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Abstract

Allyship is increasingly recognized as a key concept in nursing to support the rights, resurgence, and healing of Indigenous Peoples. It is presented as a practice of resistance that challenges settler colonialism, disrupts the status quo, and fosters social justice. Yet, allyship remains difficult to define and operationalize in practice. This discussion paper contributes to the critical reflection on allyship by exploring its meaning and practice in nursing. The paper draws on a dialogue among two Indigenous graduate nursing students, one white graduate student, and one white professor, who share their experiences and perspectives through a series of questions on the definition of allyship, identity, engagement, and challenges. Grounded in lived and professional experiences and the literature, the paper positions allyship as both an individual and systemic commitment. It calls on nurses to actively resist Indigenous-specific racism and take part in the collective effort toward Indigenous self-determination, healing, and justice.

Keywords allyship, colonialism, equity, Indigenous Peoples, racism

Allyship with Indigenous Peoples as a Practice of Resistance in Nursing: Uniting Our Voices

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Introduction

Fostering social justice in nursing involves recognizing and addressing the structural inequities that impact health, including those faced by Indigenous Peoples due to ongoing systemic racism and structural violence rooted in settler colonialism and its historical legacies (Steinman, 2020). Settler colonialism, entrenched in the eradication of Indigenous Peoples, permeates all aspects of colonial societies, notably seen in settler-colonial states like Canada, the USA, Australia, Aotearoa New Zealand, and South Africa. This system normalizes structures that obscure Indigenous histories and futures, exemplified in Canada through

institutions like residential schools, the Indian Act, reserves, and child welfare programs, enforcing the erasure of Indigenous Peoples. Consequently, Indigenous communities are pressured to assimilate into settler society to uphold settler-colonial dominance over their territories (McGuire-Adams, 2021).

While settler colonialism endures as a structural force rather than an isolated event, its perpetuation relies on everyday individuals and institutional actors (Barker, 2010). Many Canadians struggle to acknowledge their complicity in settler colonialism, as Kawatra (2018) highlights, blurring the lines between historical legacies and present-day realities. Settler colonialism is deeply intertwined with broader power dynamics, demanding an examination of how capitalism, patriarchy, white supremacy, and state power intersect to sustain colonial hierarchies (Coulthard, 2014; McGuire-Adams, 2021).

McGuire-Adams (2021) argues that if people are needed to uphold settler-colonialism, then people are also essential in

dismantling it. As a key player in the healthcare system, the nursing profession has a profound responsibility to confront and rectify these historical wrongs. However, the profession, like many others, is not immune to the pervasive influence of settler colonialism and Indigenous-specific systemic racism. Confronting this racism requires acknowledgment and active resistance. At the forefront of this resistance lies the concept of allyship – a practice deeply rooted in critical inquiry, solidarity, and action. In the context of nursing, allyship emerges as a powerful tool for effecting tangible change and advocating for justice.

This discussion paper aims to illuminate the transformative potential of allyship with Indigenous Peoples as a powerful practice of resistance within the nursing profession and one way to reconnect with nursing's social justice mandate. Focusing on the unique perspectives of two Indigenous nursing graduate students, a white settler nursing graduate student and a white settler nursing professor, we aim to challenge the narratives surrounding allyship and identify the ways in which nurses can leverage their privileged positions in the fight for Indigenous health equity. By sharing our experiences and engaging with the literature on allyship, we hope to contribute to the ongoing dialogue surrounding the decolonization of healthcare and the cultivation of an environment where Indigenous voices are not only heard but actively integrated into the fabric of nursing.

Our social location as an ontological lens

As Foster-Boucher (2022), we consider that each of our social positions offers an ontological lens through which we view our personal histories in the context of power, privilege, and oppression. In this text, we consider that our ontological position frames both our understanding of the concept of allyship and the way we put it into action.

Joannie identifies as a Pekuakamiushkueu (an Ilnu from the Pekuakamiulnuatsh First Nation of Mashteuiatsh) and Québécoise. As someone who looks white, Joannie has benefited from white privilege and has not directly experienced the interpersonal racism many other Indigenous Peoples have. This whiteness has caused a dichotomy for her in terms of her own racial identity as she has witnessed many forms of racism that weren't aimed directly at her, and experienced organizational and systemic racism through her loved ones. She is committed to challenging colonial barriers and continuing to learn about racism, white privilege, and unconscious biases. Her experiences with Indigenous Peoples worldwide have led her to reflect on her power to bring about change to promote the resurgence, cultural reappropriation

and valorization of Indigenous knowledge and skills, and to strive for equity for Indigenous Peoples. She founded an Indigenous-led business, which aims to foster the emergence of Allies for Indigenous causes in health and education in the Canadian Francophonie. Joannie has been a nurse for 11 years. She has been pursuing a Master's degree in nursing since 2023.

Shenda is a Pekuakamishkueu (an Ilnu woman from the Pekuakamiulnuatsh First Nation of Mashteuiatsh) and a Québécoise. She grew up in her native community until the age of 13, then traveled across the province of Québec. Shenda has been a registered nurse for 6 years and is currently pursuing a Master's degree in the Nurse Practitioner program. In her personal, academic and professional life, she strives to serve as a role model for young people in the community in reclaiming the autonomy, free will and leadership skills their ancestors were deprived of. Her family didn't have the chance to pass on to her the language and cultural practices of their community, due to the many consequences of the settlers' attempts at assimilation. This led to a complex process of cultural reappropriation, which she has been navigating for several years now. Little by little, she is attempting to deconstruct the colonialist practices that are deeply entrenched in the healthcare system and health professions education and to help destigmatize Indigenous Peoples in the interests of more equitable, culturally-safe healthcare provision.

Christine identifies as a white cisgender settler of French and Italian Ancestry. She lives and works on the unceded and stolen lands of the Kanienkehahka nation. Christine has been a registered nurse for 6 years and is currently pursuing a PhD in the same discipline. As part of her studies, Christine is committed to adopting a decolonial and anti-racist approach in the development of equitable and safe care practices for Indigenous Peoples living with mental health disorders. She is determined to use her privilege as a white settler and scholar to stay within the spaces of discomfort, dismantle white supremacy and challenge white ontology and epistemology to support Indigenous self-determination, resurgence, self-governance and health equity.

Amélie is a white cisgender abled settler of French Ancestry. She lives and works on the unceded and stolen lands of the Kanienkehahka nation and has been benefiting from the colonial system for her whole life. Amélie has been a registered nurse for 20 years and is currently an associate professor at the Faculty of Nursing at Université de Montréal. She is committed to using her privileges as a white settler and as a university professor to dismantle white supremacy

and structural racism in healthcare, and support Indigenous resurgence, self-governance, and health equity. She uses anti-racist approaches and cultural safety to advance clinical and organizational practices and policies toward promoting Indigenous health equity and social justice.

For Amélie and Christine identifying as settlers is critical as it challenges their presence on Indigenous lands. It also intentionally disrupts their comfort, forcing them to confront ongoing colonial power dynamics. As Flowers (2015) states, identifying as a settler involves assuming responsibilities to decenter whiteness, dismantle privilege, and foster anti-racist relationships with Indigenous Peoples, communities, and territories (Flowers, 2015). As Chrona (2022, p. 6) highlights, each of us acknowledges that “I am just one voice; I speak from my context and based on what I have learned.” Our perspectives are grounded in our lived experience as Indigenous and white settler individuals.

Situating the allyship narratives in healthcare

The issues raised by narratives surrounding allyship with Indigenous Peoples manifest larger discourses in nursing and healthcare grounded in equality and individualism, which are central tenets of liberal individualism (Blanchet Garneau et al., 2018).

While individualist perspectives emphasize personal responsibility and autonomy in health decision-making, they often neglect the impact of socioeconomic factors, institutional biases, and historical injustices on health outcomes (Government of British Columbia, 2021; Manitowabi & Maar, 2018). While many nurses and healthcare providers engage with allyship actions in good faith, efforts can sometimes remain at the level of symbolic gestures that fall short of addressing the systemic injustices experienced by Indigenous communities (Bourke, 2020; Nixon, 2019). These actions may unintentionally reflect tokenism or performative allyship, particularly when historical and structural contexts are not fully acknowledged, undermining the understanding of Indigenous marginalization, culturally safe environments, and the imperative for systemic change. Similarly, equality discourse, while advocating for equal treatment and access to healthcare services, may fail to address the unique needs and circumstances of Indigenous individuals and communities, leading to a one-size-fits-all approach that overlooks diverse cultural, social, and economic realities.

Shenda : “We must not fall into the trap of recreating a ‘one-size-fits-all’ approach for Indigenous Peoples. For example, there should be a distinction between the approach towards me and that towards Joannie

because even though we are both Indigenous, we do not have the same background, the same impacts from intergenerational traumas, the same family traditions, and we are likely not at the same stage in our cultural reclamation process”.

Selective solidarity also represents a challenge, with allyship often reactive and short-lived rather than sustained and proactive. These patterns can sideline the agency of Indigenous Peoples and unintentionally reinforce paternalistic dynamics, shaped not only by individual intent but also by broader systemic conditions.

Shenda : “This paternalistic attitude can easily hinder the often fragile trust relationship between nurses, the healthcare system in general, and Indigenous Peoples, preventing the expression and incorporation of practices, knowledge, traditions, values, languages unique to each individual”.

In response to these critiques and considering the multifaceted nature of allyship, we advance that allyship with Indigenous Peoples in nursing involves challenging individualistic approaches and fostering solidarity to confront settler colonialism. In addition, overcoming setbacks and embracing discomfort are vital aspects of navigating the challenges inherent in allyship.

Allyship and the pitfalls of a fixed allied identity: resisting individualism in nursing

The term “ally” has faced criticism when associated with ally identity, as it can lead to stagnation and disconnect from meaningful action (Anderson & Accomando, 2016; Bourke, 2020). Instead of viewing allyship as a fixed identity, we consider it a process and practice of resistance. Identifying as an ally may falsely imply achieving a static status that discourages ongoing inquiry and reassessment. The common self-identification “I’m an ally” can also reproduce unequal power dynamics, particularly when those with unearned privilege dominate spaces intended to center marginalized voices (Foucault, 1991).

Joannie: “It’s not about seeking recognition as an ally, but nurturing one’s own sensitivity to the marginalized person’s needs to foster a sense of security, so that the person can be who they are, according to their own worldview and understanding of health”.

Moreover, the ally identity conforms to societal norms, reflecting the prevailing standards. White settler allies hold multiple privileges, giving them the ability to decide when and how to demonstrate their allyship (Bourke, 2020).

Christine: “For me, being able to engage in allyship is in itself a privilege. It’s the privilege of being able to connect or disconnect from the issues you’re fighting for, like taking off your allyship mask at the end of the day”.

To avoid the pitfalls of a fixed ally identity, we suggest focusing on recognizing the practices related to the allyship process. Those practices fostering authentic allyship include a commitment to unlearning biases, and to challenging established norms. The practice of allyship is both an individual and systemic endeavour (Bourke, 2020; Gibson, 2014). In nursing, unlearning biases, for example, refers not only to one’s cultural background, role, and limitations in the allyship journey but also to engage in an historically informed nursing practice (Filice et al., 2020). Hence, situating ourselves in the practice of allyship means bringing our own ancestors to the table, but also the history of our profession.

Joannie: “It is important to recognize that the institution or clinic where one works is on Indigenous ancestral territories. Providing care to an Indigenous individual is not just about caring for one person; it’s about caring for an entire community, for a Nation”.

Allyship involves dismantling systemic barriers to Indigenous healthcare access and equity. Nurses can resist institutionalized racism and discrimination within healthcare systems by advocating for policies and practices that address the social determinants of health affecting Indigenous communities.

Joannie: “For example, in Northern Quebec, the practice of removing Indigenous women from their communities at 35-36 weeks of pregnancy is thought to be a well-meaning practice, but it actually causes significant psychological, physical, cultural, and financial stress for the mother to leave her community”.

Engaging in the Process of Allyship: Moving Beyond Rhetoric to Unsettling Action

Allyship is not a passive stance but an active and ongoing process. “Rather than celebrating the ally identity, individual allies need to take concrete steps to ensure that their allyship is rooted in action.” (Bourke, 2020).

Building solidarity : Being together in a place of bravery

Building solidarity is one vehicle through which action can be embodied in allyship. Recognizing the significance of relationships within Indigenous knowledge systems underscores that genuine engagement in relationships is essential to allyship with Indigenous Peoples (Foster-Boucher, 2022). Thus, we suggest that the ongoing commitment to engage, learn, and recommit must be embedded in solidarity

with Indigenous Peoples and settlers. Allyship requires the courage to engage in reciprocal relationships that stand against racism, acknowledging the importance of enduring connections in fostering positive change.

Joannie: “This solidarity entails acknowledging and respecting the pace of cultural reappropriation progress, while also offering support in reclaiming Indigenous Peoples’ inherent capacities, including self-determination, leadership, and autonomy”.

Allyship falls short when it perpetuates the division between “us” and “them,” reinforcing the concept of “othering” within discourse. Thus, a transition toward solidarity in allyship, recognizing it as a collective effort to dismantle colonial structures and systemic discrimination, becomes imperative (Kluttz, 2020). This shift mirrors the Indigenous understanding of relationships as a state of togetherness (Foster-Boucher, 2022). As Freire (2008) stresses, the work of allyship has to be with the oppressed, not for or on anyone’s behalf.

Shenda: “Sometimes, certain individuals try to help us... in their own way. They think for us, believing they know better what’s good for us than we do ourselves, which can harm us. Being in solidarity means advancing towards a shared cause, leveraging our privileges for the benefit of the group.”

Bourke (2020) stresses the need for genuine relationships, built on trust over time. Public alignment of settlers with Indigenous Peoples demonstrates a willingness to leverage privilege for justice. However, the peril of the white savior trap lies in its tendency to shift focus onto the liberator rather than the oppressed, as noted by Freire (2008). True liberation necessitates collaboration, solidarity, and collective action. However, seeking to liberate the oppressed on their behalf perpetuates further oppression, highlighting the need for solidarity and shared action instead of liberation solely from dominant groups. McGuire-Adams (2021) emphasizes the necessity of reciprocal relationships with Indigenous communities for effective anti-racist allyship, echoing the importance of trust, time, and mutual listening highlighted (Hyett et al., 2018) and the need for Indigenous recognition of allyship (Kluttz, 2020).

Shenda: I want to emphasize the importance of including Indigenous Peoples in processes of change and decolonization rather than proceeding and seeking input afterward. For instance, I recently participated in the revision of a cultural safety program within an organization, and no Indigenous individuals were included in the program development process.

Unsettling settler colonialism in nursing

Allyship with Indigenous Peoples goes beyond mere support

and extends to active participation in dismantling oppressive structures and actively supporting their rights (Anderson & Accomando, 2016; McGuire-Adams, 2021). It is a series of intentional, transformative actions aimed at dismantling systemic injustices and fostering equitable healthcare for Indigenous Peoples. Allyship requires actively working towards transforming healthcare practices to ensure Indigenous communities have agency and control over their health outcomes.

Shenda: "Allyship involves dismantling barriers, enabling Indigenous Peoples to reconstruct themselves more effectively. The journey of Indigenous cultural reappropriation necessitates this process of deconstruction."

We need to adopt a deliberate strategy to reject complacency and avoid superficial acts of performative allyship. Performative allyship arises from a disconnect between one's commitment and actions, where actions lack practical benefit for Indigenous Peoples and are motivated primarily by the desire for recognition and praise from an audience (Blair, 2021). Allyship demands a refusal to accept the status quo, pushing for radical change to address the historical injustices and disparities faced by Indigenous Peoples in healthcare (McGuire-Adams, 2021; Steinman, 2020).

Joannie : It is necessary to take a stand to deconstruct actions or words that may harm Indigenous Peoples. Regardless of the time, place, or who your interlocutor is, we must ensure that these discriminatory and unjust actions and words are unacceptable in all circumstances, and that you strongly advocate for our causes (thus making them yours). In doing so, you dismantle something important each time, and remain consistent with your ongoing allyship process.

Foster-Boucher (2022) stresses the critical importance of unsettling in allyship. The aim of unsettling is to disrupt settler narratives, ownership, and practices through a disruptive method of action (McGuire-Adams, 2021). According to Steinman (2020), unsettling is an ongoing internal journey involving the constant process of unlearning and relearning, confronting one's identity within territories stolen from Indigenous Peoples while simultaneously embracing Indigenous-led decolonial and resurgence initiatives.

Christine: Doctoral studies really opened the door for me to adopt a critical stance toward my individual and professional identity and how this translates into my nursing practice. By engaging in an unsettling dialogue on the colonial history of my country and my

profession, and by questioning my positionality, I can embed my actions in an allyship standpoint..

Allyship involves a commitment to recognizing and rectifying the historical and systemic power differentials that have marginalized Indigenous communities within the healthcare sector. As McGuire-Adams (2021, p. 767): "Given that settler colonialism is present in a myriad of institutions and in individual behaviours, there are limitless possibilities to disrupt the status quo."

Amélie : "By recognizing the historical injustices inflicted upon Indigenous communities, nurses resist the erasure of Indigenous knowledge, cultures, and identities within healthcare settings. This acknowledgment serves as a form of resistance against the perpetuation of colonial narratives that marginalize Indigenous Peoples and their experiences in healthcare."

Navigating the Challenges of Allyship: Learning from Setbacks and Embracing Discomfort

Allyship is not without its challenges; acknowledging and addressing these challenges is essential for growth and transformative actions. Allyship involves a commitment to continuous learning, acknowledging that discomfort and errors are inherent in the process of challenging ingrained biases and systemic issues (Steinman, 2020). Thus, navigating these challenges requires a willingness to embrace discomfort and learn from previous errors.

We advance that the discomfort experienced through allyship can catalyze personal and institutional transformation. Bourke (2020) emphasizes the importance of settlers building relationships with one another to foster mutual accountability. McGuire-Adams (2021) delves into the necessity of processing white fragility within settler communities, stressing that this labour should not fall solely on Indigenous individuals but should be shared among settlers.

Joannie : We are less than 4% of Indigenous Peoples in Canada. If we all had the responsibility of educating settlers, we would be exhausted. Taking responsibility for one's own education and action allows Indigenous Peoples to devote their time and energy to their healing, preservation, and reclaiming of their culture.

Additionally, McGuire-Adams (2021) highlights the significance of critical self-reflection for settler allies, acknowledging its discomfort but also its role in disrupting settler colonialism. Kluttz (2020) add to this discourse by emphasizing the importance of staying present in uncomfortable situations

and navigating complex progress as a settler engaged in the allyship journey. Together, these authors underscore the need for settler allies to actively engage in self-reflection, accountability, and solidarity to challenge and dismantle colonial power dynamics in their relationships and communities. Educating the dominant group is also critical to the allyship process through challenging microaggressions and promoting awareness of oppression. This is where settlers must utilize their social influence and tap into their authority and privilege within their social group to engage in efforts alongside other dominant group members (Zappas et al., 2021).

Shenda : “It is important for nurses to understand the importance of educating themselves and staying informed about the issues of racism and colonialism facing Indigenous Peoples. I also emphasize here the importance of introspection regarding conscious/unconscious biases to recognize what may constitute microaggressions.”

Amélie : “Navigating the role of educator in the allyship process implies that I have to, through my lived experiences, model allyship for students and challenge the existing structures within nursing education and academia. I am an agent of change, questioning the role of colonial ideology and racism in nursing education, advocating for curricula that challenge white supremacy and settler colonialism and incorporate Indigenous perspectives and protocols.”

Learning from setbacks is also part of allyship journey. Indeed, vulnerability plays a crucial role in the journey of allyship, particularly in confronting settler colonialism (Foster-Boucher, 2022). It is inherently uncomfortable and challenging to engage in critical self-reflection, acknowledge our emotions’ vulnerability, and let go of ego to accept imperfection. In the context of allyship, vulnerability enables settlers to engage in genuine self-examination and dialogue with Indigenous Peoples. By embracing vulnerability, settlers engaged in an allyship journey can cultivate trust and empathy, which are essential for building authentic relationships and dismantling the structures of settler colonialism in everyday interactions.

Joannie : “Vulnerability fosters trust, creating an environment where individuals feel safe to be open and authentic with one another. Vulnerability serves as a catalyst for disrupting and transforming the dynamics of settler colonialism, paving the way for genuine solidarity and meaningful change.”

Limitation

Our reflections are inevitably shaped by our positionalities as two Indigenous graduate nursing students, one white graduate nursing student and one white nursing professor. While these diverse standpoints enrich the dialogue, they also delimit the scope of our analysis. The insights we share cannot represent the full range of Indigenous or settler perspectives, and they are influenced by our personal, academic, and professional trajectories. We acknowledge that our situated voices may unintentionally reproduce blind spots or silences and that allyship must always be understood as a plural, evolving, and context-dependent practice.

Conclusion: A call to action

Allyship with Indigenous Peoples in nursing represents a form of resistance against colonialism, racism, and systemic oppression within healthcare. Through an allyship journey, nurses can contribute to the broader social justice and health equity movement with Indigenous Peoples by actively challenging oppressive structures and advocating for Indigenous rights and self-determination. This discussion paper serves as a resounding call to action within the nursing community. It is time to walk the talk.

Through our four unified voices, we are saying to our Indigenous colleagues and service users, we acknowledge the profound injustices and historical traumas that continue to impact Indigenous communities. We recognize the unique contributions of Indigenous ways of being, knowing and doing to the fabric of our society. To our settler colleagues, we urge you to educate yourselves about the histories and ongoing struggles faced by Indigenous Peoples. Take the time to understand the impacts of colonization, systemic racism, and intergenerational trauma on Indigenous health. Challenge your own biases and privileges, and commit to creating safe and inclusive spaces for Indigenous service users and colleagues. Together, let us work towards building genuine partnerships between settlers and Indigenous Peoples based on trust, respect, and reciprocity. Create partnerships with local communities, explore their initiatives, and align with them. Advocate for policies and practices that uphold Indigenous rights, self-determination, and sovereignty in healthcare. Integrate Indigenous perspectives, knowledge, and healing practices into our care delivery, recognizing their value in promoting holistic health and well-being. As nurses, we have a unique opportunity and responsibility to be agents of change within our healthcare systems. Let us leverage our positions of influence to dismantle oppressive structures, address health inequities, and advance social justice for all.

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