National Collaborating Centre for Indigenous Health Centre de collaboration nationale de la santé autochtone

Podcast: Voices from the Field 30 – Racialized incivility: Identity as a determinant of health

Description

Indigenous nurses are often the target of incivility and hostile work environments because of their Indigeneity. With a looming presence of racialized incivility, Indigenous nurses rarely feel safe in identifying their Indigenous heritage in the workplace. Experiences of racialized incivility can generate feelings of isolation, stress and anxiety which can ultimately lead to burnout and turnover, as well as impacts to patient care delivery. Recognizing and addressing racialized incivility is key to promoting equality and social justice for all.

This podcast presents a panel discussion on racialized incivility and the importance of Indigenous identity to the health and well-being of Indigenous health care providers. Hosted by Dr. Sheila Blackstock, former Academic Lead of the National Collaborating Centre for Indigenous Health and current Associate Professor in the Nursing Program at the University of Northern British Columbia, panelists and practicing Indigenous health professionals Christine Mack, Nellie Erickson, Monica McAlduff, Donna Porter, and Gwen Campbell-McArthur discuss their experiences of racialized incivility in the workplace, the role of identity in determining the health and well-being of Indigenous health care providers, and what needs to occur for Indigenous health care providers to feel safe to identify their Indigenous heritage in the workplace.

Bios

Sheila Blackstock, PhD, COHN, RN, MScN, BScN

Dr. Sheila Blackstock (RN, BScN, MScN, COHN, PhD) is a Gitxsan nursing scholar. She has over 32 years of nursing experience ranging from acute care to rural health, Indigenous and occupational health nursing.Dr. Blackstock has developed and delivered an interdisciplinary Indigenous health course and an Indigenous nursing practice course for Thompson Rivers University. She serves on the Board of Directors for the First Nations Health Authority and is an inaugural Indigenous faculty representative on the Board of the Canadian Nurses Association. She was appointed by the Minister of Health to the provincial In Plain Sight Task Force, where she is working to change health care legislation and enact cultural safety and humility for Indigenous Peoples at points of care.

Nellie Erickson, RN, BN

I am Inineww Esqwae from York Factory First Nation. I was nurtured and mentored by my parents and extended family. My relatives relocated from York Factory to Churchill when reservations were being assigned. My mooshum questioned the survival of all the people and resources on a defined small parcel of land. I remain grateful to their decision to trek to Churchill. We had some freedoms, living with family, learning and speaking our language, Nehiyawewin. Our reliance and respect for the lands continued season to season. We had dog teams, hunted, fished, and trapped, and my mother was a creative beader and seamstress. As children, we all helped and cared for one another.

I have been a Registered Nurse for 50 years. I attended and received my Nursing Diploma from Grace Hospital in Winnipeg. My nursing experience includes hospital, public health, community health, primary care, and personal care at home. My goal was always a desire to assist by providing nursing services for Ininineuak. I have worked in 22 First Nation communities in Manitoba, mostly in northern Manitoba.

I have been employed by transferred bands, transferred tribal councils, personal care homes on reserve, and a hospital on a First Nation reserve. I believe my successes are connected to having confidence to ask for help and in knowing what my knowledge and skills are.

Licensure and practise standards are defined by Colleges of Nursing. To remain employable and competitive with current nursing trends and service needs, I stayed connected to life-long learning by enrolling in distance education that was available at the time. Computers and internet were not and are still not always accessible.

I witnessed many changes throughout my career. Adapting to change is a skill required and perfected overtime. Sharing knowledge with interdisciplinary teams that intersect and communicate with communities is a highlight through out my career. I know nursing, is just one spoke in the wheel; the community, as a partner, can help crank that wheel. Today, we have many more highly educated scholars to help continue as partners to move our health services to more acceptable and approachable settings, with hope for improved outcomes.

Christine Mack, RN

Christine Mack is from the Nuxalk Nation in Bella Coola, BC (the heart of the Great Bear Rainforest). Before smallpox ravaged the area, there were 200 communities, and after smallpox, less than 200 people survived. They all came together, and this is how Bella Coola was formed. Resiliency is in Christine's blood. She takes pride in being a strong Nuxalk woman and mother to her five beautiful children. Her children have given her the strength needed to continue moving forward and start her healing journey.

Christine began her career in health care in 2002. She started as a Resident Care Aide and then furthered her education to become a Licensed Practical Nurse in 2008. She has been an LPN since 2009 and spent all these years working in dementia care at various nursing homes in Kamloops, BC.

Christine has plans to further her education and become a Registered Nurse. Having a child with mental health problems and losing both her best friends to addictions has made her passionate about mental health and addictions. She is going to pursue that path and plans to work in mental health and/or addictions after she has completed the Registered Nurse program.

Donna Porter, RN MAL

Donna Porter is a proud Métis Woman and a citizen of Métis Nation BC. She is of Saulteaux/Ojibway ancestry on her mother's side and first-generation German on her father's side. Her Indigenous family originated from the Red River Settlement of Manitoba. She is mother to four children and grandmother to five grandchildren. She has been an Indigenous Registered Nurse for 4 decades, starting her career as a Health Care Aide before becoming a Registered Nurse. She holds a Master's Degree in Leadership with a health focus. She has worked as a Registered Nurse in three different health authorities between Alberta and BC. She was a Neonatal Intensive Care Nurse for more than 20 years, working in neonatal transport and teaching others in neonatal nursing/resuscitation/ECMO and transport. Donna worked in operational leadership, perinatal services, surgical services, as well as held operational Director positions in both urban and rural Northern centres. She supported Dr. Martha MacLeod for two years in co-teaching Nursing 704 Leadership in Health Practice for first year Nursing Master's students at the University of Northern British Columbia (UNBC). She is currently the Regional Lead for Cultural Safety and Anti-Indigenous Racism Education in the Indigenous Health team at Northern Health, situated in Prince George BC.

Gwen Campbell-McArthur, PsycheN, FPRN BScN, MN

Gwendyline Campbell-McArthur is of Ojibwe/Saulteaux Metis and Ukrainian ancestry. She was born in the Adhesion to Treaty 5 territory at Kississing, Manitoba. Raised on the land, fishing, hunting, trapping, and gathering, along with the teachings of her paternal grandmother, her father, Bob Campbell – master hunter and fisherman, Gwen is the niece of Elder Mae Louise Campbell – Indspire Laureate for her work with vulnerable Indigenous women and families across Canada. As a Psychiatric Mental Health Nurse, Gwen's work has spanned five decades and her practice has been guided by Indigenous Elders and other spiritual leaders, primarily in the Shuswap Nation where she has lived as a guest since 1988. Gwen is a proud and dedicated mother of two adult sons. Her eldest is a 2017 BSN Graduate of Thompson Rivers University (TRU) and her youngest works as a Plumber Apprentice and is also completing his studies at TRU.

Gwen graduated from the Registered Psychiatric Nursing (1978) program and completed her Post RN BSN – Mental Health (2007) and Master of Nursing (2010) degrees. She is a Psychiatric Mental Health Nurse Specialist in Indigenous Mental Health and Addictions, a nurse educator, a senior researcher, author, and activist. After being awarded the Role Model of the Year by Corrections Service Canada – Kamloops Parole in 2014 and retiring in 2015, Gwen has been extensively involved in volunteerism in many capacities. She was invited to join the Board of Directors of the BC Academic Health and Science Network as an Indigenous Patient Partner in 2020 – 2022 after serving on the BC Support Unit Provincial Patient Council. Gwen has been involved in the National Sixties Scoop Foundation engagement for Indigenous survivors of the 60s removal of children from their homes. As a valued Metis Elder, Gwen volunteers with Aboriginal Education programs at South Kamloops Senior Secondary, is involved with Community Living BC's Indigenous Advisory Council, and is frequently of service to her community. She remains an activist for Indigenous health, supporting anti-racist practices where possible, and for #Kamloops Stands with Ukraine towards a peaceful resolution for the war in Ukraine.

Monica McAlduff, RPN, BHSc, MA

Monica McAlduff is from the Secwepemc Nation and serves as the Acting Vice President, Quality, Cultural Safety and Humility and the Office of the Chief Nursing Office (OCNO). Monica proudly joined the First Nations Health Authority in January 2020 as the Executive Director within the OCNO, bringing with her over 30 years experience in health care, first as a Registered Psychiatric Nurse in Vancouver and the Lower Mainland and then progressing to several leadership roles within the health care system.

Monica holds a Bachelor of Health Sciences degree in Psychiatric Nursing from Thompson Rivers University as well as a Masters of Arts in Leadership and Training from Royal Roads University. She has held numerous leadership roles across the system of care and is known for her strong client and family advocacy and passion for improving quality and safety to the health care system. Monica's leadership approach is from a humility lens and seeing the strengths and resilience that First Nation's people possess, as the way to change the system.

Outside of her professional life, Monica enjoys being with her husband and her son as well as experiencing the outdoors on the North Shore. She has a passion for connecting with people and experiencing the fullness that life has to offer.

Transcript

Welcome to the Voices from the Field podcast series, produced by the National Collaborating Center for Indigenous Health.

The NCCIH focuses on innovative research and community-based initiatives promoting the health and well-being of First Nations, Inuit, and Métis Peoples in Canada.

Dr. Sheila Blackstock: Welcome to each one of you. We're so thankful for you to accept our invitation from the National Collaborating Centre of Indigenous Health. Some definitions that are key to this discussion are important to cover before we move on.

The primary vehicle for pro-racist behaviors is microaggressions. These are subtle, stunning, and often automated and nonverbal exchanges which are put downs of people of ethnic minorities by offenders.

Psychologists use the term racial microaggressions to describe the subtle forms of everyday racial incivility and discrimination reported by members of historically underrepresented groups. Growing evidence links self-reported experiences of racialized incivility to the health and well-being of First Nations, Métis, and Inuit people working in the workplaces and in health professions. However, there's been limited research and discussion on the intersections of Indigenous peoples, racialized incivility experiences, and disclosing their identity as a workplace phenomenon.

The role of identity, as a workplace determinant of health, and the ability to safely disclose one's Indigenous heritage is explored. It's an important discussion to recognize for institutions to address racialized incivility, to promote equality and social justice for all.

In this panel discussion, we'll explore Indigenous identity as a determinant of health for Indigenous health professionals. We get to the heart of the matter on what needs to occur in practice environments for Indigenous nurses to identify and practice in a culturally safe work environment.

I wonder if we could take some time right now and welcome each one of you to introduce yourself before we begin with some prompting questions for dialogue.

Monica McAlduff: Thank you, Sheila, and I'm very happy to participate on this panel today. Good morning, everybody. My name is Monica McAlduff. I am from the Secwepemc Nation and very happy to have grown up – from my mom's side – with our culture and her teachings – and then on my dad's side – I am of European ancestry.

I have been very blessed to have been a guest on the traditional unceded territories of the Musqueam, Squamish, and Tsleil-Waututh people for the last 30 years where I work and live and have been a guest there. I am currently working at the First Nations Health Authority as the Chief Nursing Officer and the Vice President for Cultural Safety and Humility and Quality and I'm very grateful to participate in this conversation today.

Gwen Campbell-McArthur: [inaudible – Gwen introduces herself in her Indigenous language]. Hi, how are you? My name is Gwen Campbell MacArthur. I am honored to be here. I'm on the traditional unceded lands of the Tk'emlúpsemc people, here in Kamloops. In [word inaudible], which is the Shuswap Nation.

My father was Métis and my mother was Ukrainian settler, first generation, and I was born and raised in Adhesion to Treaty 5 territory in northern Manitoba at a little lake called Kississing. I was raised on the land with teachings of my father, my mother as well, and my paternal grandparents, as well as my paternal aunts and uncles. When I was three, I can still remember being on the knee of my grandma and I feel like I've been an Elder in training all my life. I'm from a long line of caregivers and life givers. My grandmother was an Indigenous midwife. She had all of her moms and

babies, and even children that she had delivered that were siblings by this time, were all treated with natural herbs and medicines that she gathered every year at appropriate times. They would come for miles by dog sled just to have her deliver their babies because they trusted her. In those days, we were called Indians or displaced people and weren't allowed in the white hospitals anyway in the town I grew up in, so, it was really nice to have my grandmother.

I, of course, I'm a nurse. My son's a nurse, my niece, my sister's daughter is a nurse, and Mae Louise, she's an Elder and she is still working with exploited women and girls, and she's done that work for almost 70 years now. She's almost 90. And I've been a nurse for a long time, since 1978, as a Psychiatric Nurse in [place inaudible], and eventually a BSN and then did my graduate work as well.

Donna Porter: Well, I'm really grateful to be speaking to you all today on the unceded ancestral lands of the Lheidli T'enneh First Nation. It is in Prince George and it's also where I call home. I am Métis and I am a citizen of the Métis Nation of British Columbia and a member of the Prince George Métis, Chartered Métis community.

My background – I am Saulteaux/Ojibway ancestry on my mother's side and first generation German on my father's side. My indigenous family originated from the Red River Settlement of Manitoba and traveled and settled in Batoche, Saskatchewan, but after the Riel resistance, they moved to Jackfish Lake and that's where my family was born and raised, as was I. I was raised in a small village just adjacent called Meota.

My grandparents, though, continued actually to travel West and they finally settled in Fort George, which of course is now Prince George. Actually, that's where my grandfather is buried, so I do feel some real, you know, connection to being here, so that's really great.

I'm a mum. I have four children and five grandchildren. I've been a Registered Nurse for 40 years. I started my career as a Healthcare Aide and worked up to Registered Nurse and then went, you know, continued my schooling and eventually completed a Master's degree in Leadership, with a health focus.

I worked as a as a Registered Nurse in three different health authorities in Alberta and British Columbia. I was a union nurse for over 20 years, and then I've also worked in operational leadership in areas such as perinatal services, surgical services, and have held some operational Director positions in both some urban and rural centres in the Interior and the North. I've been in nursing professional practice, as a Nursing Professional Practice Lead, and I have also supported Dr. Martha McLeod at UNBC in 2021 and supported the Nursing Leadership in Health Practice course for the first year nursing Masters students, so that was that was very enjoyable. And now I'm currently the Regional Lead of Cultural Safety and Anti-Indigenous Racism, Education in the Indigenous Health team for Northern Health here in Prince George.

Nellie Erickson: Thank you for introducing me. I am way up in northern Manitoba, actually working as a public health nurse right now for First Nations people. I am really proud that I've been nursing for 50 years with the majority of my time focused on Aboriginal health and wellness, working in northern Manitoba. My entire career has been in Manitoba, but I have communicated with Indigenous nurses across the country for several years. I do follow some literature about

Indigenous health, particularly BC's First Nations Health Authority, for ideas and different ways of doing things.

I am here working in public health and over the years I've worked in settings like hospitals, public health – some mandated by provincial services, some mandated by First Nations, and I've also worked for transferred bands and transferred tribal councils.

Christine Mack: Hello. My name is Christine Mack. I am from Nuxalk Nation. My parents are Curtis Mack and Melinda Mack and my grandparents are Sheila Snow, Joe Mack, Florence Nelson, and Ernest Hood. I'm a mother of five beautiful children. I currently reside in Kamloops, BC.

I am a licensed Practical Nurse but studying to be a registered Psychiatric Nurse.

Sheila Blackstock: To start with then, I'm posing three questions for discussion today, as you are aware. I wonder if we could start with the first question. To the degree that you feel comfortable, I wonder if you can share any of your experiences of racialized incivility in the workplace.

Gwen Campbell-McArthur: My early nursing was kind of straddling the non-Indigenous and the Indigenous worlds, having to work in an environment that was not Indigenous friendly at all in the 70s and in the 80s, and indeed in the 90s, up until now. When we started talking about cultural safety, it was really, really important for me to know and to understand what that meant for my own practice, and eventually being able to find my own voice as an Indigenous woman, as an activist, and find my strength, and that spirit that comes from deep within that's been guided by my Elders and the teachings of my ancestors that have walked on this land. And eventually, as I came into my own identity as a Métis woman, I really had to have some really firm grounding in what I wanted to do and how I wanted to practice and what that looked like.

So, when I did that and I first started speaking out in my undergrad, it was met with very loud, "What are you doing this for? What do you think you are doing? Don't Indians get enough already? You already get your education free." Well, little did they know I couldn't get funding because I didn't have treaty status, but I was paying for all my own education. When I was doing a presentation and as an Indigenous nurse, they asked me to do the levels of health care for Indigenous people. So, I did that and within minutes of that presentation, it was pretty sad the comments coming from the students and the faculty decided to completely ignore it. So, I decided at that point that how I had to deal with this was I did not have to deal with the aggression. I was not going to tolerate that. I was studying as hard as anybody else and then I said, well, we'll just have a break now and we'll come back and I'll speak with the instructors. But at this point, this kind of hostility has no place in the classroom and I didn't feel that it was appropriate. So, I said, well, I will wind it down.

So, I went and I said "I will give my paper and my presentation to the instructors for whoever is interested, but I will not continue with this presentation because I feel like there's a lot of anger and there's too much hostility, and I didn't come into nursing to have that much abuse and verbal hostility, and I didn't think that was fair of an institution of higher education. And so, I thank you for your attention," and I walked out of the classroom. I called a couple of the faculty and they blamed me. They didn't know why I had to do that, why I just couldn't continue. And I said, well, I wasn't getting any support from you and you did not hear any of the kinds of comments that were

coming from the students. As a matter of fact, one of the young students turned it back to me and told me to f-off, and if that wasn't clear, I'm not sure what could be. Up to this day, actually, the three instructors that were included in this, aside from being involved with kind of trying to work this out with the Dean, have never spoken to me again.

So that was kind of part of what I was getting at in the institutional level. and that was 2005 to 2007. We started talking about cultural safety in the 80s, so the racial incivility didn't go away and it still doesn't. I'm still asked, "why do I need to talk about this?" Even though people say they've invited me and I'm introduced as an invited guest, as a respected community elder, I still get that, "Yeah, but why do we have to hear this?" That comes from today's educators – I'm talking about just May of this year, and it's very interesting to continue to hear that.

Nellie Erickson: When I work with Indigenous young people who are not professionals yet but are supporting us to do the work that needs to be done, and I work with young Indigenous nurses, I really do stress that you need to be proud of yourself. I give them suggestions for how you handle and cope with incivility because it does happen. I see it, I hear it myself, but I'm pretty solid. People don't do it too often because I will ask them to come in a private space and let's talk about what you said. And I teach young people how to do that as well, or go get somebody that can support you while you correct someone's comment. Very recently, I had a nurse come to me in a hurry and say, "are you Indigenous?" I was busy working where I'm working and I said "well, I'm quite visible, aren't I?" And she said "no." I said "I am Indigenous, very Indigenous." Then she said to me, "did I hear you speaking your language?" I said, "why do you ask that?" She said, "well, you were talking to the patient and I didn't know what you were saying." I said, "yeah, I was speaking Cree because that's the language that she knows.

So, there are ways that we need to support beginning practitioners because you face it [racial incivility] a lot there and very often in that class – let's say a nursing class – there might only be one or two Indigenous people. I'm also aware right now that people are posting how many Indigenous students they have in their programs. They're there but how much support is being given to them to maintain their Indigenous identity and that it's 100% OK to be Indigenous?

Christine Mack: I remember a comment made to me, working as a licensed Practical Nurse, and someone came up to me and asked me, "who gave you your license?" I was taken aback – I'm like, okay, like, what? "How come they gave you your license? They shouldn't have given you your license." At that point, I felt really degraded and I felt really upset about it. I remained calm and I was able to talk and I told them that, "you know, I went to school. I did the same program that everybody else does. I did the same exam that everyone does." At the end of the conversation, the person still said, "well, I think that you shouldn't have gotten your license." It has nothing to do with practice. It wasn't my attitude because I was very polite and respectful, professional. It was just, you know, it was just for the simple fact that they felt that I didn't deserve a license. I was able to keep my composure afterwards but I did go to the nursing station and one of my care staff did follow me and I did break down and cry because in that moment, I felt really attacked and it was really hard to deal with.

Monica McAlduff: Thank you, Sheila. And I didn't mention earlier, I have been in nursing for over 30 years. I'm a Psychiatric Nurse by clinical background and I have worked in a variety of different

work sites, and then later in my career, I went into administration. I think if I were to go back into my earlier experiences, for me, I definitely did not always feel safe bringing my whole self to my work and my First Nations identity and knowing that it just wasn't safe. Part of why I felt that way was when I would see racist incidents against Indigenous patients and how they were treated, and I thought if these people who are supposed to be in a caring environment are treating patients that way, why would I feel safe to show up and share my heritage? And so I would, if there was anything that I felt could be harmful to a situation, I know I would always think about it. It wouldn't come easy to be able to step forward and say, "hey, guess what, I'm First Nations and this is who I am."

And if you think about the work that's happening today, we have moved forward around cultural safety and humility, but it's not... there's so much more work to do, and I know from my experience, it was not safe to do so. A way that I navigated is that I only mentioned it if I had to. It wasn't something that I brought forward very readily.

Sheila Blackstock: Thank you all for your responses. It's some really heartfelt exchanges and sharing your experiences. I know that it takes a lot to share these experiences but has such meaning for those who've experienced workplace incivility and racialized incivility in the workplace, and for students who may be experiencing these firsthand in the practice environment. What is the role of identity as a determinant of Indigenous healthcare providers' health and well-being in the workplace?

Monica McAlduff: Thank you, Sheila. I think for me, our identity as First Nations people forms everything for our foundation of who we are. If we can't bring our full selves, our culture, our identity, our who we are and who we relate to as individuals, I think it's a loss to the work site and First Nations people can't show up and be the best people who they are. What's been unfortunate with the way our health system has been – and we know this through many reports – it hasn't always been safe for people to do that.

So I'm really happy that you are exploring this because our identity is what shapes us as people, and when we don't feel safe to truly represent all of us in our work site and for safety, we have to minimize our identity, I think it's a huge detriment to the individual and to that work site as well.

Donna Porter: Yeah, I think Sheila, that's a really, great question and it's a really, important question because being proud of who you are, where you come from, where your family is from, who your ancestors are, you know that just, I don't know, just directly connects to your emotional and your spiritual health. We know like without our ancestors and what they've sacrificed, you know we wouldn't be here. You know, I was always raised to be proud and respectful of my ancestors and my Elders.

As you know, I work with other Indigenous staff who are also, you know, in positions where they're struggling to regain their culture, their lost culture and language and different things like that. So, it's very much an emotional and spiritual journey, for sure. You know, having been a nurse for, yeah, 40 years now and I know, especially when I was young… a young nurse, and you know, I watched how other Indigenous people were treated in the healthcare system. It definitely makes you cringe at times and it makes you kind of fearful. I guess the last thing you want is to share that you're also Indigenous for fear that you might become the brunt of some of the things that you're witnessing.

So, that definitely affects your emotional, mental, and spiritual health because you have pride in your heritage and your ancestors. And I guess from, you know, long standing biases and beliefs about Indigenous people, it can really deter you from even wanting to share. I know I learned, you know early in my career, not to say that I was Métis because a lot of the times, you know, we're met with comments like, oh, "you're half-breed" or things like, "you're an Indian wannabe" or those sorts of comments, or you know, "you're lucky that the government has paid for your education. You get free education." I know many other Métis people, you know if they're able to, they've hidden their identity because of those sorts of things and comments. I've experienced, you know, being asked about my indigeneity in a workplace situation and how I identify – whether I identify as First Nations, Métis, or Inuit and then putting down that I'm Métis and thinking to myself, "Oh well, this is great, it's safe here. They're asking me about this," you know, and then being in another situation and sharing and then being told, you know, comments like, "well, that's nice to know, but we really don't do that here" and then just feeling very confused and kind of somewhat embarrassed and degraded, feeling, you know a little bit angry and anxious and thinking, "Well, okay, so I'm never gonna do that again." You know, knowing that does affect your mental health and how you feel about yourself and your identity. So, you know those kinds of things for sure. That's the reality, I think, for a lot of Indigenous people, Indigenous staff, and I'm not talking about these things happening like 40 years ago either. So, I guess like who you are absolutely does, as I've said, you know, affect your mental and spiritual health and well-being, and therefore it is very much a determinant of health.

Nellie Erickson: I'm really glad to hear this discussion going on because I haven't dwelled on it, but I do see racial incivility in the workplace and it does affect beginning practitioners, as it affected me when I started practicing nursing in '73. So, I made it my responsibility to support and mentor Indigenous nurses beginning practice and coach them how to manage what we often have called root calm. It's disrespectful comments about our clients, our Indigenous people, and sometimes to the Indigenous professionals as well.

I do know that Indigenous professionals do improve the health and well-being and self-esteem of Indigenous patients. I've had a lot of experience going to a workplace where there aren't any Indigenous professionals and I arrive and I'm really appreciated by the patients. I do still speak Cree and it's very common in northern Manitoba. There is Dene, but most of the communities are Cree. I don't have a problem saying, I believe that indigenous professionals improve the health of Indigenous clients, but I also will add that Indigenous professionals improve the health and well-being of beginning Indigenous professionals. So, I don't think that there is a question about "does it have positive impact on our own well-being and our clients well-being" because I have witnessed it. I can say in 1986, I was a preceptor for an Indigenous nurse entering her final senior practicum, and that lady today, when she sees me, she still remembers all the positive of having worked with me, and it was with me. She is a nurse in charge in one of her nearby communities. So, it is an important discussion.

Gwen Campbell-McArthur: One of the big things for me was to have, in my medicine bag, some of my own ways that I was going to respond. It's awful to be able to say that it's an expectation in health care. One of the Deans of Nursing said to me at one point, "if I've got eight faculty, of six of them, I know they're going to learn and they're going to take the training and have it be a really

important part of the process, but two out of that eight will not, and there's nothing I can do about that." I agreed with her up to the point that the two won't, but I do believe that there's something we can do about that as Indigenous care providers. And one of those things is to be able to take a step back or even let that emotion flow. Let people see what happens, let that emotion through because when we're dealing with health care, we're talking about a caring profession, supposedly. If people don't know what that does to us or if we are still, you know, behind closed doors – and we've been behind closed doors – that doesn't say exactly how we truly feel. And I know how invigorating or liberating it was for me to finally say, you know that doesn't sit well with me. One of my supervisors, when I was working in community mental health, she said to me, "if somebody comes up with either that or something about a client, just say, you know, why do you think you have to make that comment? I'm interested in knowing what that means for you," and so reflecting that back. It does take some practice but it does work, and being able to trust our own selves, which is really hard when you're a beginning nurse, that's really difficult. I'm a really copious note taker and going back through my writing notes and putting a tick beside that note saying I'm going to address this, maybe not next time, maybe not the second time, but at some point, I'm going to address it. I always have notebooks still in writing and making sure that you're always reviewing that, that you give yourself the permission to address it.

But to a large degree, some of the comments are done out of ignorance, Even though you hear about, you know, the apologies on the news, you hear about truth and reconciliation, you hear about the Red Dress day, you hear about all of those things, but what fails to happen to a large degree is people don't bring that into the workplace. So, when I'm asking, "what does that mean for you? So, what have you heard about Indigenous truth or Indigenous reconciliation?" because those are the terms out there that people understand now or are hearing, that are the most common and have people starting to think about that because that's what we're talking about. And above all, bringing my truth to – as hard as that can be, and sometimes that truth doesn't have any medical-ese. It doesn't have any long medical diagnosis. It has very little of that, but it has to do with who I am as a person and what I believe as a person, what I believe health care is, and you know, kind of throwing out the holistic word and talking about the physical, the mental, the emotional, and the spiritual, and how culture is healing and how important that is for me.

And it is for the people I take care of as well, and not just everybody I take care of is indigenous. But everybody has that culture and the ways of knowing that they've come through and familiarizing ourselves with what that is, but not making any excuses whatsoever for people coming up and making the racial incivility. There's no place for that in the workplace.

Sheila Blackstock: So, if you could envision a perfect workplace for us to work as Indigenous peoples, what do you think needs to occur for us to feel safe to identify as Indigenous in the workplace?

Monica McAlduff: That's a great question and it's part of my work that I do right now so, I feel very grateful to be able to do some of this work. I think leaders need to create space for employees to connect and know each other and who they are, so that they can feel comfortable to bring all of them to the work. But if there isn't that space to build that relationship and trust, then that's not going to happen. And from a First Nations perspective, relationships are really only the foundation of how we carry each other through this work, and so if we don't have relationships with our

colleagues, how are we going to build that trust? So as leaders, we need to be able to create the space, we need to promote trust and respect, and we do that by being transparent as leaders when things aren't going well or when we need to lean into difficult conversations or issues so that it can be a space that creates sharing and curiosity with one another. The staff need to be able to feel valued, to show up as their full selves, which means their heritage, their culture, their beliefs and not to hide from that. So, how can we empower them so that they can feel culturally safe, which is really what we're talking about. There's been a lot of work around making sure that clients and patients feel culturally safe, but staff members need to feel culturally safe as well. So as leaders, we need to listen without judgment. We need to be open to learning. They really need to hear and understand from their colleagues or if they have staff that report to them. So there need to be mechanisms in place when someone does feel unsafe or targeted, or if they're being treated differently, and not to wait till it's something very serious. Even though small, microaggressions, those other things, people can bring them forward in a way that they will be felt heard and that they feel valued.

Also, there needs to be education and training for leaders and staff around the First Nations history and the impact of colonization and why people might not feel safe to share their culture and who they are. I think also there's opportunity to make sure that there are First Nations and Indigenous leaders across the levels of organizations throughout, so people see themselves and they feel that support and awareness being valued because the organization has valued First Nations and Indigenous people.

Christine Mack: What I think needs to happen is for them to truly understand, especially after the 215 was announced or just throughout my time working as a nurse. There's been a lot of times that came up, you know, whether it's from me or my children, stuff that we've gone through or arose and then I had to deal with it. And me not being able to talk to my employer about what's really going on, right, like just I feel that they would not understand what is going on with me or with my family, with my children because… For instance, like if there was like some court case that we had to go to and it's really affected me, but I don't feel like nobody would understand me, so I will like either just call in sick or just go to work and I'll be really distracted from that. But I think that what needs to occur is just for them to really, truly understand the impacts of intergenerational trauma and for them to understand that for us, we deal with a lot more stuff and sometimes it's stuff out of our control.

I know that I've struggled with that in my career, not being able to approach my employer with the fear that they're going to either judge me or they're going to not understand me, or they will think that I'm unfit to work, right? That was my biggest fear is that they're going to think that I'm unfit to work. That you're going through all this stuff, so they're going to use that against me. So, I've never been able to go to them and feel completely safe, to actually be open with them about what's going on in my life – both in my educational journey and at work. I really feel that people will think that they're an ally by just doing land acknowledgements or we're going to like, you know, on Orange Shirt Day, we're going to make a post on social media or something, right? And I really feel that for us to be able to feel like we're included in that space, I really feel that, well what they need to do is sit down and like talk with us and like truly understand what it is for us to be in that space and to work with us.

Nellie Erickson: It is very evident that people are not comfortable. If you're comfortable, it means you've learned how to manage criticism. One of the things I know that needs to happen is policies that are in place trying to address bullying, but it it's not that effective because I hate to speak against the union, but the way the union functions is seniority is the deciding factor, and when Indigenous people are employed last, well you're never gonna have enough seniority to have protection from the union, even though the union is obligated to protect and defend all its members. What I've seen often is Indigenous people don't get any defense and protection from the union. I get why a lot of Indigenous nurses work for agencies because it's not union, it’s self-contracting, but along with that, it's almost like I give up. I'll never get a job in the hospital because they don't hire Indigenous nurses. Manitoba was really bad. I'll just say that there's many Indigenous nurses who could be really making a very big positive contribution in hospital settings, but they don't get hired and sometimes it's sort of a subtle way of directing Indigenous graduates to work for Indigenous organizations. It's not all bad, but there is knowledge gained when you work in the hospital about processes. So, when you're working remote, I'll say that again, if you've worked in the hospital and now you're working remote, it really helps to know how the hospital functions, how departments are designed, because it just shortens your effort to get to the right department and the things around what kind of testing and what kind of prep they do, there's a lot of value of getting that experience, but you have to be in there working. That's one place that I can speak easily to because a lot of the racial discrimination and incivility is so subtle. If you want to address it, they're going to say I'm sorry I was misunderstood and that would be hard to challenge because a lot of times we don't have evidence.

So even patients sometimes when they say something to me, I'll give them… I’ll say that if that's what happens to you, don't leave. Just ask to see Aboriginal Liaison. One of the things that probably is lacking in settings is professional Aboriginal Liaisons people like social work, psych nurses, mental health, mental wellness people because they can really take time and listen to patients, understanding where they're coming from and what their concerns are.

I was in the university class one time – not long, it's long ago, but not that long ago. It will be in the 2000s – and it was a big class. It was a required on-site course. It was in teaching and learning and there were several visible minority students, including myself and probably six under Aboriginal students, and they came from all over. They were Filipinos and East Indians and others. In one class, a nurse – I don't know – lost her thinking process, total control of herself, and was talking about, “I'm so sick and tired of having to think about cultural safety, cultural appropriate nursing care.” And she went on and on and then she started criticizing Indigenous people and all these nurses that were sitting around me or touching me were saying, “Nelly say something and stop her, say something and stop her.” I heard them and I said “just wait, let her say what she wants to say and the professor is there.” The professor was there and finally, this nursing student, like our son, said “stop talking” and I waited a few minutes thinking of a proper response to her. So, then I stood up and I asked the Prof if I may speak. I spoke to the Prof, not to the other student. I said “cultural safety practice is so important. I'm sorry you're not happy with it,” I said, “I will tell you something. It is true that all of you try to teach Indigenous peoples and it is also true that it's not effective because when they arrive home where I work, I have to start all over because the language and the concepts are very different.” So, it is correct. You don't have the skill and you need to learn and you need to start referring our Indigenous patients to Aboriginal organizations and employees because they're not being taught what they need to do. So, even nursing doesn't know what they don't know,

and the point of that is because our language is not the English language and sometimes it is very hard to translate what they're saying In English to Cree language. When Cree people are talking to Cree nurses, they feel they care and they will say things about non-Cree nursing care, that they're not being kind to them or they're saying this and they're saying that, and it is true, but we have to work within the system.

So, I think you know, there are other kinds of professional people that could be integrated into health care to help us keep patients and staff informed and help them become more knowledgeable about what to approach… what approaches work best for people. So, when I say I can be very critical of formal institutions because I've seen it in the nursing classes. I've seen all kinds of things happen.

Donna Porter: Yes, thank you. That's a great question. So yeah, I guess like I mentioned in the previous question, you know we need to be able to be proud of who we are, where we come from. It's no different than any other person in any other culture. I think that as organizations are doing the work to decolonize and to reconcile and people are becoming more educated about what's occurred to Indigenous people in this country, it can begin to start building that culture of safety for Indigenous healthcare providers. So those things are really important.

Organizations, I think, they really need to be embracing their staff to share their indigeneity. It's really about that safety piece in your work environment. Like even if you ask a staff member if they identify as a First Nations, Métis, or Inuit, they need to feel safe and they need to understand why you're asking – that's become a common question in organizations – and what's the purpose of asking? Like what is that going to mean to me? Why do you need to know that? This all relates, I think, just to that past trauma for Indigenous people and racism or racism comments that they've had to deal with. So that intention, that understanding of why, if you're if you're asking staff to identify, what is that connected to is really, I think, very important. I know myself, I really learned early in my career, as I mentioned, not to say that you're Indigenous. It wasn't until many years into my career that I really admitted it and even then, you know, you're met sometimes with kind of some blank stares and you think … it can feel a little bit like you're being judged. Healthcare providers, they need really safe spaces and a safe space can be something like a community of practice where you can connect with other Indigenous staff and you can you can, you know, share things with each other, you can feel accepted for who you are, and you know that the people there understand. I currently belong to a community of practice in my organization and it's great. You know, sometimes you just want to share things, as far as you know intergenerational trauma, and there's just others there that really support you and they get it and they can identify with what you're sharing, so that's important. You know, others have shared about time in the smoke house and sometimes we talk about beading and different things that really connect you to your culture with others that really understand that, so that that's really great. I think if every organization did something like that in healthcare, that would really go a long way to improving how Indigenous staff can feel more welcome and safe in the environment for sure.

I think the other thing is organizations, you know, absolutely need to continue to educate their employees about the truth, about what's happened to Indigenous people in this country, the attempts of in the past, like colonialism, assimilation, loss of culture for many, as I mentioned, and language, and that there's, you know, a lot of stereotypes about Indigenous people that are not true.

And as an Indigenous staff member, it is important to know that your organization that you work for cares for you and that they're willing to invest in that, that truth telling as part of reconciliation. Organizations need to support indigenous, I think younger nurses for sure, and I'm saying nurses because I'm a nurse, you know, by having maybe a mentorship program that can support them, with other Indigenous nurses that have been in their careers for a long period of time, and then even having elders that are available in the organization that they can connect with those kinds of things would go a long way and be really, really helpful.

Gwen Campbell-McArthur: Well, I think one of things that the healthcare system, and in fact the education system, failed to do is we were very much kind of wanting to get on the horse and get the indigenization going, get cultural safety training, getting all of that done, but what we didn't do, we did not have a structure in place or something that would allow Indigenous nurses a way of reporting that in a safe way, even though we talk about cultural safety. I think as leaders, that really needs to be enshrined as part of the inequities in health care; that needs to be part of the determinants of health. When we talk about that, we talk about the socialized determinants of health. What we need to do is think about them seriously, having to look at that and being supportive of the Indigenous nurses who maybe don't have a safe place to go to express their views. We're talking about their human, your human resources. Here. We're talking about human indigeneity that is very much threatened.

You know, this is very much heart work. We haven't done that in health yet. We don't know what that's going to be like yet. And I've talked about this with some of the board of directors at Interior Health is looking at that. If you're going to have these policies in place, you need to start talking at your tables about how you're going to make it safe for Indigenous … not only Indigenous patients, but more importantly, your Indigenous human resources, because they are valuable. Because what you get then is you get huge vacancies. You get them walking away as a young nurse who is very, very sure about who he is and what he is and how he wants to practice. They're going to walk away and you're not going to [word inaudible]. Non-indigenous people do not have the same perspectives of the lived experience that Indigenous people do to come to the table to provide excellent health care.

One of the things I think every School of Nursing should have is an elder-in-resident. We had one of our elders here at TRU, she was a former nurse. She and I did teachings together and that was the best learning that I had as an instructor. She would have, you know, students lining up to talk to her or just to say "Thank you so much for coming in." You know, elders are so revered in the communities that I'm not even sure if you need anybody that's, you know, former nurses, however, if you don't, just having that for students or having that resource for them not only outside of the classroom, in the classroom, out on campus, in the gathering place or in events. When I go, I usually wear something that identifies me… I have a beautiful new ribbon skirt I got for my birthday and it's just gorgeous and I'll wear that or I'll wear something that identifies myself as an Indigenous person. But in terms of other people identifying for themselves, it's being able to know the questions to ask. It's not a tick box on your admission form. It is, where are you from and just using that, just getting to know that, and really learning respectful language. You know, I think that's something that all nurse educators need to know about. But it's one thing to do it; it's another thing to teach that and have that become a part of what's natural to them.

Sheila Blackstock: In closing, I'd like to say thank you so much to each one of you for taking the time to share your knowledge, wisdom, and experience with the hope that we will never have to discuss again the experiences of racialized incivility in the workplace. Thank you.

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