Engaging Indigenous community to improve healthcare environments: Is reconciliation within hospital spaces possible?

Vanessa Ambtman-Smith, PhD Candidate; Chantelle Richmond, PhD; and Renee Linklater, PhD
Department of Geography, Faculty of Social Sciences, Western University, London, ON, Canada

Background:

A community-engaged approach underpins this research, in partnership with the Centre for Addictions and Mental Health (CAMH) to examine Indigenous [and non-Indigenous] peoples' relationships to traditional healing spaces within a hospital setting, and what this means for health and healing. Not only do Indigenous people suffer the poorest health outcomes in Canada, they also experience ongoing institutional and structural trauma, much of which is experienced in hospital environments. Indigenous realities of racism and differential access to care in Canadian healthcare institutions are unparalleled, such that hospitals have been described as unsafe spaces for Indigenous peoples. To support such efforts, the TRC called on hospitals to build more 'culturally safe' care and offer 'Traditional Healing' services for Indigenous patients. In Ontario, hospitals, led by CAMH, have created 'traditional healing' rooms, yet the impact of these spaces on patients have not been examined.

Existing Knowledge:

Through community-engaged research, Indigenous and allied researchers have unpacked the roots of Indigenous health inequities in Canada, contextualizing 'an oppressive colonial structure' as the cause of these disparities, persisting over multiple generations. Additionally, studies have linked both colonization and racism, citing them as the most resilient and insidious determinants of Indigenous health. Emerging research has emphasized the need for structural change in addressing the roots of colonization to address the cause and conditions that perpetuate Indigenous inequities and culturally destructive environments, recognizing that 'where' these adverse events happen, matter. **Hospitals, while not explicitly examined from a place-based context, has been widely cited as one of the few 'places' wherein Indigenous people can expect to encounter harms, to the extent that hospital settings have been described as 'unsafe' places for Indigenous people.** Hospitals carry a legacy of violence and trauma dating back to the era of Indian residential schools and Indian hospitals, whereby Indigenous peoples were forcibly placed within institutions where they were mistreated, abused, malnourished, segregated and separated from family and community, perpetuating mistrust with hospital services.

Research Question and Objectives:

1. What are Indigenous [and non-Indigenous] peoples' relationships to traditional healing spaces within hospital settings; and
2. What do these spaces mean for health and healing among those who access these spaces?

This project research will examine peoples' relationships to CAMH's traditional healing spaces, and what these relationships mean for health and healing through an in-depth, qualitative case study approach that will inspect multiple perspectives to shed light on how these spaces are used within a hospital setting. This includes a better understanding of what these spaces mean to Indigenous and non-Indigenous people who support or use the spaces, how they relate to and understand these spaces, and combine these experiences to understand what these spaces mean for health and healing.

Methodology:

The research will employ an Indigenous research paradigm that builds on my own Indigenous identity and worldview and pairs these ideas with my partners from CAMH. An 'Indigenous research paradigm' is a "relational, authentic and credible" (Wilson, 2008) way of building and maintaining a research relationship between the researcher, the researched and "analysis must be true to the voices of all participants and reflect an understanding of the topic that is shared by research and participants alike" (Wilson, 2008). This research will produce results that are guided by community and directly benefit the community:

- An in-depth case study approach to examine (3) traditional healing spaces within CAMH: the ceremonial grounds that host the sweatlodge, medicine garden and sacred fire; the ceremonial room; and, the Indigenous tele-Mental health room (Toronto, Ontario).
- 35 participants (25 open ended, semi-structured qualitative interviews; 1 digital, visual-mapping sharing circle with 10 participants; 10 Indigenous patient digital stories with 1 sharing circle)

Stage 1: Relational Accountability
Relationship building with the Indigenous Research Circle (IRC) at CAMH;
Co-development of research agreement: define/detail shared research objectives, scope of work and anticipated community benefit;
Ethics submission through Clinical Trials Ontario.

Stage 2: Recruitment and Data Collection
The IRC will recruit people for in participation for this qualitative research design in three phases:
Phase 1 (fall 2020): Indigenous and non-Indigenous hospital staff
(n = 25) will be invited to participate in semi-structured interviews;
Phase 2 (winter 2020): 1/3 of participants interviewed will be invited to participate in a virtual sharing circle to create a visual map of their experiences.
Phase 3 (spring 2020): Former Indigenous patients will participate in a 2 ½ day digital storytelling workshop to create individual digitized videos of their experiences with the healing spaces at CAMH.

Stage 3: Analysis and Dissemination
The IRC will support the review and analysis of interview themes, sharing circle notes, interview data, and digital stories, to recommend what and how to share respectfully; The research circle will employ inductive thematic analysis using the constant comparative method through NVivo software; this will include interview transcriptions, observations and notes from the sharing circles.

Dissemination: CAMH will host webinar and hospital grand rounds to present back to community and staff; Academic dissemination will include presentation at conference; publication in peer-reviewed journal

Anticipated Contributions:

This research will lead to stronger healthcare environments by informing on the progress of work that is taking place to implement calls to action and ongoing reconciliation efforts, such as the enhancement of hospitals spaces and seeking to enhance supports critical in addressing the most pressing and complex health issues experienced by Indigenous peoples today. This approach to structural change also lends itself to the reconfiguration of policy, practice and authority over Indigenous health approaches that are more in line with the cultural safety and emergent practices that Indigenous communities and scholars recognize as the path towards reconciliation.