); and small wages. The lack of owning anything and subsequent financial interdependence meant they were completely reliant on the company.

They could be moved with less than a week's notice every 12 to 18 months. In my family, we each had one suitcase and a wood trunk for all of our belongings that was ready to go on short notice. A family of four, we could easily fit our life into the back of a station wagon. By the time I was 14, we had lived in 10 different homes/communities. In some ways, we were adrift in the world. However, looking back, we were all playing a part in a carefully orchestrated colonial landscape: My father was the Métis HBC manager, the First Nation trapper bringing in furs to trade; miners and their families, and Royal Canadian Mounted Police (RCMP) constables, and a variety of visiting clergy. I was a mixed blood child living a colonial life; my best friend was Nan, an 82-year-old Cree neighbour teaching me about the land and the history of her people and time; my mom was the artist and wife who took care of the children and the HBC clerks (who lived with the manager and his family), and sometimes the teacher of the public school curriculum. We were all part of something bigger than any one of us could imagine at the time.

Some of the very isolated communities (200-500 people) we lived in did not have nursing stations. Not everyone had access to health care (be what it may). Rather, we, that is, the manager, family members, and clerks were supplied with a medicine chest that was kept in the manager's house as well as a shortwave radio, both of which represented health care in the isolated northern communities. In other communities, health care came in the form of railcar physicians and dental clinics and visiting seasonal public health nursing teams.

In the early 1960s and late 1970s, we were teetering on the precipice of change and did not fully appreciate it. The old way of life would soon cease to exist, with the last of the trapping and fur trading generations coming to an end. By the early 1980s, the elite fur salons where women went to have coats designed (that likely cost more than my father would make in a year, and definitely more than the Cree and/or Ojibwa, Métis, and Inuit trappers received for their work) vanished in such a way that few people today even know they existed. Soon, First Nation and Métis communities would worry about mercury poisoning in the water that killed fish and caused sickness from drinking and/or washing and swimming. The places along the gravel roads of my childhood forever changed: The mining companies would close and abandon entire communities, leaving in their wake streets of company houses with boarded up windows, devoid of life, amid the ancient (perennial) prairie grasses that grew in and quietly waved stubbornly in the dry heat of summer. First Nation, Métis, and Inuit communities just a stone's throw away were left devastated by the imposition of fur trading, wood cutting, and mining. People, earth, and water were ravaged, yet they survived in the wake of colonizing policies and practices.

Years later, in clinical, I would watch and listen to Elders, parents, grandparents, siblings, and partners attempt to explain the relationship of living well and suffering and Residential schools to the health of their communities, families, and children. Their words were never received nor appreciated in the complex biomedical landscape of modern medicine, of which nursing, and now I as a nursing student and later RN were a part.

In my master's and doctoral nursing studies beyond the language of cultural sensitivity and/or cultural safety, little attention has been paid to history, Residential schools, historical trauma, treaties, the Indian Act, land, and worldviews beyond Western perspectives in relation to the historical and contemporary development of the profession of nursing and nursing education. In the first few years (2010-2012) of my teaching career, while giving a lecture on cultural safety, a student, quietly and with great thought and humility, asked me a question along the line of how is it that people who are Indigenous like myself are always at the end of the book or chapter, statistically problematized and perpetuating the notion of the drunk and dirty Indian? I have held the student's questions close to my heart, and in my personal search to understand and make meaning of colonizing and decolonizing nursing education, I wonder about my relationship to the content that I teach, and how (or not) I am participating in (or not) colonizing education?

Sandra

My preunderstandings speak to an internal struggle of knowing, seeing, and acknowledging the sweeping indifference and passive, apathetic nature of settler behavior in relation to the subjugation of Indigenous peoples. My ongoing internal struggle to know who I am in relation to my family, my circle, my community, and my world continues. I see in my close circle the outcomes of exploitation and the impact of stolen lands, Residential school incarceration, intergenerational trauma, forced absolutism, poverty, food insecurity, and universal deprivation. I now see it widely across the country.

From my early years to young adulthood, I did not experience the violation and ugliness of daily tragedy, but now, I have been near the darkness and have felt the intensity of racism touch my spirit and inflict pain on my family. My stories feel trite, prosaic, and not story worthy, but they are real and commonplace. They are the reason that brought me to this place today, that is, to a mission of like minds and strong minds. I am honored to listen, to share and to work with nursing colleagues with outstanding impressions about the relationship of Indigenous peoples and settlers, colonizers and the colonized, and nation-sponsored racism and human rights. I am a settler. My background is British and Scottish heritage. It is my profession that opportunity allowed my life entry to the original world and peoples and to learn of a purposeful secret of unknown humanity.

According to McGibbon, Mulaudzi, Didham, Barton, and Sochane (2013):

Introspection, in combination with dialogue and action, is needed to re-examine preconceived ideas about nursing and to recognize [W]hite privilege and Western and personal worldviews as major influences in nursing. Working toward decolonizing nursing includes a commitment to exposing colonizing ideologies, values and structures embedded in nursing curricula, teaching methodologies and professional development. Academic leaders in particular have an ethical responsibility to influence current and future nurses and their learning and practice environments. (p. 186)

It is only through the passage of time that I have come to realize the true nature of this flawed and untenable bond. I cannot easily share my inner struggle in voice or print because I fear the perpetuation of settler injustice(s) and racialized projections. I reflected upon Razack's (2011) assertion that one cannot speak colonizing violence without perpetuating it and that one cannot speak of racism without perpetuating essentialism. The complexities and space of our preunderstandings command what Gadamer (2013) referred to as a "fusion of horizons" (p. 317).

I questioned myself initially by asking myself how we can ever fuse our horizons. As time goes on, I am able to voice my uncertainty and trust in our evolving consciousness.

Understanding my European Canadian privilege means that I am compelled to explore the reality of being complicit with racism. I fear in knowing that my understandings are tainted by my settlerness and that I can scarcely capture the words essential to explicate my story. I grew up blind to my European Canadian status, which has been an instrument of state, a default standard for the measure and construction of others. It is no easy task to account for one's culpability and malfeasance in the new racism. In the hermeneutic process, I must address my prejudices so that my consciousness is not independent of history (Gadamer, 2013). Alfred and Cornthassel (2005) referred to today as an:

era of contemporary colonialism—a form of post-modern imperialism in which domination is still the Settler imperative but where colonizers have designed and practice more subtle means (in contrast to the earlier forms of missionary and militaristic colonial enterprises of accomplishing their objectives. (p. 597)

My struggle is to contribute to the eradication of the continued settler assault on Indigenous peoples and to ensure that the embedded power and assumptions of the colonialism narrative is not the foundation of the requisite education for all settlers and academic institutions, but that Indigenous peoples can create and share their story in freedom and truth (Alfred & Cornthassel, 2005).

We do not know where our preunderstandings will lead us. We are hoping to reach into the spirit of transformative change that can be part of a strategic academic revolution. This change can move beyond the simple transfer of knowledge and critical reflection in the educative process to sociopolitical settler engagement embracing the humility to acknowledge and resist privilege and racism.

Critical Perspectives

We have shared our stories to position our different historical and cultural locations and elicit in an interpretive manner our individual stories of “Who am I.” As researchers, knowing our assumptions as culminating and evolving, and in relation with our families and communities weaved our early conversations together like the sweetgrass intertwined strands of a handmade circular storage case. In this analogy, our togetherness, united through our heartfelt Indigenous ties, formed the exterior of this sweetgrass case, fortifying and creating a safe place for a greater in-depth exploration of our ways of being and knowing amid a colonial past and present. Memories of struggling to coexist within a medicalized educational system, where feelings of being pressured to superficially conform in order to become nurses, spiraled out and fueled our search for literature on colonialism and historical oppression. Dialogues flowed into stories of life experiences with precious family members, whose struggles through health care and survival paralleled the many readings that we found. Discussions of cultural safety sparked intense discourses concerning racism in conjunction with the challenges of education to foster open dialogue opportunities for students to address and problem solve beyond content-driven approaches.

Our stories offered glimpses and unique insights into our life experiences and perceptions, whose families and experiences extended within Indigenous contexts. These stories

unfolded and became intertwined as introspective explorations offering critical insight relevant to their roles in nursing research and education. As Wilson (2008) stated, relational accountability is a necessity that calls for researchers to be fully transparent. By situating themselves in the research process by explaining their backgrounds, researchers can unveil underlying assumptions and build trusting relationships (Wilson, 2008). For trust to happen between and among people, the intentional and purposeful establishment of good relations must occur. Good relations require integrity, respect, and honesty. If we truly believed that “being” is relational, complex, and fluid, as well as important to our work as researchers, that act of “re-searching” is an epistemological and ontological endeavor that requires the careful and thoughtful navigation of methodological pathways that holds open the possibility of different worldviews and knowledge perspectives.

The way that we perceive circumstances through our own past and present experiences also feeds into how we interpret our research and the findings. Wilson (2008) explained that “[w]e cannot remove ourselves from our world in order to examine it” (p. 14). Michelle explained that grounding our stories is the relational premise, where relationships with family members, communities, and the land are akin to the bimaadiziwin way, or good life. In the same vein, bimaadiziwin surfaced in Mary’s story, where bringing back the traditional ceremonies once almost annihilated from the community fosters the relationality fundamental to a fulsome, meaningful, and healthful life. The destruction of relationality that ensued through the Residential school system, intergenerational trauma, and stolen lands, as Sandra expressed, weakened strength and resilience, thereby opening the gate to devastation through disease and social ills. In this darkness and dissolution of relationality, oppression swelled where we storytellers depicted injustice and racism within our stories. This was evident in Mary’s account of waiting for care that never came, in Michelle’s words of dehumanizing health care, and in Sandra’s insight into an unknown humanity made possible through nursing. Systemic racism comes forth in our narratives, speaking volumes of the untold enormity of history, where we are challenged, as Sandra depicted, to eradicate the perpetuation of this assault.

These stories are revealing in many ways and delve even deeper into education. As per the Truth and Reconciliation Commission of Canada (2015), the priority exists to make fully known the untold stories in history. In our revelations, the lack of emphasis on the history of the Residential school system within our own education and the devastating implications of this history that continue to adversely affect all peoples becomes apparent.

The emphasis must be on all peoples because many families, similar to our storytellers, come from Indigenous and non-Indigenous backgrounds. In this contention, the ill effects of Residential schools and racism are not restricted to Indigenous families but have far-reaching effects that impact on all peoples. From the collective interpretations of our storytellers, we see the struggle in dialoguing colonizing and decolonizing concepts with students to fears of risking to voice the injustices garnered to possibly facing oppressive exclusion. Without this essential dialogue of our history, the perpetuation of a system in which racism and oppression prevail ultimately creates a more costly and unhealthy society at large.

Through our journey together, we have wondered about the meaning of story in relation to introspection and knowledge making in nursing. In this document, we used story as a means to better understand who I am and how who I am is intertwined with how we understand

Indigenous knowledge and culture. The ability to articulate who and where we are from as nurses locates us in our lives and in our relationships with self, other, the landscapes of our lives, and the greater universe in which we are a part.

Ted Glynn (2013), an educator and researcher of European descent from New Zealand, has spent many years conducting collaborative research with a number of Maori research colleagues, teachers, and Elders. He suggested that taking seriously the questions of “Who am I?” and “Where am I coming from?” is more than offering one’s name, profession, affiliation, and academic qualification to the Maori people. These questions have to do with ancestry and the land and landscapes that are connected to one’s ancestry, the thoughtful and reflective sharing of oneself that has to do with seeking a deep and meaningful trust and respect between people and the broader land and universe of which we are all a part of. In revealing these aspects of ourselves, we are sharing insight into our values and what truly matters in our lives (Glynn, 2013). What sustains our spirit are the moments of thoughtful dialogue when we are listening with all of our senses to one another.

From a hermeneutic perspective, one of the ways in which meaning unfolds for human beings is through dialogue and dialectic mediations that help to unearth the contextual nature of our world (Gadamer, 2013), particularly, in moments of uncertainty and/or suffering (Caputo, 1987). The moments that give us pause draw us to look again. These moments can make our heart race, cause our stomach to ache and perhaps create a feeling of heaviness, or fill us with wonder. Thus, meaning is what happens when we are stopped short. It is what happens when our horizons are exposed to the world horizon, a terrain of uncertainty, difficulty, contradiction, and/or suffering (Caputo, 1987). Caputo (1987) challenged what happens when we enter uncharted water and there is no particular view that provides a vantage for viewing the whole of things. A moment draws us to one another and constitutes a “community of unknowners, who, precisely in virtue of their helplessness require (brauchen) one another” (Caputo, 1987, p. 288).

From our individual and at times collective experiences, we have an inherent appreciation that beneath cultural competence lies an evolving weave of understandings, meanings, values, and beliefs. As practitioners, we recognize that learning-teaching moments ripple and ebb in everyday life and come sharply into view in moments of uncertainty, suffering, and triumph. From our stories of racial encounters within health care systems to education that lacks the realities of history, we move toward a relational axiology where Indigenous ontology upholds the relationships with everything: the family, the community, all living and nonliving entities, the land, and the cosmos (Hart, 2010; Wilson, 2008). In turn, this relational way of being is inherently foundational within Indigenous knowledge or epistemology (Wilson, 2008).

Paulo Freire (1970) suggested that it is our time spent learning together from our unique individual and collective experiences of the world, not education that transforms the world. He stated, “People educate each other through the mediation of the world” (p. 14). The challenge of our generation will be how we come to understand at a deeply human level what it means to “educate each other through the mediation of the world” in relation to decolonizing education. Moreover, as Battiste, Bell, and Findlay argued in 2002, the most “crucial cultural challenge facing humanity” today is how we will disrupt “systematic discrimination against Indigenous peoples created and legitimized by the cognitive frameworks of imperialism and colonialism”

(p. 82). Although strides have been made in academic settings to increase accessibility to Aboriginal learners, little progress has been made in changing the “presumptions and content of university curricula,” Battiste et al. concluded that today’s curricula remains to a greater extent Eurocentric, the “neutral and necessary story for ‘all’ of us” (pp. 82-83). It requires more than self-education, calling, instead, for a critical examination of how we individually and collectively, consciously or subconsciously, participate in cognitive frameworks of imperialism and colonialism, and in racist, discriminating, and/or dehumanizing practices. Eurocentric, imperialistic colonizing practices are to a greater extent, mechanisms of power, privilege, and assimilation within academia (Battiste et al., 2002).

New Beginnings and Possibilities

Our journey in this work academically began as we were bound to evaluate the presence of Indigenous content within a nurse practitioner program. At first glance, this work might appear to have been a linear process, guided by a framework inclusive of interview and survey analysis. However, it became a more dynamic, complex, and contextual living journey that began long before the research process. It began in the experiential landscape of the personal, moral, and spiritual threads of our lives as women, sisters, daughters, mothers, friends, neighbours, and nurses.

The stories that we shared are neither apolitical nor ahistorical. Beyond our nursing research, education, and practice roles, we are three women whose ways of being in the world have been shaped by the times, people, and places of our lives. Our early conversations revealed the complex and contextual nature of culture, worldviews, values and beliefs, and philosophical stances. We wanted to bring this uniqueness forward in our discussion of Indigenous worldviews, cultural competence, and nursing education.

We hoped that by sharing our relationality, our connectedness to all things within the web of life, how who we are creates a space for you to join into our conversation, and consider how the question who am I, shapes us as human beings, nurses, family members, neighbors, people, educators and researchers in the bigger world. It might provide a glimpse into what drew us as three strangers to this work and perhaps what gives you pause and has you considering what is meant by Indigenous knowledge, cultural competency, colonialism, colonizer, and colonized within your time, people, and place.

A call to action: Faculty perspectives of cultural safety within a nurse practitioner curriculum

In this section of the paper, we provide an account of the qualitative study we undertook to better understand faculty’s perspectives of integrating cultural safety competencies within a nurse practitioner (NP) curriculum. The discussions with eight nursing faculty members are captured. Faculty of the program were recognized as being well positioned to indicate the intensity in which courses embrace cultural safety competencies in that they are involved in teaching and learning and are familiar with the curriculum and course content. Specifically, the ANAC competencies of postcolonial understanding, communication, inclusivity, respect, Indigenous knowledge and mentoring and supporting students for success align with the Truth and Reconciliation Commission of Canada and Calls to Action in 2015. The Calls to Action have sparked discussion in health education faculty’s (nursing, medicine, social work, psychology, and so forth) about how to include “the history and legacy of Residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and

Indigenous teachings and practices” (Truth and Reconciliation Commission of Canada: Calls to Action, 2015, p. 3). Moreover, the Calls to Action may challenge the profession of nursing and to some degree the capacity of the discipline of nursing to become change agent(s):

We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients (Truth and Reconciliation Commission of Canada: Calls to Action, 2015, p. 3).

In this regard, it becomes apparent that Indigenous learning that incorporates learning of healing and treatment practices and the impact of colonialism, including the Residential school system, bears relevance to all healthcare education and practice. Accordingly, NP programs may benefit from evaluating the current extent of Indigenous learning occurring within the nursing educational system to identify both strengths and opportunities.

Paying attention to the meaning of reconciliation is considered essential to this undertaking as the term’s contextual, historical and political meanings are weaved like threads throughout this article. Specific to this research the authors situate the roots of their understanding within the Truth and Reconciliation Commission of Canada’s (2015) articulation of reconciliation:

To the Commission, reconciliation is about establishing and maintaining a mutually respectful relationship between Aboriginal and non-Aboriginal Peoples in this country. In order for that to happen, there has to be awareness of the past, acknowledgement of the harm that has been inflicted, atonement for the causes, and action to change behaviour. (Truth and Reconciliation Commission of Canada, 2015, pp. 6-7).

In the profession and community of nursing, we would challenge, that we are working albeit at times with difficulty in fulfilling the Truth and Reconciliation Commission of Canada’s current understanding of reconciliation. As a profession, we are privileged to have Indigenous nursing leaders who have been committed to the work of cultural safety for decades, writing and creating frameworks and core competencies that offer possibilities towards reconciliation.

Lisa Bearskin Bourque (2011) suggests that to consider with any depth, Indigenous ways of being and knowing, relational ethics is required, as relational ethics honors “Indigenous people’s connection to self, others, the environment, and the universe” (p. 1). It creates a different landscape in which to view the interconnected nature of cultural competence, cultural safety, and ethics; in which to view the Truth and Reconciliation Commission of Canada (2015) Calls to Action. Her understanding of relational ethics stems from the work of Bergum and Dossetor (2005), who challenged “human flourishing is enhanced by health and ethical relationships ... morality is rooted in the collective life” (p. xiii). As researchers, we were drawn to this work because of our relationship as Indigenous and non-Indigenous nurses working together, with a common understanding that nursing curriculum is much more than mapping content, it is a moral and ethical practice. Indeed, learning Indigenous ways of being and knowing represents a transformative pedagogical journey for both educators and students alike and a way to begin the discourse with learners on historical inequities and diverse epistemologies (Stansfield & Browne, 2013).

Methods and Procedures

Utilizing multiple methods that included interviews and surveys analyzed through hermeneutic interpretations, this research fits within the qualitative paradigm that seeks the meanings and interpretations of faculty perspectives. Interview and survey responses were synthesized through critically dialoguing specific responses that arose relative to the specific competency amidst the research team meetings. “Dialogue is crucial to evaluation. From a hermeneutic perspective, dialogue is the vehicle for change since through it, people are invited to develop new, shared ways of seeing and acting” (Widdershoven, 2001, p. 262). Within this interpretation, the analysis proceeded through contemplating significant pieces of the data that primarily resonated with respect to the research’s purpose. Fundamental to and interconnecting all components of the research were the interpretative interactions between researchers and their philosophical underpinnings.

Hermeneutics transpires as a philosophy that brings to the fore the researcher’s implicit situatedness in the research (Gadamer, 2013). Within this hermeneutic philosophical positioning, preunderstandings in relationship with the other shape broader interpretations and meanings that continually transform and are never static. Through a hermeneutical lens, the researchers’ preunderstandings were acknowledged in the interpretation of the literature, interviews and surveys in light of their lived experiences as nurses, faculty and as members of Indigenous and non-Indigenous families. Preunderstandings were challenged through critical reflections and dialogues pertaining to the findings from the literature review, interviews and surveys. Such emerging inspirations were then considered in relation to the whole as explicated through the guiding research question.

The interviews and surveys were developed by the research team based upon the ANAC competencies of postcolonial understanding, communication, inclusivity, respect, Indigenous knowledge and mentoring and supporting students for success (ANAC, 2009). The interviews included open-ended questions and the surveys included open and closed-ended questions, based on a Likert scale. The surveys utilized the FluidSurvey software. For both the interviews and surveys, there were a total of 7 questions asked, and questions 1 through 6 inquired about the same competencies. The final question was an extra open-ended question to probe about anything else that might inform understanding of Indigenous knowledge in the current curriculum. The NVivo software supported the identification of significant meaningful statements from the interview data.

Full ethical approvals were completed at both Queens and Lakehead Universities where the researchers are also faculty members. Faculty involved in one or more courses were recruited via the password-protected home page, by emails and by word of mouth. No incentives were involved in the recruitment. Informed consent was obtained prior to participation in the interviews and surveys through the online consent and information letters that detailed the specifics of the study.

Findings

There was a total of 8 participants involved in 4 interviews and 4 surveys. There were no withdrawals from this study. In-depth and rich data emanated from the interview data. The interviews were audiotaped and took place over the telephone before the surveys. The interviews took place during the spring and summer of 2016, whereas the surveys were available on-line during the late summer and fall of 2016. The interviewees were provided with online consent and information letters regarding the study. Interviewees were requested to provide verbal consent prior to the commencement of the interviews. The interviewees participated only in the interviews. This allowed the research team to transcribe the interviews and critically discuss the data before conducting the surveys. This was done in the event that interview data would suggest modifications of the survey. The interview data however did not convince the researchers that changes to the survey were needed, so the survey questions remained unaltered. As consistent with ethics regarding anonymity of participants, interviewee responses were pooled with other interviewee responses. Data from the surveys is presented as per the Likert scale options. The ensuing results from the interviews and surveys are delineated as follows in relation the headings informed by the ANAC core competencies.

Perception and Support of postcolonial understandings

NP faculty who answered the on-line survey responded to the question concerning the perception of the level of postcolonial content that exists within the course(s). Respondents answered predominantly as very good and satisfactory, with one respondent indicating unsatisfactory. During the interview process, participants were asked how the course(s) facilitate postcolonial understanding, the emerging responses varied. For example, one participant indicated: “postcolonial Aboriginal issues do come up and are spoken about quite freely,” yet, another participant stressed, “...we have to really address [postcolonial issues] if we are wanting to produce students who are able to navigate.” Another participant’s response reflects the challenge of understanding the concept of postcolonialism: “the term needs to be better defined so people understand exactly what it means.” Although the participant pool is drawn from a consortium of university partners, who share a common curriculum it is unclear if participants are able to envision the entirety of the curriculum and how, when, why, and where Indigenous content is mapped out: “I can’t say, really say that we have a large content focusing on that issue.” What emerges from survey and interview participants is a need to better understand the meaning of postcolonial in relation to nursing issues, to gain clarity as to how postcolonialism shapes care moments for practitioners and patients and families.

Learning and discussing cultural safety

For the second question regarding the competency of communication, interviewee responses highlighted the significance of this competency in relation to cultural safety. During the interviews, participants were asked to describe in what way course(s) engage NP students in discussions of cultural safety. Here, faculty provide a glimpse of the contextual nature of engaging. Engaging, for one participant requires different ways of approaching curricular content. For another, it involves experience: “...that [students] have had experience with people from different cultural backgrounds but maybe not First Nations, but how to make people feel safe and being respectful of beliefs, values.” One participant illuminates how cultural safety can be viewed within particular discourses, such as vulnerable populations, “we have a full week where we talk about health care for diverse and vulnerable populations, cultural safety and

cultural competent care.” While another challenges: “I think it could almost be an entire course.” The same question on the Likert scale survey garnered a response range from ‘satisfactory’, to ‘very good’, and ‘other’.

Inclusivity - power imbalances and trusting relationships

Inclusivity is a competency that links with learning about power imbalances and trusting relationships. Interviewees were asked to describe how the course(s) foster learning about developing trusting relationships and addressing power imbalances in relation to how trust and power impact on health. Participants saw the topic of power imbalances significant to practice but not easily described, as one participant reflects that power imbalances are “... less well described... are very real within the world of nursing ... get played within our relationships to our colleagues, our physician counterparts [and] also really important with patients.” Another participant reflected upon the challenges of exploring power imbalance with students, particularly how students understand their situated-ness within power imbalances, “we try to get Nurse Practitioner students to actually think about power imbalances and how they think about the imbalances.” Yet another participant brings to the surface that the challenge may reside in whether or not faculty are able to draw students into a depth of understanding power imbalances: “I think we do go over the practice standards that touch on trusting relationships and the balance of power in the health care provider and patient relationship, but I don’t think we go in-depth enough.” On the other hand, participants in the online survey answered primarily: satisfactory and very good when similarly asked about course(s) as promoting activities or assignments directed to learning issues involving power imbalances. The assortment of responses delineates the distinctive views as to how the competency of inclusivity regarding power imbalances and trusting relationships is conveyed within the course(s) taught.

Respect - relationality and Indigenous context

Respect as a competency is inclusive of concepts focusing on relationality, the involvement of traditional healing practices, Indigenous languages and communication. Responses from the interviews speak to the potential to increase awareness of Indigenous issues, the proximity of students to Indigenous contexts, language and culture and developing relationships. Interview participants were asked to describe how the course(s) address relationality and capacity building and person-centered care within indigenous contexts. Amidst the interview process, participants brought to the surface the notion of known and unknown. One participant offered, “the indigenous issues ... may not necessarily be known, to the students or even myself,” a reminder that knowing may be contextual and situational, rather than generalizable. A participant suggested, “it can almost be quite individual in terms of where the students are coming from, what types of patients that they are seeing or the issues that they are exposed to” hinting in response to the importance of place and people in relation to knowing. Another participant offered, “I don’t think it focuses specifically on Indigenous people and building relationships.” For the on-line Likert survey, participants were asked to designate the course(s) addressing relationality and how effective (or not) they did so. Respondent answers wavered between very good and satisfactory, and unsatisfactory and other. Both interview and Likert survey responses, suggest relationality and Indigenous context is an area for curriculum development. It may be that the manner in which content is mapped within a curriculum is shaping both faculty’s priorities and understanding of a concept, and subsequently subtle changes in focus may surface. For example, what content areas best illuminate the concept of relationality in meaningful ways for learners, and how are faculty engaging students with such

concepts? Another query may be how relationality and Indigenous concepts are left or threaded in visible ways throughout NP curriculum. Moreover, if curricular content is simplified towards a standard non-specific focus, overall it may diminish the opportunity for faculty and students to meet the goal of the Truth and Reconciliation Commission's Call to Action for health professionals.

Indigenous knowledge - adequacy of resources

Pertaining to the Indigenous knowledge competency, interview participants and survey participants were asked to describe and to designate respectively resources apparent within course(s) to support learning about Indigenous knowledge. Survey responses vacillated from very good, not applicable, not sure and unsatisfactory. The interviewed participants pointed to particular helpful resources including resources from, but not limited to, the ANAC and Anishnawbe Health (Anishnawbe Health Toronto, 2012). However, one interviewee responded that more depth is needed. Similarly, another acknowledged that, "...if I were a new grad going out to a First Nation I would feel inadequate." Within the deliberations of the authors and researchers of this writing, the term Indigenous knowledge stirred, with the concern that this term in many curriculum materials is conveyed as some sort of 'package' that can be opened and applied as a Western construct versus perceiving Indigenous knowledge(s) through an Indigenous lens. Indeed, this dilemma, spurred the search for literature that speaks to delineating Indigenous ontology and epistemology in a manner that is genuinely ethical and respectful.

Mentoring and supporting students towards success

When survey respondents were asked from their perspective whether NP programs were able to mentor and support Indigenous students for success, their answers swayed between: very good, satisfactory and not applicable. Interview respondents contemplated ways to support students and further questioned the potential to incite and critically address Indigenous student's context: "I think we could do better in terms of critically based information." Another respondent in the same vein noted the need for "developing comprehensive community engagement." Engagement within Indigenous communities is also inferred through an interview response which emphasized the potential benefits from First Nations NPs as mentors.

Informing understanding of Indigenous knowledge

The final open-ended question in both the interviews and survey asked respondents to "describe anything else that might inform understanding of Indigenous knowledge practices in the contemporary NP curriculum." A variety of responses to this question offered insight into furthering possibilities for learning Indigenous knowledge. Suggestions included, learning from the experience of Indigenous people, addressing barriers to taking up Indigenous knowledge perspectives in western education and increasing time for learning about Indigenous knowledge perspectives. Also, respondents reinforced the need for involvement of Indigenous people/practitioners and exposure to Indigenous contexts especially for students who lack this exposure. Moreover, purposeful incorporation of Indigenous voices/writers/nurses/scholars, to lessen stereotyping. Lastly, a respondent challenges the need to consider how Indigenous knowledge perspectives can be addressed in courses like pathophysiology, and how the ANAC competencies can be applied across all NP courses.

Discussion

The interview and survey data demonstrate that the NP curriculum currently offers some opportunities for Indigenous learning as per the core ANAC competencies of: postcolonial understandings, communication, inclusivity, respect, Indigenous knowledge and mentoring and supporting students for success. However, through the interpretation of the data, the research team identified opportunities to further enhance Indigenous learning. Many of the opportunities identified came forward as a series of recommendations that were also inspired through the literature review and the Calls to Action made by the Truth and Reconciliation Commission of Canada (2015). In this regard, the recommendations reiterate the need to instill the essence and spirit of the Truth and Reconciliation Commission of Canada's Calls to Action as well as the United Nations Declaration on the Rights of Indigenous Peoples within course goals and objectives.

Correspondingly, Tarlier and Browne (2011) further advocate for inclusion of critical social justice teachings within NP curriculum, that support the development of relational capacities. Compassion, curiosity, confidence, communication, commitment capacities within a practitioner, foster critical scrutiny of health care entities including that of the institution, community, societal and government levels that may impact Indigenous people's access to equitable health care (Harrick Doane & Varcoe, 2015). Furthermore, critical social justice perspectives provide a lens for practitioners to reflect on and draw attention to understanding how their thinking and acting may be supporting structural and institutional practices that actually create inequities for their patients. In relation to NP education, a critical social justice perspective may provide learners and teachers a means to reach beyond text-based knowledge and explore approaches that call for engagement in interactive critical dialogues. For example, exploring Freire's (1970) problem posed learning approaches in the classroom, where learners and teachers are encouraged to draw from what concerns them in their practice, and enter a process of discovery through the repeating cycle of dialogue, reflection and action. In critical dialoguing, course faculty may further discern teaching and learning approaches to enact recommendations and to strengthen the implementation of the core competencies, with regards to respect and Indigenous knowledge within curriculum mapping activities. This may also be fostered through the growth of cultural learning webinars, courses, interactive discussion forums, case studies and learning of Indigenous languages. Additionally, further research to evaluate the actual critical learning by NP students as per the Calls to Action is proposed towards decisive appraisal of courses and associated curricular activities. As well, NP students may benefit through prioritizing clinical or practicum experiences within Indigenous communities or health agencies that engage with Indigenous peoples. Learning may also be facilitated through concepts interconnected with cultural safety including cultural humility. Furthermore, such concepts may be explored through simulation or role-play and involvement with Indigenous faculty, elders and community members. In this regard, there is a priority to intensify representation through recruitment of Indigenous nursing students that may go on to become NPs or faculty, preceptors or mentors.

This study has both strengths and weaknesses. The qualitative nature of this study includes results that may be considered as lacking generalizability when scrutinized from a quantitative direction. This includes the sample size and the potential for bias in that the researchers are faculty of the universities involved in NP course delivery. In addition, it is

plausible that the volunteer nature of the study may have deterred participants lacking understanding or familiarity with the ANAC core competencies. The sample size may also have been affected by the timing of recruitment during the late spring and summer that may have coincided with vacation periods. There were also no incentives that might have stimulated participation.

Despite, such perceived limitations, the qualitative interviews and the surveys offered a wealth of information regarding faculty perceptions. Furthermore, the researchers benefited through the critical dialogues that surfaced through the introspection of literature where 78 articles pertaining to Indigenous learning in nursing education were cited in the literature review and shared in the study's final unpublished report (Smith, Spadoni & Kioke, 2016). Indeed, it may also be argued that the qualitative dimension and hermeneutic philosophical underpinnings of this study enabled the in depth and critical introspection pertaining to the meaning and interpretation of faculty perspectives that offer critical insight into education. In this regard, this study may be considered as opening the door to further critical introspection necessary to effecting culturally safe health care.

Within the epoch of the Truth and Reconciliation Commission of Canada Calls to Action, and the frequent heated debates concerning "indigenizing" the academy, the research as depicted through this writing grapples with the pervasive colonizing structures born out of a non-Indigenous paradigm. "Probably the most complex, and contentious, aspect of indigenization is what it means for curricula, pedagogy and research" (MacDonald, 2016). As Taiaiake Alfred (2012) explains that transforming or the indigenizing the institution may not be possible, however the relationship can be improved where standards are decolonized to fully embrace the community through a non-competitive and relational ways of being. Authentic space for Indigenous ways of knowing and being within the academy are necessary. The space is sanctioned for "wise practices" to include elders and Indigenous epistemologies and ontologies (Wesley-Esquimaux & Snowball, 2009; Thoms, 2007). Furthermore, the space is ethical and necessary to an equitable way of being that respects and does not disregard other than Westernized approaches to knowledge (Ermine, 2007).

Conclusion

This article began with an in-depth delineation of the stories and position of the researchers to explain what motivated their work in addressing cultural safety and competencies within education. Through this process an intricate connectedness with the research was demonstrated as being fundamental to the overall methodology that would drive this research. The ensuing description of the qualitative study with hermeneutical philosophical underpinnings sought the meanings of faculty perceptions regarding the uptake of ANAC competencies within NP education. Throughout the courses considered, the competencies surfaced in varying levels of engagement and intensity.

Together the researcher's stories and faculty perspectives speak to the critical necessity for the ongoing efforts required to furthering cultural safety as an outcome within education. Competencies that influence curriculum and pedagogy continue to shift in light of the growing social awareness concerning reconciliation. This in turn has increasingly compelled educators and the academy towards action in seeking the permanent presence of elders and the Indigenous community within the academy. Such representation is imperative to learning the untold history.

Activities in this regard suggest a hopeful change from a passive approach where the colonial structure pervades and thwarts efforts to lesson oppression within education.

There is still great work to be done that implores the collective and collaborative intention between all stakeholders, policy makers and educators within the academy and beyond. This is essential in striving forwards to meet the recommendations and Calls to Action made by the Truth and Reconciliation Commission of Canada. “While the commission has been a catalyst for deepening our national awareness of the meaning and potential of reconciliation, it will take many heads, hands, and hearts, working together, at all levels of society to maintain momentum in the years ahead” (Truth and Reconciliation Commission of Canada, 2015, p. 8). In this respect, the sustained attention to cultural safety in education and practice together with ongoing research that promotes further learning and understanding must continue as a priority for all.

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