



October 2017

Indigenous Methodology in Understanding Indigenous Nurse Graduate Transition to Practice

Donna L. M. Kurtz

University of British Columbia Okanagan, Faculty of Health and Social Development, School of Nursing, donna.kurtz@ubc.ca

Star Mahara

Thompson Rivers University

Penny Cash

Federation University Ballarat, Australia

Jessie Nyberg

Secwepemc Nation, University of British Columbia

Estella Patrick Moller

Nak'azdli First Nation, Thompson Rivers University

Recommended Citation

Kurtz, D. L., Mahara, S., Cash, P., Nyberg, J., Patrick Moller, E. (2017). Indigenous Methodology in Understanding Indigenous Nurse Graduate Transition to Practice. *The International Indigenous Policy Journal*, 8(4). DOI: 10.18584/iipj.2017.8.4.9

Indigenous Methodology in Understanding Indigenous Nurse Graduate Transition to Practice

Abstract

Increasing Indigenous health care professional presence in health care aims to reduce health inequities of Indigenous Peoples in Canada. Nurses are the largest health professional group and nurse graduates the main source of recruitment. The quality of graduate transition to practice is evident in the literature; however, little is reported about Indigenous new graduates. We describe using Indigenous methodology and two-eyed seeing (Indigenous and Western perspectives) in exploring Indigenous transition experiences. Talking circles provided a safe environment for nurses, nurse educators and students, health managers, and policy makers to discuss Indigenous new graduate case scenarios. The methodology was critical in identifying challenges faced, recommendations for change, and a new collective commitment for cultural safety education, and ethical and respectful relationships within education, practice, and policy.

Keywords

Indigenous methodology, two-eyed seeing, cultural safety, Indigenous health, new nurse transition, health human resource

Acknowledgments

The research team thanks Secwepemc and Okanagan Elders who ensured protection of Indigenous knowledge and traditions associated with the peoples upon whose ancestral lands the study was conducted. We acknowledge Dr. Susan Duncan for her contributions to the conceptualization of the study and funding proposal, and Amber Froste, Pamela Jules, Kalea Nokelby, Jennifer McDougall, and Gina Poschenrieder, new graduates, for their contributions to the one day forum and data analysis. This research study was funded by Thompson Rivers University and Interior Health and in-kind support from University of British Columbia.

Creative Commons License



This work is licensed under a [Creative Commons Attribution-Noncommercial-No Derivative Works 4.0 License](https://creativecommons.org/licenses/by-nc-nd/4.0/).

Indigenous Methodology in Understanding Indigenous Nurse Graduate Transition to Practice

Increasing the supply of Indigenous¹ health providers, including nurses, has been widely cited as a strategy for improving health services for Indigenous Peoples in Canada and, ultimately, improving their health status, especially in Indigenous communities where nurses make up a large proportion of the healthcare workforce (Aboriginal Nurses Association of Canada [ANAC], 2009; British Columbia Academic Health Council [BCAHC], 2012; Exner-Pirot & Butler, 2015; Katz, O’Neal, Strickland, & Doutrich, 2010). The Truth and Reconciliation Commission of Canada (TRC, 2015) calls for the Canadian government to identify and close the gaps in healthcare outcomes between Aboriginal and non-Aboriginal communities. Actions are needed to increase the number of Indigenous professionals working in the healthcare field, ensure the retention of Indigenous healthcare providers in Indigenous communities, and provide cultural competence and cultural safety education for all healthcare professionals to better understand health issues facing Indigenous Peoples and more effectively improve health outcomes. Cultural safety is based in a critical perspective of culture that considers culture in ways that directly address issues of racism and discrimination. It necessitates that educators and practitioners move beyond cultural awareness and sensitivity to analyzing and challenging power imbalances, institutional discrimination, colonization, and relationships with colonizers, as they apply to education and healthcare (ANAC, 2009; National Aboriginal Health Organization [NAHO], 2006).

New graduates (NGs) make up the largest source of nurses for recruitment and the quality of the NG transitional experience can significantly improve their retention (Duchscher, 2008; Fox, 2010; Rhéaume, Clément, LeBel, & Robichaud, 2011; Romyn et al., 2009). The complexities of nursing practice within a highly acute and complex health system challenge nurses at all levels of practice (Adamack & Rush, 2014; Andrews et al., 2005) and NGs are often not prepared to meet these demands especially in the first two years (Duchscher & Myrick, 2008; Romyn et al., 2009). The work world of NGs requires job-specific knowledge development and application to practice, and support by nurse preceptors in clinic and educational environments (Rush, Adamack, Gordon, Lilly, & Janke, 2013). Although the literature is plentiful regarding transition to practice for NGs in general, minimal evidence exists beyond the first two years. For Indigenous nurse graduates, little is known about their post-graduation transition experiences at all, including the unique challenges they face and how best to support them toward a long, vibrant nursing career. This gap of knowledge and the increased enrollment of Aboriginal students in nursing programs across Canada (Gregory, Pijl-Zieber, Barskey, & Daniels, 2008; Lecompte, 2012) provided the impetus for this research on the transition experiences of Indigenous NGs.

¹ Indigenous Peoples is a collective name for the original peoples of North America and their descendants. The Canadian Constitution recognizes three distinct groups of Indigenous (also called Aboriginal) Peoples: Indians (referred to as First Nations), Métis, and Inuit (Constitution Act 1867; Government of Canada, 2017). Increasingly, and in keeping with international agreements, “Indigenous Peoples” is being used instead of “Aboriginal Peoples.” The term *Indigenous* refers to Aboriginal Peoples globally regardless of borders, Constitutional, or legal definitions and upholds Indigenous rights movements (Canadian Institutes of Health Research [CIHR], 2015). In this article, the terms *Aboriginal* or *Indigenous* are used in accordance with the term used by participants in the study or the cited author(s).

The purpose of this article is to share insights about selecting and using Western and Indigenous methodologies to explore and improve the transition and retention experiences of Indigenous nurse NGS. Working with local Indigenous Elders, the local health authority, and Indigenous and non-Indigenous health professionals including decision makers, a collective vision for respectful, inclusive, and culturally safe strategies for education, practice, and policy change was co-created. In describing our journey, we highlight ways in which we shifted from a solely Western perspective to also embrace Indigenous perspectives. We provide background to the study, ethical engagement, and the process of re-grounding the research methodology during which cultural relevance and distinctness are acknowledged in Western and Indigenous perspectives. We offer a critique of our initially selected Western research approach, how we came to understand the need to shift to an Indigenous methodology, and the effect of this shift on the research process, ethical engagement, collective voices, and outcomes. Through sharing our experiences with using both Western and Indigenous approaches, we highlight insights for researchers, health authorities and communities planning or engaged in research in the development and sharing of new knowledge and ways of being, to better work together with each other.

Background: The Need for Indigenous Nurses

Nursing is a viable emancipatory profession that contributes to improved health of Aboriginal Peoples (Canadian Nurses Association of Canada [CNA], 2014; National Expert Commission [NEC], 2012). Currently, there is professional, national, and political urgency to increase the number of Indigenous professionals, specifically nurses, working in the healthcare field and ensure retention of Indigenous healthcare providers in Indigenous communities (Association of Registered Nurses of British Columbia [ARNBC], 2015; British Columbia Nurses Union, 2015; CNA, 2014). The Aboriginal Health Human Resources Initiative (Ministry of Health, 2016) was established to increase the number of Aboriginal health professionals in Canada (Health Canada, 2004; McBride & Gregory, 2005). This initiative developed actions to support the recruitment and retention of Indigenous nurses in settings most in need (First Nations Health Council, 2013; Gregory, 2007; Gregory, Wasekeesikaw, Macrae, Wood, & Amaral, 2002; Hart-Wasekeesikaw & Hanson, 2007; Kulig, Stewart, Morgan, Andrews, & Pitblado, 2006; McGillis-Hall, 2008; NAHO, 2008). The report by the NEC (2012) and calls to action by nurses regarding the condition of the Canadian health system, resulted in a meeting of nurse leaders in British Columbia to discuss Canadian nursing education reform for performance expectations of nurses, especially NGS, and how to support a long, vibrant professional career (MacMillan, 2013). Strategies to ease transition from student to practitioner and to support graduates as they move into their career track were identified as necessary to help students and NGS develop a strong professional nurse identity.

To be successful, nurse graduate transition support efforts require in-depth collaboration between education and service industry (NEC, 2012), as well as families and communities. For example, studies have found Indigenous youth to have lower high school completion rates than non-Indigenous youth. Although these students bring many strengths, the legacy of residential schools has resulted in teachers and the educational system tending to lack confidence in their educational preparation and their ability to succeed in post-secondary studies (Reading & Wien, 2009). This has caused some family members and Indigenous youth to believe that they or their children are unable to learn and will be unsuccessful in attaining higher education (Kurtz, 2011). Thus, for Indigenous students considering nursing as their career, these assumptions need to be discredited through conversations with primary, secondary, and

post-secondary student advisors, students, families, and through incorporating successful Indigenous registered nurse role models within home communities. Working together requires a partnership in which equality and human rights are reinforced through decolonizing practices within contemporary colonial educational structures. Partnerships with Indigenous communities need to be respectfully built and supported, working with local educational institutions to engage whole communities in assisting and encouraging their children so that they have educational opportunities that are achievable and will benefit youth, families, and communities. Hence, transformative action strategies that facilitate mutual understandings for preparation and success for Aboriginal youth in post-secondary and nursing education are critical to meet current nursing shortage and demand for Aboriginal nurses (Martin & Segurie, 2013).

The idea that Indigenous healthcare provisions should be provided by Indigenous healthcare professionals is critical in that they bring a unique understanding of Indigenous culture, knowledge, and lived experience pertaining to the complexities of health and social issues that commonly interrupt or deny health equity. These providers acknowledge the importance of Indigenous knowing and healing (Stephens, Porter, Nettleton, & Willis, 2006). For Indigenous people, having an Indigenous person caring for them enables an . . .

Inner sense of knowing . . . way of working with us, and connecting with us, building relationships with us, and giving us an opportunity to be a part of [society] . . . that has been in both worlds and understands both of the worlds, rather than having the power over us, having the power within. (Kurtz, 2011, p. 175)

Context of the Study

This Western Canadian located study was co-led by research team members including Indigenous and non-Indigenous nurse researchers and educators, Indigenous Elder advisors, former nurses, and student research assistants from two local university schools of nursing (SON), and the provincial health authority. This was established based on prior work together in the area of cultural safety practice standards, curriculum development, and education; Indigenous nursing student recruitment and retention; Indigenous health disparities and inequities; and related policy development. The goals of the research were to:

- a. To examine Indigenous nurses' transition from education to practice and their career development experiences;
- b. Promote opportunities for safe and respectful dialogue between Indigenous nurses, employers, educators, and policy makers about career experiences and retention strategies;
- c. Increase understanding of issues related to retention of Indigenous nurses in the workplace;
- d. Transform this knowledge into strategic action in transitions and career paths of Indigenous nurse graduates; and
- e. Identify further areas for inquiry and knowledge development.

The interest in undertaking the study, formulating research questions, and seeking solutions were all based on evidence, experiential understandings, and concerns of Indigenous nurses, nurse educators, and Elders in local communities. In shaping the research to suit the local Indigenous community, numerous safeguards were put in place before, during, and after the study. Following educational and health institute ethics approvals that included specific ethical protocols for research involving Aboriginal Peoples of Canada (Canadian Institutes of Health Research [CIHR], Natural Sciences and Engineering Council of Canada [NSERC], & Social Sciences and Humanities Research Council of Canada [SSHRC], 2014), the study was conducted in two phases. In Phase One, nine Indigenous Bachelor of Science in Nursing (BSN) NGs from two universities were interviewed about their student-to-practicing nurse experiences. Seven interview questions were used during telephone conversations with participants. Interview transcripts were analyzed thematically by the research team including the Elder advisors and four broad themes identified:

- a. Supports;
- b. NGs in specialized practice areas;
- c. Being an Indigenous NG; and
- d. Partnerships to support Indigenous NG transitions.

Participant areas of nursing practice and setting varied significantly, yet interview responses and the experiences they shared were profoundly similar. To maintain confidentiality and ensure interviewed NG were not identifiable, we pieced together stories and quotes from all interviews into four different practice scenarios to best reflect their everyday life experiences in the first 5 years of practice. In Phase Two, 35 Indigenous health and human resources leaders, nurse educators and nursing students, Indigenous NGs, Indigenous and non-Indigenous nurses, managers and other decision makers from the regional health authority, and College of Registered Nurses of British Columbia (CRNBC), ARNBC, and the ANAC participated in a one-day invitational research forum to discuss case scenarios, to better understand Indigenous NG transition and career development experiences, and to develop strategies for change in practice and policy. Research questions for the small group case scenario discussions included: What role can these various groups play in providing supports and resources for NGs? How could organizations partner to improve the transition experience of Indigenous NGs? What recommendations can we make to employers, to new graduates, to educators?

A research consultant with expertise in developing and facilitating culturally safe environments helped to prepare forum participants to ensure processes and protocols were understood and maintained during the process. Preparations included connecting with all participants to ensure they appreciated the Indigenous protocols and felt safe during the research. Participants were placed into groups by the research team to form small talking circles. Construction of each group was designed to have representation from NG, managers, and educators. Each group was given two scenarios to consider. Talking circles, each facilitated by an Elder, were used to provide a safe respectful environment for forum participants to engage in dialogue arising from the case scenarios. Talking circles are an ancient customary cultural way for Indigenous people to share their stories; construct collective decisions to solve problems; and to carryout group processes (Becker, Affonso, & Blue Horse Beard, 2006; Struthers, Hodge, Geishirt-Cantrell, & De Cora, 2003). Talking circles also provide a confidential reassuring

avenue for diverse groups of people to share knowledge, and for collective visioning, action planning, and healing (Kurtz, 2013). They are common in Indigenous group communications to provide opportunity for each member in the circle to speak uninterrupted and to share information and knowledge in a supportive atmosphere (Struthers et al., 2003). The two-way (Western and Indigenous) engagement helped create contextual understandings to inform, guide, and prioritize actions for retention of new Indigenous nurses and positively influence and shape their career paths in healthcare. To ensure participant insights, ideas, and recommendations were captured in the talking circles, summary notes of case scenario discussions were recorded on flip charts by the trained nursing student research assistants and shared with the large group of all forum participants, in order to help form broader understandings of issues and strategies pertaining to transitions and career paths of Indigenous graduates.

Themes from forum discussions included:

- a. Preparation for practice;
- b. Development of leadership and self-advocacy skills;
- c. Adequacy of academic–practice transition planning and pathway; and
- d. Unique considerations for Indigenous nursing students and new graduates.

Notes from the forum discussions were further summarized afterwards by research team members and Elder advisors to illuminate themes embedded in transition experiences and challenges of Indigenous new graduates and supports required for development as practicing nurses and retention in health careers. Recommendations for transformative change included creating partnerships and developing best practices to support Indigenous NG transitions and career planning, improving practice–education collaboration, increasing practicum opportunities for and with Indigenous individuals, groups, and communities, and structured career planning and workplace supports in nurse retention. The central outcome was a call for stakeholders to combine their efforts to help Indigenous NGs get the support they need to stay in this profession. This multiple perspective dialogue contributed to a fuller appreciation for group consensus, the research themes, and helped in the co-creation of a collective vision for current and future transitional support and retention strategies. The methodology used to conduct the study was crucial to ensure the inclusion of multiple perspectives and successful research study outcomes.

Methodological Consciousness to Honour Western and Indigenous Knowledge

Initially, we chose an interpretive descriptive methodology (Thorne, 2008). This qualitative Western research approach is widely used in practice disciplines such as nursing because of its focus on resolving real-life clinical problems. We saw interpretive description as appropriate given our goal of creating knowledge that would result in strategic action to influence both nursing education and clinical practice. Although we started the research using an interpretive descriptive methodology, for example, to write the funding proposal, we soon realized this methodology and ethical protocols within the academy, and those inclusive of Indigenous worldview, experience, and knowledge were not well aligned. We realized the research design may not have been the best fit to provide opportunities for multiple Western and

Indigenous perspectives and discussed shifting to a research approach that was more mutually respectful, culturally relevant, and responsive in honouring Indigenous traditions.

An interpretive descriptive approach lacked the necessary groundedness in culturally relevant terms, such as how best to consider and approach recruitment, education, and retention of Indigenous nursing students and NGs, a situation that runs far deeper than a “clinical” problem, to fill the void of the nursing shortage. This approach considers that clinicians use a form of reasoning that makes sense to them in terms of professional judgment. However, this reasoning is embedded in Westernized nursing education, pedagogy, theory, and practice. Within nursing, and other professions in which dominant Western traditions are exalted, there is a struggle to recognize the embeddedness of processes and outcomes in methodologies that do not adhere to Western traditions. Historically, the nursing profession has been infused with structural, linguistic, and social practices that serve to colonize rather than liberate. Indeed, both the profession and the healthcare system contribute to socially minimizing the cultural well-being of Indigenous students and nurses, resulting in perpetuating intentional or unintentional loss of identity, rupturing of cultural practices, and adapting curriculum and pedagogies into assimilative spaces (Battiste, 2013; Giroux, 2005).

From our experience in Indigenous research, as well as nursing education and practice, we realized barriers to education and career options for Indigenous people are rooted in historical and contemporary colonization, marginalization, and oppression. To overcome this, educational strategies should be developed in collaboration with Indigenous educators, knowledge keepers, Elders, providers, leaders, and community members to establish relevant decolonizing pedagogy and curriculum framework (Martin & Kipling, 2006; Pijl-Zieber & Hagen, 2011; Rowan et al., 2013; Smith, McAlister, Gold, & Sullivan-Bentz, 2011). Promoting the success of Indigenous nursing students and NGs requires attention to the complex interaction between many historical and contemporary vulnerabilities resulting from social, cultural, spiritual, and economic influences at several points along the healthcare career trajectory of Aboriginal students (McBride & Gregory, 2005).

Instead of trying to make the research approach fit, one of us, an Indigenous nurse educator and researcher, challenged us all to consider using a research methodology in which Indigenous knowledge and inquiry is informed by Elders who would guide the research process to ensure cultural protocols and ways of being were core to the study. In choosing to move forward with an Indigenous methodological approach, we looked for ways to ensure what occurs in a study should make sense from an Indigenous knowledge perspective (Kovach, 2010). Kovach (2009), for example, argued that Indigenous methodologies are a pragmatic approach to research that influence the choice of methods, how the methods are employed, and the ways in which data are analyzed and interpreted. Wilson (2001) stated “methods need to be useful from an Indigenous perspective” (p. 177) to benefit current and future Indigenous NGs. We needed a methodology whereby past practices within institutions, such as education, health, and social welfare, that have impacted Indigenous Peoples could be revealed.

Embracing an Indigenous Approach

Western research processes often originate in large systems of oppression, which interfere with or fail to recognize methodologies that decolonize such practices (Jiménez-Estrada, 2005). Interpretive research methodologies aim to understand and describe human nature and how it is experienced. It is built on

established trust, rapport, and authentic communication and truth as contextually dependent based on interviews, observation, photos, diaries, and documents (Denzin & Lincoln, 2005). Without an awareness of underlying philosophical assumptions, the research approach does not mean absence of assumptions, but rather marks the danger of conducting research that fails to recognize societal and systemic colonial and power structures that remain unexamined and unrecognized. On the other hand, decolonizing methodologies “privilege Indigenous knowledge, voices, experiences, reflections, and analyses of their social, material and spiritual conditions” (Rigney cited in Smith, 2005, p. 87) and, in doing so, increase the presence, visibility, and voice of Indigenous people (Brown & Strega, 2005; Kovach, 2005; Smith, 1999), thereby protecting Indigenous knowledge. Critical to Indigenous research is an understanding of the significance of Indigenous knowledge and the ways in which Indigenous people make sense of life in today’s world (Kurtz, 2013). Indigenous knowledge spans across cultures, histories, and geographic spaces that are beyond the physical world (Dei, Hall, & Rosenberg, 2000). Brown and Strega (2005), anti-oppressive Canadian scholars, suggest Indigenous research is aligned with critical and decolonizing approaches that see research as an emancipatory commitment to empower a position of resistance and challenge power relations and systemic oppressions with the intent “to individually and collectively chang[e] the conditions of our lives and the lives of those on the margins” (Brown & Strega, 2005, p. 10). This approach asks whose interests are being served (Smith, 1999) in order to challenge research processes that are steeped in dominance and subordination politically (Kurtz, 2013). Thus, an Indigenous paradigm that includes historical, political, and cultural texts provides a “space for further dialogue within a framework that privileges the Indigenous presence” (Smith, 1999, p. 6).

Using Indigenous methodology was important for Indigenous community members to be part of the research process from idea generation and proposal writing, to knowledge transfer and future involvement in ongoing activities that evolved following the study, including education and research. The research methodology, methods, research questions, and the institutional human ethics application were reviewed by the local Elders who had expertise in health provision and research and who agreed to be the Elder advisors to the research.

Indigenous and Western academic worldviews were discussed frequently with the nurse Elder advisors, Indigenous nursing student research assistants, and other research team members and collaborators during the study. Gregory (2005) suggested that Aboriginal nursing researchers are “integral to improving the health and well-being of Aboriginal people and communities” (p. 14).

Indigenous researchers, Elders, and community members provided insights into the ethical grounding and engagement of the research, and how it was shaped and shared. This was important and helped enrich the collaborative relationships within the borderlands of Indigenous and Western worldviews as the methodology evolved, and was enacted (Kurtz, 2013). We needed to remember that what occurs today fosters life-long discussions towards acknowledging a shift from a colonial Western view to a “two-eyed seeing” approach, which means:

To see from one eye with the strengths of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of Western (or Eurocentric or mainstream) knowledges and ways of knowing . . . and to use both these eyes together, for the benefit of all. (Marshall & Bartlett, 2009, p. 9)

This way of “seeing” illuminates the importance of active and equitable roles in community–academic partner engagement and co-development throughout the research process (CIHR, 2015). Working in this way deepened understanding and wisdom, and it helped to co-create a more integrated view by weaving back and forth between these (two) perspectives (Wiber & Kearney, 2006). Because the research team, collaborators, and potential participants represented multi-sector, multilevel systems within education and healthcare sectors, finding ways to build and nurture respectful relationships that also acknowledge multiple worldviews was critical to the study. Accomplishing these commitments required attention to multilayered unfolding of the research process and an ethical disposition of openness.

By choosing an Indigenous methodological approach, what occurs in a study should make sense from an Indigenous knowledge perspective (Kovach, 2010). Trying to apply Western research methodologies and associated methods with Indigenous knowledge systems and processes can intentionally or inadvertently minimize Indigenous knowledge shared through experiences and stories, rendering voice and participatory protocols invisible. Lack of acknowledgement diminishes engagement and silences participants so they cannot share their knowledge and the cultural underpinnings in which that knowledge is embedded (Kovach, 2009; Kurtz, 2013). As a result, the insights of two-eyed seeing are also not acknowledged. Based on our previous experiences with Indigenous research, and the guidance and support of Elders, we were striving to ensure that the “Indigenous perspective must be stated resolutely, explicitly, and unequivocally” (Ermine, Sinclair, & Jeffery, 2004, p. 9). Foregrounding the Indigenous perspective(s) shaped by local Indigenous knowledge, traditions, life experiences, stories, and visions enabled acknowledgement of the unique status of Aboriginal people in Canada (Ermine et al., 2004). Notably, Indigenous methodologies respect collective voice, commit to reciprocal long-term relationships extending after the research study ends, and benefit the lives of those involved in the study—namely, Indigenous Peoples (Kovach, 2005, 2009; Kurtz, 2011, 2103; Smith, 1999, 2012).

Mutual Benefits within Decolonizing Methods

In this study, in order to open a safe space for the Indigenous NGs, Elders, healthcare providers, and decision makers, participants were invited to tell their personal and collective stories about their experiences working in Western healthcare services. Together, strategies aimed at change were formulated in a safe environment, shaping an Indigenous methodology (Brown & Strega, 2005; Smith, 1999). The underpinning of Indigenous research acknowledges Indigenous cultural systems as an almost instinctive understanding in knowing that we must take care of each other, being accountable to each other, our communities, clans, and nations. This collective is the “reciprocity and accountability . . . that creates a sense of belonging, place and home” (Kovach, 2005, p. 30). Belonging to a collective required diligence in ensuring that a Western research approach was not used to define the research question, determine participants, choose the methodology, or direct the sharing of study findings. Methods used in Indigenous methodologies acknowledge alternate ways of knowing such as insights generated from dreams and storytelling. Methods are nested in Indigenous ways of knowing and cultural practices, and they are directed by community members participating in or potentially affected by the research.

Talking circles were a new experience for many participants, particularly employers and managers. In the closing talking circle, forum members went around the circle and reflected on the day events. Several

talked about the impact that the small talking circles process had on them. Elders opened each small talking circle with a traditional prayer and ensured the person speaking was uninterrupted. They stated that workplace meetings would benefit from such a respectful approach to dialogue—really listening and hearing what others have to say, honoring one voice at a time, and acknowledging the wisdom of the speaker. Part of Indigenous methodology that made the forum successful was the ongoing inclusion of Indigenous knowledge and direction from Elders throughout the research process. It enabled co-creation of a collective vision through talking circle protocols and a culturally safe environment. As part of historical and contemporary colonizing practices within large institutions and systems, racism is commonly present, problematic, and perpetuated. Discussing Aboriginal racism and how to address it requires a safe and supportive environment (Reading, 2013). A major benefit of this methodological approach was that through safe and respectful conversations, often hidden and silenced experiences such as racism, unique to Indigenous NGs, were revealed. This may not have been uncovered with our initial interpretive approach or overlooked within a Western lens.

Being Indigenous added additional levels of complexity to being a student, NG, and practicing nurse. Indigenous NGs shared their fundamental and personal challenges requiring specific supports from an Indigenous perspective. For example, they struggled with how to be a nurse grounded in one's own culture within a Western environment, and their professional and personal roles and responsibilities in caring for their own people. Furthermore, Indigenous NGs realized the broader scope of their transitions and careers not only within mainstream health but also within a larger context of health promotion and well-being of Indigenous Peoples.

Although government and agencies are beginning to become more sensitive to cultural preferences and perspectives, most organizations where NGs work are mainstream and do not reflect Indigenous Peoples or incorporate Indigenous knowledge. Many Indigenous NGs work within the dominant biomedical model that does not harmonize with an Indigenous model of healthcare. While an orientation to the healthcare agency is important to assist NGs, the institution also needs to consider in what ways Western healthcare agencies frame the world of healthcare from perspectives that are often in conflict with and fail to acknowledge less dominant perspectives and knowledge. NGs found raising First Nations issues to be challenging because of resistance to Indigenous knowledge and a perceived lack of support for NG advocacy against bias and stereotyping. The graduates recounted that staff are unaware of racist attitudes, behaviours, and practice. They found a lack of knowledge and sensitivity about potential risk of triggers related to residential schools and support for NGs whose parents, and families, including those who had passed, had suffered.

Working within traditional talking circles and respecting protocols, forum participants identified current and future retention strategies and developed an informed vision of nursing education and healthcare practice, quality workplaces, Indigenous Peoples' health, cultural safety, and partnerships. What arose was a strong commitment to work together toward strengthening student to practitioner transition, and creating nursing education and workforce actions to meet the needs of Indigenous NG, employers, and Indigenous Peoples and communities, while maintaining culturally safe environments across healthcare settings. All actions recommended from the forum require the development of non-racist, non-discriminatory education and practices through cultural safety to effectively support students, faculty, staff, and other partners in the NG transition. The central outcome of the forum was recognition that all those present shared a responsibility for the success of Indigenous NGs in their transition period and

throughout their career. All agreed that effective change in support of NG transitions require work at both micro and macro levels to address issues at all levels of education and practice related to structural barriers within the larger system. This understanding benefitted from the decolonizing focus of the research approach.

Conclusion

Looking back and learning from our journey, it is possible to see the research process as organic and co-constructed with significant underpinnings grounded in Indigenous ways of knowing. This included research team members hearing each other's concerns and uneasiness with initially selecting a Western research methodology. We realized that in using an Indigenous methodology guided by Elders, research team members, and participants, a two-eyed seeing approach for ethical engagement situated cultural relevance within all research processes and ways of being and learning from each other as critical throughout the study to completion and thereafter. Methods used helped to build respectful relationships that facilitated a safer environment from which to conduct all aspects of the project, from research question development and data analysis, to dissemination of findings. Thus, our learning research journey provided evidence that an Indigenous methodological approach that includes cultural protocols fit best to offer safe environments for study team members and participants in which to share personal and collective stories about their experiences with Western education, employment, and healthcare systems. Together, we were able to formulate strategies for change. In this study, the identified strategies used during the research were built through respectful listening, consensus, and collaboration. This contributed to the creation of alternative visions of nursing education and workforce development, actions, and policy to meet the needs of Indigenous graduates, employers, as well as Indigenous Peoples and communities in the future.

For example, themes emerging from the talking circles reflected deeply held values and ideas. It was evident to all that transitioning from student to NG in the work setting environment is a difficult process. Through the research, participants identified current and future retention strategies and developed an informed vision of nursing education and healthcare practice, quality workplaces, Indigenous Peoples' health, cultural safety, and partnerships in strengthening the student to practitioner transition and creating nursing education and workforce development actions while maintaining culturally safe environments in various healthcare settings. The study results and recommendations for changes in policy and practice were summarized in a report with oversight by Elder advisors, shared with participants for feedback and broadly distributed with the schools of nursing, regional health authority, and others that the team, Elders, and participants suggested.

In our experience, using a two-eyed seeing approach strengthened our commitment to change by bringing forth and acknowledging both Western and Indigenous perspectives. While the recommendations that resulted from this research are critical for the future, what happened in terms of the research methodology and methods provides additional insights that can inform dominant Western research positions. At the start, the research team found that an Indigenous methodology would offer a more insightful appreciation of the Indigenous NG experience. Herein lies why the methods chosen enabled the project to be successful.

Cajete (2000) explained there is a shared understanding among many Indigenous people that education is about helping an individual find his or her face, which means finding out who you are, where you come from, and your unique character. Education should help the individual find their heart, the passionate sense of self that motivates the individual and moves him or her along in life. Education should also help the individual find a foundation on which he or she may most completely develop and express both their heart and face. This foundation is their vocation, the work that they do, whether as an artist, lawyer, or teacher with the intent of finding that special kind of work that most fully allows one to express their true self: “Your heart and your face” (Cajete, 2000, p. 183).

In this sense, we draw on Timmins (2001/2002) who described Indigenous research as a spiritual contract, a perspective which reminds us as researchers that Indigenous knowledge, voice, and representation as well as Western voice were core to the research—two-eyed seeing. However, Indigenous knowledge is often challenged by working and living in a colonized system(s). This meant that the researchers and Elder advisors continually guided the research to focus on processes of decolonization and self-determination (Baskin, 2005) to foster personal and collective transformational action for all of us in the study. In doing so, strong respectful relationships were built from which collectively we could begin to implement the recommendations that arose. From an Indigenous perspective, being part of a community in which respect for voice and Indigenous protocols take precedence meant stepping away from colonizing research practices, which can overpower processes without recognition this is occurring. Having Elders participate and lead the research engagement served to ensure that protocols were enacted to support the centrality of shared, equal, participation. Here the vitality of community was enhanced not only relationally but also in terms of sharing knowledge for the potential translation into action through policy and practice.

Shawn Wilson (2008) stated, “if research doesn’t change you as a person, then you haven’t done it right” (p. 135). Kurtz (2011) added:

Engaging in Indigenous research, not only changes who you are, it enriches one’s life, builds life-long respectful relationships with Indigenous Peoples, shifts the gaze, from a colonial view to a place of opportunities, in which to work harmoniously within the borderlands of Western and Indigenous worldviews, and inspires one to commit to ensuring Aboriginal Circles continue. (p. 201)

References

- Aboriginal Nurses Association of Canada [ANAC]. (2009). *Cultural competence and cultural safety in nursing education: A framework for First Nations, Inuit and Métis nursing*. Ottawa, ON. Retrieved from https://cna-aiic.ca/~media/cna/page-content/pdf-en/first_nations_framework_e.pdf
- Adamack, M., & Rush, K. L. (2014). Disparities in new graduate transition from multiple stakeholder perspectives. *Nursing Leadership*, 27(3), 16-28. doi: <https://doi.org/10.12927/cjnl.2015.24060>
- Andrews, M. E., Stewart, N. J., Pitblado, J. R., Morgan, D. G., Forbes, D., & D'Arcy, C. (2005). Registered nurses working alone in rural and remote Canada. *The Canadian Journal of Nursing Research*, 37(1), 14-33.
- Association of Registered Nurses in British Columbia [ARNBC]. (2015). *Policy statement: Aboriginal leadership capacity and engagement*. Retrieved from <https://www.arnbc.ca/pdfs/policies-and-advocacy/position-statements/PS-Aboriginal-Leadership-Capacity-Engagement.pdf>
- Baskin, C. (2005). Storytelling circles: Reflections of Aboriginal protocols in research. *Canadian Social Work Review*, 22(2), 171-187. Retrieved from <http://www.jstor.org/stable/41669834>
- Battiste, M. (2013). *Decolonizing education: Nourishing the learning spirit*. Saskatoon, Canada: Purich Publishing Ltd.
- Becker, S. A., Affonso, D. D., & Blue Horse Beard, M. (2006). Talking circles: Northern Plains Tribes American Indian women's view of cancer as a health issue. *Public Health Nursing*, 23(1), 27-36. doi: <https://doi.org/10.1111/j.0737-1209.2006.230105.x>
- British Columbia Academic Health Council [BCAHC]. (2012). *An Aboriginal practice education framework for British Columbia: Steps towards increasing Aboriginal health human resources capacity*. Vancouver, BC: Author.
- British Columbia Nurses Union [BCNU]. (2015). *BCNU position statement on Aboriginal health*. Retrieved from <https://www.bcnu.org/AboutBcnu/Documents/position-statement-aboriginal-health.pdf>
- Brown, L., & Strega, S. (Eds.). (2005). *Research as resistance: Critical, Indigenous, & anti-oppressive approaches*. Toronto, ON: Canadian Scholars' Press.
- Cajete, G. (2000). Indigenous knowledge: The Pueblo metaphor of Indigenous education. In M. Battiste (Ed.), *Reclaiming Indigenous voice and vision* (pp. 181-191). Vancouver, BC: UBC Press.
- Canadian Institutes of Health Research [CIHR]. (2015). *IAPH Strategic Plan 2014-18: Wellness, strength and resilience of First Nations, Inuit and Métis Peoples: Moving beyond health equity*. Retrieved from http://www.cihr-irsc.gc.ca/e/documents/iaph_strat_plan_2014-18-en.pdf

- Canadian Institutes of Health Research [CIHR], Natural Sciences and Engineering Research Council of Canada [NSERC], & Social Sciences and Humanities Research Council of Canada [SSHRC]. (2014). *Tri-Council policy statement: Ethical conduct for research involving humans—Chapter 9: Research involving the First Nations, Inuit and Métis Peoples of Canada*. Retrieved from <http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter9-chapitre9/>
- Canadian Nurses Association [CNA]. (2014). *Aboriginal health nursing and Aboriginal health. Charting policy direction for nursing in Canada*. Retrieved from https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/aboriginal-health-nursing-and-aboriginal-health_charting-policy-direction-for-nursing-in-canada.pdf?la=en
- Constitution Act*, 30 & 31, c. 3. (1867). Retrieved from <http://laws-lois.justice.gc.ca/eng/Const/FullText.html>
- Dei, G. S., Hall, B. L., & Rosenberg, D. G. (Eds.). (2000). *Indigenous knowledges in global contexts: Multiple readings of your world*. Toronto, ON: University of Toronto Press.
- Denzin, N., & Lincoln, Y. (2005). *The Sage handbook of qualitative research* (3rd ed.). Thousand Oaks, CA: Sage.
- Duchscher, J. B. (2008). A process of becoming: The stages of new nursing graduate professional role transition. *Journal of Continuing Education in Nursing*, 39(10), 441-450. doi: <https://doi.org/10.3928/00220124-20081001-03>
- Duchscher, J. B., & Myrick, F. (2008). The prevailing winds of oppression: Understanding the new graduate experience in acute care. *Nursing Forum*, 43(4), 191-206. doi: <https://doi.org/10.1111/j.1744-6198.2008.00113.x>
- Ermine, W., Sinclair, R., & Jeffery, B. (2004). *The ethics of research involving Indigenous Peoples*. Saskatoon, SK: Indigenous People's Health Research Centre. Retrieved from http://iphrc.ca/pub/documents/ethics_review_iphrc.pdf
- Exner-Pirot, H., & Butler, L. (2015). *Healthy foundations: Nursing's role in building strong Aboriginal communities*. Ottawa, ON: The Conference Board of Canada. Retrieved from <http://www.conferenceboard.ca/e-library/abstract.aspx?did=6870>
- First Nations Health Council. (2013). *Health human resources. Issues for First Nations communities*. Retrieved from http://www.fnhc.ca/index.php/health_actions/human_health_resources/
- Fox, K. C. (2010). Mentor program boosts new nurses' satisfaction and lowers turnover rate. *Journal of Continuing Education in Nursing*, 41(7), 311-316. doi: <https://doi.org/10.3928/00220124-20100401-04>
- Giroux, H.A. (2005). *Border crossings: Cultural workers and the politics of education* (2nd ed.). New York: Routledge.

- Government of Canada. (2017). *Indigenous Peoples and human rights in Canada*. Retrieved from <http://canada.pch.gc.ca/eng/144863333977/>
- Gregory, D. (2005). Aboriginal health and nursing research: Postcolonial theoretical perspectives. *Canadian Journal of Nursing Research*, 37(4), 11-15.
- Gregory, D. M. (2007). *Against the odds: An update on Aboriginal nursing in Canada*. Ottawa, ON: Health Canada. Retrieved from <https://www.uleth.ca/dspace/handle/10133/522>
- Gregory, D. M., Wasekeesikaw, F. H., Macrae, A., Wood, R., & Amaral, N. (2002). *Against the odds: Aboriginal nursing. National Task Force on Recruitment and Retention Strategies*. Retrieved from <https://www.uleth.ca/dspace/handle/10133/615>
- Gregory, D., Pijl-Zieber, E. M., Barskey, J., & Daniels, M. (2008). Aboriginal nursing education in Canada: An update. *Canadian Nurse*, 104(4), 24-28.
- Hart-Wasekeesikaw, F., & Hanson, G. (2007). *First Nations nursing and allied health professional recruitment and retention preliminary strategy report*. Winnipeg: Manitoba First Nations Nursing and Allied Health Professional Strategy Project Reference Group.
- Health Canada. (2004). *Aboriginal Health Human Resources Initiative*. Ottawa, ON: Health Canada.
- Jiménez-Estrada, V. M. (2005). The tree of life as a research methodology. *Australian Journal of Indigenous Education*, 34, 44-52. doi: <https://doi.org/10.1017/S1326011100003951>
- Katz, J. R., O'Neal, G., Strickland, C. J., & Doutrich, D. (2010). Retention of Native American nurses working in their communities. *Journal of Transcultural Nursing*, 21(4), 393-401. doi: <https://doi.org/10.1177/1043659609360848>
- Kovach, M. (2005). Emerging from the margins: Indigenous methodologies. In L. Brown & S. Strega (Eds.), *Research as resistance: Critical, Indigenous, & anti-oppressive approaches* (pp. 19-36). Toronto, ON: Canadian Scholars' Press.
- Kovach, M. (2009). *Indigenous methodologies: Characteristics, conversations, and contexts*. Toronto, ON: University of Toronto Press.
- Kovach, M. (2010). Conversational methods in Indigenous research. *First Peoples Child and Family Review*, 5(1), 40-48.
- Kulig, J. C., Stewart, N. J., Morgan, D., Andrews, M. E., & Pitblado, J. R. (2006). Aboriginal nurses: Insights from a national study. *Canadian Nurse*, 102(4), 16-20.
- Kurtz, D. L. M. (2011). *Contributing to health reform: Urban Aboriginal women speak out*. (Doctoral dissertation, Deakin University, Melbourne, Australia). Retrieved from <http://dro.deakin.edu.au/view/DU:30040133>

- Kurtz, D. L. M. (2013). Indigenous methodologies: Traversing Indigenous and Western worldviews in research. *AlterNative: An International Journal of Indigenous Peoples*, 9(3), 217-229. doi: <https://doi.org/10.1177/117718011300900303>
- Lecompte, E. (2012). Aboriginal health human resources: A matter of health. *Journal of Aboriginal Health*, March, 16-22.
- MacMillan, K. (Ed.). (2013). *Proceedings of a think tank on the future of undergraduate nursing education in Canada*. Halifax, NS: Dalhousie University School of Nursing.
- Marshall, A., & Bartlett, C. (2009, February). *Co-learning re: "talking and walking together" of Indigenous and mainstream sciences*. Presentation at the meeting of Collaborative Environmental Planning Initiative. Sydney, NS. Retrieved from www.brasdorcepi.ca/two-eyed-seeing
- Martin, D., & Kipling, A. (2006). Factors shaping Aboriginal nursing students' experiences. *Nurse Education Today*, 26(8), 688-696. doi: <https://doi.org/10.1016/j.nepr.2006.07.009>
- Martin, D., & Seguire, M. (2013). Creating a path for Indigenous student success in baccalaureate nursing education. *Journal of Nursing Education*, 52(4), 205-209. doi: <https://doi.org/10.3928/01484834-20130314-01>
- McBride, W., & Gregory, D. (2005). Aboriginal health human resources initiatives: Towards the development of a strategic framework. *Canadian Journal of Nursing Research*, 37(4), 89-94.
- McGillis-Hall, L. (2008). Career planning and development needs of rural and remote nurses. *Journal of Research in Nursing*, 13, 207-216. doi: <https://doi.org/10.1177/1744987107083544>
- Ministry of Health. (2016). *Aboriginal Health Human Resources Initiative. Fact Sheet*. Retrieved from https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/fniah-spnia/alt_formats/pdf/pubs/services/career-carriere/fact-sheet-fiche-info-eng.pdf
- National Aboriginal Health Organization [NAHO]. (2006). *Fact sheet. Cultural safety: Origins and background*. Retrieved from <http://www.naho.ca/documents/naho/english/Culturalsafetyfactsheet.pdf>
- National Aboriginal Health Organization [NAHO]. (2008). *Cultural competency and safety: A guide for healthcare administrators, providers and educators*. Retrieved from <http://www.naho.ca/documents/naho/publications/culturalCompetency.pdf>
- National Expert Commission [NEC]. (2012). *A nursing call to action. The health of our nation, the future of our health system*. National Expert Commission. Ottawa, ON: Canadian Nurses Association. Retrieved from <http://www.cna-aiic.ca/expertcommission>
- Pijl-Zieber, E. M., & Hagen, B. (2011). Towards culturally relevant nursing education for Aboriginal students. *Nurse Education Today*, 31, 595-600. doi: <https://doi.org/10.1016/j.nedt.2010.10.014>

- Reading, C. (2013). *Understanding racism*. Retrieved from https://www.ccnsa-nccah.ca/495/Understanding_Racism.nccah?id=103
- Reading, C., & Wien, F. (2009). *Health inequities and social determinants of Aboriginal peoples' health*. National Collaborating Centre for Aboriginal Health. Retrieved from <https://www.ccnsa-nccah.ca/docs/determinants/RPT-HealthInequalities-Reading-Wien-EN.pdf>
- Rh eaume, A., Cl ement, L., LeBel, N., & Robichaud, K. (2011). Workplace experiences of new graduate nurses. *Canadian Journal of Nursing Leadership*, 24(2), 80-98.
doi: <https://doi.org/10.12927/cjnl.2011.22467>
- Romyn, D. M., Linton, N., Giblin, C., Hendrickson, B., Limacher, L. H., Murray, C., . . . Zimmel, C. M. (2009). Successful transition of the new graduate nurse. *International Journal of Nursing Education Scholarship*, 6(1), 1-17. doi: <https://doi.org/10.2202/1548-923X.1802>
- Rowan, M.S., Rukholm, E., Bourque-Bearskin, L., Baker, C., Voyageur, E., & Robitaille, A. (2013). Cultural competence and cultural safety in Canadian schools of nursing: A mixed methods study. *International Journal of Nursing Education Scholarship*, 10(1), 1-10.
doi: <https://doi.org/10.1515/ijnes-2012-0043>
- Rush, K. L., Adamack, M., Gordon, J., Lilly, M., & Janke, R. (2013). *Best practices of formal new graduate nurse transition programs: An integrative review*. *International Journal of Nursing Studies*, 50(3), 345-56. doi: <https://doi.org/10.1016/j.ijnurstu.2012.06.009>
- Smith, D., McAlister, S., Gold, S., & Sullivan-Bentz, M. (2011). Aboriginal recruitment and retention in nursing education: A review of the literature. *International Journal of Nursing Education Scholarship*, 8(1), 1-22. doi: <https://doi.org/10.2202/1548-923X.2085>
- Smith, L. T. (1999). *Decolonizing methodologies: Research and Indigenous Peoples*. New York, NY: Zed Books.
- Smith L. T. (2005). On tricky ground: Researching the native in the age of uncertainty. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed., pp. 85-107). Thousand Oaks, CA: Sage.
- Smith, L. T. (2012). *Decolonizing methodologies: Research and Indigenous Peoples* (2nd ed.). New York, NY: Zed Books.
- Stephens, C., Porter, J., Nettleton, C., & Willis, R. (2006). Disappearing, displaced, and undervalued: A call to action for Indigenous health worldwide. *The Lancet*, 367(9527), 2019-2028.
doi: [https://doi.org/10.1016/S0140-6736\(06\)68892-2](https://doi.org/10.1016/S0140-6736(06)68892-2)

- Struthers, R., Hodge, F. S., Geishirt-Cantrell, B., & De Cora, L. (2003). Participant experiences of talking circles on Type 2 diabetes in two Northern Plains American Indian Tribes. *Qualitative Health Research*, 13(8), 1094-1115. doi: <https://doi.org/10.1177/1049732303256357>
- Timmins, L. (2001/2002). Research as a spiritual contract: An Aboriginal women's health project. *Canadian Women's Health Network*, 4/5(4/1), 3-4. Retrieved from <http://www.cwhn.ca/en/node/39571>
- Truth and Reconciliation Commission of Canada [TRC]. (2015). *Truth and Reconciliation Commission of Canada: Calls to action*. Winnipeg, MB: TRC. Retrieved from http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf
- Thorne, S. (2008). *Interpretive description*. Walnut Creek, CA: Left Coast Press.
- Wiber, M., & Kearney, J. (2006). *Learning communities as a tool for natural resource management*. Retrieved from <http://idl-bnc.idrc.ca/dspace/handle/10625/33796>
- Wilson, S. (2001). What is an Indigenous research methodology? *Canadian Journal of Native Education* 25(2), 175-179.
- Wilson, S. (2008). *Research is ceremony: Indigenous research methods*. Black Point, NS: Fernwood Publishing.