

**GUEST EDITORIAL**

# **Aboriginal Health and Nursing Research: Postcolonial Theoretical Perspectives**

**David Gregory**

As guest editor, I faced numerous challenges related to the production of this issue. The original vision, refreshing in its intent, was an international research “dialogue” on indigenous health, to be co-edited by a colleague from Australia. Regrettably, the envisioned issue did not come about. Laurie Gottlieb, however, remained steadfast in her commitment to dedicating an issue of the Journal to Aboriginal health and nursing research in Canada. With the competent and tireless support of Joanna Toti in her role as Managing Editor, I have had the privilege of editing a remarkable collection of research and research-related papers. This is not to suggest that the resulting issue on Aboriginal health is in any way less than what could have been. In fact, the opposite is true. Collectively, the papers are poised to reposition the nursing profession and its discipline. Specifically, the papers offer insight into postcolonial theoretical perspectives and their potential impact on nursing’s research relationship with Aboriginal people.

Browne, Syme, and Varcoe offer a cogent account of the relevance and limitations of postcolonial theoretical perspectives when applied to research in the area of Aboriginal health. The authors take the position that analyses of issues pertinent to Aboriginal health are incomplete unless they consider the social conditions that have resulted from colonialism. They then observe that postcolonial perspectives give direction for conducting research with Aboriginal communities. Postcolonial perspectives challenge researchers to form authentic and mutually meaningful partnerships with Aboriginal people and their communities. All voices and experiences become thusly legitimated in the research enterprise. This is, of course, not without difficulties, tensions, and contradictions. Bona fide research partnerships and inclusive research processes are, however, integral to nursing research in the area of Aboriginal health. Browne et al. caution researchers about the colonizing potential of research itself. As they point out, research has the power to misrepresent

and appropriate knowledge (Reimer Kirkham & Anderson, 2002), as well as to exploit and ingrain stereotypes. Furthermore, and according to the tenets of postcolonial scholarship, investigators have an obligation to work with their Aboriginal research partners to bring research findings “to life.” Research can become a currency for positive change with respect to policy, health services, and inequities. Finally, Browne et al. describe how continuities from the past shape the present context of health and health care.

Picking up on this line of thinking, Smith, Varcoe, and Edwards present an important case study on the intergenerational impact of residential schools. This is a powerful and disturbing account arising from a critical postcolonial stance. In keeping with this stance, and with that of Browne et al., these authors maintained the integrity of participants’ voices in context, and they established research agreements with their Aboriginal partner organizations around ownership, control, access, and possession of the research process and products (see Schnarch, 2004, regarding ownership, control, access, and possession [OCAP] as self-determination applied to research with Aboriginal communities). The research poignantly reveals residential schools as an historical continuity — that is, the schools created a veritable wave of suffering that continues to wash over generation after successive generation of Aboriginal people. All is not lost, however, as research participants spoke of “turning it around” (the impact of residential schools) with a sense of hope for the future, including the possibility of healing.

In “Discourses Influencing Nurses’ Perceptions of First Nations Patients,” Browne brings postcolonial theoretical perspectives to a critical and practical focus: the point of contact between nurses and First Nations patients. This ethnographic study was concerned with understanding nurses’ perspectives, knowledge, and assumptions about the First Nations patients they encountered. Although there are several noteworthy findings arising from the study, Browne’s observations about culture are particularly insightful. Nurses in the study viewed and understood culture as an object or “thing” that could be identified or located during routine health care. As Browne notes, “narrow conceptualizations of culture can, paradoxically, reinforce the stereotyping of people who belong to particular ethnocultural groups — in this case Aboriginal patients.” Browne is also most careful to suggest that the nurses in the study were not simply espousing individually based values and assumptions, but that these are discourses and assumptions embedded in Canadian society. The implications for nursing are clear. We need to reflect critically on our discourses concerning culture. How is culture conceptualized and manifested in nursing education, practice, and research? What do we teach our nursing students about culture? How is

the concept of culture enacted in nursing practice? Postcolonial and other critical theoretical perspectives can be useful to us in dealing with such reflective questions and inquiries.

The Happenings piece addresses the Aboriginal Health Human Resources Initiative (AHHRI). McBride and Gregory provide an overview of this initiative and their role in assisting Health Canada's First Nations and Inuit Health Branch to situate it for success. The Canadian Association of Schools of Nursing (CASN) and individual schools recognize the need for more Aboriginal students. Indeed, many schools have taken action in this regard. AHHRI will provide nursing schools with occasions to build on successes and, for some, to create nursing education opportunities for Aboriginal people.

The question *Who conducts Aboriginal health research in Canada?* is important on several counts. Young (2003) reviewed journal articles published during the period 1992–2001 to determine whether research has adequately examined the health needs of the Canada's Aboriginal population. He concludes:

The proportion of papers does not reflect the demographic composition of aboriginal people in Canada, with severe under-representation of Métis, urban aboriginal people, and First Nations people not living on reserves and over-representation of the Inuit. Children and women received less attention proportional to their share of the population. A few prolific research groups have generated a disproportionate amount of publications from a few communities and regions. 174 papers dealt with health determinants (eg., genetics, diet, and contaminants), 173 with health status, and 75 with health care. (p. 419)

What might the publication profile look like, in terms of populations and research focus, if cohorts of Aboriginal nurse researchers engaged Aboriginal people, their communities, and the Aboriginal polity in research partnerships?

One national initiative, the flagship of the Institute of Aboriginal Peoples' Health (IAPH) of the Canadian Institutes of Health Research (CIHR), is the Aboriginal Capacity and Developmental Research Environments (ACADRE). These centres are charged with developing a network of supportive research environments across Canada. "Although there are demonstrated pockets of excellence in Aboriginal health research in Canada," notes the CIHR, "this field requires the systematic development of both human resources and supportive research environments in order to ensure continued growth and broad regional development" (<http://www.cihr-irsc.gc.ca/e/27071.html>). Four key priorities shape the work of ACADRE: developing and nurturing health research partnerships; influencing policy development on ethical standards, peer

review, and knowledge translation systems that respect Aboriginal values and cultures; building Aboriginal health research capacity; and funding initiatives that address urgent and emergent health concerns affecting Aboriginal people (Reading, 2003). Although there are Aboriginal graduate nursing students receiving training and support within some of the ACADRE centres (see, for example, the Atlantic Aboriginal Health Research Program at <http://aahrp.socialwork.dal.ca>), they are few and far between.

AHHR is catalytic. Its potential to address historical and sociopolitical inequities regarding the presence of Aboriginal nursing students, however, rests in large measure with nursing schools. The need for Aboriginal nurses has been established. Schools have responded to the clarion call and progress has been made over the past 5 years — witness, for example, the partnership between Nunavut Arctic College in Iqaluit and the School of Nursing at Dalhousie University in Halifax.

Beyond basic nursing education, *Against the Odds* (Health Canada, 2002) identifies a dearth of Aboriginal students in master's and doctoral programs. Clearly the profession needs Aboriginal nurses educated at these advanced levels. To state the obvious, Aboriginal nurse researchers and nurse scientists prepared at the doctoral level are few in Canada. And yet the need for research in the area of Aboriginal health is truly great. This is a serious capacity limitation if Aboriginal health research is to be systematically addressed by Canadian nursing. The “nursing research lens” and the Aboriginal researchers who apply it are integral to improving the health and well-being of Aboriginal people and communities. Moreover, nursing can position its Aboriginal scholars to shape the research agenda in Canada. For example, envision the impact of having Canada Research Chairs filled by Aboriginal nurse scholars. Envision Aboriginal nurse scientists providing leadership to the ACADRE centres or to the IAPH. None of this can happen unless nursing schools make a concerted effort to foster the education of Aboriginal nurses at the master's and doctoral levels. In addition to individual and local efforts, there is a role for the CASN, the Canadian Nurses Association, the Office of Nursing Policy (Health Canada), the Aboriginal Nurses Association of Canada, Aboriginal organizations, and governments.

While modest, Young's study has direct implications for nursing. Nursing in Canada should be concerned with expanding its research reach beyond a few groups of investigators. The reach ought to extend to urban contexts, to the Métis people, to prevention and health promotion research, and to other health-related matters of great concern for Aboriginal people. Again, it is a matter of concerted effort to establish a cadre of researchers across Canada. Perhaps it is time to also create a nursing research network that fosters communication among Aboriginal

and non-Aboriginal nurse researchers in the area of Aboriginal health.

When *CJNR* issues a call for papers on Aboriginal health 5 years from now, nursing will be repositioned in relation to Aboriginal health and nursing research. The guest editor, an Aboriginal nurse scholar, will highlight a constellation of research papers and inform us of the strides being made by Aboriginal researchers in relation to Aboriginal health.

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*David Gregory, RN, PhD, is Professor, Faculty of Nursing, University of Manitoba, Winnipeg, Canada.*