Chapter 2

CRITICAL ETHNOGRAPHIES AND INDIGENOUS PEOPLES: NO PARTNERSHIP – NO PARTICIPATION

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ABSTRACT

In this chapter, I describe how forming and sustaining partnerships with Indigenous peoples1 was required in a critical ethnography that examined the micro and macro-construction of undergraduate Aboriginal2 nursing students' experiences in two Canadian schools of nursing (Kipling and Martin, 2006; Martin, 2006; Martin and Kipling, 2006). The critical ethnography was guided by several theoretical and methodological perspectives: Aboriginal epistemology, decolonizing methodologies for research and Indigenous peoples, cultural safety, and the social organization of knowledge. The former three perspectives provided a strong foundation to engage in partnerships with Indigenous individuals and groups while the social organization of knowledge provided a template for the method of inquiry.

As a non-indigenous researcher, forming early partnerships served to initiate and build trust between the researched and the researcher (Averill, 2005; McDonald and Martin, 2007). With the history of exploitation of Indigenous peoples by non-indigenous researchers (O'Neil, Elias, Wastesicoot, 2005; Smith, 1999), I argue that critical ethnographers must establish and build partnerships with indigenous individuals, families, groups and communities (Tom-Orme, 2006). By sharing my experience of trials and tribulations in the partnership process, other critical ethnographers who engage in research with Indigenous peoples will be more attuned to formulate early partnerships and nurture these relationships. I offer recommendations for future critical ethnographers

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1 L. Smith (2005) defined Indigenous peoples as "the assembly of those who have witnessed, been excluded from, and have survived modernity and imperialism" (p. 86). The Indigenous peoples of Canada are referred to as Aboriginal peoples and encompass First Nations People, Status and non-Status Indians, Métis, Inuit as reflected in the current historical, social, cultural and political context. Indigenous peoples in Canada refer to themselves as Indian, Native, First Nations and Aboriginal when they are talking about Indigenous peoples in a general fashion. "Peoples" is intentionally plural to reflect the diversity among Indigenous individuals, families, and communities as well as their inherent right to self-determination.

2 Although it is more accurate and respectful to refer to Indigenous peoples using the name of their respective tribe, I referred to participants as Aboriginal to protect their identities.

who wish to work with Indigenous peoples in the hopes of lessening health disparities or promoting social justice or both.

In this chapter, I provide a description of the underlying theoretical and methodological foundations that set the stage for collaboration with Indigenous nursing students, nurses, and a research assistant. I describe the formulation of partnerships with an Indigenous nurses' group, an advisory council comprised of Indigenous nurses, the research assistant, and participating nursing students. By providing examples from the study, I illustrate how critical ethnographers can break the cycle of exploitation, develop a more trusting relationship between the researcher and the researched, and facilitate self-determination of Indigenous individuals, families, groups and communities.

Finally, university researchers must recognize the intrinsic relationship between control over information and power, and understand that their activities are fundamentally about advancing self-government in the First Nations context. This understanding requires a commitment to capacity-building, knowledge translation and the use of ethical approaches consistent with First Nations values" (O'Neil, Elias, Wastesicoot, 2005. p. S12).

INTRODUCTION AND BACKGROUND

Despite a growing Aboriginal population in Canada, recruitment and retention of Aboriginal peoples continues to be problematic in Canadian schools of nursing. The overall percentage of Aboriginal peoples in Canada was 3.8% in 2006 (Statistics Canada, 2006). In an ideal world, the student nurse population mix would reflect the overall population mix of the region.

Unfortunately, the percentage of Aboriginal peoples in nursing education remained less than 1% in 2002 with only eight Aboriginal individuals enrolled in graduate nursing education (0.4%). Of approximately 35,730 undergraduate and diploma nursing students in Canada in 2002, there were approximately 240 Aboriginal nursing students, a mere 0.7% of the total undergraduate nursing student population (Canadian Nurses Association and Canadian Association of Schools of Nursing, 2004; Health Canada, 2002). Nurse educators must ensure that nurses – the largest group of health care providers – reflect Canada's rapidly changing demographics and have the experience, research expertise, and professional socialization to address the critical health care issues facing Aboriginal peoples (Griffiths and Tagliareni, 1999). "A priority, then, for nursing is the need to prepare nurses who are qualified to address biophysical and psychosocial issues germane to a growing minority population" (Griffiths and Tagliareni, 1999, p. 291). Actions were urgently required to improve recruitment and retention of Aboriginal peoples in nursing education (Aboriginal Nurses Association of Canada, 2005).

Furthermore, some administrators and researchers identified that Aboriginal communities received more appropriate health care when Aboriginal nurses were the care providers (Hart-Wasekeesikaw, 1999; Indian and Northern Affairs Canada, 2004; Keitner, 1999; Martin, 1997; Martin and Gregory, 1996; Weaver, 1999). In contrast to Euro-Canadian or Non-Aboriginal nurses, Aboriginal nurses were more likely to:

- understand and speak the language of the community,
- be knowledgeable about the health beliefs of the community,
- integrate Traditional healing with Western Medicine, and

- participate in community development (Martin, 1997).

To improve recruitment and retention of Aboriginal peoples in nursing, nurse educators and educational administrators required more information about factors that enhanced or hampered the educational experiences of Aboriginal nursing students. A critical ethnography that examined how Aboriginal peoples experienced their nursing education and how contextual factors shaped or influenced their experiences was warranted.

I designated three main purposes of the study: (a) describe the experiences of Aboriginal nursing students, (b) explicate tensions between social groups within the schools of nursing (c) and illuminate hidden or embedded messages within the texts and discourse of nursing education that influenced the social relations (Martin, 2006). Stemming from these purposes, I formulated research questions:

1) What are some of the experiences of Aboriginal nursing students in Canadian schools of nursing?
2) What are the social relations that generate the experience of Aboriginal nursing students?
3) What are the ways in which the sociocultural, political, historical, and ideological construction of nursing education shapes Aboriginal nursing students' experiences?

When conceptualizing the study, I corresponded with several Aboriginal nurses to seek their opinions about the need to conduct a study that explored the experiences of Aboriginal peoples in nursing education. This quote was incredibly disturbing and motivated me, as a non-indigenous researcher, to pursue this topic: "I don't think anyone is brave enough to write on this, otherwise, we would be penalized for stating the truth" (Anonymous Aboriginal nurse, 2001 as cited in Martin, 2006). This Aboriginal nurse believed that Aboriginal nurses or Aboriginal researchers would experience a "backlash" when findings were reported. Because of this powerful statement and my positionality as a non-indigenous researcher and nurse educator, I chose to conduct an ethnographic study of Aboriginal nursing students' experiences as my doctoral thesis (Martin, 2006).

THEORETICAL AND METHODOLOGICAL FOUNDATIONS TO PARTNER

According to Carspecken (1996), critical ethnography can be applied to studies about human life and experience as it provides researchers with principles for conducting valid inquires into any area of human experience. The aim of critical ethnography "is to theorize social structural constraints and human agency, as well as the interrelationship between structure and agency" to empower the researched (Gordon, Holland and Lahelma, 2001, p. 193). Critical ethnography questions inequities of power, access, privilege, wealth, and knowledge translation (Averill, 2005; Madison, D.S., 2005). Using critical ethnography as a method of inquiry, I remained sensitive to the dialectical relationship between the social structural constraints on the Aboriginal nursing students as well as their personal agency. As

an inequity existed in terms of Aboriginal peoples' enrollment and completion of nursing education, critical ethnography was an appropriate method of inquiry.

In critical ethnography, studies of schools are combined with critical insights into how broader structures are mediated and produce change (Gordon, Holland and Lahelma, 2001). I used interviews, field notes, and textual analysis to explore Aboriginal nursing students' experiences within the local setting of the participating schools of nursing and then examined how the Aboriginal nursing students' everyday lives were shaped by the broader historical, social, cultural, political, and ideological context (Campbell and Gregor, 2002; Smith, D., 1986, 1987, 1999).

The study relied primarily upon specific tenets from several theoretical and methodological perspectives. I used tenets grasped from Aboriginal epistemologies,[3] L. Smith's decolonizing methodologies for research and Indigenous peoples[4] (1999), Ramsden's concept of cultural safety[5] (1993, 2002), and the social organization of knowledge[6] developed by Dorothy Smith (1986,1987). Using these chosen tenets within my theoretical lens, "reality" was conceptualized as the everyday world, which is subjective, co-constructed, and highly influenced by its context (D. Smith, 1987). The theoretical lens provided a backdrop for me to critically examine Aboriginal nursing students' experiences, social relations, and the schools' textually mediated discourses[7]. Campbell and Gregor (2002) explained that social organization of knowledge "is the interplay of social relations, of people's ordinary activities being concerted and coordinated purposefully, that constitutes 'social organization' " (p. 27).[8] In the following sections, I describe how the former three theoretical or methodological perspectives provided a foundation to build partnerships.

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3 Epistemology refers to a branch of philosophy that inquires into the nature and possibility of knowledge (Mautner, 1996). Aboriginal epistemologies are distinct and deal with each Tribe's scope and limits of human knowledge, how it is acquired and possessed. However, commonalities exist and I relied on the commonalities within Aboriginal epistemology.

4 Linda Tuhiwai Smith (1999) articulated a research agenda for Indigenous peoples by Indigenous peoples. "Methodology is important because it frames the questions being asked, determines the set of instruments and methods to be employed and shapes the analysis" (L. Smith, 1999, p. 143). In particular, I found decolonizing methodologies for research and Indigenous peoples helpful in providing a foundation to partner.

5 Irihapeti Ramsden (1993), the architect of cultural safety, contended that all nursing interactions were bicultural. Cultural safety required that nurses examine their own cultural realities, attitudes and behaviors and the impact that has on others. Cultural safety was useful in terms of reflexivity of positionality and power differentials between the researcher and the researched (Ramsden, 1993).

6 Dorothy Smith (1986, 1987), a Canadian sociologist, introduced a mode of inquiry referred to as institutional ethnography, to describe an "empirical investigation of linkages among local settings of everyday life, organizations, and translocal processes of administration and governance" (DeVault & McCoy, 2001, p. 751). Students of D. Smith described this theoretical perspective as the social organization of knowledge (Campbell & Manicom, 1995).

7 In this study, texts were broadly defined and encompassed an array of documents such as the schools' mission statements, entrance and exit policies and procedures, nursing course descriptions, nursing course syllabi, nursing textbooks, media reports, clinical evaluation forms, and websites (D. Smith,1999). Discourse refers to the "talk" as well as the texts of the institution. The "talk" included professional nursing jargon and the language used by various social groups within the school of nursing (Campbell, 1998; Cummins, 1995; Hagey & Mackay, 2000).

8 Campbell and Gregor (2002) identified key concepts and assumptions that supported D. Smith's research method. In D. Smith's social ontology, the social arises out of people's activities and through the ongoing and purposeful coordinating of those activities (i.e. concerting). "Analytically fundamental to this approach is an ontology that views the social as the concerting of people's activities" (DeVault & McCoy, 2001, p. 752). Concerting is synonymous with organizing or shaping people's activities in local settings (DeVault & McCoy, 2001).

ABORIGINAL EPISTEMOLOGY

Aboriginal education, epistemologies and knowledges have been under attack for many years (L. Smith, 1999). Aboriginal knowledges are unique to given individuals, families, locales, bands, tribes, and societies (Sefa Dei, Hall, Rosenberg, 2000). Canada's Aboriginal peoples have diverse histories and identities, ranging from hunters and gatherers in the Eastern woodlands to agriculturalists of the Great Lakes region to game hunters of the prairies to ocean-travelers of the Pacific Northwest to the Inuit of the Arctic region and then the Métis, who emerged historically from interactions between Europeans and Aboriginal peoples (Castellano, 2000). Given this diversity among Aboriginal peoples, an all-encompassing epistemology is impossible (Battiste, 2002). Although there is a paucity of writings about Aboriginal epistemology in the Canadian context, there is a measure of consensus on its characteristics and method of transmission (Martin, 2006).

In Eurocentric thought, epistemology is defined as the theory of knowledge and pedagogy involving the processes by which children come to learn or know. The Aboriginal people of Canada have their own epistemology and pedagogy. Aboriginal epistemology is found in theories, philosophies, histories, ceremonies, and stories as ways of knowing. Aboriginal pedagogy is found in talking or sharing circles and dialogues, participant observations, experiential learning, modeling, meditation, prayer, ceremonies or story telling as ways of knowing and learning (Battiste, 2002, p. 18).

Aboriginal knowledges reflect peoples' experience and relationships that address lived, material, and cosmological concerns (McIsaac, 2000). In the production of these forms of knowledge, traditional values, interests and objectives articulate relationships between land/nature, spirit world, and humans. In the production of knowledge of Aboriginal nursing students' experiences, Aboriginal epistemology guided me to attend to the significance of the relationship between the researched and the researcher with a need for reflexivity about participants' personal agency (Fixico, 2003, Cajete, 1994).

DECOLONIZING METHODOLOGIES

Linda Tuhiwai Smith (1999), an Indigenous woman from Aoteaora/New Zealand developed a research agenda or set of approaches situated within decolonizing politics of the Indigenous peoples' movement (Martin, 2006). Decolonizing methodologies involved transformation, decolonization, healing, and mobilization of Indigenous peoples. L. Smith's guidelines (1999) aimed at respect and protection of the rights, interests, and sensitivities of the researched. These guidelines ensured that research and Indigenous peoples was more respectful, ethical, empathetic, and useful. Researcher responsibilities included:

- Aroha ki te tangata (a respect for people),
- Kanohi kitea (the seen face, that is present yourself to people face to face),
- Titiro, whakaronga…korero (look, listen…speak),
- Manaaki kit e tangata (share and host people, be generous),
- Kia tupato (be cautious),
- Kaua e takahia te mana o te tangata (do not trample over the *mana* of people),

- Kaua e mahaki (don't flaunt your knowledge) (L. Smith, 1999, p. 120).

These responsibilities provided guidance during recruitment, data collection and analysis as well as dissemination of study findings. For example, during an informal informational session for recruitment of potential participants, the research assistant and I introduced ourselves briefly to the group of Aboriginal nursing students. We provided more than ample refreshments for student nurses in order to "be generous." The research assistant introduced herself and provided background information about her family's communities of origin. I introduced myself and explained why I was interested in learning more about Aboriginal nursing students' experiences. The research assistant described the study and asked students if they had any questions. We then listened to the students' concerns that their anonymity be protected. The students approached the Aboriginal research assistant with their questions and the Aboriginal research assistant restated the question for me to answer. The research assistant and I interpreted this behavior and communication pathway as an indication of the rapport between the students and the research assistant.

During the data analysis and then dissemination of the findings, the research assistant and I transposed L. Smith's terminology into decolonizing nursing education as a way to reflect recommendations for more inclusive policies and teaching strategies by encouraging nursing faculty and educational administrators to collaborate with experts in Aboriginal health and education. We were also guided to examine how self-determination could promote more student-centered approaches to learning. By collaborating with Aboriginal nurses, nurse educators and administrators can gather and learn more specific recommendations about curriculum development to promote Aboriginal health and its related nursing practice.

CULTURAL SAFETY

The Nursing Council of New Zealand (2002) defined cultural safety as:

The effective nursing or midwifery practice of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to age or generation; gender; sexual orientation, occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief and disability (as cited in Richardson, 2004, p. 35).

In 1990, Irihapeti Ramsden, an Indigenous nursing student and the principal architect of cultural safety, articulated the need for nurses to provide culturally safe care to Indigenous peoples (Coup, 1996; Kearns and Dyck, 1996; Ramsden, 2002). Ramsden built conceptualizations about cultural safety using the work of Paolo Friere, recognizing the potential for educators to perpetuate oppression (Kearns and Dyck, 1996). "The concept of cultural safety provides for the formal recognition of power relations within health care (and particularly nursing) interactions" (Richardson, 2004, p. 35). The main objective of cultural safety was to prevent actions that prompted its inception: disenfranchisement of Indigenous peoples and lack of understanding about the Indigenous models of health and illness (Dyck and Kearns, 1995).

Using cultural safety as a guiding tenet, I recognized that no health care interaction is ever objective, including interactions between:

- Aboriginal nursing students and nurse educators
- Aboriginal nursing students and the Aboriginal research assistant
- Aboriginal nursing students and the non-indigenous researcher.

Through reflective writing in field notes and by debriefing with my thesis committee and research assistant, I recognized that I operated from my own Euro-Canadian cultural beliefs and mores that influenced how I interacted with participants. The research assistant and I were constantly poised to be reflexive in regards to our privileged positionality[9] and standpoint.

The research assistant was an urban Aboriginal with an undergraduate nursing degree. Her parents were from northern First Nations communities and she openly shared this information about her origins with Aboriginal nursing students. The research assistant and I perceived that Aboriginal nursing students looked upon the research assistant as an Aboriginal woman who exemplified success in completing a nursing education program. They also perceived that the research assistant was genuinely interested in learning about their experiences in the schools of nursing.

As an urban middle-aged, middle class, white doctoral nursing student and former nurse educator, I was perceived by the Aboriginal nursing students as being similar to their nursing faculty. Using reflexive field notes and debriefing with the research assistant, we determined that the historical context of Aboriginal education in Canada shaped my relationships with Aboriginal nursing students.

I utilized the relational tenet of cultural safety to challenge my openness to others' viewpoints and my sensitivity to others' standpoints. For example, during data analysis, the research assistant and I were reviewing our coding of a transcript in which the participant shared that she used to receive social assistance. In the transcript, the participant quickly moved onto the next topic and I followed suit. The research assistant stopped me from skipping over this phrase and explained that being dependent upon social assistance was a degrading experience and that I needed to understand that this particular piece of the data was rich and poignant.

In addition to being viewed as a process, cultural safety has been regarded as an interpretive lens (Anderson, Perry, Blue, Brown, Henderson, Basu Khan, Reimer Kirkham, Lynam, Semeniuk, and Smye, 2003; Browne, 2003; Richardson, 2004; Smye and Browne, 2002). As cultural safety initially addressed inequities in the nursing education of Indigenous peoples, I viewed cultural safety as being particularly applicable to interpret nursing education of Canada's Aboriginal peoples. Cultural safety guided the formulation of the research questions that facilitated unmasking of the ways in which the school's policies were developed and sustained.

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[9] Madison (2005) identified that positionality was "vital because it forces us to acknowledge our own power, privilege, and biases just as we denounce the power structures that surround our subject" (p. 14).

BUILDING AND SUSTAINING PARTNERSHIPS: TRIALS AND TRIBULATIONS

Using Aboriginal epistemology, decolonizing methodologies for research and Indigenous peoples, and cultural safety as guiding tenets, I was poised to establish, engage, and sustain collaborative partnerships with Aboriginal nursing students and nurses. I describe the trials and tribulations that were experienced as I attempted to build and nurture partnerships in this critical ethnography under the headings of Aboriginal nurses' group, advisory council, research assistant, and participants.

ABORIGINAL NURSES' GROUP

To network with Aboriginal nurses and gain an understanding of their educational experiences and work life issues, I became an associate member of a national Aboriginal nurses' group. I attended several national meetings and the research assistant and I connected with several executive members. I informed executive members about the proposed study and asked them to recruit an advisory council. The research assistant and I provided up-dates to executive members on preliminary findings at informal meetings. As well, the research assistant and I shared a summary of the findings in the nurses' newsletter (Kipling and Martin, 2006).

Having the support of the national Aboriginal nurses' group was integral to the success of the study. These nurses ensured that I had the resources to fulfill the obligations of the research (see advisory council below) and disseminated the study's findings to all their members.

ADVISORY COUNCIL

Because of my standpoint as a non-indigenous researcher, the chair of my thesis committee and I decided that it would be highly beneficial for me to recruit several Aboriginal nurses to act in concert as advisors (Martin, 2006). The purpose of the advisory council was to provide me with expertise about Aboriginal nursing students' experiences along with culturally significant advice if I came upon issues in conducting research with Aboriginal peoples.

I contacted an Aboriginal nurse who was a member of an Aboriginal nurses' group to inform her of the study and ask her to recruit advisors. Five Aboriginal nurses volunteered to act in the role of advisors to me. My thesis chair and I consulted the advisory council several times during data collection and analysis using telephone conference calls and emails. The advisory council provided me with insight into initial problems with recruitment. Initially, I asked advisory council members to review key transcripts and field notes. This requirement was too cumbersome and time consuming for advisory council members so I revised this procedure in that I shared summaries of my findings or summaries of research issues. I also provided them with preliminary findings to see if the findings resonated with their experiences as student nurses. Upon completion of the study, advisory council members

received a "thank you" card and a copy of the executive summary for their time and effort in offering their insights into Aboriginal nursing students' experiences.

RESEARCH ASSISTANT

At the onset of the study as a beginning critical ethnographer, I chose to conduct interviews with all participants and failed to consider the necessity of an Aboriginal research assistant as well as the relational impediments of my positionality. Although I conducted 150 hours of fieldwork over two semesters at one school of nursing, I was only able to recruit two Aboriginal nursing students into the study. I approached the advisory council and my thesis committee with this dilemma and we deduced that students were reticent to share their experiences with a non-indigenous, white, middle-aged doctoral student and former nurse educator (Martin, 2002). As a group, we discerned that an Aboriginal research assistant might address this recruitment issue.

I then invited Ms. Ardelle Kipling, an Aboriginal nurse with a baccalaureate nursing degree to work with me in the capacity of research assistant with an initial job description as recruiter and interviewer. After eight hours in the field, the research assistant recruited 29 participants.

I provided the research assistant with information about conducting research interviews along with a semi-structured interview guide. The research assistant conducted the interviews with participating Aboriginal nursing students and I proceeded to conduct interviews with participating nursing faculty. We debriefed on a biweekly basis and shared field notes about our experiences.

In the beginning of data analysis, it became apparent that the analysis would be more culturally sensitive if an Aboriginal researcher contributed. I asked the research assistant if she would be willing to continue working with me to review key transcripts and field notes, share our perspectives and then proceed to write and present findings together. By working closely together, I was more inclined to learn the intricacies about Aboriginal nursing students' experiences and their high degree of personal agency.

Although we acquired informed consent from participants, the research assistant and I wanted to fully respect our participants' rights so we decided that the research assistant would telephone several participants to request verbal permission to use specific quotes with no names. Participants provided their permission and assured the research assistant that they wanted to share their stories about their experiences with others so that future Aboriginal nursing students could participate in a more inclusive learning environment.

Collaboration with the research assistant during the research process ensured:

- recruitment of an appropriate sample size,
- that participants were comfortable in sharing their stories about their experiences as student nurses,
- that participants' rights were honored in a culturally appropriate manner,
- data analysis was more attuned to the participants' culture, and
- sensitive findings were shared with a variety of audiences in a respectful manner.

By participating in a mentorship with an Indigenous research assistant, I learned how to fine tune the data analysis towards institutional hegemony and participants' personal agency. With the limited number of Indigenous researchers, I hoped that this mentorship would motivate the research assistant into pursuing graduate work (L. Smith, 2005).

PARTICIPANTS

Last and certainly not least was our collaboration with participating Aboriginal nursing students. My power as the researcher was complicated by the fact that I was a non-indigenous former nurse educator studying Aboriginal nursing students' experiences (Alcoff, 1991; McDonald and Martin, 2007; Ramsden, 2002; L. Smith, 1999). To advise me on how to redeem a more-equal relationship with participants, I consulted the research assistant and the five Aboriginal nurses that were members of the advisory council. The Aboriginal research assistant provided a conduit to build a more trusting and comfortable relationship between participating Aboriginal nursing students and researchers. Tenets of cultural safety encouraged me to reflect upon my positionality and I deduced that my standpoint influenced Aboriginal nursing students' discomfort in approaching me with concerns, questions, and finally stories about their experiences in nursing education.

In keeping with L. Smith's research agenda and a "community-up" approach to defining researcher conduct (1999, 2005), the research assistant and I chose to meet potential participants face-to-face by inviting interested Aboriginal nursing students to a luncheon or pizza night to introduce ourselves and provide students with information about the study. The research assistant led the meeting by introducing herself and sharing information about the locale of her family's home communities. This information provided the students with pertinent background information and set the stage for more informal discussions. I introduced myself and explained why I was interested in learning about the experiences of Aboriginal nursing students. Interested students were asked to contact the research assistant to arrange an interview at a mutually convenient time and place.

"The recognition that there is a problem in speaking for others has arisen from two sources" (Alcoff, 1991, p. 6). The first source stemmed from my social location. I disclosed to all participants that I was a doctoral nursing student and former nurse educator. My social location had an epistemologically significant influence which could authorize or disclaim the Aboriginal nursing students' voices. To strengthen my ability to authorize Aboriginal nursing students' voices, I worked diligently to establish a sense of teamwork with participants, the research assistant, thesis committee members, advisory council members and executive members of the Aboriginal nurses' group.

"The second source involves the recognition that, not only is location epistemologically salient, but certain privileged locations are discursively dangerous" (Alcoff, 1991, p. 7). In lieu of the fact that the practice of privileged persons speaking on behalf of disenfranchised people actually resulted in increasing oppression in some instances, the research assistant and I were particularly diligent in protecting the identities of all participants and the participating schools of nursing. The research assistant and I worked together to slightly alter identifiable features of stories yet depict the essence of the student's experiences.

Executive summaries of the findings were mailed to all participants. When the first-round of letters were returned as undeliverable with participants relocating to an unknown address, we forwarded the letter to the student's school of nursing in an unidentifiable envelope to ensure that students received a summary of the study's findings. Again, we experienced returned mail as the student was no longer enrolled in that school. We determined that at least one third of the participating students had exited the nursing program temporarily or permanently based upon returned mail.

L. Smith's (1999, 2005) seminal work on decolonizing methodologies for research and Indigenous peoples reinforced the importance of speaking about the students' personal agency and illuminating the hegemony within the institution rather than the subordination of the Aboriginal nursing students. With L. Smith's focus on self-determination of Indigenous peoples, the research assistant and I were guided to identify Aboriginal nursing students as pillars of strength who succeeded despite the odds against them. To ensure that students did not experience "backlash" based on our reports of the study's findings to participating nursing faculty and in publications and presentations, we scheduled our reports to occur when the remaining sample would have completed their nursing program (Kipling and Martin, 2006; Martin, 2008; Martin and Kipling, 2007, 2006, 2005). With the sensitive nature of the findings, it was important for us to protect the identity of the students yet disseminate information about the invisibility of Aboriginal culture and health in the nursing curricula and the influences of non-inclusive policies, procedures, pedagogy on the experiences of Aboriginal nursing students.

RECOMMENDATIONS

I shared the trials and tribulations in the process of establishing and sustaining partnerships during a critical ethnography to facilitate a smoother pathway or a different journey for future researchers who are interested in working as partners with Indigenous individuals, families, groups, or communities. Based upon my experience as a non-indigenous researcher, I offer the following recommendations:

- meet face to face with Indigenous Elders or leaders when the study is being conceptualized to introduce the idea of the research and hear their ideas (L. Smith, 2005)
- if you are a graduate student, recruit an Indigenous faculty member onto your committee if possible
- work with an Indigenous research assistant from the study's inception to help plan recruitment, data collection, analysis and dissemination of study's findings in a culturally appropriate manner
- identify an Indigenous group that might be interested in the study's findings
- ask this Indigenous group if they would be able to recruit a 3-5 member advisory council for your research and
- arrange quarterly meetings with advisory council members to review summaries of preliminary findings and discuss any "glitches" in your research process
- work with your partners to document the findings in a culturally appropriate manner

- share the report of findings with your partners and follow up by requesting meetings to discuss the report in-person.

CONCLUSION

As reflected in the title of this chapter, critical ethnographers will not be successful, ethical and credible researchers if they fail to establish and nurture partnerships with Indigenous peoples. With the assistance and expertise of many Aboriginal peoples who were committed to this study, I was consistently guided to consider the standpoint of the Aboriginal nursing student. Using Aboriginal epistemology, decolonizing methodologies for research and Indigenous peoples, and cultural safety as guiding theoretical and methodological perspectives, I was enlightened and privy to the personal agency of the participants in this study. These guiding perspectives led me to establish and nurture relationships with Indigenous individuals and groups.

For indigenous and other marginalized communities, research ethics is at a very basic level about establishing, nurturing reciprocal and respectful relationships, not just among people as individuals but also with people as individuals, as collectives and as members of communities, and with humans who live in and with other entities in the environment. The abilities to enter preexisting relationships; to build, maintain, and nurture relationships; and to strengthen connectivity are important research skills in the indigenous arena (L. Smith, 2005, p. 97).

Partnering with Indigenous individuals and groups enabled successful recruitment of an adequate sample size, connectedness between the researcher and the researched, validation of preliminary study findings, and prevention of "backlash" towards participants following the study's reports. Future researchers, nurse educators, and educational administrators would benefit by inviting Indigenous individuals or Indigenous groups to partner with them to plan more culturally relevant studies and programs.

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