WELLBEING IN THE WORKPLACE AMONG INDIGENOUS PEOPLE:
AN ENHANCED CRITICAL INCIDENT STUDY

by

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Abstract

Differences in the conceptualization of wellbeing between Indigenous and non-Indigenous people have been established; there are also marked unique aspects of the experiences of Indigenous people in the workplace. While the intersections between work and wellbeing are well recognized, as workplace wellbeing is a burgeoning area of research inquiry, there is a significant gap in the literature, as current models of wellbeing do not adequately take into account cultural differences. This study explored the factors which facilitate and hinder wellbeing in the workplace among Indigenous people. The sample in this study consisted of 17 Indigenous people (15 First Nations individuals and 2 Métis individuals) who were well educated, with the majority having completed post-secondary education or training and all having completed high school. There were 14 female participants and 3 male participants. The participants shared their experiences during semi-structured interviews, which were analyzed using the Enhanced Critical Incident Technique. The analysis produced a total of 486 incidents (293 helping incidents, 131 hindering incidents, and 62 wish list items). These incidents and wish list items were grouped into 14 categories: Personal Perspectives; Relationship Building, Holistic Health, Support, Culture, Investment, Workplace Environment, Appreciation, Communication, Role Modelling, Resources, Self-care, Supervisors, and Racism. The findings contribute to a growing understanding of Indigenous peoples’ experiences in the workplace and suggest that workplace experiences of Indigenous people can be improved by taking into consideration both broad principles (e.g., an emphasis on relationships and respect for Indigenous culture and identity), as well as specific practices (e.g., tailoring wellness programs and encouraging mentoring).
Lay Summary

Wellbeing in the workplace is a topic which has drawn considerable attention; however, current models of workplace wellbeing have not adequately taken culture into consideration. Seventeen Indigenous people (14 females, 3 males) shared their experiences of what facilitated or hindered their sense of wellbeing in the workplace. Wellbeing in the workplace is holistic (involving mind, body, spirit, and emotions), grounded in Indigenous culture, and connected to relationships. Fourteen categories were developed: Personal Perspectives; Relationship Building, Holistic Health, Support, Culture, Investment, Workplace Environment, Appreciation, Communication, Role Modelling, Resources, Self-care, Supervisors and Racism. All of the categories, with the exception of Racism, facilitated wellbeing. The results suggest that workplace experiences of Indigenous people can be improved by taking into consideration both broad principles (e.g., an emphasis on relationships and respect for Indigenous culture and identity), as well as specific practices (e.g., tailoring wellness programs and encouraging mentoring).
Preface

This dissertation is the original, unpublished, and independent work of the author, Danika Overmars. This study was approved by University of British Columbia Behavioural Research Ethics Board on May 20, 2015 (Certificate: H14-01565).
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Chapter 1: Introduction

That we are not alone, nor can we go it alone. We are here not to assert our dominion or to rise above the rest, but to make a contribution to the rest. The successful man is the one who understands his role as the conduit of sustenance for all components of creation and who dedicates his efforts towards maintaining harmony and balance within all creation.

(Ross, 1992, p. 182)

The values of interdependence, harmony, collaboration, and contribution are all evident in this quotation from Ross’s (1992) book Dancing with a ghost: Exploring Indian reality. These values are integral to Indigenous people and their experiences in the workplace. In Canada the Indigenous peoples are the First Nations, Métis and Inuit peoples, who are often referred to collectively as Aboriginal or Indigenous1 peoples. As Mendelson (2004) argued “Aboriginal employment should be of concern not only to Aboriginal Canadians and to those interested in social equity. Aboriginal success in Canada’s labour market is, or should be, of great interest to all Canadians” (p. 1). Experiences in the workplace are far more complex than considerations of recruitment, retention, compensation and rates of employment. It is recognized that wellbeing of workers is vitally important (Grawitch, Gottschalk, & Munz, 2006; Page & Vella-Brodrick, 2009; Mental Health Commission of Canada, 2010). To understand wellbeing in the workplace among Indigenous people one must also consider the current context of Indigenous people in Canada,

1 Younging (2018) indicated the Indigenous “is gaining currency, replacing Aboriginal in many contexts” (p. 64), as such, throughout this study Indigenous people(s) will be used to refer inclusively to people who identify as First Nations, Inuit, and Métis, while keeping in mind that the cultural integrity and diversity among Indigenous peoples. There is also the use of the term Indigenous to refer to the first peoples around the world, and it will be specified in text when references are made to Indigenous people globally. However, at the time this study was proposed and submitted for ethical review, Aboriginal was the preferred term which will be reflected in excerpts of materials shared with participants.
Indigenous conceptualizations of health, the unique experiences of Indigenous people in the workplace, and the intersections between health and the workplace.

**Background**

**Current context of Indigenous people in Canada.** Among Indigenous peoples in Canada there is significant diversity which includes varying languages, spiritual beliefs, ceremonial practices, and traditional teachings (Wilson & Urion, 1995). To imply that Indigenous peoples are a homogeneous group is a great disservice and disregards the differences that contribute to the vibrancy and complexity of Indigenous cultures. However, there are also common values and worldviews, which include interconnectedness, respect, reciprocity, and balance; these values are embedded in Indigenous cultures across what is now known as North America (Garret, 2004; Juntunen & Cline, 2010; McCormick & Amundson, 1997).

The current political and social context in Canada has drawn attention to injustices faced by Indigenous people. The Royal Commission on Aboriginal Peoples (RCAP, 1996) was a ground breaking series of reports that highlighted disparities in social, economic, and health indicators (Indian and Northern Affairs Canada, 1996). Moreover, the RCAP documents exposed the substantial abuse inflicted upon Indigenous peoples in residential schools. The findings of the RCAP spurred government action including the formation of the Aboriginal Healing Foundation and National Aboriginal Health Organization. Another significant consequence was the Indian Residential Schools Truth and Reconciliation Commission (Czyzewski, 2011; Llewellyn, 2012) which provided an in depth exploration of the history of Indigenous peoples in Canada, and then outlined 94 calls to action for individuals, groups, and communities at local, provincial, territorial and national levels.
(Truth and Reconciliation Commission of Canada, 2015). This public recognition is supported by the research on disparities in health that has been accumulating (Brown & Fraelich, 2012; Kirmayer, Simpson, & Cargo, 2003; Mundel & Chapman, 2010; Nelson & Wilson, 2017; Safran et al., 2009; Snyder & Wilson, 2012). Research addressing health disparities among Indigenous peoples, such as the comprehensive summary provided by Adelson (2005), often emphasizes higher rates of physical problems such as high rates of infectious disease (e.g., tuberculosis and HIV), chronic disease (e.g., diabetes and cancer), and mortality (e.g., shorter life expectancy and higher rates of suicide). Although mental health disparities create significant distress for individuals, they generally receive less attention due to the ‘invisibility’ of mental health issues (Nelson & Wilson, 2017). Mental health disparities include, but are not limited to elevated rates of substance abuse, violence, trauma, and suicide, as compared to non-Indigenous peoples (Kirmayer, Brass, & Tait, 2000; Nelson & Wilson, 2017).

Adelson (2005) differentiated between disparities and inequities; disparities are defined as “those indicators of a relative disproportionate burden of disease on a particular population” (Adelson, 2005, p. S45) while inequities “point to the underlying causes of the disparities, many if not most of which sit largely outside the typically constituted domain of ‘health’” (p. S45). The health challenges faced by Indigenous people are rooted in colonization and the resultant political, social, and economic inequities (Adelson, 2005; Kirmayer, Tait, & Simpson, 2008; Nelson & Wilson, 2017). The Mental Health Commission of Canada (MHCC; 2012) has acknowledged that the mental health of Indigenous peoples has been undermined for more than 200 years by the policies and legislation reflecting the
assimilation agenda. These health inequities are reinforced due to the divergent worldviews on what constitutes health between Indigenous and non-Indigenous people.

**Indigenous conceptualizations of health and wellbeing.** The growing interest in understanding health among Indigenous peoples has highlighted the differences from Western conceptualizations of health represented by the biomedical model. While there has been movement away from the idea that health is merely the absence of illness in the biomedical model, the model still tends to fragment the individual into components which are addressed separately and stresses the responsibility of the individual for health (van Uchelen et al., 1997). Lester-Smith (2012) recognized the contributions of the biomedical model, while emphasizing the differences from an Indigenous model of health:

To do credit to the Western model of health, seeing a dermatologist might be much more helpful than seeing a general practitioner if in that particular condition the only part that needed treating were the skin. However, it would be more helpful to seek a healer with a more wholistic diagnosis if the problem itself were wholistic—if the skin rash were only the tip of the iceberg, one symptom of a more serious health condition affecting many parts of the body. (p. 45)

Lester-Smith drew attention to the most significant point of divergence between Indigenous and Western understandings of health – that is the contrast between using principles of holism to treat the whole person and biomedical ideas that advocate looking only at the affected part and the treatment of specific symptoms. Many Indigenous cultures conceptualize health as holistic well-being which emphasizes interconnectedness of physical, spiritual, emotional, and intellectual aspects of self, as well as the connection to family and

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2 Western refers broadly to ideas, practices, and values that are rooted in Eurocentric belief systems. The terms mainstream or dominant are used interchangeably with Western. It is often used to contrast or juxtapose Aboriginal or Indigenous systems.
community (Mundel & Chapman, 2009; McCormick, 1997; van Uchelen et al., 1997). Thus health, among Indigenous people, is understood to be both an individual and collective process and responsibility.

Workplace health and wellbeing. The Mental Health Commission of Canada’s (2012) Mental Health Strategy for Canada reinforced the importance of addressing mental health issues that are challenging Indigenous peoples. This strategic document was developed with the input of “Assembly of First Nations, Inuit Tapiriit Kanatami, Métis National Council, the Congress of Aboriginal Peoples, the Native Women’s Association of Canada, and other stakeholder organizations such as the National Association of Friendship Centres” (MHCC, 2012, p. 70). The authors further addressed the importance of mental health in everyday settings, such as the workplace, and suggested that improvements in mental health in these daily settings have the potential to create the greatest impact for both Indigenous and non-Indigenous peoples. Grawitch, Gottschalk, and Munz (2006) discussed how the workplace can be both a protective factor and risk factor for mental health related issues among all employees. More than six billion dollars is lost annually in Canada due to mental health problems and illness (Sairanen, Matzanke, & Smeall, 2011) as well as the 30% of disability claims which are attributed to mental health related problems among Canadians (Smetanin et al., 2011). Reviewing this statistics is not intended to emphasize deficits, rather noting these challenges provides context for the proposed study. While the implications of the intersection of health and work have been highlighted for the general population, the same cannot be said for Indigenous people, despite the evidence in the fields of employment and health which has found the experience of Indigenous peoples differs in substantial ways from the experiences of non-Indigenous people.
**Indigenous world of work.** Employment is a pressing issue for Indigenous people and statistics on unemployment highlight the elevated rates of unemployment among the Indigenous population in Canada which, in some communities, is approximately double that of the general population (Statistics Canada, 2006). Mendelson (2004), in his report on the Indigenous workforce stated, “Employment is the cornerstone of participation in modern Canadian society. Employment is not only a source of income: It is also the basis for self-respect and autonomy” (p. 1). Mendelson’s statement, combined with the statistics regarding Indigenous employment, painted a disheartening picture of career and employment prospects for Indigenous peoples in Canada. A similar picture emerges when one looks at the employment of Native Americans\(^3\) in the United States where unemployment rates range across the country from 15% to 80% (Juntunen & Cline, 2010).

Despite these identified challenges with employment among Indigenous peoples in Canada and United States, the career development literature working with these groups is relatively sparse (Juntunen & Cline, 2010). The existing literature suggests that there are unique strengths, needs, and challenges for Indigenous peoples in the workplace (Britten & Borgen, 2010; Cheng & Jacob, 2008; Jackson & Smith, 2001; Julien, Sommerville, & Brandt, 2017; Juntunen et al., 2001; McPhee, Julien, Miller & Wright, 2017; Neumann, McCormick, Amundson & McLean, 2000; Spowart & Marshall, 2015). There is increasing recognition and demand for culturally sensitive approaches to vocational development theory and practice (Young, Marshall, & Valach, 2007). Young and colleagues suggested that vocational theory needs to be developed in the community with the specific language and narratives of that community. At present, the need for culturally sensitive vocational theory

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\(^3\)Native American has been identified as the preferred and appropriate term for Indigenous peoples in the United States of America.
for Indigenous people is unmet and there is a need for a better understanding of work related experiences of Indigenous peoples in Canada (Darou, 1998; Herring, 1990; Jackson & Smith, 2001; Neumann, McCormick, Amundson, & McLean, 2000).

**Statement of the Problem**

In this study, workplace wellbeing is of interest because the models of workplace health and wellbeing have been validated with occupationally diverse samples; a review of the literature suggests there is a paucity of research addressing culturally diverse samples. To address this gap in the literature, this study aimed to answer the question: *what are the factors which facilitate or hinder experiences of wellbeing in the workplace for Indigenous people?*

**Purpose of the Study**

A study of workplace wellbeing for Indigenous peoples is necessary and useful for a number of reasons. Indigenous peoples are the fastest growing population in Canada. According Statistics Canada (2017), “since 2006, the Aboriginal population has grown by 42.5%—more than four times the growth rate of the non-Aboriginal population over the same period” (“Aboriginal peoples in Canada: Key results from the 2016 Census,” para. 5) and as Sharpe, Arsenault, and Lapointe (2007) pointed out an improvement in workforce participation rates among Indigenous peoples has significant positive implications for the Canadian economy as a whole. Deficits in educational attainment have been repeatedly cited as the most substantial contributor to un(der)employment among Indigenous people (Kapsalis, 2006; Moyser, 2017; Sharpe et al., 2007); however, this presents an oversimplified understanding of the issue. Disparities present for Indigenous peoples, whether they are related to employment (Mills & Clarke, 2009), education (Schissel & Wotherspoon, 2003;
Mendelson, 2006) or health (Brascoupe & Waters, 2009; Graham & Martin, 2016; Kirmayer & Brass, 2016), are connected to the history of colonization and the lower rates of participation in the Canadian workforce may be related to lack of culturally appropriate workplaces, or discrepancies between workplace values and those of Indigenous peoples (Thiessen, 2016; Verbos, Gladstone, & Kennedy, 2011). As such, looking at the factors which facilitate wellbeing in the workplace will help to identify positive experiences and may contribute to employee recruitment and retention. Moreover, as the boundaries between work and personal life become more permeable, better understanding of wellbeing in the workplace for Indigenous peoples is likely to contribute to overall wellbeing.

The focus on wellbeing reflects of a broader movement in psychology, referred to as positive psychology. Positive psychology is “the study of positive subjective experiences, positive individual traits … And institutions that enable positive experiences and positive traits” (Page & Vella-Brodrick, 2009, p. 452). The emphasis on strengths and wellbeing in this study helps to balance the plethora of deficit based research that is readily available.

Workplace wellbeing research has been developed through the efforts of multiple disciplines. The intention of this study was not to dismiss the existing literature; rather it was to explore points of convergence and divergence when compared with the experiences of Indigenous people. Identifying factors which contribute to wellbeing for Indigenous peoples may supplement the ideas already evident in the literature with non-Indigenous people. Furthermore, given the multidisciplinary roots of workplace wellbeing research, the results of this study have the potential to give rise to follow up studies in multiple disciplines.

One of the substantial challenges in mainstream literature is the focus on quantitative methods of inquiry. As Adelson (2005) stated, “statistical data alone reduce individuals to
subsets of specific populations and effectively is a methodology that can further colonize peoples into abstract entities” (Adelson, 2005, p. 59). As such, a qualitative approach is best suited to explore this area of inquiry with Indigenous people. This study addresses the research question using the Enhanced Critical Incident Technique (ECIT; Butterfield, Borgen, Maglio, & Amundson, 2009) which provided a structured approach for gathering contextual information, eliciting helpful and hindering incidents, and establishing the credibility of the findings. Throughout the research process members of Indigenous communities were consulted, informally (e.g., through discussions of the research topic), or formally (e.g. presenting the research protocol for feedback or discussions of participant recruitment), in order to ensure the study was conducted in a culturally appropriate way.

**Rationale for the Study**

A growing body of evidence demonstrated contrasting worldviews between Western and Indigenous perspectives in the fields of health and employment research. Despite attention to Indigenous perspectives in the respective fields, the area where the two fields overlap – workplace wellbeing – has yet to be explored with Indigenous peoples. Using the ECIT method to investigate the factors that facilitate and hinder experiences of wellbeing in the workplace for Indigenous peoples has the potential to provide results that not only draw attention to the perspectives of Indigenous people, but also provide organizations with recommendations for improving organizational practices to meet the needs of Indigenous people in the workplace.

**Overview of the Dissertation**

The purpose of Chapter 1 is to provide a broad introduction to the context of the study, the relevant literature and drawing attention to the gap in the literature that this study
will address. Chapter 2 further sets the stage by discussing the history of Indigenous people in Canada and providing the details of the relevant existing literature in the areas of health, employment, and workplace wellbeing. Chapter 2 concludes with the research question, based on the identified gap in the literature, which was: What are the factors that facilitate or hinder experiences of wellbeing in the workplace for Indigenous people? Chapter 3 outlines how ECIT was used to answer the research question, as well as outlining the characteristics of the sample which consisted of 17 Indigenous people (14 women, 3 men) who reported high levels of educational attainment. Chapter 4 presents the results of the research process, separated into contextual findings, helping incidents, hindering incidents, and wish list items. Finally, Chapter 5 embeds the results within the literature, explores implications of the study, and discusses limitations of the research.
Chapter 2: Literature Review

Research with Indigenous people must be built upon a foundation of knowledge of the history of Indigenous peoples in Canada, as well as understanding the current context and how this influences research. As such, this chapter begins with a broad look at Indigenous people in Canada. Then moves to the three areas of literature which were considered: health, world of work, and the intersections between health and work. These areas of research are summarized at the end of the chapter.

Indigenous Peoples in Canada

According to the 2016 census, 4.9% of the population in Canada self-identifies as Indigenous, which represents an increase from 3.8% in 2006 and 2.8% in 1996 (Statistics Canada, 2017). According to Statistics Canada, among Indigenous people approximately 58% identify as First Nations, 35% identify as Métis, and 4% identify as Inuit (the remaining 3% identified as either having multiple Indigenous identities or provided identities not included elsewhere). There is significant diversity among the Indigenous peoples in Canada: there are more than 615 bands, with 11 major language groups and over 55 corresponding dialects among Indigenous peoples (Kirmayer et al., 2008). The diversity among Indigenous people in Canada, which parallels the diversity seen among Native American people in the United States, indicates that generalizations about these populations are not easily drawn. Despite these differences, Garret (2004) suggested that “common worldview and common history seems to bind Native Americans together as a people of many peoples” (p. 148) and this idea of a people of many peoples also seemed to apply to the Indigenous peoples of Canada.
One of these common worldviews is the emphasis on interdependence or what is often termed a collectivist orientation “where the needs of the community supersede the needs of any individual” (Overmars, 2010, p. 89). Kitayama and Uskul (2011) broadly contrasted independence and interdependence where the former was “social orientations that emphasize each individual’s distinctness, uniqueness, and separation from others (e.g., self-promotion, self-expression, and self-sustenance)” (p. 420) and the latter was “[social orientations that emphasize] each individual’s embeddedness and connectedness with others (e.g., social harmony and coordination, relational attachment, and social duties)” (p. 420). McCormick (1997) discussed interdependence in the context of First Nations people in Canada and suggested interdependence was “the individual’s connection to the world outside the self… this means to become connected or reconnected to friends, family, community, nature, and culture” (p. 178). It is this web of interconnections and relationships that fosters strength and resiliency among Indigenous people and communities. Other shared traditional values among Indigenous peoples include deep respect for Elders, non-interference, humility, seeking harmony with nature, generosity, holism, and balance (Garret, 2004; Juntunen & Cline, 2010; McCormick & Amundson, 1997; Nabigon & Wenger-Nabigon, 2012). These values are all deeply seated in Indigenous Knowledge and Indigenous Ways of Knowing.

To speak of “the” Indigenous Knowledge, would be highly inaccurate, as Indigenous Knowledge is as diverse as the peoples from whom it originates because it is rooted in language and culture. “Indigenous knowledge systems have been described as ecologic, holistic, relational, pluralistic, experiential, timeless, infinite, communal, oral and narrative-based” (Smylie, Martin, Kaplan-Myrth, Steele, Tait, & Hogg, 2004, p. 140). One of the shared principles in Indigenous Ways of Knowing is that there is no singular “truth”, rather
there are multiple “truths” that are equally valid (Castellano, 1999). This contrast allows for discordant perspectives to be held and respected, without subjugating one to another.

Furthermore, Indigenous Knowledge often develops in a similar fashion, where “knowledge starts with "stories" as the base units of knowledge; proceeds to "knowledge," an integration of the values and processes described in the stories; and culminates in "wisdom," an experiential distillation of knowledge” (Smylie et al., 2004, p. 141). Indigenous Knowledge and Indigenous Ways of Knowing, as the foundation of many Indigenous cultures, were also the primary targets of efforts at assimilation and colonization.

Kirmayer and colleagues (2008) suggested “although First Nations, Métis, and Inuit each have a unique historical relationship with European colonization and Canadian government, they share a common social, economic, and political predicament that is the legacy of colonization” (p. 6). The legacy of colonization is pervasive and diverse in its impact. Canadian government methodologically dismantled Indigenous communities and attempted to eradicate Indigenous culture through legislation (outlawing traditional ceremonies such as the potlatch and Sundance), through education and the use of residential schools, and by breaking apart family connections by removing children from their families (Stewart, 2008).

The Indian Act, created in 1876, was a devastating piece of Canadian legislation. Although it ascribed responsibility to the Federal government for the wellbeing of Indigenous people, the Indian Act also aimed to assimilate Indigenous people into Eurocentric Canadian culture and viewed traditional Indigenous beliefs and practices as savage and primitive (Schissel & Wotherspoon, 2003). The Indian Act was responsible for the dislocation and relocation of Indigenous people from their traditional lands. The health of Indigenous people
is tied to their relationship with the land and, as such, removing Indigenous people from their lands continues to have long lasting negative effects on the health of Indigenous people (Wilson & Rosenberg, 2002). Additionally, the Indian Act created settlements that placed Indigenous peoples together without regard to tribal affiliation and put in place governing systems that did not respect traditional Indigenous values (Menzies, 2006).

Education in the Western system in Canada began as voluntary for Indigenous people, but when Indigenous communities were not willing to give up their children the Canadian government adopted a coercive model, as constructed in the Indian Act, and applied it in the early 1920s through the formation of residential schools (Dumbrill & Green, 2007; Schissel & Wotherspoon, 2003). Indigenous children were removed from their homes and families, and then taken to residential schools where they were isolated from their culture. Students were punished for speaking their own language or engaging in traditional activities, such as smudging (Roué, 2006). Residential schools were, in effect, a legislated form of cultural eradication and were considered by some to be the most deleterious consequence of the Indian Act (Schissel & Wotherspoon, 2003). While the last residential school was closed in the late 1990s, the impact of residential school system remains in the experiences of Indigenous people today through the legacy of intergenerational trauma (Truth & Reconciliation Commission of Canada, 2015; Schissel & Wotherspoon, 2003).

Further fallout from the Indian Act was overwhelming increases in the removal of Indigenous children from their families and their placement in foster care, as crown wards, or being adopted into non-Indigenous families. This was most prominent in the 1960s and was termed the ‘Sixties Scoop’ (Menzies, 2006). According to Fallon et al. (2013), there continues to be an overrepresentation of Indigenous children in the care of non-Indigenous
institutions and in the foster care system. As a result of Indigenous children being removed from their families of origin and placed in a non-Indigenous context they were often left unable to connect with their Indigenous communities and also unable to connect with the Western culture into which they were immersed. This cultural disconnect is associated with numerous mental health issues and social difficulties (Kirmayer et al., 2003; Menzies, 2006; Stewart, 2008). Literature on colonization and its impact on health are growing (e.g., Chandler & Lalonde, 1998; Kirmayer, Tait, & Simpson, 2008; Lavallee & Poole, 2010; Nelson & Wilson, 2017; Poushinsky & Tallion-Wasmund, 2002; Reading & Wein, 2009).

Kirmayer and colleagues (2003) discussed a number of problems facing Indigenous communities which include, but are not limited to: substance use, high mortality rates, high suicide rates, diabetes, depression, and other mental health problems which are elaborated in subsequent sections.

While some may mistakenly suggest that the present is a post-colonial era, Indigenous scholars have argued that this is a convenient but highly inaccurate term (Bourassa, McKay-McNab, & Hampton, 2004; Duran, 2006; Smith, 2012). According to Duran, colonial oppression continues whenever Western based frameworks are imposed upon Indigenous communities without regard to Indigenous worldviews and beliefs. Colonialism and its legacy of intergenerational trauma are present in today’s society, though it may appear in more subtle ways than in the past. According to Blustein (2008):

Working is the social role in which people generally interact with the broader political, economic, and social contexts that frame their lives, working often becomes the nexus point for social oppression as well as a source of rewards, resilience, and relationships. (p. 230)
There are a number of challenges associated with the world of work for Indigenous peoples. Workplaces in Canada tend to emphasize individualistic values which are at odds with the traditionally collectivist orientation of Indigenous people (Juntunen & Cline, 2010). Furthermore, the most common indicators of success in the workplace are income and prestige. According to Juntunen and Cline, these motivating factors are incongruent with traditional values such as humility and the wellbeing of the community, as they describe in their case study using the cultural formulation approach to career counselling. In addition, workplace discrimination continues to be a barrier for Indigenous people (Agocs & Jain, 2001; Britten & Borgen, 2010; Dwyer, 2003; Juntunen et al., 2001; Mills & Clarke, 2009; Spowart & Marshall, 2015). Indigenous people have been underrepresented in a number of different occupations including: economics, medicine, engineering, community planning, forestry, wildlife management, geology and agriculture (Indian and Northern Affairs Canada, 1996). Kapsalis (2006) indicated “Aboriginal workers are under-represented in managerial occupations and professional occupations (which usually require university education)… they are roughly equally represented in skilled jobs (which usually require college education) and semi-skilled occupations… [and] they are over-represented in semi-skilled and low-skilled occupations” (p. 89).

Adelson (2005) provided a compelling summary of the historical roots of contemporary challenges faced by Indigenous peoples:

A history of colonialist and paternalistic wardship, including the creation of the reserve system; forced relocation of communities to new and unfamiliar lands; the forced removal and subsequent placement of children into institutions or far away from their families and communities; inadequate services to those living on reserves;
inherently racist attitudes towards Aboriginal peoples; and a continued lack of vision in terms of the effects of these tortured relations – all of these factors underlie so many of the ills faced by Aboriginal peoples today. (p. S46)


**Health and Wellbeing**

**Evolving conceptualizations of health.** Many concepts are presented as consisting of opposites, or binaries. For example, good / evil, strong/ weak, or support/opposition are examples of common binary divisions. However, binaries tend to over simplify the complexities of human interaction, limit the possibility of incorporating context and perspective, and create artificial boundaries. In the field of psychology this is recognized as problematic. Theorists in cognitive psychology suggest that dichotomous thinking, perceiving the world as binary, is considered to be a cognitive distortion which is likely to create distress for the person engaging in this kind of thinking (Dienes, Torres-Harding, Reineck, Freeman, & Sauer, 2011). Why, then, was mental health and illness understood as a binary? To answer this question, one must go back to the days of Descartes.

Descartes is best known for proposing mind-body dualism which posited that the mind and body are not only separate entities, but consist of two different substances: the mind being immaterial and thinking, while the body is material and unthinking (Mehta, 2011). Mehta explained this dualistic stance is the foundation of modern biomedicine which functions by understanding human beings as biological organisms only understood by
reducing them to their constituent parts. By separating mind and body, the influence of the mind on health was effectively eliminated from medical discourse for many years and only recently has it regained prominence in understandings of health. Mehta further stated: “disease was seen as a deviation from biological norms… consequently, health came to be defined as the absence of disease” (p. 204). Despite the longstanding precedent for understanding health in binary terms, a binary understanding of health is limiting because it fails to incorporate the complexity of personal, interpersonal, and cultural understandings of health and does not acknowledge the dynamic nature of human beings.

Rather than discuss mental health as binary, where a person is either healthy or ill, it is helpful to think of mental health as existing on a continuum or spectrum. A continuum allows for infinite possibilities and change is possible on an incremental scale, where differences between adjacent measures are challenging to perceive, yet opposite ends of the continuum demonstrate extreme differences. Mental health and illness is better suited to a continuum than binary because people are not so simple that they can either be classified as ill or healthy; it is more accurate and helpful to understand them as more or less healthy because they likely have areas of strength and areas of challenge. Understanding mental health as a continuum is evident in more contemporary definitions of health and illness. In the next sections, the contemporary definitions and measures of mental health are reviewed and challenges are highlighted.

**Current definitions of health.** The Canadian Mental Health Association (CMHA) is a national non-profit organization that was founded in 1918 and is dedicated to promoting mental health and providing supports for those experiencing mental illness; the CMHA acknowledged a change in the understanding of mental health:
It used to be that a person was considered to have good mental health simply if they showed no signs or symptoms of a mental illness. But in recent years, there has been a shift towards a more holistic approach to mental health. (CMHA, 2012)

Despite movement toward a more holistic definition of health, illness is the construct that is more readily defined and measured. *The Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association; 2013) is a volume dedicated predominately to the understanding and classification of illness; there is no equivalent classification that describes all the indicators of health. Some of the challenges in definition of mental health may be related to difficulties in categorization; illness, by deviating significantly from the norm, seems easier to categorize than health, which is presumed to be congruent with the norm. While illness causes distress and discomfort, the products of health are more challenging to define without creating a tautology. Nonetheless, there are varying definitions of mental health.

On a global scale, the World Health Organization (WHO, 2010) adopted the following definition of mental health:

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community. (WHO, 2010)

The WHO definition is inclusive and comprehensive, but it is also challenging to measure because many of the constructs included in the definition are subjective. Mental health is challenging because it is a higher order construct where many of the sub-components are also
difficult to define concretely. This definition of mental health is not value free; for example, it embodies health as residing solely in the individual and there are cultures, such as Indigenous cultures, which understand health as the responsibility of the individual and community, rather than limiting it to the individual’s contribution to the well-being of the community. The importance of how a definition is constructed was highlighted by Guarnaccia (2009): “the world is shaped through our cultural understandings of it, and these understandings are embedded in the terms, categories, and grammar we use” (p. 370).

From an academic or research perspective there continues to be a variety of definitions of mental health available with no evident consensus, despite themes that are common to many of the definitions. For example, Thirunavukarasu et al. (2011) suggested that mental health is characterized by awareness of one’s own self, the ability to relate well with others, and when all of one’s actions are useful, or at least not detrimental to one’s own self and others. They separated this into four categories of mentally healthy, mentally not healthy, mentally unhealthy, and mentally ill. Despite providing a specific definition of these categories, it was unclear how the distinctions would be helpful in a research or clinical/applied setting. Another example of a definition is seen in Goldman and Grobb’s (2006) work, who cite the US Surgeon general’s definition of mental health: “Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and an ability to adapt to change and to cope with adversity” (p. 728). Common themes in definitions of mental health emphasize relationships, productivity, coping, and adaptability. And while the mainstream definitions of health have broadened significantly, they continue to be rooted in Western conceptualizations and do not
fully reflect culturally based understanding of health among Indigenous peoples. As Nelson and Wilson (2017), in their review of 223 articles on Indigenous health in Canada, reflected:

The majority of the articles included in this review draw a sharp distinction between Indigenous ways of knowing (and by extension, Indigenous methods of healing) and Western ways of knowing (and by extension, biomedical mental health services). While differences in ways of knowing are important sources of misunderstandings in health and health care, overemphasizing such binary distinctions can collapse both Indigenous and Western world-views into homogeneous generalizations of what are in fact remarkably diverse perspectives. (p. 100)

As such, it is important to give due consideration to both Indigenous and Western perspectives on health and wellbeing and the diversity within these perspectives.

**Indigenous health and wellbeing.** Health, among Indigenous people, is often understood as holistic wellbeing which emphasizes interconnectedness of physical, spiritual, emotional, and intellectual aspects of self, as well as the connection to family, community, and Indigenous culture (Adelson, 2005; Graham & Martin, 2016; Mundel & Chapman, 2010; Stewart & Marshall, 2017; van Gaalen, Wiebe, Langois, & Costen, 2009; van Uchelen, Davidson, Quessette Brasfield, & Demerais, 1997). McCormick (1997) suggested that the concept of interdependence as essential to understanding health among Indigenous peoples. Similarly, Britten and Borgen (2010) stated “For indigenous people it is often not possible to separate an individual from their family, society, community, environment and beliefs and in order for health and wellness to be achieved all of these elements must be integrated” (p. 105). According to van Gaalen and colleagues, “The fundamental concept of the inherent interconnectedness of individuals, families and communities implies that individual, family
and community wellness must also be understood as essentially interwoven” (p. 10). The concept of interrelatedness is evident in the Government of Canada’s *Agenda for First Nations and Inuit Mental Health* published in 1991. In this document, mental health was conceptualized as follows:

Among the First Nations and Inuit communities, the term mental health is used in a broad sense, describing behaviours that make for a harmonious and cohesive community and the relative absence of multiple problem behaviours in the community, such as family violence, substance abuse, juvenile delinquency and self-destructive behaviour. It is more than the absence of illness, disease or dysfunction—it is the presence of a holistic, psychological wellness which is part of the full circle of mind, body, emotions and spirit, with respect for tradition, culture and language. This gives rise to creativity, imagination and growth, and enhances the capacity of the community, family group or individual identities to interact harmoniously and respond to illness and adversity in healing ways. (Government of Canada, 1991, p. 6)

There are a number of studies which use a holistic conceptualization of health and the factors which contribute to the health of Indigenous peoples. These studies will be discussed below.

Graham and Martin (2016) used narrative inquiry to explore what improved the mental health of néhiyawak (Plains Cree) people and well-being and what they needed to attain optimal mental health and well-being. Based on their interviews, four themes were identified: relationships; spiritual beliefs and cultural practices; tānisīsi wāpahtaman pimātisiwin (worldview); and ēkwa ōhi kikwaya piko ka-ispayiki kīspin ka-nohtē-miyo-mahcihoyān (“these are the things that need to be happy if I want to be healthy”). It was evident that the conceptualization of health was holistic and many of the examples shared by
participants aligned with the medicine wheel and determinants of health. Graham and Martin came to the conclusion:

These results suggest that mental health programming and interventions should be harmonious with Indigenous culture; utilize a holistic approach that takes physical, emotional, mental, and spiritual well-being into consideration; and address the existing mental health disparities using the determinants of health. (p. 1)

The results of their study also aligned with a number of factors related to health which were established in McCormick’s (1997) earlier study.

According to McCormick’s (1997) study, the following factors contributed to the health and healing of Indigenous peoples: establishing social connection and obtaining help/support from others; anchoring oneself in tradition; exercise and self-care; involvement in challenging activities and setting goals; expressing oneself; establishing a spiritual connection and participation in ceremony; helping others; gaining an understanding of the problem; learning from a role model; and establishing a connection with nature.

Another study which provided a culturally based perspective on health and wellbeing was conducted by van Uchelen and colleagues (1997). These authors challenged the emphasis on needs and deficits in the medical system and, instead, proposed an approach based on wellness and strengths. This study was conducted by both clinicians and researchers who were connected with the urban Indigenous community in Vancouver; their connections to community were highly desirable when conducting research with Indigenous peoples. The approach was rooted in cultural values of strength and wellness and used semi-structured interviews and a grounded theory approach for coding and analyses. The authors acknowledged that among Indigenous peoples there was not likely to be a singular definition
of health, as health is culturally anchored and there are diverse cultural beliefs regarding health among Indigenous peoples. Furthermore, they suggested that Indigenous individuals’ beliefs may vary in the degree to which they are impacted by cultural values and consequently there are culturally complex mixtures of health related beliefs. The authors found that wellness was related to Indigenous identity, sense of community among First Nations people, cultural traditions, contributing to others, spirituality and living in a good way. And there was overlap in participants’ understandings of strengths, which included sense of community among First Nations people, cultural traditions, contributing to others, and also overcoming hardship (which was unique to the strength category). The authors emphasized the connections between wellness and strength by stating “strengths represent potential pathways to wellness” (Van Uchelen et al., 1997, p. 40), similar to the way that Page and Vella-Brodrick (2009) discussed the relationship between strengths and workplace wellbeing. Van Uchelen and colleagues’ study contributed to the body of knowledge by providing an alternative to Western understandings of health that is holistic and culturally grounded.

Although definitions of mental health, from a Western perspective, are changing to include considerations such as coping, adaptive functioning and social interaction, the definitions remain limited to the mental realm. As discussed previously, this seems to be rooted in Cartesian mind-body dualism – a concept ill-suited to understanding Indigenous peoples. The aspects of self are understood to be interrelated in such a way that imbalance in one aspect of a person creates imbalance in other aspects of the person; this creates a continuity wherein it is difficult (and unnecessary) to differentiate between these aspects. According to Beaulieu (2011):
What becomes clear from this view of the self is that the various dimensions of health (physical, mental, spiritual) are not viewed as independent entities, but interconnected elements that comprise an individual’s health. It is for this reason that some Indigenous people struggle to define mental health concretely, because mind-body dualism is not a concept that is readily endorsed by many Indigenous cultures. (p. 31)

Isolating mental health may be useful to help clarify constructs in other research with other populations; however, it is suggested this may be an artificial distinction when working with Indigenous peoples. As Beaulieu remarked, it may be more appropriate to speak in terms of overall health rather than attempting to isolate mental health from other aspects of health.

A further example of contrast between Indigenous and Western biomedical conceptualizations of health is the placement of responsibility for health: in Western approaches health resides solely in the individual and illness is isolated, while Indigenous understandings of health recognize that health is created and experienced by both individuals and communities. This reflected another aspect of the importance of interconnectedness; healing occurs at both an individual and community level. Kirmayer and colleagues (2003) argued that although many of the issues related to mental health and illness present at an individual level, the changes necessary to reduce disparities must include a systemic or population level approach. This thought was echoed by Adelson (2005) who stated: “Indeed, if we are to understand “healing as the rebuilding of nations” and as a process of de-colonization, then we must find ways by which health can be effectively articulated at the levels of the individual, family, community, and nation” (p. S47). Consequently, although
the idea of mental health as distinct from other forms of health may not be suitable, it is helpful to understand health at the varying levels of social organization.

One of the most vivid contrasts between Western conceptualizations of health and Indigenous conceptualizations of health is the emphasis on illness and pathology. As discussed earlier, there is a longstanding tradition in the Western paradigm of emphasizing illness and disease. In fact, Goldman and Grob (2006), citing the US Surgeon General’s report, stated: “Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behaviour (or some combination thereof) associated with distress and/or impaired functioning” (p. 728). In an Indigenous paradigm, rather than discussing illness, mental health challenges are often understood as imbalance or factors that detract from wellness (Van Uchelen et al., 1997; Nelson & Wilson, 2017). Instead, Nelson and Wilson (2017) suggested research should “[begin] with Indigenous concepts of disorder or imbalance, specific to particular cultures and communities, rather than structuring research with Indigenous peoples around Western modes of categorizing mental health problems” (p. 101). Overall, there is limited emphasis on pathology in Indigenous understandings of health and difficulties that exist are not attributed solely to the individual. “The medical model, although gradually evolving, perpetuates the tendency to focus on illness…In so doing, the paradigm distracts us from inquiring into the positive side of health and wellness” (Van Uchelen et al., 1997, p. 37).

**Challenges of applying Western conceptualizations with Indigenous peoples.**

Despite the significant contrasts between Indigenous and Western conceptualizations of health, there were many examples of researchers and clinicians applying Western principles
to Indigenous people with dismal results. There were both theoretical and applied reasons to refrain from indiscriminately applying the Western paradigm of mental health to Indigenous peoples. Theory based reasons included the challenges in the research underlying assessment measures and the perpetuation of colonization by imposing Western frameworks. The practical, or applied, challenges were evidenced in the limited use of Western mental health services and the burgeoning research on mental health disparities.

Approaches to assessment of mental illness have grown and changed tremendously. One of the most significant developments was the publication of the Diagnostic and Statistical Manual of Mental Disorders (DSM; most recently the 5th edition) by the American Psychiatric Association (2013). According to Barry and Bietel (2009), “the DSM classification system, however, is not ‘culture-free’: it embraces a ‘Western medical approach’ in which lay perspectives on illness and healing are ignored, and biomedical concepts and diagnosis are viewed as neutral and impersonal” (p. 176). The DSM-IV-TR, which was a standard in the field, provided overarching diagnoses and labels using specific symptoms with very little attention to the variation in meaning of these symptoms in specific cultures. The DSM-IV-TR also provided an example of two other challenges: the lack of appropriate norms for diverse cultural groups and the unacknowledged presence of the Western paradigm which underlies assessment measures. While the DSM-5 is noted to have made progress by including a Cultural Formulation Interview, it was not sufficient. As Alarcón (2014) remarked:

Details of the main cultural variables and of the weight of culture in a general definition of mental disorders are missing here and in other sections of the manual. Similarly, mentions of culture as a pathogenic/pathoplastic element, a
supportive/therapeutic agent, a help-seeking/compliance determinant or, ultimately, a prognostic factor were not included. (p. 311)

A number of authors have critically examined the Eurocentric values which underlie many mental health measures and constructs, such as those provided by the both the fourth and fifth editions of the *Diagnostic and Statistical Manual of Mental Disorders* (Aggarwal, Nicasio, Desilva, Boiler, & Lewis-fernández, 2013; Barry & Bietel, 2009; Guarnaccia, 2009; Kamens, Elkins, & Robbins, 2017; Kreigler & Bester, 2014; Timimi, 2013; Safran et al., 2009). Guarnaccia stated “the overwhelming focus of these instruments and studies is on psychiatric disorders defined by the major nosological systems... This means that mental health is still largely framed within Euro-American conceptualizations and categorizations of psychiatric disorders” (p. 375). This is problematic because, as discussed earlier, the paradigms underlying Western and Indigenous understandings of mental health/illness are markedly different. It is difficult, if not impossible, to measure health from an Indigenous paradigm using Western measures because it is understood as holistic, integrated and interconnected while Western measures of mental health tend to separate mental health from other aspects of health. Duran (2006) argued applying Western frameworks to Indigenous peoples is a continued form of colonization as it undermines Indigenous worldviews and promotes the pathologizing and labelling of Indigenous people. Nelson and Wilson (2017) indicated “For mental health in particular, research from around the world strongly indicates that we should be cautious in drawing conclusions about the prevalence of mental illness without taking colonial processes and structures into account” (p. 94).

The emphasis on illness was also reflected in the limited investigation into culturally based measures of wellness or health. As Guarnaccia (2009) stated “while methods for
assessing mental health, really mental health problems and disorders, are quite well
developed for a range of ethnic and racial minority groups, the assessment of wellness is less
well developed‖ ( pp. 365-366). Measures of wellness, such as the Quality of Life measure
(Spilker, 1996), were not developed with culturally diverse populations in mind and the
adaptation of these measures to be culturally appropriate would likely be a lengthy and
difficult process. According to Guarnaccia there were often challenges in measures of social
functioning and spirituality; both of which are significant facets of wellness for Indigenous
peoples.

Ample evidence has established that the indiscriminate application of Western
paradigms of health to Indigenous peoples was not effective. This has been demonstrated by
consistent under-usage of services, high drop-out rates, and Indigenous peoples’ reports of
low quality of care and services received (Beaulieu, 2011; Harris, Edlund, & Larson, 2005;
Hartmann & Gone, 2012; Oetzel, Duran, Lucero, Jiang, Novins, Manson et al., 2006). As
Boksa, Joober, and Kirmayer (2015) remarked:

In mainly non-Aboriginal mental health settings, the values and traditions of
Aboriginal persons may be poorly understood and their concepts of wellness and
ways of knowing undervalued. Thus services may be inadequate or inappropriate
owing to a lack of culturally competent and knowledgeable mental health care
providers. (p.364)

Consequences of imposing Western paradigms of health included culturally insensitive
practitioners, challenges navigating differing worldviews of clients and clinicians, and
stigma; all of which create barriers. In a study comparing mental health service use among 8
different ethnic populations in the United States, Harris and colleagues found that Indigenous
people reported the highest rates of mental health problems and the highest levels of unmet needs. According to Nelson and Wilson (2017) in their review of the literature: “Articles included in this study almost universally state that rates of mental health problems among Indigenous peoples in Canada are higher than those found in the general population, and most frequently relate these mental health problems to experiences of historical trauma” (p. 101). Nelson and Wilson also caution regarding the “embeddedness of colonialism in the health care system, a problem that creates barriers for Indigenous peoples seeking to access health care services, especially for mental health problems” (p. 94). Research on mental health disparities outlined by Hartmann and Gone, identified further challenges.

Hartmann and Gone (2012) explained that although disparities in use of mental health services are often attributed to lack of access, there was also ambivalence about using these services due to the divergence in worldviews regarding healing practices and traditions. The authors explored three approaches to integration of Western and Traditional approaches to health: (1) Cultural adaptations of Western models, (2) Western adaptations of cultural models and (3) Traditional therapies as an addition to (complementing) Western therapies. Hartman and Gone used qualitative content analysis of both individual interviews and focus groups with Native American participants in an urban context. In the results Hartmann and Gone outlined four aspects that were key to integration (ceremony, education, culture keepers, and community cohesion) while they also discussed a variety of tensions that were created by the prospect of integrating Western and Traditional approaches. Regarding the structure of the study, the location of the authors and researchers involved relative to the community and clinic being discussed was clearly described. In the discussion of trustworthiness (from a qualitative perspective) the authors suggested that their disconnection
from the community enhanced the trustworthiness of the study. Although this may be true for qualitative research in general, when working with an Indigenous population there are also benefits of being connected to the community. It is an over simplification to suggest that being distant from the community enhanced the quality of the study. This reflects one, of many, considerations specific to research with Indigenous peoples in a variety of disciplines.

In contrast, case studies of Indigenous programs, including the work of Lester-Smith (2012), Mundel and Chapman (2010), and Van Uchelen et al. (1997) demonstrated the success of programs which embodied shared Indigenous values and respect Indigenous Ways of Knowing. As Nelson and Wilson (2017) summarized in their review of the literature:

Overall, however, the message imparted by articles related to Indigenous culture-based mental health interventions is that effective services are those which are developed with the participation and input of community members and which take the history of colonialism in Canada into account. In other words, community control of mental health services, from their inception, seems to be the best predictor of their success (p. 101).

While Lester-Smith argued “mainstream healthcare remains culturally-insensitive and unsafe for many because many healthcare providers do not understand the vital health impacts that lack of Native healing practices present to many Aboriginal persons” (p. 44), she also highlighted “we need both Western and Indigenous knowledge in order to complement one another for the betterment of societal wellbeing” (p. 45). In the field of health, as noted by Hartmann and Gone (2012) there has been growing recognition for integrative and
complementary approaches; however, this idea has yet to be embraced in the vocational development research.

**World of Work**

**Conceptualizations of career.** In the past, the term career referred to a linear and hierarchical progression of employment that increased in stability and prestige over time (Richardson, 2012). This understanding of career provided boundaries between employment and the rest of a person’s life. Although the initial work of pioneers like Parsons in vocational development theory looked at an inclusive array of persons, in the middle of the 20th century, research became focused on those with a degree of choice in vocation or career (Blustein, 2008).

Current conceptualizations of career are moving away from these ideas of stability, boundaries, and choice. Given the changing economic and employment conditions which no longer promise stability or longevity of employment, it seems understandable that the definition of career is changing. Young, Marshall, and Valach (2007) suggested the “word career has a range of meanings… [and] that meaning of career changes as the occupational structure of a society changes” (p. 7).

The boundaries between work life and personal life are becoming increasingly permeable. “The separation of work from other domains of life is not consistent with the lived experiences of people, where lives do not conform to neat and tidy boundaries established by scholars to facilitate the study of human behavior” (Blustein, 2008, p.231). Blustein elaborated that work is interwoven in many contexts of life, reaching far beyond the workplace, and interacting with these contexts in various ways. In fact, Savickas et al. (2009) suggested that the idea of career development, being somewhat circumscribed to the
context of the workplace, was no longer relevant and, instead, discussed “‘life trajectories’ in which individuals progressively design and build their own lives, including their work careers” (p. 241).

Moreover, regarding vocational choice, Blustein’s (2006) work was prominent in recognizing that there are those “who may not have even had a glimpse of career” (p. 55) and “people who had little, if any volition in their working lives” (p. 23). In this instance, Blustein discussed persons who were working for survival rather than to meet vocational interests. Richardson (2012) also explored the impact of ‘choice’ and stated:

Focusing on choice perpetuates a belief in free will, that the individual is the master of his or her fate, and that any problems or limitations are the fault of that individual. It marginalizes and ignores those who lack choice and opportunity and experience significant social and cultural constraints on choice. (p. 196)

As is evident in both Blustein’s and Richardson’s work, the idea of vocational has been strongly challenged in contemporary discussions of career. However, in Blustein’s psychology of working, he argued even without volition in employment, there are three needs which are met by working. The first, as noted above, was the need for survival whereby working provides access to the resources that are necessary to meet basic needs, such as obtaining food, shelter, and clothing. The second was the need for relatedness, where working provides opportunities to interact socially and to connect with “the economic and social welfare of their communities” (Blustein, 2008, p. 234). This concept also served to diminish the artificial boundaries between working and interpersonal aspects of life. Finally, the need for self-determination was addressed. This reflected the idea that people may
experience authenticity and a sense of “authoring the direction of one’s life” (Blustein, 2008, p. 234), even when a job is not necessarily satisfying or interesting to the individual.

On the whole, the world of work is changing to become less predictable and more demanding on workers (Savickas et al., 2009). Workers are likely to experience multiple job transitions, are expected to have diverse skill sets and need to create opportunities for themselves. This can mask the fact that work trajectories are also influenced by systemic forces. According to Richardson (2012) “a discourse about market work contexts enables people to more clearly understand their market work trajectories as a product of their own efforts and actions and of the economic and social realities they are confronting” (p. 207). These challenges in the world of work also serve to underscore the links between work and psychological health. While the benefits of work include connection to others in social and economic contexts, a sense of enhanced wellbeing, and opportunities for individual accomplishment and satisfaction, when individuals lose their jobs there are consistent links to difficulties with mental health issues such as anxiety, depression, and substance abuse (Blustein, 2008).

Indigenous world of work. Discussions of work for Indigenous people often begin with ‘the numbers’ by looking at the statistical representations of Indigenous (un)employment and the challenges reflected in this. For example Mendelson’s (2004) report, indicated that the unemployment rate for Indigenous people in Canada as 19.1% while the non-Indigenous population demonstrated an unemployment rate of 7.4%. Also, in 2007 a report published by the Center for the Study of Living Standards (Sharpe, Arsenault, & Lapointe, 2007) indicated that there was not only a gap in employment rates when comparing Indigenous and non-Indigenous people, there was also gaps in employment participation
rates, employment income rates, and educational attainment rates. The disparities in the rates of educational attainment demonstrated that while 1 in 3 people in the non-Indigenous population did not graduate from high school, almost 50% of Indigenous people did not obtain a high school degree (Mendelson, 2004). However, the 2012 Aboriginal Peoples Survey found that 72% of First Nations respondents (between the ages of 18 and 44) had completed a high school diploma or equivalent; for comparison, the National Household Survey found that 89% of non-Indigenous people had a high school diploma or equivalent (Aboriginal Affairs and Northern Development Canada, n.d.). This trend continued when looking at post-secondary education as well, Sharpe and colleagues noted “in 2001, only 8.9 per cent of Aboriginal individuals held a university degree, compared to 21.8 per cent of the non-Aboriginal population” (p. 7). However, more recent statistics suggest there have been improvements in educational attainment:

Almost one-half (48.4%) of Aboriginal people had a postsecondary qualification in 2011, including 14.4% with a trades certificate, 20.6% with a college diploma, 3.5% with a university certificate or diploma below the bachelor level, and 9.8% with a university degree. In comparison, almost two-thirds (64.7%) of the non-Aboriginal population aged 25 to 64 had a postsecondary qualification in 2011. Of this group, 12.0% had a trades certificate, 21.3% had a college diploma, 4.9% had a university certificate or diploma below the bachelor level, and 26.5% had a university degree. The main difference between the Aboriginal and non-Aboriginal populations in terms of postsecondary qualifications was with the proportion of university graduates. There was also a difference in the proportion of Aboriginal and non-Aboriginal people with 'no certificate, diploma or degree'. Among Aboriginal people aged 25 to
64, 28.9% had 'no certificate, diploma or degree' while the proportion for non-Aboriginal people in the same age group was 12.1%. The proportion of Aboriginal people aged 25 to 64 with a high school diploma or equivalent as their highest level of educational attainment was 22.8%. In comparison, 23.2% of non-Aboriginal people in the same age group had a high school diploma or equivalent as their highest qualification. (Statistics Canada, 2011, pp. 4-5)

Differences in educational attainment are evident when comparing Indigenous men and women, as well as looking at Indigenous people living on and off reserve. Indigenous men have higher labour force participation and employment rates than Indigenous women, as well as higher employment income (Hull, 2015). However, there are more Indigenous women with post-secondary credentials (especially at the university level) (Hull, 2015).

Furthermore, the gap in employment rate decreases with higher levels of education.

A summary of the differences in educational attainment by gender is included below:

**Table 1**

<table>
<thead>
<tr>
<th>Selected levels of educational attainment</th>
<th>Aboriginal women</th>
<th>Aboriginal Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>35 to 44 years</td>
<td>55 to 64 years</td>
</tr>
<tr>
<td>Postsecondary qualifications</td>
<td>55.3</td>
<td>46.5</td>
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<td>Trades certificate</td>
<td>9.9</td>
<td>10.1</td>
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<td>College Diploma</td>
<td>27.1</td>
<td>21.4</td>
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<td>University certificate below bachelor</td>
<td>4.6</td>
<td>4.8</td>
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</tbody>
</table>

|                                          | 35 to 44 years   | 55 to 64 years |
|                                          | 35 to 44 years   | 55 to 64 years |
|                                          | 55 to 64 years   | 55 to 64 years |
| Percentage                               |                  |                |


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Furthermore, Indigenous people living off reserve reported higher levels of educational attainment (Kelly-Scott & Smith, 2015). Sharpe and colleagues (2009) argued that efforts
which emphasize increasing educational attainment would likely result in a reduction of the gaps in employment participation rates and employment income rates, which has the potential to improve the wellbeing of Indigenous people and alleviate challenges faced by the Canadian economy. Arriagada (2016), based on data from the 2011 National Household Survey, also found that as levels of educational attainment increased among Indigenous women, the gap in unemployment rates decreased. For example, the rate of unemployment among women without a certificate, diploma or degree was 19.8% for Indigenous women and 10.4% for non-Indigenous women; however, for women with a university certificate, diploma or degree there was a 5.7% unemployment rate among Indigenous women and 4.8% among non-Indigenous women (Arriagada, 2016). Sharpe and colleagues recognized that the difference in educational attainment was not the sole contributing factor to differences in unemployment rates, they suggested that “the main reason behind the higher level of unemployment for Aboriginal Canadians is a lack of employment opportunities” (p. 8), particularly because many Indigenous people resided in rural communities with limited job opportunities. However, this may be an oversimplified explanation of elevated unemployment rates and the interaction between Indigenous people and the Canadian workforce.

There were multiple factors which were thought to contribute to the elevated unemployment rates of Indigenous people in Canada. According to Adelson (2005):

It is the complex interplay of job market discrimination, lack of education, cultural genocide, and loss of land and sovereignty that affects employment status and, ultimately, the degree of poverty faced by those who are caught in a “circle of disadvantage.” (p. s53)
Brown and Fraehlich (2012) contrasted the individualistic focus in mainstream workplaces with the interdependent perspective held by many Indigenous people and noted that there were significant challenges inherent in these contrasting worldviews. For example, Bingham, Adolpho, Jackson, and Alexitch (2014) found Indigenous people “defined successful careers as those that allowed them to be home with family in the evenings and on weekends. This process reflected an expectation to put family first” (p. 625). Indigenous people often experienced conflict when their supervisors would counsel them to prioritize work over family (Julien, Sommerville & Brant, 2017). Julien and colleague’s exploration of work-life enrichment found that Indigenous people had difficulty when employers did not understand the importance of family and this clash of values hindered their ability to find work-life balance. High levels of work-life conflict have been associated with a variety of issues; for example, high levels of stress, heart disease, substance abuse, depression, absenteeism, turnover and anxiety; as well as lower levels of marital and family functioning and life satisfaction (Julien et al., 2017).

According to Krippendorf (2011), the differences in worldviews could lead to discrimination and misunderstandings in the work place. As Thiessen (2016) outlined:

The literature consistently indicates that persistent western work practices and policies include the failure to support Indigenous ways of living and working, the failure to take into account linguistic diversity, the lack of culturally appropriate policies, and even more significantly, managers and peers deficit or biased views and low expectations of Indigenous workers. (p. 39)

These low expectations and biased views may be related to the deleterious impact of the negative portrayal of Indigenous people in the media and the negative consequences in the
workplace (Belanger, 2002). Furthermore, there was a lack of parity in wages between Indigenous and non-Indigenous people which is particularly predominant in urban areas (Brown & Fraehlich, 2012) and “colonialism affected Aboriginal economic participation directly and indirectly resulting in present-day discrepancies between Aboriginal and settler employment” (Mills & Clarke, 2009, p. 994).

Racism and racial discrimination also presents a significant challenge within the workplace experiences of Indigenous people (Agocs & Jain, 2001; Bingham et al., 2014; Juntunen et al. 2001; Mills & Clarke, 2009; Thiessen, 2016; Thompson, 2012). According to Reading and De Leeuw (2014), “Racism is a social injustice based on falsely constructed, but deeply embedded, assumptions about people and their relative social value; it is often used to justify disparities in the distribution of resources” (p. 1). The Ontario Human Rights Commission (Racial discrimination, race and racism fact sheet, n.d.), provides the following definitions of racism and racial discrimination.

Racism is an ideology that either directly or indirectly asserts that one group is inherently superior to others. It can be openly displayed in racial jokes and slurs or hate crimes but it can be more deeply rooted in attitudes, values and stereotypical beliefs. In some cases, these are unconsciously held and have become deeply embedded in systems and institutions that have evolved over time. Racism operates at a number of levels, in particular, individual, systemic and societal. (para. 6)

The following quote provided a suggested description of racial discrimination:

Any distinction, conduct or action, whether intentional or not, but based on a person’s race, which has the effect of imposing burdens on an individual or group, not imposed upon others or which withholds or limits access to benefits available to other
members of society. Race need only be a factor for racial discrimination to have occurred. (Ontario Human Rights Commission, *Racial discrimination, race and racism fact sheet*, n.d., para. 4)

Racism remains an ongoing challenge for Indigenous peoples in Canada: “According to a 2005 report of the *First Nations Regional Longitudinal Health Survey* (RHS), 28% of participating First Nations adults experienced at least one instance of racism in the past 12 months” (First Nations Center, 2005 as cited in Reading & de Leeuw, 2014, p. 2). Allan and Smylie (2015) indicated that while there was survey data available which documented the experiences of racial discrimination of Indigenous people, experiences of racism are commonly underreported and “presently available data can be best understood as an underestimate of the true prevalence of racism in Canada” (p. 8). Martin and Kipling (2006) found that Indigenous nursing students who experienced racism chose to remain silent, rather than confront the racism because, “Most students perceived that it was dangerous to confront racism” (p. 693). Another study with nurses found that Indigenous participants were concerned about how speaking out about racism would impact their relationships with coworkers (Vukic, Jesty, Mathews, & Etowa, 2012). The majority of literature on the impacts of racism focuses on a broad perspective, with the social determinants of health as a framework. According to Allan and Smylie (2015):

> In Canada, Indigenous conceptualizations of the social determinants of health have emphasized the fundamental role of colonization, racism, social exclusion and a lack of self-determination in the alarming disparities in Indigenous and non-Indigenous peoples’ health. For example, Loppie, Reading & Wien(2009) specifically identify the relationships between the factors listed above and determinants of health
including health care, education, housing, employment, income, food security, community infrastructure, cultural continuity and environmental stewardship. (pp. 5-6)

However, as Mills and Clarke (2009) argued, racism is a legacy of colonialism and includes “both individual racism, such as discriminatory acts of co-workers and employers, and systemic racism, structures that normalize and perpetuate the unequal allocation of resources and power in society, such as poorer educational systems on reserve” (p. 995).

There is limited literature available regarding specific experiences of racism in the workplace among Indigenous people in Canada. Agocs and Jain (2001) reviewed cases brought before the federal and provincial human rights commissions dealing with complaints of racial discrimination from 1980-1998, and focus group interviews. When they described the focus group interviews, the authors stated:

Their narratives tell of a racism as unpleasant surprise; as wounding; as devastating to self esteem; and as an all-too-predictable cutting-off of opportunity to make a living; to provide for a family; to make use of one’s education and talents; and to be accorded the dignity, recognition and respect that every human being deserves. (p. 14)

A study by Currie, Wild, Schopflocher, Laing, and Veugelers (2012) with Indigenous university students in Edmonton found that 80% of students interviewed had experienced racial discrimination, of which two-thirds had experienced high levels of racism (defined as 3 or more situations). The authors also found discrimination was experienced in educational institutions, public places, when trying to access goods and services, and when trying to secure housing. According to Currie and colleagues, “students who considered themselves
traditional or cultural Aboriginal persons were significantly more likely to experience racial discrimination” (p. 620).

In the context of work and career, discrimination and racism hindered Indigenous youth experiencing career transitions (Britten & Borgen, 2010; Spowart & Marshall, 2015). Indigenous people have felt stereotyped and undervalued in the workplace (Julien et al., 2017; Thiessen, 2016). Explorations of Indigenous nurses experiences have found, both in educational programs (Martin & Kipling, 2006) and in the workforce (Vukic et al., 2012), that racism and discrimination directed towards the nurses or towards other Indigenous people has a negative impact. Interestingly, In Vukic and colleagues’ study, participants “did not blame individuals and consistently referred to the need for increased awareness of issues and institutional commitment to respond to racism” (p. 3). However, there was discussion of how Indigenous nurses encountered racism varying from racial slurs to tokenism; from being challenged on their credentials or commitment to Indigenous communities to more subtle comments which resulted in them feeling uncertain about what they thought was racism and prevented them from speaking up. There was also a study of Indigenous teachers experiences in the education which identified instances and impacts of racism (St. Denis, 2010). Indigenous teachers in this study found that their qualifications were questioned which, in addition to marginalizing and excluding them, negatively impacted their sense of belonging and acceptance in the teaching profession. St. Denis reported that these teachers also experienced racism when they made efforts to include Indigenous content in curriculum and were met with significant resistance or the Indigenous content was trivialized and when others discounted the devastating impacts of historical oppression and colonization. The Indigenous teachers in the study were also sensitive to the racism which was directed at
Indigenous students. Juntunen and colleagues (2001) indicated that participants, particularly those with post-secondary education, experienced discrimination in the workplace. They found 9 of the 11 participants who had attended or completed college identified discrimination resulting from racism as an obstacle to their career development. Examples of discrimination included tokenism (“I was really the token Indian that they had” (p. 280)) and the attitudes held by colleagues about affirmative action hiring policies and it was suggested “discrimination may not have prevented her from obtaining a position, but it may have limited her ability to thrive in that environment” (p. 280). In addition, Juntunen and colleagues found there were participants who were discriminated against by their own communities and who “felt ridiculed for their achievements by family and neighbors” (p. 280).

Conceptually, Agocs and Jain (2001) explained that racial discrimination in the workplace occurs in two forms: access discrimination and treatment discrimination. Access discrimination was described as occurring at the pre-employment stage when individuals are denied equal access to jobs based on their racial group. While treatment discrimination occurs once the individual is employed in the workplace. As Thiessen (2016) explained:

Despite legislated employment equity laws in North America and attempts at diversity training, minorities, working in homogeneous organizations are often subjected to negative stereotypes, stricter performance evaluations, higher levels of inspection to their work and social isolation. (p. 37)

Nonetheless, as Allan and Smylie (2015) so aptly stated, “Indigenous people have been managing racism and its effects on their health for hundreds of years, demonstrating resilience and resourcefulness in the face of exclusion and marginalization” (p. 10).
In the recent literature there has been an effort to move beyond deficits and statistics, to explore the lived experience of Aboriginal people. These studies, although limited in number, have highlighted some of the facilitators of employment for Indigenous people in Canada and the United States, as well as identifying potential barriers.

McPhee and colleagues (2017) explored the benefits of an Aboriginal Employees Resource Group (ERG) for Indigenous employees of large financial institution. The primary benefit of the ERG was through the connections made among Indigenous employees, which included opportunities for mentorship and coming together in a yearly conference. The ERG also provided employees a venue for engaging with Indigenous culture in the workplace and contributing to the wider Indigenous community through community service projects.

Work-life enrichment among Indigenous people was examined by Julien and colleagues (2017). They found that Indigenous employees were best able to maintain work-life balance when they had family support, practiced spirituality and other coping mechanisms, used formal supports (e.g., Employee Assistance Programs), and had access to Elders for culture support. Flexibility from supervisors and the support of supervisors and the organization also facilitated work-life balance for Indigenous employees. However, the authors caution “the support offered may not be culturally relevant and/or may not be what Indigenous people need. There is a growing recognition in our society that treating people equally is not equivalent to treating them equitably” (p. 177).

A study by Brown and Fraehlich (2012) explored the experience of staff members in an urban Indigenous human services agency. After interviewing over 80 participants, the authors suggested that the following factors are assets for Indigenous people who are working in the human services industry: formal education, cultural knowledge, previous
work experience, connections with the community (or life experience), and a history of helping others. In particular, the authors emphasized how cultural knowledge significantly contributed to employment prospects.

Britten and Borgen (2010) reported a variety of factors that helped First Nations youth in career transitions. The factors were placed into eight helping categories: family, wellness, school, Aboriginality, achieving a new level of understanding, work experience, healthy relationships, and community. The participants also identified factors which hindered their career transitions which were encompassed in the five hindering categories: school, wellness, family, work experience, and community. Britten and Borgen highlighted the overlap between the helping and hindering categories; factors could be helping or hindering depending on the context and individual. For example, family was helpful when there were role models and a supportive, stable environment; conversely, family was hindering when there was a lack of support and a difficult home environment. Spowart and Marshall (2015) also engaged with Indigenous young men about career transitions; these participants emphasized the importance of relational supports and the connections between culture and work. Another study, conducted by Dwyer (2003), explored the career progression factors of Indigenous executives in Canada’s federal public service. This study, using a number of different methods, found that the factors which were thought to enhance a career trajectory in the Canada federal public service were leadership experience, education, job assignments, and training.

Education, as identified by Dwyer (2003) and Sharpe et al. (2007), continues to be an essential ingredient in employment for Indigenous people. Educational attainment continues to be linked with improved employment prospects and higher wages (Betz, 2006; Milligan &
Bougie, 2009). Consistent with the literature, improving access to education for Indigenous people continues to be identified as a priority in Canada. The studies investigating the links between education and employment have been conducted in both the United States and Canada. Jackson and Smith (2001) found that family played a significant role in educational decisions for Navajo students making the transition to post-secondary education. Juntunen and colleagues (2001) also noted the importance of formal education as a supportive factor for the career pursuits of the Native American people that participated in the study. In Canada a number of authors have discussed the importance of both formal and informal education for Indigenous people in the workforce (Brown & Fraehlich, 2012; Dwyer, 2003; Overmars, 2011). A study by Marshall and colleagues (2010) found that, in the joint projects between urban Indigenous adolescents and their families, continuing education was a significant theme in the process of facilitating the adolescents’ career development.

The studies that focus on employment also highlight other social contexts, such as relational work, through the emphasis on helping others in the community and pursuing employment opportunities that best meet the needs of the community (Brown & Fraehilch, 2012; Thiessen, 2016; Vukic et al., 2012). Darou (1998) cautioned career counsellors to avoid overemphasizing the importance of paid work when supporting Indigenous clients because there were many instances of unpaid work that were valuable to the community. Both Darou (1998) and Richardson (2012) draw attention to an area of work – unpaid work - that has been neglected in vocational development literature in the past, despite having significance and value to those who participate in it. Unpaid work may allow individuals to gain skills, help others, or meet the needs of the community, all of which is all valuable yet does not generate income.
When reviewing the literature focused on Indigenous peoples in Canada and the United States, it was not difficult to find examples of caring for others, relationships, and communities. Brown and Fraehlich’s (2012) paper remarked that many of the participants, prior to obtaining a position at an Indigenous organization, were informal helpers in their communities and participants also emphasized the importance of giving back to the community. Marshall and colleagues (2010) study explained “Two families were engaged in joint projects oriented toward preparing adolescents to enter into the adult world as people who care for others by being responsible for their welfare” (p. 550). Cheng and Jacob (2008) found that when asked about career the Native American students they interviewed indicated that they hoped to give back to their communities. An earlier study that interviewed adult people of Native American descent, also found that giving back to the community was integral to the discussion of career and to career goal setting (Juntunen et al., 2001). While Richardson (2012) commented that unpaid work was devalued by many, these studies suggest that the unpaid work is a valued endeavour for many Indigenous people.

In order to respect Indigenous worldviews and reflect the body of literature on Indigenous employment and career, the following definitions will be used:

*Career:* the definition for this term is derived from the work of Juntunen and colleagues (2001) which describes career as “being a long-term commitment, requiring planning for the future, having a relationship to personal and family goals, and being part of one’s identity” (p. 282).

*Work:* The term work will refer to both paid and unpaid activities/processes in which a person engages to achieve a valued outcome, where the value is not necessarily determined by material gain or financial income.
**Employment:** this term will refer to income generating activities (either self-employed or employed by an organization).

While there is a developing body of literature looking at the world of work for Indigenous people, there has been limited attention to the workplace environment and the impact of this environment on Indigenous people.

**Intersections of Work and Health: Workplace Wellbeing**

Historically, the measure of a healthy workplace was the organizational ‘bottom line’ (Grawitch et al., 2006). Similar to the evolution in understandings of personal health, the definition of a healthy workplace has developed over time. Grawitch and colleagues suggested workplace health exists on a continuum and they defined a healthy workplace as one that “maximizes the integration of worker goals for well-being and company objectives for profitability and productivity” (p. 129). However, the majority of the literature was written with the employers as the intended audience and there was limited attention to the perspectives of individual in the workplace, outside of those instances where the opinion of the worker was solicited in way that is instrumental to the gain of the employer or organization.

An abundance of literature exists which identifies the costs to employers and organizations of having unhealthy workplaces. In fact, the Shain Reports published for the Mental Health Commission of Canada (MHCC, 2010) provided the rationale and legal evidence for the responsibility of employers to attend to psychological safety in the workplace. A psychologically safe workplace is one “that does not permit harm to employee mental health in careless, negligent, reckless, or intentional ways” (MHCC, 2010, p.1). Kelloway and Day (2005) recognized that while employment could be a causal factor in ill
health, employment also had the potential to be a health resource. They identified the most common workplace stresses which included overworking (due to workload and work pace), role stressors (when there was conflict between roles or ambiguity about role expectations), career concerns (e.g., job insecurity, imbalance between efforts and rewards), work scheduling difficulties, interpersonal relationships concerns (e.g., lack of support, presence of violence/aggression), and limited control over job content/demands. There were significant costs to unhealthy workplaces, which included psychological strain (disturbances in affect or cognition), physical strain (ranging from psychosomatic symptoms of distress to life threatening conditions), behavioural strain that occurs both inside and outside the work environment, and organizational strain (e.g., absenteeism, turnover, safety incidents) (Kelloway & Day, 2005). It is essential that employers move beyond a deficit model where they strive to avoid illness, and instead focus on enhancing health and wellbeing (Grawitch et al., 2006). Kelloway and Day emphasized an inextricable link between employment and health and suggested that while employment may detract from health, it could also be used to enhance health because “employers simply cannot ignore the benefits of having mentally healthy and loyal employees who want to come to work each day and the satisfaction of being able to play a role in maximizing their potential” (MHCC, 2010, p. 2).

The benefits of healthy workplaces from an employer’s perspective were discussed by a number of authors and included: enhancements in employee productivity, employee recruitment and retention, employee engagement, and operational successes; as well as reductions in absenteeism, turnover, disability, and conflict (Grawitch et al., 2006; Kelloway & Day, 2005; MHCC, 2010; Page & Vella-Brodrick, 2009). This research reflected the attention to both individual and organizational outcomes; Grawitch et al. explained “the
reinforcing link between employee well-being and organizational improvements serves to strengthen the positive impact of innovative organizational practices” (p. 135). Kelloway and Day identified a healthy workplace model which included attention to the safety of the workplace environment; work-life balance; organizational culture of support, respect, and fairness; employee involvement and development; and interpersonal relationships at work. Grawitch and colleagues also highlighted work-life balance, employee growth/development, workplace safety, and employee involvement, and added the idea of workplace recognition as healthy workplace practices.

Page and Vella-Brodrick (2009) discussed the challenges with traditional approaches to measuring employee wellbeing in the workplace which typically focused on measures of employee job satisfaction. They argued that job satisfaction, although it contributes to wellbeing, was insufficient. This was echoed by Grawitch et al. (2006), who stated job satisfaction accounted for only 20-25% of overall life satisfaction in adults. Grawitch and colleagues indicated although there was a lack of consensus on the best indicators of employee wellbeing, the factors which contributed to employee wellbeing likely includes: physical health, job satisfaction, employee morale, stress, motivation, and organizational commitment and climate. DeJoy and Wilson (2003) stated that “employee well-being represents the physical, mental and emotional facets of employee health, synergistically acting to affect individuals in a complex manner” (p. 134). This definition of wellbeing, given the attention to the multiple facets of the individual, has the potential to be relevant when working with Indigenous people, as it reflects the holistic concept of health.

In 2009, Page and Vella-Brodrick provided a comprehensive model of employee wellbeing that was comprised of three overarching factors subjective wellbeing,
psychological wellbeing and workplace wellbeing. Subjective wellbeing (SWB), in Page and Vella-Brodrick’s work, included both dispositional affect and cognitive evaluations of life satisfaction. In this model, psychological wellbeing (PWB) had six core dimensions: self-acceptance, purpose in life, environmental mastery, positive relations with others, autonomy, and personal growth. Finally, workplace wellbeing (WWB) consisted of job satisfaction and work-related affect. With this multidimensional model for employee wellbeing in mind, the authors highlight the links between wellbeing and retention, performance, and strength-based approaches in the workplace. Their exploration of the connection between wellbeing and strengths provided a novel contribution. There was evidence that interventions designed to enhance the pre-existing strengths of employees improved employee engagement and their ability to meet psychological needs for competency, autonomy, and relatedness. The emphasis on strengths appears to be congruent with Van Uchelen et al.’s (1997) suggestion that “strengths represent potential pathways to wellness” (p. 40).

Despite the burgeoning body of literature on health and wellness in the workplace, it was limited by the lack of attention to cultural variables. While the studies made reference to ‘organizational culture,’ the cultural identities, worldviews, and values of the individuals were not given attention. Little information is available on the connections between work and wellbeing for Indigenous people; however, Graham and Martin (2016) found that the Cree people they worked with shared:

Being employed made a difference to their mental health and well-being and employment was perceived as necessary to attain optimal mental health and well-being. They described employment as providing stimulation, giving them hope,
providing income which increased their personal freedom, and providing structure for their lives. (p. 8)

Given the evidence of the difference in conceptions of health and wellbeing between Indigenous and non-Indigenous people, it is possible that these differences would also translate into differences in how wellbeing and health would be experienced in the workplace. Furthermore, given Duran’s (2006) argument that the indiscriminate application of Western models to Indigenous peoples represents continued colonization, the use of these models of workplace wellbeing developed by researchers with non-Indigenous populations without validation by Indigenous people is highly problematic.

Summary

The diversity among Indigenous peoples creates rich and multifaceted communities. The growing recognition for the impacts of colonization that continue to appear in health, economic, and social disparities, opens the dialogue for addressing these issues in culturally appropriate ways. One area where the dialogue is changing substantially is in the discussions of health and wellbeing, where Indigenous holistic understandings of health which both contrast and compliment mainstreamconceptualizations. Recognizing these differences in Western and Indigenous conceptualizations has provided the foundation for substantial developments in approaches to providing health services, such as the services offered by Anishnawbe Health Toronto. Anishnawbe Health’s (n.d.) mission statement is “To improve the health and well being of Aboriginal People in spirit, mind, emotion and body by providing Traditional Healing within a multi-disciplinary health care model… based on our culture and traditions.”
The importance of health is not limited to the personal sphere, in fact, as the world of work is changing for people of all backgrounds, there is growing attention to the benefits of healthy workplaces and employee wellbeing in the workplace. As is evident above, understandings of health and wellbeing are culturally grounded and, although they have shared features, are not uniform. Based on the successes of culturally based models in health care service delivery, it is suggested that approaches to career development, specifically looking at health in the workplace, could benefit from an exploration of culturally based understandings of wellbeing in the workplace. The growing field of workplace wellbeing faces a significant challenge, as it has not yet addressed potential cultural variables that facilitate employee wellbeing for people from diverse backgrounds. This study sought to address one part of that challenge by addressing the question: What are the factors that facilitate or hinder experiences of wellbeing in the workplace for Indigenous people?
Chapter 3: Methodology

In order to answer the question “what are the factors that facilitate or hinder experiences of wellbeing in the workplace for Indigenous people?” this chapter outlines the theoretical framework of the study, the general principles of the Critical Incident Technique (CIT; Flanagan, 1954) including the development of the Enhanced Critical Incident Technique, and the application of these principles in this study, and then provides the details of the study.

Theoretical Framework

This study is framed from a post-positivist epistemology and embodies the idea that “reality can only be apprehended imperfectly; hence, multiple methods and investigations are required and knowledge is identified through convergence of findings” (Haverkamp & Young, 2007, p. 268). Merriam (2002) stated: “The key to understanding qualitative research lies with the idea that meaning is socially constructed by individuals in interaction with their world” (p. 3); as a research framework, this implies that researcher and participants work together to co-construct the research findings. Guba and Lincoln (1990) suggest that while the natural and physical world are conducive to methodologies that search for the truth, the social and human world is distinct and is better suited to methodologies that respect the possibility of multiple truths. This idea is congruent with traditional Indigenous Ways of Knowing which recognize there are multiple truths and no single reality that should be privileged (Steinhauer, 2002).

The goal in the qualitative framework is to understand the meaning of the phenomena being studied (Ponterotto, 2005); this was consistent with the research question posed in this study which seeks to understand the lived experiences of Indigenous peoples related to
wellbeing in the workplace. Based on Blustein, Schultheiss, and Flum’s (2004) argument that this approach is “well-suited as a foundation for movement from the traditional study of middle-class careers to a more broadly inclusive study of working across cultures and social classes” (p. 428), this framework is ideal for working with Indigenous people.

**Enhanced Critical Incident Technique**

The Critical Incident Technique (CIT) was developed by John C. Flanagan in the 1940s and was formally detailed in his seminal article in 1954. Flanagan (1954) described CIT as “a set of procedures for collecting direct observations of human behaviour in such a way as to facilitate their potential usefulness in solving practical problems and developing broad psychological principles” (p. 327). Initially, CIT was used in vocational and occupational evaluations in areas such as personnel selection, determining job requirements, performance review, and leadership assessment. However, in the over 60 years since it’s development, there have been substantial adaptations of CIT to a broad array of fields of study, issues, and populations (Butterfield, Borgen, Amundson, & Maglio, 2005).

Woolsey (1986) was the first to explicitly identify the applicability of CIT to counselling psychology research. Woolsey not only advocated for the use of CIT because of the congruence with the values of counselling psychology as a discipline, but also because it aligned with the skills and experiences of counselling psychologists (Butterfield et al., 2005). Furthermore, CIT has been a useful tool in counselling psychology research as the inherent flexibility allows for exploration of factual happenings, qualities, or attributes, as well as being applicable as both an exploratory tool or as a tool to build upon existing models or theories.
Although rooted in a positivist tradition, CIT has evolved “to post-positivist and even post-modern ontology, utilized successfully for studying objective behaviour, individual experiences, perspectives, and meaning” (Burns, 2013, p. 66). Butterfield et al. (2005) explained that CIT is solidly grounded as a method of qualitative inquiry for the following reasons: (a) the researcher is the key instrument for data collection, (b) the research takes place in a natural setting, (c) interviewing, participant observation, and open ended questions are used to collect the data in the form of words, (d) an inductive approach is used in data analysis, and (e) the emphasis is on the perspective of the participants.

There has also been an evolution in the establishment of credibility and trustworthiness when using the CIT method. In 2005, Butterfield and colleagues summarized 50 years of research using the CIT and made recommendations regarding the standardization of credibility and trustworthiness checks. They outlined 9 credibility checks (described below) which allow researchers to maintain consistency among studies and improve the robustness of the results. Butterfield, Borgen, Maglio, and Amundson (2009) further developed the method with the inclusion of contextual questions at the beginning of the interview and wish list items during the interview. Butterfield and colleagues (2009) described the wish list items as “those people, supports, information, programs and so on, that were not present at the time of the participant’s experience, but that those involved believed would have been helpful in the situation being studied” (p. 267). With the addition of contextual question, wish list items, and the standardization of the 9 credibility checks, Butterfield and colleagues (2009) now refer to the method as Enhanced Critical Incident Technique (ECIT).
Method

Process. Flanagan identified 5 steps in the CIT process as outlined below:

1. Establishment of the General Aim. In order to proceed with a study, it is important to first create a functional description of the activity. According to Flanagan (1954) “the most useful statements of aims seem to center around some simple phrase or catchword which is slogan-like in character. Such words provide a maximum of communication with only a minimum of possible misinterpretation” (p. 338). This is intended to outline the objective of the activity and identify the information to be sought, collected, and analyzed.

2. Plans and Specifications. According to Flanagan (1954), it is essential to develop clear criteria for critical incidents and to ensure that precise instructions are provided to observers. Prior to data collection the following needs to be established: (a) the types of situations to be observed (including people, place, and specific behaviour); (b) the relevance of the situations to the general aim; (c) the impact of the incident (positive or negative) on the general aim; (d) the person(s) who will be making the observations in order to ensure accuracy and consistency in training.

3. Data Collection. Establishment of the general aims and development of the plans and specifications simplifies the data collection process (Flanagan, 1954). Flanagan outlined four means for data collection: individual interviews, group interviews, questionnaires, or review of records. Regardless of the method chosen, it is beneficial to provide participants with guidelines for responses noting the type of information and level of detail required. In determining the accuracy of reporting, Flanagan stated, “If full and precise details are given, it can usually be assumed that
this information is accurate. Vague reports suggest that some of the data may be incorrect” (p. 339). Finally, in the collection of data there is no pre-defined number of incidents which are sufficient, as a general rule Flanagan suggests “adequate coverage has been achieved when the addition of 100 critical incidents to the sample adds only two or three critical behaviours” (p. 343). According to Butterfield et al. (2005), “the crucial thing here is to ensure the entire content domain of the activity in question has been captured and described” (p. 479).

4. **Data Analysis.** This step is considered to be the most critical and difficult step in the ECIT process, as the researcher is often working with hundreds of critical incidents and “there is generally no one right way to describe the activity, experience or construct” (Butterfield et al., 2005, p. 479). Nonetheless, Flanagan (1954) emphasized the importance of summarizing and organizing the data into a categorization scheme that enhances the usefulness of the data, while “sacrificing as little as possible of their comprehensiveness, specificity and validity” (p. 344). In order to achieve this, three steps are necessary. The first step is determining the frame of reference and the primary consideration, according to Flanagan (1954) is the intended use of the data (referring back to the general aim). The second step is category formation, an inductive process that draws on insight, experience and judgment. Typically category formation begins with the researcher reviewing incidents from the first interview and placing them into tentative categories upon which a general category description is developed. Subsequent incidents are then placed into the categories and revisions and additions to categories may be necessary as the process evolves. For those categories which become too large, a division into
sub categories may be needed. The next step is determining the level of specificity or generality to use in reporting the data as related to the general aim of the study. Flanagan suggests that “practical considerations in the immediate situation usually determine the optimal level of generality to be used” (p. 347).

5. **Data Interpretation and Reporting.** This final step – interpreting and reporting the data – is where bias is most likely to create negative impacts and “the real errors are made not in the collection and analysis of the data but in the failure to interpret them properly” (Flanagan, 1954, p. 347). Flanagan emphasized the importance of examining research to identify biases, explicitly discussing the limitations of the research, and establishing credibility. Since Flanagan's initial work there have been substantial developments in establishing the credibility and trustworthiness of results; these developments are discussed below.

**Credibility and trustworthiness.** Establishing trustworthiness in interpretive research (which is a parallel to rigor in quantitative research) can be done in a multitude of ways. The evolution of credibility checks has developed over the past 50 years and in 2005 Butterfield and colleagues articulated a standard set of nine credibility checks for ECIT.

1. **Independent extraction of incidents.** A person familiar with ECIT independently extracts a number of critical incidents from the taped interviews. Butterfield et al. (2005) suggested that 25% of total critical incidents gathered during the study is sufficient. This is meant to establish the concordance rate between the researcher and independent coder for the identification of critical incidents, with higher rates of concordance resulting in more credible claims. Butterfield and colleagues (2009) indicated that for
specific incidents, if the researcher and independent coder cannot come to a resolution, then the incident is excluded from further analysis

2. **Participant cross checking.** This occurs in the second interview, after incidents have been analyzed and placed into tentative categories (Butterfield et al., 2005). This provides the participants an opportunity to confirm that the categories make sense, to comment on whether the incidents listed and categories represent their experience, and “ensures that participants’ voices have been honored and accurately reported” (Butterfield et al., 2009, p. 276). This addresses the concept of interpretive validity and recognizes participants’ expertise in their own life experiences. Participants are provided the list of critical incidents and the categories into which they have been placed via email. If there is any disagreement on an item, the participant has the right to make the final decision on inclusion or exclusion of the incident.

3. **Independent judge placing incidents into categories.** An independent judge is asked to place 25% of the total critical incidents, randomly selected, into the tentative categories based on the initial description and titles (Butterfield et al., 2005). Similar to the previous check, the stronger the rate of agreement, the more credible the categories are thought to be. In Butterfield and colleagues (2009) article, a concordance rate of 80% or better is recommended.

4. **Exhaustiveness** (redundancy). In ECIT exhaustiveness is established when 100 critical incidents are identified and only two or three new crucial behaviours emerge (Butterfield et al., 2005).
5. **Expert opinions.** In this credibility check, the tentative categories are provided to two or more experts in the field of study, even if they are not familiar with ECIT (Butterfield et al., 2005). Experts are asked to comment on whether the categories are useful, whether there are any surprising/novel categories, and whether there is anything missing.

6. **Participation rate.** The participation rate is the ratio of participants who cited a specific incident to the total number of participants. According to Butterfield et al. (2005) participation rate of 25% or greater is necessary for a category to be considered valid. Butterfield and colleagues (2009) note that participation rates help to assess the relative strength of the categories.

7. **Theoretical agreement.** In order to address theoretical agreement, it is important to first articulate the assumptions underlying the study and to review the existing literature to see if the assumptions are supported (Butterfield et al., 2005). Next the categories developed are reviewed in light of existing literature. Given the exploratory nature of ECIT, if a category lacks support in the literature it may mean that something new has been uncovered and needs to be subjected to further study to further support or challenge the finding (Butterfield et al., 2009).

8. **Descriptive validity.** As is common in qualitative research, interviews are tape recorded to ensure the accuracy of the account which maintains descriptive validity. This allows researchers to work with the exact words of participants, either from the audio recording or the verbatim transcript.
9. *Interview fidelity*. Interview fidelity, achieved by having an expert in ECIT listen to a sample of interview recordings, is intended to ensure consistency in following the interview guide and rigor of the design (Butterfield et al., 2005). It also allows the expert to check for leading questions on the part of the interviewer. Typically the expert reviews every third or fourth taped interview.

Overall, these credibility checks provide a thorough and standardized approach to establishing credibility in an ECIT study and are consistent with general principles in the field of qualitative research. These credibility checks are incorporated into the data analysis and interpretation stages of the ECIT process. They have been established based on prior studies and Flanagan's (1954) original work. For a full description see Butterfield and colleagues 2005 article.

**Suitability of ECIT with Indigenous people**

There have been challenges with inappropriate/insensitive research among Indigenous peoples in psychology and other fields (Aveling, 2013; Darou, Hum, & Kurtness, 1993; Kirkness & Barnhardt, 1991; Kovach, 2010; Singh & Major, 2017; Smith, 2012; Snow, 2018; Steinhauer, 2002; Wilson, 2008). As Simonds and Christopher (2013) summarized:

Past researchers have disempowered communities, imposed stereotypes that reinforced internalized racism, and conducted research that benefited the careers of individual researchers, or even science at large, but brought no tangible benefit to the communities struggling with significant health disparities. Many tribal nations have provided accounts of researchers who have exploited tribes by coming in, taking
information from tribal members, and providing nothing in return. This is not distant history; rather it characterizes much of present behavior. (p. 2185)

This research historically emphasized doing research on or for Indigenous peoples, without considering the perspectives of Indigenous people or establishing any benefits for Indigenous communities and has resulted in an ongoing mistrust of outside researchers (Aveling, 2013; Carjuzaa & Fenimore-Smith, 2010; Castellano, 2004; Smith, 2012; Snow, 2018). However, Indigenous scholars and communities are working toward decolonizing research within Indigenous communities using Indigenous research methodologies which are based on Indigenous epistemology (Gone, 2018; Kovach, 2010; Smith, 2012; Wilson, 2008; Windchief et al., 2018). Windchief and colleagues differentiated between Indigenous methodologies (i.e., “the unique ways researchers use Indigenous positionality and perspective to perform research with and within Indigenous communities” (p. 533)) and Indigenous research (i.e., “encompassing all research done in Indigenous communities regardless of approaches used” (p. 533)). Using these definitions, while this study does not use an Indigenous methodology, it is considered Indigenous research.

Outside of Indigenous methodologies, there has been an effort to move from doing research on/for Indigenous peoples to doing research with Indigenous peoples (Snow, 2018; Singh & Major, 2017); a prominent example of this is participatory research methodologies (Cochran et al., 2008; Mundel & Chapman, 2010; Simonds & Christopher, 2013; Snow, 2018). Participatory research methodologies promote mutually beneficial partnerships between communities and researchers that are guided by the needs of the community throughout the research process. This framework is often used in conjunction with qualitative methods and is congruent with the ECIT method. For example, participant
checking in ECIT ensured that the voices of participants were accurately reflected in the results of the study. Privileging Indigenous voices is essential when conducting research with Indigenous people (Simonds & Christopher, 2013; Singh & Major, 2017; Snow, 2018; Windchief et al., 2018). Furthermore, throughout the process Indigenous researchers, academics, and community members were consulted to guide the evolution of the study, from collaboration on developing the research question, to consultation on the wording in interview guides, and from recruitment of participants to establishing credibility of the categories. This engagement was designed to ensure the needs of Indigenous people were central to the research and reflected the need for relevance and respect in research (Bull, 2011; Kirkness & Barnhardt, 1991; Singh & Major, 2017; Snow, 2018). As Singh and Major (2017) outline:

The interests and needs of Indigenous people must be central in planning research (Denzin and Lincoln 2005; Rigney 1999) to ensure relevance not only to the researcher, but also to Indigenous partners (Koster et al. 2012; Ray 2012). Considering what and whose purposes are being addressed in research and sharing decision making within a project demonstrates respect and a desire to research with, rather than on. (p. 14)

There have been both published articles (Britten & Borgen, 2010; Goodwill & McCormick, 2012; McCormick, 1995, 1997) and dissertation/thesis studies (Arato-Bolívar, 2004; Christopher, 1998; LaRochelle, 2013; Lester-Smith, 2012; Palma, 2013) that have used a CIT or ECIT method when working with Indigenous people.

The ECIT method is also congruent with the oral tradition of sharing stories and knowledge common among Indigenous people (Britten & Borgen, 2010). As Snow (2018)
described “research is a shared story—one that is negotiated at every step and that is mutually beneficial to all involved” (p. 4) and it “allows for the retelling of participants’ stories in their own words and voice, and it builds upon the oral traditions used in traditional knowledge sharing” (p. 5). It can be argued that ECIT looks at participants’ accounts of their experiences (or incidents) as part of a larger story (an individual’s experiences in an area of interest). There have been authors who have critiqued the deconstruction of stories in research with Indigenous people (Simonds & Christopher, 2013); however, as Singh and Major (2017) stated it can be done “with care and respect for the story as a whole” (p. 15). In ECIT participants are invited to share their stories in their own words and are offered opportunities to change anything that does not fit. Furthermore, using ECIT to design the research protocol, an a priori definition of wellbeing was not necessary and the study protocol (Appendix A) allowed participants to develop their own meanings, rather than imposing a definition which may not fit (Borgen, Butterfield, & Amundson, 2010). This was helpful, as there was no available information on the meaning(s) of wellbeing in the workplace for Indigenous people and understandings of wellbeing in the workplace likely vary across Indigenous peoples.

Methodological Procedures for this Study

This study followed the general CIT process set forth by Flanagan (1954), and applied the ECIT method by including the nine credibility checks outlined by Butterfield et al. (2005), contextual questions, and wish list items (Butterfield et al., 2009).

The general aim of this study was to understand the factors which facilitate or hinder Indigenous people’s experiences of wellbeing in the workplace. The meaning of the term wellbeing was elicited from individual participants (Borgen et al., 2010), as there are diverse
understandings of health and wellbeing among Indigenous people (Van Uchelen et al., 1997). This was achieved by the contextual questions included in the interview protocol (see Appendix A; Butterfield et al., 2009). The primary purpose of the interview was to elicit the discrete experiences that either facilitated or hindered wellbeing in the workplace for participants and those experiences that they thought would be helpful (the latter being known as wish list items).

Regarding plans and specifications, these were demonstrated in the sample interview protocol (Appendix A). Prior to using this protocol with study participants, it was presented to Indigenous community members and Indigenous scholars for consultation. A revision was made to the interview protocol, to include an emphasis on the perspective as an Indigenous person to contextual questions and the critical incident component. The study was submitted to the University of British Columbia Office of Research Services Behavioural Research Ethics Board and approval was received on May 20, 2015.

Participants

In this study, purposive sampling, in the form of theoretical sampling was used (Flick, 2009). Theoretical sampling allowed the researcher to engage with participants based on their relevance to the research question. Ideally, a sample would include significant variation in order to explore both the common and divergent experiences of wellbeing among Indigenous people in the workplace (Polkinghorne, 2005). Recruitment began at organizations, both Indigenous and non-Indigenous, where I had established a relationship (see Appendix B for the Introductory Letter) and had consulted throughout the planning process; additional sites were approached as needed to ensure enough breadth in distribution of recruitment materials. After consultation and approval by the organization, recruitment
materials (posters; see Appendix C) listing study aims and contact information were
displayed in common areas or distributed via email. Research posters were also distributed
via email distribution lists, and through my personal accounts on social networking sites
(LinkedIn and Facebook), as well as passing information through individual relationships and
word of mouth. A further recruitment strategy involved snowball sampling, whereby initial
participants were asked if they knew others who may be interested and were given
recruitment posters (digitally) to distribute as they saw fit. As was the case in this study, it
has been noted that snowball sampling may broaden the scope of participants involved
(Towle, Godolphin, & Alexander, 2006). Recruitment continued until exhaustiveness had
been established.

Inclusion criteria. People of any age who self-identified as Indigenous and having
experienced wellbeing in the workplace were invited to participate in the study. Persons who
have worked, either in a paid or unpaid role were invited to participate. As suggested above,
it was important that the individuals who participated identified as having experienced
wellbeing in the workplace and this was emphasized in recruitment materials.

Description of the sample. Seventeen people chose to participate in the research (14
females, 3 males) who ranged in age from 21 – 63 years old (Mean age = 44). Regarding
Indigenous identity, in this study 15 participants identified as First Nations, and 2
participants identified as Métis. Participants resided in both urban and rural areas across
Canada. The majority of participants had completed post-secondary education (1 with an
associate’s degree; 7 with a bachelors degree; 6 with a masters degree); 1 person was a
student with post-secondary studies in progress; 1 person had graduated high school and had
a diploma for specialized training, and 1 person had post secondary certificates. Marital
status in the sample was reported as follows: 14 people were married/common-law; and 3 people were single. Regarding family status, 10 participants had children, and 7 participants did not have children. Household income was reported by 14 participants (3 chose not to report) and is summarized below:

*Table 2*

*Household Income Range*

<table>
<thead>
<tr>
<th>Household Income Range</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $20,000</td>
<td>2</td>
</tr>
<tr>
<td>$20,000 - $100,000</td>
<td>3</td>
</tr>
<tr>
<td>More than $100,000</td>
<td>9</td>
</tr>
<tr>
<td>Did not report</td>
<td>3</td>
</tr>
</tbody>
</table>

Participants worked in diverse industries: social services, law-enforcement, education, construction, health care, and industrial production. Participants were involved in a variety of occupations, ranging from support workers to principles to police officers. Participants had been in their respective industries for an average of 18 years (range 0 years – 40 years; n=16). Time in current roles ranged from 1 month to 40 years (mean time = 10 years; n=16). There was also a variety of occupational skill levels represented in this sample. Kapsalis (2013) provided a definition of skill levels which has been used as a model for reporting occupation/job level in this study (See Table 3).
In summary, participants in this study came from a variety of occupational backgrounds, with the majority of participants reporting high household incomes and high levels of education.

Table 3

Participant Occupational Skill Levels

<table>
<thead>
<tr>
<th>Skill Level</th>
<th>Description</th>
<th>Number of participants (N = 17)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High-Skill Occupations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Managerial occupations:</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>No education requirements or skill levels assigned, although they are often treated as high-skill occupations.</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Professional occupations:</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Usually require university education.</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Skilled admin, technical, paraprofessional:</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Usually require college education or apprenticeship training.</td>
<td></td>
</tr>
<tr>
<td><strong>Low-Skill Occupations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Clerical, health support, intermediate sales, machine operators:</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Usually require secondary school and/or occupational specific training.</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Elemental sale, trades helpers, labourers:</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Usually require on-the-job training only.</td>
<td></td>
</tr>
</tbody>
</table>

Note: Adapted from Kapsalis (2013, p. 88)

Procedures for Data Collection

Data collection occurred through in-person individual interviews with participants. I completed all the interviews which were conducted either on the telephone (8 participants) or in person (9 participants). Interview length ranged from 50 – 130 minutes (Mean = 76
minutes). Participants who were able to attend the interviews were invited to do so in private settings to ensure confidentiality. Those who participated on the telephone were invited to choose a quiet and private location, most of whom chose either their office or home; while I chose to conduct the interviews at home where privacy could be ensured. Participants were provided a copy of the consent form (see Appendix D) prior to the interview; the consent form was reviewed verbally at the beginning of the interview and any questions were addressed. Participants provided verbal and written consent to participate in the interview; copies of signed forms have been stored securely. Participants were also provided a copy for their records.

While it was difficult to estimate in advance when the criteria for exhaustiveness would be met, similar studies have conducted between 10 and 20 interviews (Arato-Bollivar, 2005; Britten & Borgen, 2010; Christopher, 1998; Goodwill & McCormick, 2012; LaRochelle, 2013). In this study, exhaustiveness was met by 10 participants; however, interviews continued until all interested participants had been interviewed for a total of 17. All interviews were audio recorded and transcribed verbatim for data analysis.

**Procedures for Data Analysis**

The process for data analysis is described below and credibility checks were interwoven through the process at appropriate times. Butterfield and colleagues (2009) suggested using paper copies of interviews and developing a color scheme to correspond to contextual, helping critical incidents, hindering critical incidents and wish list items; however, in this study, analysis was facilitated by the use of Atlas.ti 8 qualitative analysis software. Interviews were transcribed and after transcripts were reviewed for accuracy, the contextual information and incidents were extracted by highlighting relevant passages of text.
The contextual data was analyzed thematically and summarized. Once this was completed, the documents were loaded into the Atlas.ti 8 software and categories were developed using the software’s coding features. Three interviews were randomly chosen to begin the data analysis process. This was done with the intention of mitigating potential impact of variability in interview quality. Data analysis continued, in batches, until exhaustiveness was established and all participant interviews had been analyzed. Once all interviews had been analyzed, preliminary categories were created with labels and an operational definition. It was necessary to revise, merge, and rename some categories in order to ensure categories were distinct (reduce overlap) and that there was enough depth to be meaningful (Butterfield et al., 2009). This resulted in 14 higher level categories (with component helping, hindering, and wish list categories) which are outlined in the Results chapter.

The final stage of this study included interpreting and reporting the data. As indicated above, interpretation encompassed all of the nine credibility checks and involved collaboration with participants, experts in the field of Indigenous wellbeing and employment, and experts in the ECIT method. The credibility checks were all established as outlined below:

1. **Independent extraction of incidents.** In this study, the individual who completed the independent extraction of the critical incidents holds a doctorate in counselling psychology and has conducted research using the ECIT method. A total of 179 incidents were extracted (representing 37% of the incidents in the study). While the initial concordance rate was 71%; after a brief review of incidents, the final rate was 100%.
2. **Participant cross checking.** Participants were provided the list of critical incidents and the categories into which they were been placed via email. They were also provided a document which contained the operational definitions of all categories present (with those not meeting participation rate minimums marked as such). The specific questions participants were asked to reflect upon are outlined in Appendix E. If there was any disagreement on an item, the participant had the right to make the final decision on inclusion or exclusion of the incident. The participant response rate was 77% (n=13); there were two participants who were not reachable by the contact information they provided at the time of the interview and two participants who did not respond to the request to review the materials. The 13 participants who did respond indicated the identification and categorization of incidents was acceptable. One participant added two new helping incidents, as things had improved in her workplace.

3. **Independent judge placing incidents into categories.** The independent judge for placing incidents into categories holds a doctorate in counselling psychology and has conducted research using the ECIT methodology. The independent judge was provided a document containing the operational definitions of the categories and another document containing 25% of the critical incidents and wish list items which were randomly selected. She was asked to place the items into categories. There was a review of incidents and after lengthening the excerpts provided for additional context and revisiting
operational definitions, the majority of the discrepancies in categorizations were resolved, resulting in a 95% agreement rate.

4. **Exhaustiveness** (redundancy). In ECIT exhaustiveness is established when 100 critical incidents are identified and only two or three new crucial behaviours emerge (Butterfield et al., 2005). Critical incidents and wish list items were tracked in order to establish the point at which exhaustiveness occurred. The categories were established after six interviews and exhaustiveness was reached after ten interviews.

5. **Expert opinions.** For this study, two Indigenous scholars who were experts in the fields of Indigenous career and health were contacted and agreed to provide their feedback. These experts hold doctoral degrees in counselling psychology, have published research in the field, and work with Indigenous communities. Appendix F outlines questions provided to the experts for consideration. The feedback provided both experts indicated the categories were comprehensive, useful and aligned with existing understandings of wellbeing and career among Indigenous people. One expert suggested that the role modelling category was a helpful contribution and that while culture (and spirituality) is important to Indigenous people in the workplace, it may be considered novel in the general workplace literature. It was also suggested that the results fit well within a Medicine Wheel framework.

6. **Participation rate.** According to Butterfield et al. (2005) participation rate of 25% or greater is necessary for a category to be considered valid. Given the sample size of 17, if a category had four participants it would result in a 24%
participation rate; these categories were considered to be valid, as Butterfield and colleagues provided a guideline, rather than a strict rule. A total of 14 higher level categories were developed (higher level categories encompassed helping, hindering, and/or wish list categories). There were 13 categories that were helping and all of these exceeded the 25% minimum participation rate. Of the 10 hindering categories, 7 exceeded the 25% minimum participation, 1 category was borderline (24%) and was included; two categories were not included as the participation rates were only 12%. There was more variability in the wish list categories; 4 categories exceeded the 25% minimum participation rate, while 2 were borderline (24% participation rate), and the remaining 4 were well below the minimum participation rate.

7. **Theoretical agreement.** Theoretical agreement was established and the categories which emerged are compared to the existing relevant scholarly literature in the Discussion chapter.

8. **Descriptive validity.** All interviews were audio recorded and transcribed verbatim. Transcripts were also reviewed in concert with the audio to ensure accuracy of the transcript.

9. **Interview fidelity.** Five interviews were reviewed by an expert in ECIT who holds a doctorate in counselling psychology. Interview fidelity was established; it was noted that there was consistency in the administration of the interview and there were no identified concerns about the interview questions.
While results are reported in the dissertation, results will also be adapted for
distribution to the organizations that participated and made available to the individual
participants. It is essential that the results of this study are both accessible and useful to
Indigenous people.

**Researcher Positionality**

While it is important to consider the role of the researcher in qualitative research, it is
essential when working with Indigenous people and it has been necessary to reflect upon who
I am as a researcher and how this has impacted the study.

The importance of self-location in research with Indigenous people is well established
(Aveling, 2013; Dei, 2013;Ormiston, 2010; Singh & Major, 2017; Snow, 2018; Windchief et al., 2018; According to Singh and Major (2017):

In many Indigenous cultures, meeting new people requires that you explain who you
are, who your family is, identify your language group connections and the place you
come from (Koster et al. 2012, p. 196). This allows connections to be identified and
relationships established. (p. 6)

As such, I would like to introduce myself. I am the daughter of Gaudenza (whose parents
immigrated to Canada from Italy) and Ben, who immigrated to Canada with his parents from
the Netherlands. I was born and raised in Kamloops, British Columbia which resides in the
unceded and traditional lands of the Secwepemc peoples, and more specifically the people
who are now known as the Tk’emlúps te Secwépemc. As a woman of European ancestry and
with financial means to pursue education, I have multiple areas of privilege. I have had the
privilege of working with two Indigenous scholars, Dr. Suzanne Stewart and Dr. Roderick
McCormick, who provided supervision and guidance during my master’s and doctoral
studies. I have also had the privilege of working with Indigenous people as a mental health provider for over ten years. This dissertation was inspired by my experiences working with an Indigenous organization, through conversations with colleagues and clients of the agency, as well as through stories shared when I was working on my master’s thesis. Through this discourse it became clear that my perspectives on wellbeing in the workplace needed to be broadened and diversified to relate to the understandings among Indigenous people with whom I was working.

Given the history of colonization and inappropriate research conducted by non-Indigenous people (Aveling, 2013; Darou, Hum, & Kurtness, 1993; Kirkness & Barnhardt, 1991; Kovach, 2010; Singh & Major, 2017; Smith, 2012; Snow, 2018; Steinhauer, 2002; Wilson, 2008; Windchief et al., 2018) I was mindful of the implications of my role as a non-Indigenous researcher. As Snow outlined:

The current literature is rife with debate about the legitimacy of insider versus outsider Indigenous research (Coburn, 2013; Deloria, 1998; Porsanger, 2004; Rigney, 1999; Stover, 2002; Smith, 2004, 1999/2012). Furthermore, regardless of the researcher’s methodological position, there is considerable documentation of issues that arise when non-Indigenous researchers work with Indigenous people. Those documented challenges include misinterpretation (Archibald, 1992), fragmentation of knowledge (Kawagley, 1995), safety and power of relationship (Harrison, 2001; Stover, 2002), and accountability (Champagne, 1998). (As cited in Snow, 2018, p.3) Many of these challenges have been addressed by the choice in method (e.g., participant checking is designed to reduce the likelihood of misinterpretation); however, some challenges needed to be addressed by my personal orientation to the research.
One of the first steps in my journey was to understand the history of Indigenous people in Canada. While I grew up in the territory of Secwepemc peoples where the Secwepemc language was offered as a class in the high school I attended, the education was limited to that which could be construed in a positive light for those who had settled in Canada. I did not understand the realities and atrocities of colonization until graduate school. Since then, I have explored the academic literature to enhance my understanding of the impact of colonization (including the colonization that can occur through research), while also learning informally from Indigenous people who have shared their stories with me and witnessing the impacts of intergenerational trauma when providing mental health services. As Snow aptly stated “any researcher thinking about working with Indigenous groups in Canada must acknowledge our past and the damage our research has historically done when placed in the hands of colonial thinkers” (p. 1). I have also been encouraged and challenged by graduate students and supervisors who are Indigenous to consider my role as a non-Indigenous person who wants to engage with Indigenous people in research, which has encouraged me to reflect on my motivations, my privilege, and my process in this work. Aveling (2013) has suggested “Being an ally is not about helping; it is, as Kendall (2006, p. 148) has suggested, about working with Indigenous researchers and ‘using our privilege, power and access to influence and resources to change the systems that keep [Aboriginal] people oppressed’” (p. 210). And that is my intention, to be an ally.

Beyond being an ally, I was guided by principles of Indigenous research, including Kirkness and Barnhardt’s (1991) 4 R’s (respect, relevance, reciprocity, and responsibility), as well as Carjuzaa and Fenimore-Smith (2010), who added another “R” with relationality.
Finally, Snow’s (2018) work describing what it means to be a Settler Ally with an additional 4 Rs (rights, relationships, returning, and reflection) also resonated.

Kirkness and Barnhardt’s (1991) exploration of respect in university settings suggested that to respect Indigenous people, there needs to be appreciation and valuing of Indigenous ways of knowing, values, and traditions. According to Carjuzaa and Fenimore-Smith (2010):

> Practicing respectful research within Indigenous communities demands a research methodology that addresses cultural standards of the community and a repositioning of the researcher from interpreter to listener with an openness to learning from Indigenous perspectives rather than appropriating or judging their cultures and knowledge. (p. 7)

Positioning myself as a listener, learner, and non-expert was facilitated by my training in counselling psychology and transferred relational skills that I had been developing for years. Respecting Indigenous traditions, culture, and ways of knowing was more experiential than academic, where I had opportunities to engage in community events and through learning opportunities at the Indigenous organization where I worked and with the guidance and support of my masters’ thesis supervisor among the Indigenous community in Toronto. Respect for Indigenous cultures and knowledge also informed the research question, as I hoped to create space in the academic literature to appreciate the strength and wisdom of Indigenous people with regard to workplace wellness (rather than taking a deficit based approach which is all too common in research). Engaging with community was also integral to addressing the principle of relevance, where it is important to value Indigenous knowledge and to engage in dialogue to ensure the research is relevant:
This means that the interests and needs of Indigenous people must be central in planning research (Denzin and Lincoln 2005; Rigney 1999) to ensure relevance not only to the researcher, but also to Indigenous partners (Koster et al. 2012; Ray 2012). Considering what and whose purposes are being addressed in research and sharing decision making within a project demonstrates respect and a desire to research with, rather than on. (Singh & Major, 2017, p. 14)

Regarding reciprocity, Kirkness and Barnhardt (1991) provided an example of reciprocity in the university setting:

In both of these courses, the emphasis is on making teaching and learning two-way processes, in which the give-and-take between faculty and students opens up new levels of understanding for everyone. Such reciprocity is achieved when the faculty member makes an effort to understand and build upon the cultural background of the students, and the students are able to gain access to the inner-workings of the culture (and the institution) to which they are being introduced. (p. 13)

While Carjuzaa and Fenimore-Smith (2010) argued “reciprocity within research implies a give and take within the research process that has largely been absent in Western research methodologies” (p.7). They go on to explain that the power differential contributes to the challenges with reciprocity and suggest that recognizing privilege is essential to engage in collaborative and reciprocal research. As a woman of European ancestry and with financial means, and having completed post-secondary education, I have multiple areas of privilege and have considered how this may have impacted the Indigenous people who participated in the study (and how it may have prevented others from participating). I also feel humble when working with Indigenous people, as I am aware of my lack of knowledge and position
as an outsider with regard to Indigenous research and culture. I value and respect what I can be (and have been) taught by people from diverse backgrounds which facilitates reciprocity in learning which leads to responsibility. “The most important responsibility for researchers is a willingness to learn from rather than about Indigenous peoples” (Carjuzaa & Fenimore-Smith, 2010, p. 8). As outlined above, taking the stance of a learner and ally has allowed me to incorporate the idea of responsibility into this study.

The importance of relationships and connectedness among Indigenous people has been well established and incorporating this principle into research was a natural fit; however, incorporating the idea of relationality within a Western framework is challenging because of the emphasis on objectivity and separation between researchers and participants (Snow, 2018). A number of authors have talked about relationality in Indigenous research, for example, Dei (2013) summarized Wilson’s 2008 work as follows:

Wilson also posits that an Indigenous paradigm of research holds true to principles of relationality and of relational accountability (p. 6). By this, he means that ideas develop through relations we have with others, including kin, and that in our research we are accountable to those with whom we have relationships. (p. 29)

In choosing a qualitative methodology which incorporates a form of storytelling and collaboration through participant checks, there was inherently more room for relationships in this study. Beyond the protocols, I was genuinely interested in getting to know the participants in the study and connecting with them as individuals. In doing so, I became accountable to my participants through these relationships. Furthermore, “Relationality also takes into account that research is never morally or ethically neutral, and researchers need to account for the impact their own understandings, values and beliefs have on how they collect,
interpret and analyse data” (Singh & Major, 2017, p. 14). They suggested that both collaborative and reflective practices are incorporated into the research design (which has been described previously), as well as reported in the findings (see the section Researcher Reflections in Chapter 5).

Snow’s (2018) 4 R’s for Settler-Ally researchers (rights, relationships, returning, and reflection) also included an emphasis on relationships, and she suggested that engaging with research participants is a sign of mutual respect, as well as establishing credibility. Snow also explained the connections between relationships and returning, meaning that you return to the community for ongoing relationship building and finding ways to bring the research back to the community. This is an area which is particularly salient to me, given the criticisms of those who do research for the sake of research and do not contribute to the community. It is of the utmost importance to me that this research is transformed into something that is useful to Indigenous people and it is the next phase in the process. According to Snow, reflection is an important part of engaging in research as a settler-ally. I have been reflecting on the research from the outset of this study (e.g., can I engage in this research in a meaningful and respectful way that will bring the voices of the Indigenous participants to the forefront?), throughout the process (e.g., how does my identity as a non-Indigenous person impact Indigenous participants willingness to share their stories?) and will continue into the next phase (e.g., how can I work with Indigenous scholars/community members to find a way to transform this research into something accessible and useful to Indigenous people?).

It is my hope that after reading this that you know me a bit better and understand where I situate myself as a person and as a researcher.
Summary

This study employed the ECIT method which is a rigorous, thorough, and structured method that was ideal for exploring the factors that facilitated or hindered Indigenous peoples' experiences of wellbeing in the workplace. ECIT has been established as a culturally appropriate method by previous researchers and the current study has addressed issues of cultural appropriateness through consultation with Indigenous community members, researchers, and academics. There were 17 Indigenous people who shared their experiences and their time for this study. The ECIT method, including nine credibility checks, was followed. The findings which resulted from this study are described in the Results chapter which follows.
Chapter 4: Results

Chapter 4 presents a review of both contextual findings and critical incident findings for the study. Contextual findings encompassed participants understanding of wellbeing as Indigenous people and the role of wellbeing in the workplace. A total of 484 critical incidents and wish list items were extracted from 17 participant interviews. Critical incidents were summarized in 14 overlapping categories; 13 helping categories, 7 hindering categories, and 6 wish list categories which met participation rate minimums.

Contextual Findings

Contextual questions in this study were designed to elicit participants’ understanding of the meaning of wellbeing, in general and as applied in the workplace. Participants were invited to share their own understanding of wellbeing, rather than being provided an a priori definition. As was expected, the responses to questions about the meaning of wellbeing were as individual as the participants. Nonetheless, there were common themes in participants’ responses to the questions, as summarized below.

Participants were asked: “What does wellbeing mean to you as an Aboriginal person?” Throughout the interviews, it was evident there was no singular definition for wellbeing and participants often relied on examples of activities that facilitated wellbeing rather than a description of the meaning of wellbeing which suggested it was a lived experience rather than a mental construct. However, there were common themes. Participants described wellbeing as holistic, involving mind, body, spirit, and emotions and a sense of balance between all aspects of the self. Wellbeing encompassed a felt sense of being happy, at peace, and accepted. Having a sense of wellbeing in the workplace was repeatedly connected to enjoying work and having/finding a job that you love. Furthermore, wellbeing was described as having a relational
component: participants talked about healthy, reciprocal, and non-hierarchical relationships, where they were connected to others and made a positive impact on others and their communities. For many participants, wellbeing was also grounded in culture and pride in their Indigenous identity.

Within participants’ discussion of the application of wellbeing in the workplace (i.e., “What does wellbeing in the workplace look like to you as an Aboriginal person?”), the theme of interconnectedness between physical, mental, emotional, and spiritual aspects of the self was again evident, as was the emphasis on respect for culture in the workplace. Participates indicated it was important that everyone was able to practice their culture and engage in wellbeing promoting practices in their own way. Participants also indicated it was important to feel valued, respected, accepted, and comfortable. Participants indicated that wellbeing was impacted by the overall atmosphere in the work environment; the most beneficial environments being described as positive/optimistic, peaceful, fair, collaborative, and team oriented. It was also helpful when there was a focus on community engagement and encouraging physical health in the workplace. Participants discussed the importance of congruence between values in the workplace and their personal values. Finally, participants highlighted the value in being heard by others and having open and supportive dialogues with peers and supervisors.

When asked about the impact of wellbeing in the workplace (“How has wellbeing in the workplace impacted your work life as an Aboriginal person?”), it was emphasized that wellbeing at work and at home were connected; their overall quality of life improved when they were experiencing wellbeing at work and balancing work and life was an active process. When wellbeing was present in the workplace participants described themselves as happy, productive, motivated, energized, empowered, optimistic, and engaged. They noted they enjoyed work more
and were able to see the bigger picture. When wellbeing was absent, participants indicated there was a negative impact on physical health (e.g., increased illness and decreased energy), as well as increased stress and feeling disempowered, isolated, and unhappy. Participants noted when they did not experience wellbeing in the workplace they found themselves questioning their career choices; also, they felt they needed to prove themselves more than their non-Indigenous counterparts.

Participants were asked to consider whether wellbeing in the workplace had always been a part of their work experience and eight participants responded “yes,” eight responded “no,” and one participant responded “yes and no.” For those who indicated that wellbeing had always been a part of their workplace experience, they explained that they had worked to create wellbeing in the workplace for themselves or they would choose to leave a workplace if they were unable to create wellbeing. They attributed their sense of wellbeing to their attitude and ability to set boundaries, be positive, and use relationships skills to overcome difficulties. The participants who indicated they had not always experienced wellbeing were asked what had changed to allow them to experience wellbeing. While their answers varied, there were themes of personal development (e.g., starting to focus on personal holistic health, change in attitude and perspective), finding a job that suited skills/interests, connecting and contributing to the community, and leaving negative environments.

**Critical Incident Findings**

There were 486 critical incidents and wish list items in this study. There were 293 helping incidents (60%), 131 hindering incidents (27%) and 62 wish list items (13%). These items were categorized into 14 overlapping categories which are outlined in Table 1. Given the
focus of this study was wellbeing in the workplace, categories have been arranged in descending order based on the participation rate of the helping categories.

*Table 4*

**Critical Incident and Wish List Categories**

<table>
<thead>
<tr>
<th>Categories</th>
<th>Helping Critical Incidents (N = 293)</th>
<th>Hindering Critical Incidents (N = 131)</th>
<th>Wish List Items (N = 62)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants (N=17)</td>
<td>Incidents</td>
<td>Incidents</td>
<td>Incidents</td>
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<tr>
<td>Personal Perspectives</td>
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<td>4 24</td>
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</tr>
<tr>
<td>Relationship Building</td>
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<td>6 35</td>
<td>6 35 8</td>
</tr>
<tr>
<td>Holistic Health</td>
<td>12 71</td>
<td>5 29</td>
<td>8 47 18</td>
</tr>
<tr>
<td>Support</td>
<td>12 71</td>
<td>2 12</td>
<td>1 6 2</td>
</tr>
<tr>
<td>Culture</td>
<td>11 65</td>
<td>5 29</td>
<td>6 35 9</td>
</tr>
<tr>
<td>Investment</td>
<td>10 59</td>
<td>0 0</td>
<td>4 24 5</td>
</tr>
<tr>
<td>Workplace Environment</td>
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<td>16 94</td>
<td>7 41 9</td>
</tr>
<tr>
<td>Appreciation</td>
<td>9 53</td>
<td>0 0</td>
<td>0 0 0</td>
</tr>
<tr>
<td>Communication</td>
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<td>2 12</td>
<td>1 6 1</td>
</tr>
<tr>
<td>Role Modelling</td>
<td>8 47</td>
<td>0 0</td>
<td>1 6 1</td>
</tr>
<tr>
<td>Resources</td>
<td>7 41</td>
<td>5 29</td>
<td>4 24 6</td>
</tr>
<tr>
<td>Self-care</td>
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<td>0 0</td>
<td>0 0 0</td>
</tr>
<tr>
<td>Supervisors</td>
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<tr>
<td>Racism</td>
<td>0 0</td>
<td>11 65</td>
<td>0 0 0</td>
</tr>
</tbody>
</table>

Note: Figures in bold represent a participation rate greater than 24%.

**Helping Categories**

There were 13 helping categories, with a total of 293 helping incidents. Participation rates in the helping categories ranged from 29-76%. The helping categories, in descending order
based on participation rate, were: Personal Perspectives; Relationship Building; Holistic Health; Support; Culture; Investment; Workplace Environment; Appreciation; Communication; Role Modelling; Resources; Self-care; and Supervisors.

Table 5

Helping Categories

<table>
<thead>
<tr>
<th>Categories</th>
<th>Participants (N=17)</th>
<th>Incidents (N=291)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Perspective</td>
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<td>76</td>
</tr>
<tr>
<td>Relationship Building</td>
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<td>76</td>
</tr>
<tr>
<td>Holistic Health</td>
<td>12</td>
<td>71</td>
</tr>
<tr>
<td>Support</td>
<td>12</td>
<td>71</td>
</tr>
<tr>
<td>Culture</td>
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<td>65</td>
</tr>
<tr>
<td>Investment</td>
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<tr>
<td>Workplace Environment</td>
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<tr>
<td>Appreciation</td>
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</tr>
<tr>
<td>Communication</td>
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</tr>
<tr>
<td>Role Modelling</td>
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<td>47</td>
</tr>
<tr>
<td>Resources</td>
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<td>41</td>
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<tr>
<td>Self-care</td>
<td>6</td>
<td>35</td>
</tr>
<tr>
<td>Supervisors</td>
<td>5</td>
<td>29</td>
</tr>
</tbody>
</table>

Note: Figures in bold represent a participation rate greater than 24%.

Personal Perspectives. There were 31 incidents in the Personal Perspectives category from 13 participants (76%). Personal Perspectives encompassed a number of broad ideas including boundaries, light heartedness, flexibility, self-awareness, and attitude.

Boundaries. Boundaries referred to participants having good personal boundaries, role clarity, and the ability to separate oneself from work and workplace negativity. For example, Participant 5 stated:

I guess just identifying the boundaries early on, like when you first start the job. One of the things that we do here is when you first come into the organization, [the executive
director] gives you a sheet, things that you are okay with and then “no-nos” ... So just having those boundaries and I guess [knowing] what’s okay for you. What are you comfortable with in the workspace and then what are those things are not necessarily comfortable for you? What makes you uncomfortable so that when we do have to delegate jobs for say an event that’s coming up we know that that’s probably not the best spot for you.

*Light heartedness.* Light heartedness included participants’ ability to incorporate humour, laughter, and playfulness into the workplace. Participant 15 spoke about laughter:

I think the more we are laughing, the more successful we are… I love to laugh; I love to have fun. I make fun of myself and everybody around me and I don’t take myself seriously... I think that laughing... it is important to have fun. There is something where and times where it is certainly not appropriate. But yes, whenever we get the opportunity we definitely want to have fun with each other.

*Flexibility.* Flexibility referred to participants’ ability to adapt to workplace demands and modify their own expectations based on experience. Participant 4 shared the following experience of flexibility in the workplace:

What I had to do was adjust the things I did and to make myself successful and adjust the way I work. Well, as an hourly person I just found if I worked hard, I did well. Sometimes I don’t think I worked smart, sometimes I think I just worked hard. And as you get older you start being smarter with what you are doing and working less hard. That goes with physical as well as mental work.
Self-awareness. Self-awareness encompassed participants’ ability to reflect on their own strengths and areas of relative weakness and use that knowledge to improve their work experience. When discussing self-awareness, participants used examples such as:

Being honest, upfront, in the beginning of sort of the skills or maybe not the strongest skills that I have, or insecurities that I have, initially. So when we do projects, I say “I am more confident doing this or I'm not as knowledgeable at this,” so doing more of a strength based approach - like “how can we help each other” - to know that if I'm not very strong, in one area, to be able to give it to somebody else and to sort of help each other. (Participant 7)

Attitude. Attitude referred to participants’ ability to put things in perspective and take initiative to change (or leave) work environments that are not tolerable/healthy. It referred to participants’ sense of confidence and resilience when dealing with others who are behaving inappropriately, as well as their personal work ethic and standards. One example of how a participant’s attitude contributed to their wellbeing was:

Work ethic has a lot to do with wellbeing, right? And seeing it in others, as a leader, as someone who's in charge of the HR [Human Resources], I mean it has to deal with the challenges of informing people, and diverse people in the community. The work ethic means a lot when we come prepared to do the work we do, we do a better job. And I think that creates wellbeing. (Participant 2)

While another participant talked about the importance of standing up for herself:

I worked with an officer and he’s been on the job for almost forty years and he’s rude, unkind, belligerent and it was very hard working with him and I didn’t feel like he accepted me, he talked down to me. I think there’s one point where he was talking down
to me and I looked at him and I said, “don’t treat me like I’m an idiot” and I got up and I walked away. And ever since then I think he sees, finally he’s accepted me, because I mean, I’m not an idiot, I know my job, I’m not new at this job, I’ve been doing this job for a long time. And even though I’m new at the station I know what I’m doing and it just, you know, you have to, you have to stand up for yourself sometimes. (Participant 3)

And for some participants, wellbeing was putting their job into perspective with the bigger picture:

How bad do you need your job? You need to be confident to yourself. One, I can get a job somewhere else. Two, this isn’t most important thing in my life. What really matters in my life is the people I share my life with and so you have to really put things in perspective, like, “Okay, am I going to let this effect me like this? Because at the end of the day, my kids are healthy and I married somebody that I love and it’s like, okay I’ve got everything. This is just icing on the cake, like if I end up living in a trailer with these people that I share my life with then that is okay too.” That really takes a lot of pressure off and again, it comes back to I am actually doing this, to live a higher quality of life, it’s not my life... we need to be able to step back and put those in perspective. (Participant 15)

**Relationship Building.** Relationship Building was discussed by 13 participants (76% participation rate) and had 30 helping incidents. Relationship Building represented the value placed on creating, maintaining and deepening relationships, both inside and outside the workplace. This included building relationships on an individual basis (e.g., with peers or supervisors) and as a team (e.g., group cohesion and bonding). For example, Participant 17 said, “We get together as a team... and go do some activities together. I would really like those days;
where we were just having fun and getting to know each other outside of the work that we had to do.” There was discussion of fluidity in relationships with emphasis on connections rather than role boundaries and building a sense of community within the workplace. Building relationships occurred through shared experiences, check-ins, group gatherings, and socializing outside the workplace. As Participant 13 said:

   It’s a very private circle and so we do talk about our children, our grandchildren, and our fears and our hopes and because it is a circle we each get a time to talk and reflect and talk. I think we reflect on what each of us has said so that we can offer maybe different insights and it’s never seen as trite or… it’s seen as input right? Input and concern and what we share in circles stays in circles. And often the supervisor of this area at times joins us and she is non-Aboriginal, we are all Aboriginal but she is non-Aboriginal, so she joins us and she takes part, she is respectful as well.

The importance of authenticity, reciprocity, collaboration, and trust was emphasized by participants. Participant 7 reflected on the importance of trust in the workplace:

   All of our staff are trained to handle an aggressive patient or someone who is at risk of hurting themselves or others, including us... there’s 5 or 6 of us that come who are trained and we all work together and talk about “what’s next? How are we going to do this? Is this the best option...?” You can trust who [you] are with to be able to help with these situations and come up with a plan and collaborate and have teamwork.

Networking with people with intersecting interests was also identified as an important part of relationship building. Relationships outside of the workplace were also noted as important, as they help provide perspective.
**Holistic Health.** The Holistic Health helping category had a participation rate of 71% (n = 12) and 41 critical incidents. The helping category of Holistic Health referred to having balance among various aspects of self (mental, physical, emotional, spiritual) and how these aspects are interconnected (if one area is out of balance, other areas suffer). It also included the idea of work/life balance and the importance of grounding in various ways (e.g., connection to family, being in nature) when things are difficult. As Participant 6 reflected:

Again, it’s mind, body and spirit, so an as Aboriginal I truly believe that I’m connected to the land and I believe in seven generations, so what I’m doing now is going to affect seven generations and so I believe that and that keeps me tied to the land. So if I’m tied to the land that’s my inherent right and I believe that that’s making a difference, that if I wasn’t connected to the land I would feel displaced mentally.

To maintain holistic health participants engaged in various health practices (e.g., exercise, healthy eating, mental health days, meditation, being in nature) and accessed health services provided through employers or benefits plans (e.g., going to the gym, massage, acupuncture, counselling, Reiki, yoga). Participant 15 commented: “As far as wellness support goes, I wrote a grant and had a gym installed in our office. At lunch hour, quite a few of my staff will go in, work out in the gym; others don’t.” While Participant 5 spoke about counselling:

I appreciate that as an employee that I have this opportunity to participate in massage, in acupuncture, as well as counselling because I did have something traumatic happen to me just recently and I had my supervisor ask me if I want to do counselling. I’ve never in my life done counselling before. I was a little bit sceptical. I said, “I am not really sure if that’s for me;” but now I can’t get enough of it … but nothing has ever [been] pushed on us here which is also is important to me for wellbeing.
It was most beneficial when these services were available on site (minimal barriers to access) and when everyone was encouraged to be healthy together (e.g., going for walks together, healthy snack initiatives).

**Support.** Support was comprised of 31 incidents from 12 participants (71% participation rate). Support included both giving support (as a peer or as a supervisor) and receiving support (from family, coworkers, supervisors, the larger organization/administration, and the community). An example of support was provided by Participant 7:

> Having that authenticity of caring for each other and really valuing their mental, physical and emotional health. I remember one day I came in bawling and I was crying because I had a family matter and it was raining that morning as I was entering. Having that support right away of being asked, “Okay, how I can help?” Having people being there just to listen; and I think that’s what I really valued.

For participants to feel supported, it was necessary for them to feel safe, not judged, and accepted. Support was demonstrated through encouraging words and encouragement to pursue further education, use of strength based approaches to address areas of relative weakness, providing debriefing after difficulties, addressing mistakes in a positive way, and giving people a chance to prove themselves. Participants indicated it was helpful to have support for both workplace tasks and issues outside the workplace (e.g., family, health, etc.). An example of support outside the workplace was:

> It’s kind of like a community like we are all together and we all help each other out… I have lost my home and stuff because of a fire … my job has helped me with a lot of things… as soon as it happened they were like “okay we are going to get you into housing right away. What are things that you need? Just gives us the list and we will
help you.” And I never knew that they would do that and I was taken back like “oh I thought I was doing this on my own.” Because I came from [Name of City] on my own; I don’t have a lot of people here. I don’t have family here. So basically my work is like my family. It’s becoming like my family and I never knew that they would help me the way they did and I am so grateful and thankful like even though they have given me work and now they are helping me find a home and everything it’s just its amazing.

(Participant 9)

Culture. Culture had a participation rate of 65% (n = 11) and a total of 39 helping incidents. Culture referred to the inclusion of Indigenous traditional practices in the workplace (e.g., smudging, drumming, singing, dancing, sweats, ceremony, prayer, medicine walks, cedar cleansing), which provided grounding and sense of connection to community and spirituality, as well as to participants’ sense of Indigenous Identity. Regarding traditional practices, smudging was highlighted by 5 participants. As Participant 5 noted:

I got to have access to medicines so if you want to smudge in the morning which a lot of people participated and all of my jobs that I’ve had thankfully. So I mean you could do that in the morning just to start your day fresh.

Celebration of Indigenous culture was also discussed (e.g., National Aboriginal Day), as was having cultural teachings in the workplace available for any employee (e.g., learning an Indigenous language, moccasin workshop, or medicine pouch workshop) and Elders available for teaching and consultation. Participant 17 stated “Elders are there. I just find that when you bring in a little bit of their culture, it’s just a little bit more peaceful. There’s a little bit more peace in the workplace. That’s something I enjoyed.” Respect for Indigenous culture was facilitated through discussions of culture and intentional efforts to educate people about
Indigenous culture, history, and efforts toward reconciliation; participants noted the benefits of sharing Indigenous culture with non-Indigenous people. An example of this was:

I tried to pilot a lunch hour class, moccasin making, and I was a bit strategic, so I invited the director of my department, the manager, my manager, some other folks that had a lot … more influence than I do, and taught them, and they learned. And the director is a huge advocate of my moccasin class, she says “it’s like a healing session at lunch hour,”… because you bead and you get away from work, you talk to people you don’t [get to] meet. Anyway, so she saw different values but I saw the value of also sharing my heritage, and that’s been a huge beautiful thing that I can shared with people… getting the feedback from others that are non-Indigenous that they’re really respecting this teaching, you know, and the Indigenous folks that have never had this teaching, so it’s really cool. (Participant 16)

The benefit of organizational support for Indigenous cultural activities and learning was emphasized. Participants also referred to the importance of taking pride in their heritage and Indigenous identity. Participant 3 explained:

One of the fellows I worked with when I working shift work, we talked one night about my Native ancestry... and he asked why I didn’t tell people that I was Native... and he says “You're not proud of being Native?” I said “Well I don’t know if I'm or not.” He says “You should be proud of who you are and where you come from and should always be proud of where you come from.”... I always remember that guy and that’s kind of what made me change my way of thinking and made me prouder of who I was and where I came from.
**Investment.** Investment had 39 incidents from 10 participants (59%). Investment referred to participants caring about their work and congruence between their personal values and the work they were doing, as well as with the values represented in their workplace. For example:

> When you form real relationships with the people you work with and the people you work for, like when you take that extra time… we look after the social assistance program and everything and I am like kind of a battle axe about it... If you say no, I want that person leaving the office feeling a good about themselves… That’s about making a difference… because its way easier to just give people what they want

Investment was increased when participants believed they were making a difference and their work contributed to their communities, with a number of participants who emphasized helping Indigenous communities specifically. As Participant 6 reflected:

> So just knowing that I am working with Aboriginal people for a cause, right? So I am Aboriginal and I want to work with Aboriginal people and because we share some of the same commonalities that I have already talked about, I want to know more of what their cultures are and how we can cooperate that into the work that we’re doing...

> Predominantly, I’ve worked for Aboriginal agencies because I prefer… I want to make a difference for Aboriginal communities, especially children and families; I’ve done a lot of work around that.

Investment was enhanced by setting specific and achievable goals (rather than broad plans) and a sense of belonging in the workplace.

**Workplace Environment.** The participation rate for the helping category Workplace Environment was 58% (n = 10). There were 30 helping incidents in this category. Helping
aspects of participants’ workplace environment encompassed the physical layout of the office, the atmosphere of the workplace, and organizational practices/policies.

*Physical environment.* Helpful aspects of the physical environment included a layout that was conducive to communication, a clean environment, an ergonomically sound workspace, and an environment which addresses needs for physical safety. An example was provided by Participant 7:

I think that also brings the openness of how the office is even laid out and …that's like a quarter. The different jobs I had in front of a computer, where you have one of the IT guys, he was really valued, the way you seat on a computer and your health. Like if you sit, if you don't have the right keyboard height, or the right chair, that will affect you physically. So I think having just someone in your workplace just even go out and in their work time and say, I want to help to make sure you have the best physical health you here.

*Workplace atmosphere.* The helping qualities of the workplace atmosphere were trust among coworkers, professionalism, fairness, collaboration, non-hierarchical approach (round table), reciprocity, and respect. Respect was highlighted by a number of participants, for example:

Respect for me, respect to others and I had a lot of discussions with employees about those sorts of things. So, I tried to not get angry with people and take people aside and talk to them one on one, face to face, so that there would be no distractions or no way that they would be embarrassed about the discussion we were having. That’s what I did with employees and I think that’s what helped me with some of the decisions that I had to
make. If I treated people fairly then people were accepting some of my decisions even though they didn’t like what I was saying. (Participant 4)

*Organizational practices and policies.* Organizational practices and policies that were helpful included hiring the best person for the job, clear expectations, absence of blame and shame during meetings, having regular check-ins, protected breaks, zero tolerance for gossip and negativity, and flexibility with scheduling to meet participant needs. Regarding scheduling, Participant 8 said:

That’s other thing about nursing is that you can move around like crazy, you can shift swap with your team members. If I need a day off next week, I just ask someone, and I usually can switch with someone, its super easy, it’s very flexible.

While Participant 15 discussed the importance of creating a healthy environment in the workplace:

Because if I am working with somebody who is negative or toxic on my staff… I don’t, they won’t work for me. I don’t have to and we don’t have a union environment. So, people very clearly know that when they come to work for me… I have zero tolerance for drama. I don’t tolerate gossip; I don’t tolerate negativity. I know everybody has bad days and that sort of thing, but especially because I am not there all the time, I have to be protective of my other staff’s work environment.

Participants also discussed the importance of encouraging autonomy and trust staff to make good decisions. As Participant 5 noted:

I had really good supervisors and I think it’s just mostly because they allow me to show what tools I have, what skills I have and they kind of let me take projects on, on my own
which is important for me so that I can feel like I am developing in the organization but also that I’m contributing.

**Appreciation.** Appreciation was identified by 9 participants (53% participation rate) and there were 16 incidents in this category. Appreciation was reflected in actions and in participants’ felt sense. Actions included informal recognition through comments and compliments (from supervisors, supervisees, and peers), as well as formal acknowledgement of a job well done through notes on personnel files, awards, compensation, being voted in to elected positions, and opportunities for job advancement. For example:

My advancement was like everybody else’s I think, it’s through a lot of hard work and through my superior’s acknowledgement, through raises and advancement to better positions within the [organization]… that gave me a sense of wellbeing, because that meant I was a valued employee… That’s a sense of fulfillments when you do well, and everybody wants to do well, and when it is acknowledged that you have done well then that leads to a sense of wellbeing. (Participant 4)

Participants also emphasized the importance of feeling valued by their employers, colleagues, and communities for diverse contributions and qualifications. For example, Participant 7 stated:

I think the wellbeing is having that recognition of, to myself as well as others, that the projects and interests I have are valued and I’m valued as an individual for the assets that I bring. Because something growing up that I’ve really struggled with is that I don't have a specific skill or artistic or intellectual ability that I felt really valued... I felt I was a bit average on things and that's why I'm really interested in learning new skills and development because I think that's really helped to shape who I am. And I think having
that in the workplace, by being able to bring that in and to show them, I think I've been able to be valued for who I am and that just made me feel really comfortable to be able to share my interests.

**Communication.** Communication was identified as a helping factor by 8 participants (47%) and there were 15 incidents in the category. Communication included styles of communication (clear, direct, open, respectful). For example, Participant 6 stated: “open communication, so open door policies and to be able to treat staff members with respect.” Participants also highlighted what facilitated communication which included the confidence to discuss concerns, availability of supervisors to discuss concerns, as well as listening and feeling heard. As Participant 11 stated:

> Having the respect to sit there and listen when, if someone comes in and they want to talk to me about something and I’ll say “okay, fine” and listen. You know, really listen, because I’ve seen people where they kind of just keep walking and you’re talking to them and it’s not getting across... Because sometimes it could be an issue happening in the office and they just want to offload and get rid of it. Then it’s dispersed and then they’re happier in the workplace.

Throughout the communication related incidents there was emphasis on understanding one another, respecting others viewpoints, not speaking negatively about others, addressing conflict directly to work toward resolution, and feeling safe to discuss personal concerns.

**Role Modelling.** There were 8 participants (47%) who discussed role modelling as a helping factor. There were 18 incidents in this category. The helping aspects of the Role Modelling category were two-fold: being a role model and having role models.
Being a role model. Participants who identified being a role model as helping indicated it was important for them to be a role model for other Indigenous people by paving the way for other Indigenous people, leading by example (e.g., demonstrating self-care), and informally mentoring others. Participants noted how it impacted them when they were informed others were inspired by their success. An example was Participant 9 reflected:

I knew I wanted to lead by example… [and] to be a leader and mentor in my community… As soon as I came here I was so scared like I wanted to give up a month after coming here and my mum she was always like “no you need to stay there. These people are so proud of you they tell me every single day, ‘your daughter is a good influence on my kids and they are paying attention in school now. They are telling me that they want to do stuff in the future. Like when they grow up they want to become a doctor or like a nurse or something, they want to go to this school, they are actually looking into it now’”. And I'm just like sitting here like “wow I can't believe that I've impacted these kids so much that they’re like this.” And just to really show them that there is a life outside of the reserve. There is a life and you can do whatever you set your mind to.

Having role models. Participants who found role models helpful noted that both formal and informal mentoring was beneficial. While some participants identified Indigenous role models and Elders as important, others indicated that their role models came from a variety of backgrounds. For example:

I felt very empowered as an Aboriginal woman and that was just because many of the people that were working for that organization were Aboriginal, it was government, there are Aboriginal women and men in many high positions which it kind of gave you… I
guess the hope that you can go further with that organization which was good... I think prior to being in that environment I wasn’t exactly sure as an Aboriginal woman if I could get to the executive director position or get to a higher management position and that wasn’t because I was told I can’t, it was just more my self-doubt... But then seeing so many women in high positions in that organization, and men as well, and them all being Aboriginal it just opened my eyes that there’s new opportunities coming. I was pretty excited about that. (Participant 5)

Role models provided participants with guidance, inspiration, and encouragement. It was noted that role models would walk beside participants on their journey, with a collaborative and non-hierarchical approach. Participant 17 spoke about an experience with an Indigenous Elder:

I came from thinking that I probably didn’t know as much as them, or I haven’t been in the field as long as them or something. But one Elder would tell me, “Where do you think we started? I just jumped in and 40 years later... we all had a start. We all went through this; we all failed at some point, we weren’t always respected. We had to fight for this and this and that.” It was a nice feeling, this comfort and having a discussion with somebody about it and being like, “Oh no, don’t worry. You’re not the only one, we have all been there in some way. So, tell us what you think.”

Resources. There were 12 incidents provided by 7 participants (41%) in the Resources category. Resources consisted of having sufficient financial resources for adequate staffing to manage workload, funding training, and willingness to be flexible about specific duties in order to meet organization demands. As Participant 8 indicated:

There is enough staff, there is perfect staff to nurse ratio, there is huge dynamics of team, there is tonnes of different professions at work there and we all work together, and it just,
it’s amazing.... it’s such a close knit team and each patient we work with and we come up with a care plan around that patient and all of us get together once a week and we talk about that specific patient and we talk about what their needs are and how we are going to do it.

Training had two aspects, the first being job related. Job related training was beneficial when it allowed participants to perform their current roles, as well as when it prepared them for career advancement. For example:

We also do cross training. So that is another really good thing because then we can support one another. If somebody is sick or needs to take some time off because of life, then it’s okay, [someone else] can step in to your position and support you and that’s been really helpful. (Participant 15)

The second aspect was the significance of training to support personal development and interests (which may not directly relate to current job roles). As participant 12 discussed:

It’s an organization that really promotes developing one’s self through education and there’s not a lot of stress on what. If somebody wants to go back to school for something totally unrelated to policing, there’s no scrutiny saying ‘well how does that tie into policing’ and then the education will be there to partially fund one’s development. And its unique city, the corporation, the city of [__________] recognizes that bettering one’s self plays a part of your mental wellbeing.

**Self-care.** Self-care had a participation rate of 35% (n=6) and 7 incidents. Self-care consisted of participant initiated wellness practices that occur both at work and at home. The intent of these practices was to meet participant needs (e.g., eating healthy, sleeping, exercise), as
well as allowing participants to relax, to take a break from work, and to feel comfortable in their space. For example:

That’s where like I have to invoke my own self-care, and that’s where my own self-care is important… When I have those kinds of days where like the workplace and the work atmosphere is… like it [has] all come on me, is I purposely do something that’s just completely removed from it, like detached from it. That’s something that’s not related to work in the least bit. And that also means not hanging out with somebody from work, but it’s a way to kind of ground myself in something non-work related. (Participant 14)

**Supervisors.** The Supervisors category had 9 incidents from 5 participants (29%).

Supervisor interactions were helpful when participants were able to talk openly with their supervisors and supervisors’ responses were empathetic, supportive, and attuned to participants’ needs. Participants found it helpful when supervisors would “plant seeds” and provide guidance during training. For example, Participant 15 reflected:

I really learned a lot of good stuff from him and definitely wanted to be that kind of manager. Even when I was 25, I was like “you don’t even do anything,” he was just like “of course I don’t do anything, because I’m the boss, you do everything.” And then when I look back, I am like “Yes, he did.” He did, but we didn’t kind of … he would make us feel like we were doing it; like it was our idea… it was after hours sitting in his office with him planting seeds.

Participants benefited most from supervisors when they believed they were not being judged or viewed as weak when they approached supervisors with struggles. It was helpful to participants when supervisors would approach concerns directly, with an open mind, and focused on learning/teaching (rather than punishing). Participant 17 spoke about a learning experience:
You could be wrong, sometimes I was really, really off base and it wasn’t like, “Oh, God! [Name of Participant], that was so embarrassing.” Nobody was like, “[Name of Participant], what are you talking about!?!?” They would be like, “This was like a teaching moment; let’s take the time to let [her] know.” I would never take it as offense. It was like, “Oh, thank you for opening my eyes on that topic further,” or “Explaining that to me in a better way,” or “Sending me those resources.” Because I obviously needed more information in that area. I thought those were always helpful. I will always remember this day; I was in the middle of the school district, and I was like, “Wow, what a beautiful costume.” My counsellor, she leaned over and was like, “Yes, these are what we call them regalia and this is how they spend a lot of time working on.” She just explained to me what regalia was and I was like, “Oh God! What a failure, I am the Aboriginal support teacher and I said costume. Oh, my God!” It wasn’t seen as a slap on the wrist; it was a teaching moment. I thought that, where you are not looked down upon, it was just a good time to learn why we don’t say costume. It was to me like, “I know better.” I know it’s not costume, but that’s what came out of my mouth. She could have made it a really big deal or been like, “Oh come on.” But she was like, “it was a good teaching moment.”

**Hindering Categories**

There were 10 hindering categories, with a total of 131 hindering incidents. Participation rates in the hindering categories ranged from 12-94%. There were 7 hindering categories which met or exceeded the minimum participation rate. The hindering categories, in descending order based on participation rate were: Workplace Environment; Racism; Supervisors; Relationship Building; Resources; Holistic Health; Culture; and Personal Perspectives. The two categories
which did not meet participation rate minimums were Communication and Support (these categories are briefly outlined in Appendix F).

Table 6

Hindering Categories

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<th>Categories</th>
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Note: Figures in bold represent a participation rate greater than 24%.

**Workplace Environment.** The hindering category for Workplace Environment had a 94% participation rate (n=16) and there were 47 hindering incidents. The hindering aspects of the Workplace Environment category referred to a lack of safety, instability, isolation and harassment, discriminatory practices, problematic interactions between coworkers, and negativity.

Safety. Safety encompassed physical and emotional safety; participants also spoke about the challenges of a long commute and shift work. An example related to physical safety was:

I have worked for agencies where I have to do a tremendous amount of driving so I find that driving is an issue for safety and wellbeing; so driving long distances and various amounts of commutes… I think it adds to the stress level and this definitely impacts
Aboriginal people because we live in surrounding outskirts of communities. So driving and transportation are issues to wellbeing. (Participant 6)

*Instability.* Instability was related to a lack of job security (fear of being laid off), workplaces that were in constant crisis, and participants feeling the need to be constantly vigilant for fear of being challenged. Regarding instability, Participant 15 stated:

I just found it such an unhealthy, unhappy environment and [it] was always in crisis and nobody ever felt safe. Like, “oh we’re going to lose our jobs,” just all of that uncertainty, all the time. So, definitely uncertainty and just always having threats hanging over your heads.

*Isolation and harassment.* Isolation occurred when there was an “us and them” mentality, when participants were not included or consulted in decision making, and as a result of bullying, or harassment; participants were pressured not to report bullying or harassment because it would cause further isolation (e.g., being labelled). For example, Participant 3 stated:

If you tell on a person for anything, if you report harassment, sexual harassment, you’re labelled. The entire service knows about you, because word travels like wildfire, especially now with texting. You’re labelled, nobody will want you, so you learn. Furthermore, if bullying was witnessed and not addressed or identified and not addressed adequately it deepened the problems.

*Discriminatory practices.* Participants indicated that biased hiring practices were hindering. Participant 17 discussed “inauthentic hiring practices” and explained how she asked herself:

Is this a workplace where I would fit in? Or is this a workplace where I was hired because I was actually a good fit for it? Or I was hired because I look a little different?
We need to diversify the department. So that kind of can make you feel a little uncomfortable, like, “Am I getting a hand out?” That’s not why I’m here; I’m quite capable.

The lack of Indigenous people in the workplace (particularly in advanced positions) and when Indigenous positives were not compensated or recognized as equal to similar positions was also identified as hindering. For example:

All across the province our positions are called different things. Some of us are coordinators, some of us are vice-principals. Some of us are principals. Very few of us are directors, which is where most people in Special Ed are, so even that, in terms of being treated fairly and recognised for the value that we add to the system is important, and it speaks volumes. And sometimes, you know, even our positions are not paid as much as other ... those are aspects of a job that can either make you or break you.

They've never really broke me because that hasn’t always been my focus, but the more I recognise, as I've worked in different places in the province, the more I recognise that it breaks a lot of people and therefore prevents a lot of us from going into positions of higher responsibility. (Participant 10)

Participants also noted the challenges when politics influenced the workplace.

Problematic interactions between coworkers. Problematic interactions between coworkers were described as lacking trust, reciprocity, and respect. It also encompassed communication challenges which occurred when conversations were shut down, when people were pushed to make decisions with limited time, and when participants were not consulted. Participant 8 discussed the impact when there was no consultation on a significant change in the workplace:
I guess one example would be when management decided it would be a good idea to have one designated nurse, to be the medication nurse ... they basically came up with this plan, and then the next day, not even the next day, just that morning, they we were like “okay this what we’re doing.” They came up on the unit and said this, and they basically said “if you don’t do this, like we have people watching you and we are going to write you up if you’re not following with it.”... Now that we are doing it, even though we fought it, and it just didn’t feel like, maybe we could have made this whole medication nurse happen, but it would have been nice to have us involved in the process, instead of just like “this is it, and if you don’t do it, you’re getting written up.”

Negativity. Negativity referred to cynical and bitterness pervading the workplace, where peers would discourage each other. As Participant 12 described:

There was such negativity in like, like a view that everything is a dead-end, and bitterness and cynical attitude. And it just sort of manifested itself and permeated organization and there’s just no escaping... And there was this constant culture of negativity and it was bizarre because it’s like, kind of, we were all Status Indians, we were all from the reserve and we were all policing there because we want to keep our community safe. But those were some of the most stressful times in my career and then like I said, I just couldn’t get away from it. And it didn’t help that my sister married one of my best friends, who was also a police officer there, she married his brother. And so you go and get away from it, to a social function to a family function and then my brother-in-law’s brother, who’s an officer, would be there, you would end up talking about the negativity and all the negative factors.
**Racism.** Racism was discussed by 11 participants (65%) and there were 28 incidents in the category. Racism occurred on a spectrum from blatant to more subtle, including but not limited to systemic discrimination (e.g., hiring practices), racist remarks/slander/stereotypes, lateral violence (occurring within Indigenous communities and amongst Indigenous people), tokenism, and ignorant/insensitive questions and comments. An example was provided by Participant 16:

There’s still some systemic discrimination or racism within… even our hiring systems…. let’s say some First Nations people, not everyone but some, may not have that interview skills to be like “I’m the best,” right. Some people are geared to learn that and to know how to ace interviews by their parents, and maybe some folks that came from Northern communities where there isn’t a lot of employment and people don’t know all these unwritten rules or tricks of how to ace an interview, but yet it’s critical. And yet like where are they going to get that skill? It’s people not having that knowledge – people who are doing interviews… they don’t hire them, and say “oh they didn’t interview well.” Yeah, but they didn’t ever have an opportunity to even know the ins and outs of an interview with that person? And they may have the skill, or they may have the basic requirement but they’re not going to get in … and then you don’t know is if they’re using [it] as an excuse not to hire or is it something else right?

Participants discussed how there is pressure not to report issues of discrimination and racism in the workplace and when reported, issues were often inadequately addressed. Participants highlighted the deleterious impact when the negativity was coming from other Indigenous people. For example:
One particular day there was a fellow talking about, he was telling Native jokes and he was speaking with a very pronounced Native accent try to get a laugh out of a bunch of people. I just happened to be standing there and he saw me and he just carried on. I took him aside and I told him that was not acceptable, and if he continued on with that sort of thing then he and I were going to have a very tough discussion about this, and I would suggest he wouldn’t do that anymore. He told me that he can speak this way if he wants because he’s Native. Then I just kind of, I was kind of confounded because he would be doing what he was doing, slandering Natives, and that’s when I got really at him I told him that he needed to respect himself and respect his own heritage, and I said, “When you do what you are doing all you are doing is opening the door and allowing other people to be racist.” He kind of took a step back and he said, “You know what, you are right.” He said, “I never thought of it that way.” He agreed that what I said was right. I don’t know that he changed the way he was doing things, but he didn’t do it in front me again. (Participant 4)

Participants often described a need to work harder than others to prove themselves in the workplace. Participant 10 discussed her experience:

As an Aboriginal person going into the workforce I definitely felt, a lot of the times, that I had to prove myself above and beyond what I perceived as somebody else having to do. I went through the [Name of Program] with [Name of University] so, you know, lots of times there's certain perceptions that that's because it's a specialised programme for Aboriginal students that it might not meet the standards as every other programme. I've always felt like I've had to prove that the degree and the education that I got through my schooling was just as valid and just as strong as anybody else's... As a teacher I didn’t
necessarily feel that as much as you sort moved up in rank, like when I was a principal where I was, you know, in a smaller community, very few Aboriginal people went into that role so it was... I always felt like I really had to prove myself there... and then I became a district principal and then a director of instruction. Again, it was, like proving myself.

Overall, the incidents discussed by participants reflected a lack of knowledge and sensitivity to the Indigenous people and the history of Indigenous people in Canada.

**Supervisors.** There were 8 participants (47%) who identified 12 hindering incidents related to supervisors. The hindering aspects of the Supervisors category ranged from lack of support from supervisors and challenges with supervisory style (e.g., micromanagement, inconsistency) to more severe issues such as bullying and humiliation of staff. For example:

She managed to point me out in some sort of scenario, and questioned me, and basically humiliate me in front of all my peers and my co-workers. I was also 8 months pregnant, and super hormonal, and stressed out from the job... she called me out on something to me or said something to me that really pinched the nerve and the rest of shift I just, I went to go to administer meds to a patient, and the patient asked me “how are you doing,” and I started bawling. I will never forget that day... she was purposely trying to hurt someone in front of people. (Participant 8)

Bullying was hindering regardless of whether it was directed at the participant or another co-worker. Participants indicated that supervisors could create a negative environment by being rude, placing undue stress on employees, and not being open to the ideas of others. Participants also noted the challenges when supervisors have to make difficult decisions which they may not be comfortable with.
**Relationship Building.** There were 10 hindering incidents identified by 6 participants (35%) in this category. Hindering aspects of the Relationship Building category included isolation either through lack of access to one another (i.e., geographically separate work sites), inability to gather as a group, when people were excluded, or when there was a lack of personal connections to others (feeling like one of many on a large staff). An example of isolation was provided by Participant 17 who said:

I wasn’t feeling as respected; I was put in my corner. I felt like I was just in my corner and I didn’t really see anybody. Even though I was in the management level, they were quick to point out that I wasn’t a manager. I was the only one in the office that wasn’t going to management level meetings for whatever reasons. I don’t know why; it was all very secretive. I just felt it was like, “There’s [Participant Name] in her corner, let’s just let it go.”

Relationship building was also impeded by lack of trust, inconsiderate behaviour, lack of empathy in interactions, and when coworkers did not live up to their commitments.

**Resources.** The hindering category for Resources had a 29% participation rate (n = 5) and 11 critical incidents. A lack of resources (e.g., finances, training) was hindering to participants. There were discussions of exhaustion when the workload is too demanding and how insufficient staffing can create safety issues. For example, Participant 7 reported:

But because they work part time and I work full time, I had to take up more of running the different programs and that was really stressful because I would be the one person doing that. So at times it was very difficult to bring it to my supervisor. I think to my physical wellbeing was starting to going down just because I was becoming exhausted trying to do three different programs that run in the same hour.
Insufficient training or the absence of training to perform job roles was also hindering to participant wellbeing.

**Holistic Health.** The hindering category of Holistic Health had a 29% participation rate (n = 5) and there were 6 hindering incidents. Hindering aspects in the Holistic Health category represented a lack of work/life balance when participants were unable to take breaks (e.g., being on call all the time, limited opportunity for vacation) and when work took precedence over family. Participants also identified how poor physical health negatively impacted their wellbeing. Regarding wellness services, participants indicated a poor fit with professionals offering services or difficulty accessing the services was hindering. For example:

When my mother died or was dying, I was told to go to our EFAP [Employee Family Assistance Program] to talk about and deal with it. I was the closest thing to my mother and my mother looked after my daughter... it was very stressful for me, so I was told to go see somebody and talk to somebody and I tried it... I started filling out this form and they were asking all of these questions, like really personal questions and I said to the lady, “what do these questions have to do with the reason why I’m here? None of these are even relevant.” And they’re like, “well, we need it for that.” I said, “For what though? I’m here to talk about the stress in my life with my mother dying. Like, my mother is going to die and I was told to come here and talk to you about that.” And she goes, “well how is your mother dying, what’s going on with that?” And she basically said it was my fault, that’s the way that I took it... and I looked at her and I said, “I don’t feel comfortable talking with you, I don’t think that you’re seeing my point.” The whole thing she was arguing with me and I went back to work and they’re like, “so how did it go?” and I’m like, “yeah, never again, never doing that again, because I got blamed for
mother getting sick.” And I didn’t realize then that, you know, I could’ve gone and requested another counsellor. (Participant 3)

Culture. There were 5 participants (29%) who identified hindering incidents related to Culture. The hindering aspects of the Culture category referred to barriers to Indigenous traditional practices, as well as prohibition of Indigenous practices or ceremony (e.g., prohibiting smudging due to insufficient venting). For example:

I know that we’ve got prayer rooms, we’ve got places where Muslims can wash their hands and feet and we’ve got so many different denominational people that look after people’s spirits - yet we can’t smudge. We have to give like a week’s notice and if there is fire alarms that go off, we personally have to pay $150 or $200 it takes for the fire people to come down and it’s just so oppressive. I find it really frustrating and that hinders the wellbeing of the people around me and me, it affects me too even though I don’t smudge. (Participant 13)

It was also hindering when workplaces did not value Indigenous culture or actively resisted the inclusion of Indigenous culture in the workplace. Participant 1 spoke about how this impacted wellbeing:

Being one of the few Aboriginal teachers makes it difficult at times because for awhile, in both of the schools that I worked, I was the only Aboriginal teacher. There's 40 teachers and I was the only Aboriginal teacher... some of the other non-Aboriginal teachers seem to refuse to want to learn anything about Aboriginal culture or [think] that it's irrelevant to them, even though 75 to 80% of the kids they teach are Aboriginal... for instance when I was at the middle school I was teaching a native studies course. And at the time unfortunately there was only two non-Aboriginal students in my classroom and the rest
were Aboriginal students. I was trying to show them the history of our people all the way up to present day. And I remember one of the teachers, her son was in my class and she was non-Aboriginal and she announced in the staff room, (when I wasn’t there, someone else told me), that she was wondering why her son would have to take native studies...

But that's the attitude, unfortunately, that I'm faced with a lot.

Participants also noted that it was difficult when people were wilfully ignorant of Indigenous culture and history, or when people struggled to have conversations about Indigenous issues because they were confused by terminology.

**Personal Perspectives.** The final hindering category, Personal Perspectives, had a participation rate of 24% (n = 4) and there were 6 hindering incidents. The hindering aspects of Personal Perspectives referred to incidents where boundaries are impinged upon or difficult to maintain. It also included difficulties when external politics impacted the workplace. A negative mindset and apathy towards work were also highlighted as hindering wellbeing. An example of the impact of negative mindset was:

If I get into that negative mindset as a result of being frustrated, it becomes easier for me to interpret things that way... For me, that’s the danger of being in my head all the time is that I can get into those negative mindsets and that negative mentality. And sometimes it’s relatively easy for me to draw myself out of it, if it’s not as deep of a kind of process that’s been going on. But other times if it kind of gets, you know, the deeper conversation and discussion that continue that way, I can kind of feel myself get drawn into that negative mentality and I can stay there for a while. (Participant 14).
Wish List Categories

There were 10 wish list categories, with a total of 62 wish list items. Participation rates in the wish list categories ranged from 6% to 47%. There were 6 wish list categories which met or exceeded the minimum participation rate. The wish list categories, in descending order based on participation rate were: Holistic Health; Workplace Environment; Culture; Relationship Building; Resources; and Investment. The Supervisors, Communication, Role Modelling, and Support categories did not meet participation rate minimums (these categories are briefly outlined in Appendix F).

Table 7

Wish List Categories

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<th>Categories</th>
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Note: Figures in bold represent a participation rate greater than 24%.

Holistic Health. Holistic Health had 18 wish list items and a participation rate of 47% (n = 9). The wish list for holistic health varied, from specific services offered on site (e.g., counselling, yoga, wellness center or gym) to extended benefits plans which cover the services off site. As Participant 6 said:
So my wish list would be more meditative type things... So I think yoga would be really beneficial in terms of the work that we’re doing at desks... it’s another way to keep the body moving and flowing. I think that even if it was twenty five minute yoga session, as I’m sitting here trying to figure out what my power points are. [Also], something meditative, like something reflexology. I think hitting those power points in your body to get your energy flowing I think that those are really count for our mental wellbeing. Maybe an exercise or something like that, accessible, being able to have somewhere to go on your twenty minute break.

The importance of qualified and accessible professionals was highlighted by those talking about increasing services. Reducing barriers to accessing services in general and workshops to help employees understand and make the best use of their benefits plans was highlighted, as was reducing the stigma related to access mental health services. For example,

And then the insurance people are like, “Well, you have benefits to this. How come you’re not accessing it?” or wonder why so many people aren’t, right? And yet one of the things that we’ve gotten here recently, which causes our insurance to go up even though we’re not accessing as much benefits, is people going on leave – it has to be a medical leave (but it’s really a stress leave) for insurance purposes. But if people were accessing these services, had better access to them and had low barriers to accessing them, some people might not be on leave right now. (Participant 14).

Participants also expressed a desire for paid time to address work/life balance and embedding wellness teachings into the workplace. From an organizational view, participants wanted organizations to have initiatives to encourage self-care among employees and written policy to support health and wellness.
Workplace Environment. There were 9 wish list items for workplace environment identified by 7 participants (41%). For the workplace environment, participants wanted an inclusive workplace where everyone feels valued and respected; especially, Elders who are invited into the workplace. Participants expressed their desire for consultation and influence on decisions impacting them in the workplace. Finally, they wanted to see human resources seeking out Indigenous candidates for positions and moving beyond a standard interview when searching for employees. As Participant 7 stated:

I also think that even changing interview styles. For example in resumes, I have community members who want to go back and work at home, at the band office or whatever, but they don't have resumes or a physical paper – they have networks, they have or experience in projects they've undertaken or references; persons you can call up, it's all based on relationships, as well as products that you can show afterwards. If we move away from all these and interviews; resumes remain in form of online work. If there aren’t free and accessible opportunities to learn how to do resumes, it can also change what people could bring into the workforce... And finding time in the workplace that can be used to develop those needed skills to further develop themselves and keep in the current.

Culture. There were 8 wish list items related to Indigenous culture were identified by 6 participants (35%). The wish list for Culture included people having a better understanding of Indigenous culture and history, including appropriate terminology to facilitate discussions. Alongside a better understanding, was the desire for increased valuing and appreciation of Indigenous culture and traditional teachings. There was a desire to allow people to express their
culture through specific practices (e.g., drumming, smudging) while at work and increase access to Elders in the workplace. As Participant 9 suggested:

Allowing a person, even if you aren’t Aboriginal, to have some sort of sense of culture like little things like even drumming or the smudging... let that person express themselves in whatever way they want or let them practice their culture at work… in my school they had a room where it was specifically for it was called the Aboriginal room… they had traditional meats, they had all these legends and books about different Aboriginal’s tribes and stuff. Like even just a room like that in every hospital or every library or every workplace will help. I think a room will make a lot of Aboriginals a lot more comfortable at work... it makes you feel comfortable. If you are not doing something like, if you are not drumming or if you are not being able to speak your language or you are not being able to smudge or eat your foods or something, it’s kind of like taking a way a part of yourself, if you are not able to do it. You are fully not whole if you are not being able to have a sense of culture or not being able to practice some of your traditions.

**Relationship Building.** The Relationship Building wish list category had a participation rate of 35% (n = 6) and 8 wish list items. The wish list items identified for Relationship Building emphasized the need for more opportunities to form social connections (which could be facilitated by designated social space), to network between organizations, and, on a global level, to build understanding and break down stereotypes. Participants also desired some fluidity in relationships and wanted to be able to socialize outside of work. As Participant 7 explained:

It's being respectful and also supportive. Being a friend but also acknowledging that they’re your supervisor that there are boundaries. I think growing up, I have an Elder
who I look at as a mentor and also as a best friend, so it's like having fluidity. People grow and change and they transform all the time depending on interactions and I think I really would really like to see more of that into the workplace and not always just...

There'll always be a supervisor but being able to be comfortable to talk to them as a friend or a family member, if you had an issue because your workplace in many ways becomes your family.

The importance of collaboratively building group guidelines was identified, along with the importance of authenticity and kindness in personal interactions. For example, Participant 5 stated:

> Communication is huge for me and respecting boundaries, maybe guidelines would be the best way to say it. As a group or as a team writing out guidelines [about] what would make the space continue having wellbeing for everybody, not just for yourself. I mean everybody has their own set of values that they need for their personal wellbeing, but I think maybe for a workspace the best approach or something that should be added is guidelines for everybody.

**Resources.** The wish list category for Resources had 6 wish list items identified by 4 participants (24%). The wish list items for resources encompassed adequate compensation (referred to as a living wage), job specific training, opportunities for self-development, and collaboratively setting training goals. As Participant 2 shared:

> Its incentives. Because when we talk about wellbeing, and we talked about that work-life balance, we have very demanding roles in this community. And as such we're not compensated. So if we had – again, it comes back a lot to money – if we had more money that we could pay our staff, or that we could build in pension plans or RRSP
matching, things that would support them in their life balance so they will be less stressed about their life, that they could come to work knowing that they’re being compensated and acknowledged for the work that their doing. And at the same time supporting them in their future and their growth and giving them more incentive to choose a career with non-profit, to stay in the workplace, and to give more of back, right? I think when we’re acknowledged with generosity we tend to be more generous ourselves.

**Investment.** The Investment wish list category had 5 items identified by 4 participants (24%). The wish list for Investment represented participants’ desire for an increased sense of belonging and sense of being valued. They also wanted to create change and have people to continue the good work they were doing when they retire. As Participant 16 shared:

> We need people that’ll come … like the 14 years that I’ve provided at the core AEG [Aboriginal Employees’ Group] - I hope to see some young people come onboard and you know to sustain that group. So, that’s a big thing for our future is that it can’t just end with “okay, year of reconciliation, yay, we’re done!” … it’s an energy that you have to continue to give for it to be kind of given back as a wellness piece for the entire organisation, right. The new people, and there’s a couple of people that have indicated that they’re interested in becoming part of the core group, and thankfully their workplaces are allowing them time to meet with us, and so we are … we’ve got a couple of new recruits so far, and we’re moving that along, right, so we hope to get … because we have six of us that are on the core, so we need four more, but I think we’ll get there.

**Summary**

The participants in this study provided rich accounts of the meaning of wellbeing in the workplace and the factors that facilitate and hinder their sense of wellbeing in the workplace.
They identified 486 critical incidents and wish list items in 14 overlapping categories. The connections between these categories and the literature will be explored in the next chapter, as will the implications
Chapter 5: Discussion

This chapter reviews the contextual and critical incident findings in light of the relevant literature. There is also discussion of the implications of the study for research, theory, and practice. The limitations of the study will be outlined as well. The chapter concludes with researcher reflections and a brief summary.

Discussion of Contextual Findings

In the contextual component of this study participants were asked to share their ideas about wellbeing. Consistent with the body of literature on health and wellbeing among Indigenous people, participants provided a description of holistic wellbeing which included not only balance among the four aspects of self (physical, mental, spiritual, emotional), but was also intertwined with the relationships shared among family and community (Adelson, 2005; Graham & Martin, 2016; Kirmayer et al., 2003; McCormick, 1997; McCormick & Wong, 2006; Mundel & Chapman, 2010; Stewart & Marshall, 2017; van Gaalen et al., 2009; van Uchelen et al., 1997). An additional aspect that was relevant to many of the participants was the explicit connection between wellbeing and Indigenous culture and identity; this aligned with the body of literature which has demonstrated that Indigenous culture and identity has a significant role in health and wellbeing (Chandler & Lalonde, 1998; Goodwill & McCormick, 2012; Kirmayer et al., 2003; McCormick, 1997; McCormick & Wong, 2006; Van Uchelen et al., 1997). Participants often offered examples of wellbeing, rather than describing it conceptually, as such many of the facets of wellbeing are well represented in the critical incident categories discussed in subsequent sections.

Although wellbeing in the workplace has been explored with non-Indigenous people, there is a gap in the literature pertaining to wellbeing in the workplace from the perspective of
Indigenous people. In the general literature on workplace wellness, Dickson-Swift and colleagues (2014) found that employers and employees have different understandings of workplace health. For example, employers focused on occupational health and safety practices and policies, as well as training, supervision, counselling, and management support; however, employees emphasized mental health, emotional wellbeing, and happiness, although they did acknowledge the role of occupational health and safety. DeJoy and Wilson (2003) provided a description of employee wellbeing as “the physical, mental and emotional facets of employee health, synergistically acting to affect individuals in a complex manner” (p. 134); however, this description fails to encompass the richness of what wellbeing in the workplace meant to Indigenous participants in this study. The descriptions of wellbeing in the workplace were very similar to those of overall wellbeing among participants and included: holistic conceptualization (mind, body, spirit, emotions); connection to family and community; and grounding in Indigenous culture and identity. In the workplace, wellbeing also included a positive atmosphere, feelings of belonging and being valued, congruence between personal and workplace values, contributing to the community, and the ability to readily express their culture in the workplace. These unique aspects of wellbeing in the workplace are expanded upon in the Workplace Environment, Personal Perspectives, Appreciation, and Culture categories of critical incidents. The importance of Indigenous identity, culture, and expression of culture appear to be novel in the workplace wellbeing literature.

Broadly, the contextual findings suggest that conceptualizations of overall wellbeing among Indigenous people could be extended to the workplace. This study contributes to the body of literature by providing a starting point for understanding what wellbeing in the workplace means to Indigenous people; however, it is not meant to imply that these results
would apply to all Indigenous people or that a singular definition of workplace wellbeing would be appropriate. Instead, like the work on wellbeing and health among Indigenous people, it is likely there are shared concepts which span the diversity among Indigenous peoples.

The impact of wellbeing in the workplace for Indigenous people was also explored in the contextual questions. Participants’ responses regarding the impact of wellbeing (i.e., feeling happy, productive, motivated, energized, empowered, optimistic, and engaged) paralleled outcomes with non-Indigenous people who experienced wellbeing in the workplace (Brunetto et al., 2013; De Simone, 2014; Dickson-Swift et al., 2014; Grawitch et al., 2012; Kelloway & Day, 2005; Page & Vella-Brodrick, 2009). The findings in this study were also consistent with the general workplace literature when participants described their experiences when they did not experience wellbeing in the workplace and they felt stressed, disempowered, unhappy, isolated, and noted an increase in physical health issues (Brunetto et al., 2013; De Simone, 2014; Dickson-Swift et al., 2014; Grawitch et al., 2012; Kelloway & Day, 2005; Page & Vella-Brodrick, 2009). Participants also associated work-life balance with wellbeing in the workplace. The ability to maintain work-life balance has been identified as important for Indigenous people (Julien et al., 2017), in part because of the priority placed on family by many Indigenous people (Bingham et al., 2014; Julien et al., 2017; Thiessen, 2016). Work-life balance is discussed in depth in the Holistic Health category. The lack of wellbeing in the workplace often lead participants to question their employment choices and consider leaving a position, which was consistent with Thiessen’s study, where participants working in environments which did not facilitate the balance of work and family expressed intention to leave.

The last component of the contextual questions considered whether wellbeing had always been a part of workplace experiences for participants. It was noted that participants who had
indicated they had always experienced wellbeing in the workplace tended to understand it as a dynamic process, not readily categorized into present or absent, rather it was best understood as a continuum. Participants who indicated they had always experienced wellbeing in the workplace explained they had worked to create it for themselves through their attitude, ability to set boundaries, and relational skills, (which is further explored in the Personal Perspectives category). The participants who indicated wellbeing was not always present in the workplace, shared that they were able to achieve wellbeing in the workplace when they made changes, either to themselves (e.g., focusing on health, changing their attitude) or to their work environment (e.g., finding a job that they enjoyed, leaving negative workplaces, creating a way to contribute to the community). Participants’ responses suggest these participants placed responsibility for wellbeing in the workplace on themselves, rather than employers or workplace environments (despite acknowledging that these factors could facilitate or hinder wellbeing). This is a novel finding, as perceptions of responsibility for workplace wellbeing have yet to be explored in the literature.

Discussion of Critical Incident Findings

The critical incidents have been divided into helping, hindering, and wish list items in 14 categories: Personal Perspectives; Relationship Building; Holistic Health; Support; Culture; Investment; Workplace Environment; Appreciation; Communication; Role Modelling; Resources; Self-care; Supervisors; and Racism. The links and contrasts between the categories and relevant scholarly literature are discussed below.

Personal Perspectives. Personal Perspectives was a multifaceted category and components of the category are represented in various bodies of literature. The study that most closely aligned with this category was Graham and Martin’s (2016) study with Cree people.
They found that an essential part of wellbeing was “tānisīsi wāpahtaman pimātisiwin, when translated means worldview, how you see life, how you see the whole piece of life” (p. 5). This worldview consisted of three components: taking personal responsibility (which included healthy communication, making changes, and boundaries), attitude (which included positivity, gratitude, practicing acceptance and respect; and having hope); and helping oneself (reflected in the Cree phrase wícihisowin). This concept of worldview connects with the ideas of attitude, flexibility, self-awareness, and boundaries identified as the helping aspects of personal perspectives. While Graham and Martin’s study explored general ideas of wellbeing within a specific First Nations’ group, (néhiyawak (Plains Cree people)), the current study adds to the understanding by looking at the application to a workplace context and with a heterogenous group of Indigenous people.

Participants discussed their willingness to leave a workplace that hindered their wellbeing as an example of taking initiative, part of attitude, which aligns with personal responsibility as described by Graham and Martin (2016). Resilience was another component of attitude described by participants in this study. Resilience is the ability to do well despite adversity, and while initially conceptualized as related to individual traits, when explored with Indigenous people it has been broadened to include a family/communal dimension and “resilience can be a characteristic of individuals, families, communities, or larger social groups and is manifested as positive outcomes in the face of historical and current stresses” (Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2011, pg. 85). Resilience is part of traditional Indigenous teachings about standing strong, trying hard, and never giving up hope (Isaak, Stewart, Mota, Munro, Katz, & Sareen, 2015). While resilience among Indigenous people has been discussed outside the workplace (Allan & Smylie, 2015; Isaak et al., 2015; Kirmayer et al., 2011), limited attention has been given to resilience within the workplace. Britten and Borgen (2010) found:
The emergence of the general categories of lack of support, familial dysfunction, failure of the school environment, the overall sense of holes existing in the wellness of the personal systems of the participants and the stress associated with some workplace environments clearly identified the gaps in the participants' lives, but also showed their strengths and resilience in overcoming what could sometimes be seen as overwhelming obstacles. (p. 112)

This study provides evidence that resilience is a relevant concept in the workplace for Indigenous people and further suggests that resilience is associated with wellbeing in the workplace, just as resilience is related to overall wellbeing.

Regarding boundaries, the importance of boundaries has been well established among non-Indigenous employees (Ashforth, Kreine, & Fugate, 2000; Borgen et al., 2010; Kelloway & Day, 2005). While Thiessen (2016) discussed the challenges of maintaining boundaries among Indigenous individuals in the workplace, this study provides a contrast and identifies the benefits when meaningful boundaries are maintained.

Self-awareness, as described by participants in this study, is closely related to wisdom, a traditional value among Indigenous people. Wisdom has been described in the following way: “wisdom is when a person uses knowledge of what is right and true to make good decisions” (Verbos et al., 2011, p. 17). In this study, wisdom (or self-awareness) was used to help participants reflect on their strengths and weakness and use that knowledge to improve their workplace experiences. In the general literature on workplace wellbeing, Page and Vella-Brodrick (2009) indicated that employees benefit from strength based approaches to enhancing wellbeing, as “strength based employee development may enhance employees’ ability to meet their psychological needs for competence, autonomy, and relatedness” (p. 451). It is suggested
that focusing on strengths is helpful, regardless of whether it is initiated by the employee or the employer (as discussed in the subsequent section on support).

In this study, there was also emphasis on the importance of light heartedness, referring to the inclusion of humour, laughter, and playfulness into the workplace to facilitate wellbeing. As Garret and colleagues (2017) reflect, “Humour, from a Native perspective, is as integral a part of life as eating” (p. 24). Furthermore, they assert:

Native humour as a spiritual tradition often goes unnoticed by Western culture as a powerful healing force in the lives of Native people, as it has been for ages. The fact that so many Native nations have survived the horror of countless acts of cultural genocide committed by Western culture and nations in the name of civilization serves as a testament, in part, to the resilience of Native humour having stood the test of time. (p. 18)

Given this description of how fundamental humour is for Indigenous people, it is a natural extension to find that it contributes to a sense of wellbeing in the workplace.

When looking at humour with a non-Indigenous population, Georganta (2012) remarked “Humor has been seen as a coping mechanism and researchers have used variables like sense of humor and humor style in order to predict wellbeing or stress, or to help tolerate the pain” (p. 42). Georganta went on to explain that humour is a component of fun (a concept that parallels what is described as light-heartedness in this study). According to Everett (2011), while there are some challenges in defining “fun”, the following highlights the most salient components:

Fun not only provides short-term amusement, but is also an integral part of every culture, reflecting the “values and assumptions of that culture through actions, discourse, roles, rituals, ceremonies, norms, and stories.” It carries with it underlying values and
assumptions that help define appropriate behaviour in the workplace. It is an attitude of humanity and good humour, and serves to make work more than just a job. (p. 4)

Georganta noted that there was workplace initiated fun (or organized fun), which has mixed results in terms of improving morale in the workplace; there is also organic fun. Georganta provided the following descriptions of organic fun: “fun that is created spontaneously by individuals in the workplace” and “an expression of the authentic self” (p. 41). The idea of organic fun is most consistent with what participants in this study described as light heartedness. Georganta noted that while there is not yet research that demonstrates the direct connections between fun and health in the workplace, there are a number of studies where employees who experience fun in the workplace enjoy work, have higher job satisfaction, have less emotional exhaustion, and less emotional dissonance. Pryor, Singleton, Taneja, and Humphreys (2010) also noted that employees who have fun at work are more satisfied with their jobs and lives in general. Karl and colleagues (2005), in a survey of over 200 people, found fun in the workplace lead to positive outcomes and was thought to be salient and appropriate by those surveyed. Although these studies on fun are looking at non-Indigenous groups, it suggests that the findings in this study fit well within the existing body of literature.

Fewer participants identified hindering aspects of their personal perspectives and for those who did, they indicated challenges occurred with establishing and maintaining boundaries. This was consistent with Thiessen (2016) found; she stated “The lack of boundaries also means that it is harder for a First Nations person to leave work behind at the end of the day” (p. 100) and further explained:

The participants consistently revealed the reality of balancing high levels of personal commitment to their work role and their community life and home life. Others described
challenges in establishing culturally suitable limits on time, information, and availability, to prevent burnout. (p. 139)

Another hindering aspect, negativity, was a direct contrast to the helping aspects of positive attitude. As Bagga (2013) explained, “Negativity among employees increases stress levels and staff turnover, corrodes morale, undermines teamwork, saps initiative and disrupts the smooth running of the workplace. While its effects are evident and wide-ranging, it is difficult to measure” (p. 28). In this study, participants referred to transient states of negativity which occurred on an individual level and impacted their sense of wellbeing in the workplace. This represents a novel finding, as there has been limited research on the impact of negativity in the workplace on the individual’s sense of wellbeing and there was no information available which explores negativity from an Indigenous perspective.

**Relationship Building.** Relationship building is a category that is well supported in various bodies of literature, both with Indigenous people and non-Indigenous people in the workplace. In this category, participants emphasized the importance of having relationships, how these relationships were formed and maintained, and the qualities of these relationships (which is distinct from the category of support, which highlights relationships as a perquisite for receiving support).

Interconnectedness is a foundational value which is shared among many Indigenous peoples. Interconnectedness has been described as “a series of relationships, starting with the family, which reaches further and further out so that it encompasses the universe” (McCormick & Wong, 2006, p. 520). These relationships are integral to wellbeing for Indigenous people. As Graham and Martin (2016) pointed out:
The significance of relationships positively impacting mental health and well-being is not a new concept. However, given the history of colonization and especially the residential school legacy, it is essential to understand the increased significance of relationships on contemporary Indigenous peoples’ mental health and well-being. (p. 5)

Furthermore, McCormick (1997) indicated that establishing social connection was integral to health and wellbeing among Indigenous people and that interconnectedness was a part of the strength and resilience of Indigenous communities. Spowart and Marshall (2015) state “In Indigenous ways of being, the importance of community and connectedness is stressed; as such, this framework can provide understanding and highlight important relational aspects and intricacies that are relevant in Indigenous people’s work life transitions” (p. 216). In their research they found that relational supports were essential to finding work, keeping work, providing for basic needs, and helping others. Britten and Borgen (2010) also found:

Healthy relationships reflected participants being able to understand that their own emotional health was a factor that was important in their own lives and to have any healthy relationships with others. A healthy relationship was defined as the relationships outside of blood relatives that were influential upon the participants. These relationships could take the form of friendship, role models and partnerships. The feeling of having such people in their lives was one of fulfillment, connectivity and also feeling there was someone with whom they could connect to be more successful. (p. 109)

As such, the findings in this study, which draw attention to the necessity of relationships for wellbeing in the workplace, are in agreement with the existing literature.

McPhee and colleagues (2017) also emphasized the importance of social connection in the workplace and suggested that forming an Aboriginal Employee Resource Group is a way to
meet participants’ need for connection and could help those who were facing difficulties or feeling isolated in the workplace. While not specific to Indigenous people, Georganta’s (2012) description of organized fun (facilitated by employers) paralleled what participants in the study described integral to relationship building (e.g., group gatherings, socializing outside the workplace, teambuilding exercises).

In the broader workplace literature, not specific to Indigenous people, the need for relatedness was identified by Blustein (2008). Blustein’s theoretical model of the psychology of working, proposed that work provides access to relational connections and social support and meets peoples’ needs for relatedness. He suggested:

> By incorporating an explicit focus on the relational needs that can be fulfilled by working, a more integrative mode of thinking about the intersection of working and interpersonal aspects of life may result, which will ideally function to diminish the artificial boundaries that have split off integral aspects of human functioning. (p. 234)

The need for relatedness fits with Indigenous values of connectedness and relationships. Moreover, it is congruent with the view of that all aspects of life (including work) are interconnected and boundaries between these areas, while useful for categorization, are not as meaningful when considering the impact on wellbeing. Kelloway and Day’s (2005) healthy workplace model also emphasized the importance of interpersonal relationships and noted that social connections can mediate the impacts of other workplace stressors. Kelloway and Day reported that one of the most common workplace stressors was poor interpersonal relationships which was consistent with the experiences of Indigenous participants in this study.

The aspects of relationship building that hindered participants’ sense of wellbeing in the workplace were largely the absence (or opposite) of those things that facilitated their sense of
wellbeing. Isolation, in particular, was difficult for participants who had readily identified the importance of connecting with others. Physical isolation (i.e., geographically separate worksites) was contrasted with emotional/social isolation. Britten and Borgen (2010) found that Indigenous youth were hindered by:

> The feeling of being ignored, or not receiving the attention they needed, the relative lack of experience of teachers with the indigenous culture, a cultural and physical divide, and, the feeling of a lack of a relationship or connection to either the school or the teachers themselves. (p. 110)

While this was described in a school setting, it is not hard to imagine how the same would apply in a workplace. This finding was echoed in McPhee and colleagues’ (2017) study where they found “the need for connection resonated on multiple occasions. For example, several members indicated that they initially faced difficulties in the workplace due to being isolated from others like them” (p. 1110). Julien and colleagues (2017) also described how Indigenous participants felt undervalued and stereotyped, which contributed to their sense of isolation. It has been suggested the sense of isolation from others may be attributed to living in two worlds where participants felt conflict between their Indigenous identity and community values, and the values/norms of the organizations which were largely based in non-Indigenous culture (Bingham et al. 2014; Juntunen et al. 2001; McPhee et al., 2017). McPhee and colleagues proposed that Indigenous employees may feel pressured to adopt a common organizational identity and in so doing, would have to relinquish their Indigenous identity. Scott, Heathcote, and Gruman (2011) suggested perceptions of isolation among minority group employees (from both the majority group employees and organizational culture) may lead minority group employees to believe they have no choice but to leave the organization. This was consistent with what was reported by
participants in this study. It is suggested that isolation is particularly harmful for Indigenous people who place significant value on relationships and for whom connectedness is integral to wellbeing, both inside and outside the workplace.

The wish list items in the relationship building category focused on building connections through networking, collaboration, socialization, breaking down stereotypes, and relating one another with authenticity and kindness. The theme of connectedness and the importance of relationships among Indigenous people in the workplace has been outlined above; what the wish list items contribute is ideas about how to do this work or how to improve existing practices. As Thiessen (2016) indicated “First Nations participants largely defined their work and the success of their work through these relationships with others” (p. 93) and it is important to bring an explicit focus on relationships into the workplace. Furthermore, the challenges associated with stereotypes of Indigenous people has been noted to have a significant impact in the workplace (Bingham et al., 2014; Julien et al. 2017; Mills & Clarke, 2009; Reading & de Leeuw, 2014; Thiessen, 2016) and the need to work toward dismantling stereotypes were evident in the wish list items in this study.

**Holistic Health.** According to Kelloway and Day (2005), “holistic workplace health includes physical, social, personal and developmental organizational support, improving overall employee quality of life both within and outside the workplace” (p. 224). In this study holistic health encompasses the mental, physical, emotional, and spiritual aspects of self and the interconnectedness of these aspects, as well as the practices and principles related to creating and maintaining holistic health for Indigenous participants. From an Indigenous perspective: “Holism refers to ‘awareness of and sensitivity to the interconnectedness of all things: of people and nature; of people, their kin and communities; and within each person, the interconnectedness
of body, mind, heart and spirit” (Van Gaalen et al., 2009, p. 10), which is consistent with the conceptualization of holistic health in this study. The research on holistic health in the workplace among Indigenous people is limited; however, Britten and Borgen (2010) found that Indigenous youth facing career transitions emphasized the importance of “[their] internal feelings of being healthy physically, emotionally, spiritually and being connected to others in positive relationships as well as to their culture and traditions” (p. 108).

Physical health is one of the most well recognized areas for workplace wellness interventions. In a 2009 meta-analysis Conn, Hafdahl, Cooper, Brown, and Lush found that workplace physical activity interventions can improve both health and workplace outcomes in the general population. This has not been explored with Indigenous people in a workplace context; however, Graham and Martin (2016) found that attending to physical needs was an essential part of overall wellbeing among Cree people. Attending to physical needs included physical exercise, eating healthy food, and managing chronic health conditions which is similar to what was found in this study. Based on the findings in this study, programs and facilities related to physical health are useful to Indigenous participants and it was helpful when these programs included a relational component (i.e., getting out for walks as a group or healthy snack initiatives that are communal). Allan and Smylie (2015) have noted that Indigenous people in Canada face a disproportionate burden of ill health, as such workplace programs which facilitate health are particularly important. It was also noted that physical health was one of the most prominent ways that participants felt out of balance and which hindered their sense of wellbeing in the workplace. The results from this study suggest employees benefit from holistic health support where physical health, while significant, is only one piece.
Many of the participants identified physical health practices and services that were encouraged by their employers; however, they also identified the importance of engaging the mental, emotional, and spiritual aspects of self as well. It was evident that a holistic conceptualization of wellbeing also applied in the workplace for Indigenous employees and their needs for balance and wellbeing were multifaceted. Addressing the mental, emotional, and spiritual was accomplished through services and activities (e.g., counselling, Reiki, yoga) either offered by their employers or through extended medical benefits plans, as well as engaging in their personal spiritual practices, such as grounding in nature or meditation (for more information see the Culture category). Participants in this study were supported for a range of wellness related activities by their employers which contradicted Connolly and Myers (2003) assert that “definitions of wellness are holistic in nature, the application of wellness principles in business and industry settings focuses primarily on physical wellness” (p. 153). Julien and colleagues (2017) found that Indigenous people “spoke passionately of the importance of formal employee assistance programs (EAP)” (p. 174). Although not specific to Indigenous people, research suggests employees wanted employer sponsored wellness programs to be free, confidential, engaging, accessible (in terms of physical access, as well as scheduling), enjoyable and available during work time, as well as serving to increase knowledge about health and wellbeing, increase motivation, provide opportunities for socialization and developing personal skills (Dickson-Swift et al., 2014; Grawitch et al., 2006; Wolever et al., 2012). However, it has been argued workplace wellness programs are only meaningful if they are part of an overall culture of health and wellbeing in the workplace (Kent, Goetzel, Roemer, Prasad, & Freundlich, 2016) and have management support (Dickson-Swift et al., 2014; Wolever et al., 2012). Many of the characteristics identified in the broader literature on workplace wellness programs were also
discussed by participants in this study which suggests these principles would also be beneficial when considering wellness programs for Indigenous employees.

Beyond the specific activities that participants engaged in to address their holistic health needs, they also identified the importance of balance. Balance is a traditional Indigenous value and teaching (McCormick, 1997; McCormick & Wong, 2006). One example that was repeated by participants was the importance of work-life balance. The importance of work-life balance has been highlighted by a number of authors in the general workplace literature (Grawitch et al., 2005; Kelloway & Day, 2005) and with Indigenous people (Bingham et al., 2014; Julien et al., 2017; Thiessen, 2016). When work-life balance was present participants reported high levels of wellbeing; however, when there was a lack of balance it hindered their sense of wellbeing. It is interesting to note that the lack of balance was only identified as problematic when work was given priority over family. Indigenous people who felt supported in managing the balance between work and family are more likely to remain in a particular position; when they are unable to maintain work-life balance the jobs are often not selected or not lasting (Thiessen, 2016).

Furthermore, Bingham et al. (2014) reflected on the importance of family among Indigenous women in college and stated: “Participants defined successful careers as those that allowed them to be home with family in the evenings and on weekends. This process reflected an expectation to put family first” (p. 625). Finally, Julien and colleagues brought forward a related concept, work-life enrichment and explored the applicability with Indigenous people in Canada. They outlined how the tide has changed from a longstanding exploration of the negative impact of work-life conflict, to explorations of work-life enrichment (i.e., the positive interactions between work and family) (Julien et al., 2017). Work-life enrichment represents a bi-directional influence where positive experiences at work can exert a positive influence at home and vice versa.
This concept of work-life enrichment appears to be congruent with Indigenous worldviews which emphasize the importance of connectedness and family; as such, it presents a strength based focus rather than a deficit based approach (e.g., focusing on work-life conflict). For example, Julien and colleagues found that Indigenous respondents “felt that they put family demands ahead of work demands because family was central to their lives” (p. 170). However, they also found that respondents believed that putting family first had negative professional repercussions (e.g., “supervisors would counsel them on the importance of prioritizing work over family demands” (p. 171)). This fits in with one of the hindering aspects of Holistic Health, where participants’ wellbeing was negatively impacted when they put work before family. However, as Thiessen (2016) concluded, the concept of work-life balance is only one component and does not sufficiently represent “the holistic approach to life, work, and family and the recognition that these aspects are viewed as completely intertwined” (p. 118).

The remaining facets of holistic health which hindered participants’ wellbeing were barriers to accessing wellness services and the impacts of poor physical health. Regarding access to wellness services, participants noted both services that were not a good fit and inability to access services they wanted. The former fits with the body of literature which identifies the challenges of associated with a lack of culturally appropriate health services for Indigenous people (Beaulieu, 2011; Brascoupe & Waters, 2009; Harris et al., 2005; Hartmann & Gone, 2012; Oetzel et al., 2006). Furthermore, Indigenous people may be limited to the services which are provided through Employee Assistance Programs or covered by extended medical plans. Participants also discussed barriers such as getting time to attend appointments and accessing services when living in rural areas. This is consistent with Dickson-Swift and colleagues (2014) findings in the broader workplace literature, where employees disliked wellness programs that
were generic, lacked choices, only provided information, and did not engage employees. Spence (2015) also found that employees’ participation in workplace wellness programs was hindered when the programs did not meet the actual needs of employees. This suggests that employee wellness programs need to be thoughtfully designed in order to be useful to employees.

It appeared that the barriers were inspiration for some of the wish list items, as participants expressed a desire for on-site services (reducing barriers), increased support from employers to attend to work/life balance, access to qualified professionals, and resources to increase use of employee extended medical plans. Regarding work-life balance, Julien and colleagues (2017) found that Indigenous employees were better able to maintain work-life balance when they had supervisor and organizational support, flexibility, family support, and engaged their spirituality and other coping mechanisms. These concepts are also touched upon in other categories within this study (i.e., Culture, Personal perspectives, Support, and Supervisors).

The ideas represented in Holistic Health contribute to the body of literature in two ways; first it emphasizes that wellbeing in the workplace for Indigenous people should be approached from a holistic perspective; second, employers can facilitate wellbeing by providing multifaceted wellness services with low barriers (e.g., services on site or facilitating time to attend appointments) and demonstrating support for existing wellness programs.

**Support.** Consistent with expectations, support within the workplace was found to be a facilitator of wellbeing for the participants interviewed. Although Kelloway and Day (2005) were exploring broad theories, rather than looking at specific populations, they emphasize the importance of an organizational culture of support, respect, and fairness as essential to a healthy workplace. Collins, Hislop, and Cartwright (2016) also highlighted the importance of social
support in the workplace and the impact on workers’ sense of wellbeing. They described different types of social support as follows: “Social support may be emotional (someone provides sympathy, listens to a peer’s problems or grievance and provides consolation), informational (someone provides advice and information) or instrumental (someone provides tangible help to get the job done)” (p. 162). Participants in this study provided examples of emotional, informational, and instrumental social support in the workplace. It is important to note, social support was important for issues related to work and outside of work (e.g., family or personal challenges). The desire for support and connectedness within the workplace (for those who did not have it) was also reflected in the wish list items in the support category.

There is more limited information about the importance of social support in the workplace for Indigenous people. However, the importance of social support within the workplace is consistent with ideas of interdependence and collectivism which are cornerstones of many Indigenous cultures (McCormick, 1997; McPhee et al., 2017; Spowart & Marshall, 2015; Van Uchelen et al. 1997). McPhee and colleagues (2017) explored a specific type of social support, the Aboriginal Employees’ Resource Group and found that it benefitted participants in myriad ways. Although there was only one participant in the study who discussed being part of a group for Indigenous employees, the ideas foundational to the group (i.e., connection to other Indigenous people for support) were emphasized by many participants and employee resource groups, as McPhee and colleagues illustrated, have significant potential to address needs for support in the workplace of Indigenous people. However, in contrast to the Aboriginal Employees’ Resource Group described by McPhee and colleagues, participants in this study also discussed being supported by non-Indigenous people who were their coworkers and supervisors. While differences in cultural values have been shown to negatively impact supervisor support
between non-Indigenous supervisors and Indigenous employees (Dwyer, 2003), this study suggests that Indigenous people may benefit from support from non-Indigenous people in the workplace.

The importance of family support for career and employment among Indigenous people has been identified by a number of authors (Britten & Borgen, 2010; Bingham et al., 2014; Julien et al., 2017; Juntunen et al., 2001; Juntunen and Cline, 2010; Spowart & Marshall, 2015). Support from personal relationships has been established as integral to overall wellbeing for Indigenous people (Graham & Martin, 2016; McCormick, 1997) and it is apparent this extends to the workplace. Julien and colleagues found that over half of participants discussed the importance of family support, including extended family, in maintaining work-life balance. Julien and colleagues also discussed the importance of organizational support and supervisors support for work-life enrichment among Indigenous participants (see Supervisors category for further discussion). Among young Indigenous men, Spowart and Marshall found: “relational supports helped them face the challenges that they experienced before, during, and after their workday, and helped them keep their jobs” (pp. 222-223). They defined relational supports as immediate family, extended family, community members, employees of community agencies, and post secondary institutions. Spowart and Marshall’s study aligns most closely with the current study; however, the current study contributes by adding the importance of support from people within the workplace.

Participants also discussed the importance of providing support as a facilitator of wellbeing in the workplace. McCormick (1997) identified the importance of helping others as part of healing and overall wellbeing. Spowart and Marshall (2016) found that in addition to having support, providing support to others was important to Indigenous young men; however,
the participants were discussing providing support to others outside of the workplace. This study had a novel finding, in that participants talked about the benefits of providing support as a supervisor or as a co-worker.

The findings in this study were consistent with the body of literature which highlights the importance of relational supports to and among Indigenous people; it contributes to the body of literature by drawing attention to the importance of both giving and receiving support within the workplace amongst a broader social group.

**Culture.** While Indigenous culture has not been a focal point in the broader literature on workplace wellbeing, it is well recognized as a foundation of wellbeing for Indigenous people (Chandler & Lalonde, 1998; Duran, 2006; Graham & Martin, 2016; Kirmayer, Simpson, & Cargo, 2003; McCormick, 1997; Mundel & Chapman, 2010; Stewart, 2008; Van Uchelen et al., 1997). Connection to culture has been identified as a protective factor for Indigenous people at risk of suicide (Chandler & Lalonde, 1998) and as part of grieving a loss (Ellis & Earley, 2006). Bingham et al. (2014) found that connection to Indigenous culture was important for Indigenous women attending college. A number of authors discuss the importance of culture in counselling and healing; Stewart, Moodley, and Hyatt (2017) have a book based on integrating culture and mental health when working with Indigenous people. Van Uchelen and colleagues found that culture, as represented by Indigenous traditions, identity, and spirituality, was a significant resource for health and wellbeing. Consistent with this body of literature, participants in this study spoke about the importance of culture (including Indigenous traditions, identity, and spirituality) as integral to wellbeing inside and outside the workplace.

Culture has been found to be relevant in the workplace and in career for Indigenous people. Britten and Borgen (2010) found that Aboriginality, defined as “a growing sense of
identity as an aboriginal combined with the ever present need for contact with people and rituals/programs associated with the aboriginal culture from which the individual came” (p. 109), was a helping factor in managing career transitions. Spowart and Marshall (2015) discussed the significance of work as an opportunity to connect to culture for Indigenous workers. They found “practicing or doing culture through work was a highly positive experience that served to strengthen the connection of the participants to their own culture” (p. 225). McPhee and colleagues (2017) discussed the value to Indigenous employees when they were able to incorporate Indigenous traditional practices into the workplace. McCormick and Amundson (1997) outlined the necessity of anchoring in tradition, establishing a spiritual connection, and participating in ceremony, as part of career planning. Juntunen et al. (2001) also found that career and culture were connected and working in a field related to their culture was desirable for Native American people. Working for Indigenous organizations or in Indigenous communities increased the sense of investment and wellbeing for participants in this study (see Investment category for details). Julien, Wright, and Zinni (2010) looked at the perspectives of Indigenous people in leadership roles in the workplace and found:

Spirituality is an important motivator for many Aboriginal people. Leaders and managers must be open to the spiritual practices of Aboriginal people and recognize that Aboriginals do not see a discord between their spiritual beliefs and how they perform their job-related duties. (p. 124)

As such, culture and spirituality have been demonstrated to be important to Indigenous people in the workplace and this study contributes to that understanding by strengthening the link between wellbeing and culture in the workplace.
Indigenous identity was also an important part of wellbeing in the workplace for participants. This aligns with the current body of literature, as Indigenous identity is a source of resilience and contributes to wellbeing in a number of contexts (Bingham et al., 2014; Goodwill & McCormick, 2012; McPhee et al., 2017; Thiessen, 2016). McPhee and colleagues looked at the importance of harmony between Indigenous identity and workplace identity and found that an Aboriginal Employees Group was a successful way to bridge these two identities for participants. Thiessen (2016) found that participants felt positively about their cultural heritage; however, they also felt they were representing their community of origin in the workplace which was challenging. For example, she found:

> Sixty percent of the participants mentioned that they recognized the strengths of their cultural heritage how their unique knowledge might increase the diversity in their company and help their organization to better understand the needs or approaches of First Nations people. (p. 135)

Furthermore, she discussed the necessity of respectful relationships between Indigenous people and their coworkers as a prerequisite to effective learning or work. Respect for Indigenous culture is an integral component to relationship building in the workplace, as culture was a significant piece of identity for many of the participants in the study. When participants did not feel their culture was respected or valued it hindered their sense of wellbeing.

In this study, participants wanted to celebrate and share their culture with non-Indigenous employees, or at the very least, feel their culture was respected by coworkers. Indigenous people often take pride in sharing their culture with others in the workplace (Thiessen, 2016). McPhee and colleagues (2017) found that integrating culture into the Aboriginal Employees Group was beneficial and created a sense of pride for participants. Having access to Elders in the workplace
was identified as helping wellbeing for participants; inviting Elders to be a part of the workplace with appropriate ceremony and protocol is not only demonstrating respect for Indigenous culture (where Elders are traditional knowledge keepers and teachers), but also as a resource to help with issues and provide perspective. Julien and colleagues (2017) also discussed the importance of Elders as a formal support for employees. Bingham et al. (2014) found that Elders were helpful when they provided cultural support and connection in a post-secondary context, as did Rawana and colleagues (2015). Mills and Clarke also discussed how a union “re-shaped its organizing strategies so that they were more in line with Aboriginal cultures... and the inclusion of Elders and other cultural practices such as smudging are becoming more frequent” (p. 998). A number of participants in this study noted how celebrating National Aboriginal Day was important; this was also highlighted in the study by Julien and colleagues, as well as Mills and Clarke. It was suggested that celebration of Indigenous culture needs to go beyond one day a year:

Indigenous peoples are given an opportunity to celebrate their culture, not only on National Aboriginal Day (June 21), but throughout the year. This includes visible representation through artwork that provides an inclusive and welcoming space for Indigenous employees. Embracing other elements of Indigenous culture and ceremony is also integral to this support. Such practices, when handled properly, are an opportunity to educate non-Indigenous peoples on the diversity of various Indigenous cultures, languages and practices. (Julien et al., 2017, p. 177)

The stories shared by participants in this study supported Julien and colleagues assertion that workplaces would benefit from embracing Indigenous culture.

A stark contrast was the description of events which hinder wellbeing in the workplace. Given the history of cultural oppression in Canada, it is understandable that any limitations
placed on cultural expression in the workplace (e.g., being unable to smudge) and workplaces that resist the inclusion of Indigenous culture would hinder wellbeing in the workplace. Thiessen also found that cultural identity at work can be challenging because of the systemic racism and stereotyping which results in negative situational interactions. It is suggested that these actions and restrictions represent the continued oppression of Indigenous people; Indigenous people remained challenged by colonial attitudes and actions in the workplace (see Racism category for more information).

When participants reflected on what they would like to see (i.e., the wish list) it was strikingly similar to what other participants had identified as helpful. As discussed above, being able to freely express culture in the workplace through specific practices and access to culturally based resources was tied to the desire for a greater respect for and appreciation of Indigenous culture. This study contributes to the body of literature because it draws attention not only to culture as a resource for Indigenous people in the workplace, but also to the desire for a greater respect for Indigenous culture, and ideally embracing Indigenous culture in the workplace.

**Investment.** Investment, as understood by participants in this study, encompassed congruence between personal values and work, as well as caring about their jobs. All of these aspects contributed to participants’ sense of wellbeing in the workplace.

While there were various examples of congruence between personal values and values exemplified in workplace practices, one of the most frequently cited examples was the importance of giving back and contributing to community. This idea of giving back can be related to the value of reciprocity among Indigenous people. While the Cambridge Dictionary (2003) defines reciprocity as “behaviour in which two people or groups of people give each other help and advantages,” when understanding reciprocity in an Indigenous context, it encompasses
the idea of giving back to the community and to others. Reciprocity has been established as a shared Indigenous worldview (Graham & Martin, 2016; Kirkness & Barnhardt, 1991; Kovach, 2015; McCormick, 1997). The importance of reciprocity has been discussed in research with Indigenous people (Ellis & Earley, 2006; Kovach, 2015; Lavalee, 2009; Smith, 2012), in health and wellbeing (Graham & Martin, 2016; McCormick, 1997; van Uchelen et al., 1997), and in educational contexts (Kirkness & Barnhardt, 1991). Others have also found that giving back to communities is meaningful to Indigenous people as part of workplace experiences and career aspirations (Bingham et al., 2014; Brown & Fraelich, 2012; Cheng & Jacob, 2008; McPhee et al., 2017; Juntunen et al., 2001). For example, McPhee et al., stated:

One of the more profound experiences of aboriginal ERG members to identify with their culture was the ability to help their communities at large who were in dire need….

Aboriginal ERG members spoke proudly, as well as emotionally, about their ability to help others in the aboriginal community. (p. 1111)

This was consistent with the experiences described by participants in this study. It was noted, however, not all participants were specific about helping Aboriginal communities and, instead, their wellbeing was enhanced by the sense they were helping people in general. This was related to a sense of making a difference in the world; for some participants it was helpful to wellbeing and others indicated they wished they were able to make the world a better place through work. Contributing to others was a part of work being meaningful and investment in what they were doing, it also made work more enjoyable. It was helpful to participants when the value of contributing to community was already a part of the workplace, reflecting alignment between the participants’ values and the values exemplified in the workplace. This is consistent with Pryor
and colleagues (2010) assertion that employees demonstrate a strong preference for working environments which they believe to be ethical and congruent with their values.

According to Martin (2005), “Underpinning individuals’ sense of belonging is the nature of their relationships that in the context of the workplace encompasses relationships amongst workers and between workers and management” (p. 126). In both the helping and wish list aspects of investment, a sense of belonging and being valued was identified as salient. Dickson-Swift and colleagues (2014) indicated feeling valued enhanced wellbeing in a diverse sample. McPhee and colleagues (2017) also indicated that a sense of belonging and connection in the workplace was related to Indigenous employees’ wellbeing and organizational commitment. However, Wilson’s (2011) study found:

With lower reported levels of affective and normative commitment, First Nations participants in this study reported lower emotional attachment, identification, and involvement with their employing organization (Meyer & Allen, 1991; Meyer et al., 2002). Overall results of this study are consistent with Scott’s (2006) conclusions that First Nations employees remain within their organizations out of necessity rather than out of desire. (p. 75)

As a contrast, in this study, participants’ sense of wellbeing was improved by a sense of belonging and many were willing to leave jobs which compromised their needs for wellbeing rather than staying out of necessity. However, Wilson’s study also contended organizations would benefit from finding opportunities to increase emotional attachment and belonging and thereby increase organizational commitment. With that suggestion, the findings from this study are in agreement; it is beneficial for Indigenous employees to have a sense of belonging in the workplace and what Wilson describes as emotional attachment, could also be understood as
relatedness and connection which have been described in previous sections on Support and Relationship Building. Britten and Borgen (2010) also found that “being a member of something ‘bigger than themselves’ not just the success of First Nations people, but also as a member of the global community” (p. 112) facilitated wellbeing for Indigenous youth experiencing career transitions. Juntunen and colleagues (2001) found that success was understood as a collective experience, wherein the benchmark of success was one’s ability to contribute to family and community.

In this study the idea of investment went beyond organizational commitment, to include participants’ motivation for working and engagement with their work. While the information about investment was limited to Wilson’s study, when reviewing literature on workplace and engagement and motivation, Pryor and colleagues (2010) indicated that “employees can be empowered in their work through allowing them to participate in decision making, goal setting, and ownership in organizational outcomes” (p. 299). Furthermore, the results of this study were consistent with Grawitch and colleagues (2006) assertion that employee involvement is a part of healthy workplace practices and motivation can be an indicator of employee wellbeing.

This study contributes to the body of literature by drawing attention to the importance of contributing to community as a motivator for investment in the workplace among Indigenous people, as well as emphasizing the association between a sense of belonging in the workplace and Indigenous peoples’ wellbeing.

**Workplace Environment.** Workplace Environment was a multifaceted category, with participants identifying helping, hindering, and wish list items, many of which overlapped.

Safety was identified as both a helping item when present and hindered participants sense of wellbeing when absent. Physical safety in the workplace was one of the first recognized
indicators of workplace health and continues to be a primary focus of employers when considering workplace wellbeing (Dickson-Swift et al., 2014). In the general workplace literature, it has been established that safety or lack of safety in the physical environment impacts employees (De Simone, 2014; Kent et al., 2016; Pryor et al., 2010). De Simone (2014) argued that health and safety hazards negatively impact wellbeing, while the absence of these hazards can facilitate wellbeing for employees. This was consistent with the summary of a study provided by Pryor et al. (2010):

Doyle (2008) reports that an online survey of 500 people who work in office buildings found that the physical environment has potential positive and negative impact on employees in terms of recruitment, retention, productivity, and motivation. Those 500 people offered over 5000 suggestions for improvement, many of which were physical changes relating to office temperature, wall colors, security measures, nap areas, comfortable chairs, and cleanliness. (Pryor et al., 2010, p. 297)

Dickson-Swift and colleagues (2014) also found that having a comfortable, clean, bright, and open space was important to employee wellbeing among a heterogeneous group of people. For Indigenous participants in this study, physical safety was an important part of wellbeing and while they did not specifically state that emotional safety was important, the emphasis on collaboration, professionalism, zero tolerance gossip/negativity suggests that emotional safety was important as well. Participants did discuss how a lack of emotional safety hindered their wellbeing. There are legal precedents in Canada that oblige employers to attend to psychological safety in the workplace (MHCC, 2015). However, maintaining psychological safety remains a challenge. A study of 200 people, from diverse backgrounds, found that almost half of employees did not feel safe to challenge practices in the company, despite the formal
mechanisms for reporting (Detert & Edmonson, 2007). Similarly, Julien and colleagues (2017) found that Indigenous people were not comfortable with conflict with their supervisors and Thiessen (2016) suggested:

Understanding First Nations interpretations of conflict and their cultural preference for managing conflict is important for organizations to understand as the mismanagement of conflict can lead higher levels of conflict, more absenteeism, more discrimination and lower levels of engagement. (pp. 120-121)

Another hindering factor, related to safety, was harassment and bullying which contributed to a sense of isolation. Kelloway and Day (2005) found that one of the most common workplace stresses among non-Indigenous people is interpersonal difficulties and aggression. According to Pryor and colleagues (2010), bullying is a devastating workplace issue which consists of “repeated and enduring aggressive behaviours that are intended to be hostile and/or perceived as hostile by the recipient” (p. 295). According to Woodrow and Guest (2017), “bullying is hypothesized to be most prevalent in organizations characterized by a negative work environment and weak management control” (p. 221), which was consistent with the experiences described by participants in this study. In the general workplace literature, bullying has been shown to impact wellbeing of people who are bullied as well as those who witness bullying (Nielsen & Einarsen, 2012) and participants in this study reported similar experiences. Given the importance of relationship and connection among Indigenous people, it is understandable that bullying and harassment would have a negative impact on participants’ sense of wellbeing in the workplace. Bullying can lead to isolation in the workplace and Julien and colleagues (2017) also highlighted the impacts of isolation on Indigenous workers:
Many participants indicated that they felt undervalued and stereotyped as Indigenous employees in their workplaces. This tendency would often be reinforced by a sense of isolation when the respondent was the only Indigenous person in the department or sometimes in the entire organization. (p. 172)

Julien and colleagues highlighted the impact when an Indigenous person is isolated by non-Indigenous co-workers; however, bullying and isolation can also occur through lateral violence among Indigenous co-workers. Bombay and colleagues (2014) explained when lateral violence occurs there is a loss of trust in relationships and wellbeing is negatively impacted which is consistent with the findings in this study (see Racism for more information on lateral violence).

McPhee and colleagues (2017) indicated that Indigenous workers may choose to leave workplaces due to feelings of isolation and disconnection. This study reinforces the idea that Indigenous people are negatively impacted when they feel isolated and recognizes a gap in the literature with regard to understanding bullying in the workplace for Indigenous people.

Despite the challenges associated with bullying and isolation, many participants also found workplace atmospheres that were trusting, respectful, fair, and collaborative facilitated their sense of wellbeing. Respect is part of an Indigenous value system (Kirkness & Barnhardt, 1991). Verbos and colleagues (2010) asserted respect is integral to the workplace, as “traditional Native American spirituality holds that all creatures and natural phenomena are animate, connected, and worthy of respect” (p. 11). Verbos and colleagues demonstrated how workplaces and management education programs would benefit from incorporating Indigenous values such as respect, humility, generosity, reflexivity, egalitarianism, and an emphasis on contributing to the wellbeing of communities. Indigenous people have expressed a preference for organizational cultures that emphasized trust, collaboration, and nurturing (Thiessen, 2016). This was
consistent with the literature on non-Indigenous workplaces, where trust was essential for a healthy workplace environment (Pryor et al., 2010). According to Julien and colleagues (2017), Indigenous people have “a more holistic, collectivist and egalitarian orientation as well as smaller power distance than what was typically associated with non-Indigenous employees” (p. 168). The collectivist and egalitarian orientation they refer to is a likely explanation for the non-hierarchical approach favoured by participants in this study. Thiessen (2016) also found “First Nations people prefer to develop relationships that typically result in higher levels of trust and higher levels of involvement or the perception of involvement in decision making with superiors, peers, and subordinates” (pp. 121-122). While not specific to Indigenous people, Pryor and colleagues (2010) explained a deeply vertical hierarchy is stifling to employees and organizations in which “employees have limited or no power or which provide demerits for bad behaviour (e.g., absenteeism or tardiness) but few or no rewards for good behaviour” (p. 297) are stressful for employees. This concept held true for the Indigenous participants in this study who described lack of consultation and a punitive environment as hindering for wellbeing. It was also incorporated into the wish list, where participants expressed a desire for consultation and influence on workplace decision making.

In the general workplace literature, a positive work environment or workplace culture has been described as one which is respectful, supportive, fair, trusting, and safe (Fagley & Adler, 2012; Kelloway & Day, 2005) which was consistent with the descriptions provided by Indigenous participants in this study. A positive work environment is associated with good emotional health, job satisfaction, productivity, and organizational commitment (Dickson-Swift et al., 2014; Grawitch et al. 2006). Furthermore, regarding workplace atmosphere among non-Indigenous people, Dickson-Swift and colleagues (2014) commented:
It is also about the “feeling” within an organisation – all those little things that make an employee say “this is a great place to work”. It’s not about the perks offered to employees – it’s about how the organisation operates its day to day business. If this is in a way that respects employees, their needs, their family commitments, and their ideas, then it is likely that organisation has a “good culture.” (p. 144)

According to Kent and colleagues (2016) a culture of workplace health requires sustained effort from leaders (through policies, allocation of resources, role modelling behaviours, and incorporating practices into organizational norms) and actively engaging employees to shape wellness in the workplace. Although the investigation in the desirable characteristics of workplace environments for Indigenous people has been limited, this study suggests that the characteristics outlined in the general workplace literature are likely to be relevant.

Conversely, a negative atmosphere has been associated with a number of poor outcomes for employees (e.g., turnover, psychological strain, stress, physical and mental health issues, etc.) and negative atmosphere had a hindering impact on participants and negativity presents a challenge for wellbeing in the workplace (De Simone, 2014; Dickson-Swift et al., 2014; Grawitch et al., 2006; Kelloway & Day, 2005). In a discussion of occupational stress, De Simone (2014) indicated “Organizational structure and climate including the lack of participation and effective consultation, poor communication, ambiguous work environment, and individual cultural incongruence” (p. 119) all contributed to hindering wellbeing in the workplace and the findings of this study were in agreement. Furthermore, Thiessen (2016) also suggested:

The manner in which people treat each other at work and the type of organizational culture that is supported by leadership makes a difference for First Nations people. It is not only the way individuals approach problem solving but also in the way they approach
An example of a problematic workplace culture in the research with non-Indigenous people, is an atmosphere in which negativity is prevalent (Pryor et al., 2010; Bagga, 2013) and given the importance of relational influences with Indigenous workers, they are also impacted by a culture of negativity. Bagga outlined, “When a significant number of employees behave negatively, it can make the whole organizational culture negative” (p. 28). Overall, negativity increases the likelihood that the other hindering factors (e.g., gossip, fear, poor communication, instability, isolation) will occur and will increase while stifling the creativity and opportunities for improvement (Pryor et al., 2010). As such, the findings in this study suggest that Indigenous participants may experience many of the same challenges associated with negative workplace environments that have been identified by non-Indigenous people.

Organizational policies and practices have the potential to be both helpful and hindering to wellbeing. In the general workplace literature, Kelloway and Day (2005) identified the following as primary sources of workplace stress: workload and work pace; role stressors (i.e., the impact of environment on individuals’ ability to fulfill role expectations); career concerns (e.g., job insecurity, fear of obsolescence, under/over promotion, career development); work scheduling; interpersonal relationships; job content and control. Many of these were reflected in the hindering category of Workplace Environment. For example, similar to the non-Indigenous literature, career concerns were salient for Indigenous participants who felt their workplace was unstable and job security was tenuous and this is thought to contribute to occupational stress (De Simone, 2014). Participants also shared concerns about discriminatory hiring practices and the lack of Indigenous people in more advanced positions in the workplace and in the wish list.
expressed a desire to see recruitment and hiring policies that were less biased. Biased recruitment processes and the incongruence between the way Indigenous people make career connections (i.e., through personal connections and relationships) and typical organizational recruitment/hiring pathways have been suggested to limit the career opportunities of Indigenous people (Thiessen, 2016). Dwyer (2003) outlined the conflict between Indigenous and non-Indigenous values: “Aboriginal individuals tend to be unwilling to praise their own skills or accomplishments; which in turn, can have negative implications for Aboriginal individuals seeking career advancement in organizations where touting one’s own accomplishments is the norm” (p. 885). Another hindering aspect was work scheduling difficulties, which have been noted as one of the top stressors for non-Indigenous employees (Kelloway & Day, 2005); this may be especially relevant for Indigenous employees, as commitments to family and extended family may conflict with work expectations (Julien et al., 2017).

In the discussion of helpful organizational practices, flexibility in scheduling was identified as a facilitator of wellbeing and this finding is supported in the literature (Dickson-Swift et al., 2014). As Julien and colleagues (2017) found: “employees with high levels of schedule flexibility report lower levels of work-life conflict… due to the ability to shift their schedule to meet their non-work demands” (p. 169). As has been established previously, bullying is detrimental to wellbeing and workplace policies which address and prevent bullying are helpful and facilitate wellbeing. In the wish list, participants also expressed a desire for workplaces to include Elders (see the Culture category for a discussion of the importance of Elders).

The workplace environment has considerable potential to impact the wellbeing of Indigenous employees. This study has identified components of healthy and flourishing
environments, as well as things that hinder wellbeing, most of which coincide with the broader literature on healthy workplace environments; the contribution of this study is looking at the constellation of factors with Indigenous worldviews as a lens.

**Appreciation.** Over half the participants in this study discussed the importance of appreciation and feeling valued, yet this appeared to be a novel finding, as the research with Indigenous people in the workplace has not yet explored this idea. However, appreciation in the workplace has been explored with non-Indigenous people. Adler and Fagley (2005) define appreciation as “acknowledging the value and meaning of something – an event, a person, a behavior, an object – and feeling a positive emotional connection to it” (p. 81). In this study, participants discussed the importance of feeling appreciated in the workplace. Fagley and Adler (2012) argued appreciation is a crucial component of successful and healthy workplaces. They stated:

> Appreciation fosters well-being, both directly and indirectly through its role in fostering other outcomes that promote well-being such as increases in spirituality or improved social relationships (see, e.g. Algoe et al. 2010). Research has shown that appreciation forges and maintains social connections, promotes good quality sleep and encourages helping and interpersonal trust. (p. 168)

They further suggested that expressing gratitude contributes to connectedness, trust, and collaboration in the workplace. When appreciation is not present, it can lead to high turnover, as White (2012) indicated, “For employees who quit their jobs, 79% report a lack of appreciation as one of the major reasons for leaving” (p. 145). It is notable in this study that participants did not identify the lack of appreciation as hindering to their wellbeing, nor did they express a desire for more appreciation in the wish list. It appeared that participants need for appreciation was being
met, perhaps because they gained a sense of being valued from reinforcement from a variety of sources (i.e., not limited to supervisors or work place awards). White (2014) suggested that appreciation is most helpful when anyone (i.e., peers or supervisors) expresses it, rather than being limited to a “top down” approach where it is only offered by supervisors. This was also supported by Fagley and Adler’s (2012) work where they indicated “appreciation of one’s contributions by one’s peers and one’s supervisor can be a powerful force, enhancing both one’s enjoyment of one’s work as well as one’s performance” (p. 182) and Dickson-Swift and colleagues (2014) who indicated peer nominated awards were highly valued. The importance of appreciation coming from a variety of sources was consistent with the experiences of the Indigenous participants described in this study.

Appreciation in the workplace often takes the form of workplace recognition programs and compensation, which have been found to improve morale and satisfaction (Grawitch et al., 2006). However, White (2014) identified challenges when appreciation was limited to formal recognitions programs: they can feel impersonal, they are often focused only on tenure of service, and they often revolve around tokens or gifts. White stated: “While most people do not mind receiving gifts, only 10 per cent of employees cite receiving rewards as their preferred method of being appreciated” (pp. 17-18). In this study participants discussed how appreciation can be expressed in meaningful ways, which included verbal expressions, written documentation, awards, compensation, and opportunities for job advancement. It was evident there was a variety of ways through which appreciation could be meaningfully expressed. White (2014) has written about the conditions required for effective expression of appreciation: (a) appreciation is communicated regularly; (b) appreciation is communicated through language and actions important to the recipient; (c) appreciation is personal and individualized; and (d) appreciation
feels authentic. All of these ideas can be connected to the idea of relatedness and reflect the quality of relationships between people. For example, to understand what is important to the recipient and to personalize appreciation, one likely has to have a good relationship where you are connected to each other. Given White’s assertion that it is important to find a way to express appreciation in a way that is important to the recipient, there is a gap in the literature regarding which types of appreciation are most appreciated by Indigenous people in the workplace.

In their research on appreciation in the workplace, Fagley and Adler (2012) acknowledged that there are cultural differences in expressions of appreciation and the importance of understanding these cultural differences. Fagley and Adler’s work emphasized the benefits of expressing appreciation in the workplace (and some participants in this study discussed expressing appreciation as part of support); while this category was centered on how participants’ wellbeing improved when they felt appreciated by others. In part, it is consistent with Fagley and Adler’s work, as the outcomes of appreciation they identify (i.e., fostering connectedness, social relationships, and collaboration) were experienced by participants who felt appreciated by others. However, there was an additional component, the sense of mattering to others. Connolly and Myers (2003) describe mattering as “the importance of being needed, of being important to others, and of feeling that others are interested in what individuals say and do” (p. 153). Employees who believe they matter to others in the workplace and to their organizations experience increased job satisfaction and productivity and job satisfaction has been identified as one component of workplace wellbeing (Kelloway & Day, 2005; Page & Vella-Brodrick, 2009). Participants in this study also wanted to feel valued by their community which is consistent with the established importance of contributing to community. As such, it is suggested that while appreciation and mattering for Indigenous people may be consistent with
research with non-Indigenous people, the concept may need to be expanded to go beyond the workplace and explore feeling valued by the wider community.

**Communication.** Communication is fundamental in daily interactions, both at work and at home, as a primary means of connectedness and relating to others. Healthy communication is part of wellbeing among Indigenous peoples (Graham & Martin, 2016). While research on communication in the workplace among Indigenous people is limited, it is reasonable to expect that communication would be a part of workplace wellbeing given the role in overall wellbeing.

Communication is a crucial part of workplace interactions and is essential to connecting with others, achieving goals, and resolving conflict. Communication has been established as essential to workplace wellbeing (Butterfield, 2006; Dickson-Swift et al., 2014; Grawitch et al., 2014; Robertson, 2016). According to Grawitch and colleagues, communication serves as a foundation for best practices in the workplace. They outlined three kinds of communication: (a) bottom up – from employees to management; (b) bi-directional – an equal interchange of information; and (c) top down – communication from management to employees. Participants provided examples of all three types of communication when discussing wellbeing in the workplace. The qualities of communication, such as consistency, timeliness, and clarity are another consideration for workplace wellbeing (Grawitch et al., 2006). Dickson-swift (2012) found:

> When employees feel they have an approachable boss and communication between management and employees is two-way, easy, frequent and respectful, employees report feeling valued, able to express their ideas with confidence, and well supported in their day to day role. This was considered an especially significant aspect to the enjoyment of their jobs by a majority of employees. (p. 147)
Supervisors and administration are integral to creating an environment conducive to open communication which can be facilitated by open door policies, role modelling, listening attentively, and providing positive reinforcement (Timmins, 2011; Garon, 2012). When it comes to conflict management, a significant facet of communication, Thiessen (2016) suggested “Leaders and supervisors who have an awareness of the unique conflict management styles of their employees will be better prepared to navigate conflict, communicate with First Nations people and other diverse populations effectively” (p. 148). Participants in this study shared examples congruent with the literature on non-Indigenous people, emphasizing the importance of open and respectful communication and the confidence to approach supervisors with concerns.

Role Modelling. Role Modelling reflected the participants experience because it encompassed formal and informal mentoring relationships participants described, as well as participants who looked up to someone with whom they did not have a direct relationships. Mentorship has been identified as important for Indigenous people in education (Carpenter, Rothney, Mousseau, Halas, & Forsyth, 2008; Rawana, Sieukaran, Nguyen, & Pitwanakwat, 2015; Thompson, 2012), healing (Graham & Martin, 2016; McCormick & Wong, 2006; McCormick, 1997), as well as workplace and career contexts (Bingham et al., 2014; Brown & Fraelich, 2012; McCormick, 1997; McPhee et al., 2017; Spowart & Marshall, 2015; Thiessen, 2016).

Mentoring is a relationship between a more experienced person who provides guidance and support to someone with less experience while navigating the world of work (Allen, Eby, Poteet, Lentz, & Lima, 2004). Allen and colleagues discussed the original work of Kram (1985) who identified two types of mentor functions:
The first is career-related support. This type of support enhances protégés’ advancement in the organization and includes the mentor functions of sponsorship, exposure and visibility, coaching, protection, and challenging assignments. This mentor function is possible because of the senior person’s position, experience, and organizational influence and serves the career-related ends of the junior person by helping him or her learn the ropes of organizational life, gain exposure, and obtain promotions. The second type of support is psychosocial. This type of support addresses interpersonal aspects of the relationship and refers to “those aspects of a relationship that enhance an individual’s sense of competence, identity, and effectiveness in a professional role” (Kram, 1985, p. 32). (As cited in Allen et al., 2004, p. 128)

In their meta-analysis, Allen and colleagues found both psychosocial mentoring and career mentoring were related to job satisfaction, which has been suggested as an integral component to employee wellbeing (Kelloway & Day, 2005; Page & Vella-Brodrick, 2009). In this study, participants provided examples of mentoring consistent with both career mentoring and psychosocial mentoring which improved their wellbeing.

According to the meta-analysis on mentoring impacts written by Allen and colleagues (2004), mentoring has a variety of benefits: “mentoring is related to important career outcomes such as salary level, promotion rate, and job satisfaction” (p. 127). Mentoring has also been suggested to improve employee resilience (Jackson, Firtko, & Edenborough, 2007) and McPhee and colleagues (2017) noted that “mentoring, in particular, has long been recognized as playing an important role in integrating and advancing minority members” (p. 1115).

One of the reasons role modelling and mentoring is important to Indigenous people, may be attributed to the congruence with Indigenous ways of knowledge transmission (Spowart &
Although Rawana and colleagues (2015) were looking at the applicability of mentoring programs for university students, their logic also pertains to the workplace:

The concept of mentoring is inherent in traditional Aboriginal activities (Klinck et al., 2005). Elders, healers, and community members act as mentors, transmitting shared traditional values, providing guidance, and modeling positive behaviours within dyadic and group contexts, which allow for the teaching and transmission of cultural values and knowledge (as cited in Banister & Begoray, 2006). Although cultural activities vary between First Nations, Métis, and Inuit peoples, some Aboriginal traditions, such as storytelling, hands-on interactive learning, and sharing circles, reinforce mentoring relationships and pass down traditional knowledge and values to younger generations. (p. 5)

As such, mentoring is not a new idea for Indigenous people and the benefits of mentoring relationships have long been recognized.

Formal mentorship programs for Indigenous employees have received limited attention in the research; however, McPhee and colleagues (2017) study found that an Aboriginal Employees’ Resource group provided opportunities for a formal mentorship program that was beneficial to the participants, as they were offered support, guidance, and the opportunity to get help resolving issues from someone who was also Indigenous. Thiessen (2016) also emphasized mentorship can be beneficial when it occurs through informal relationships and noted these relationships are common among Indigenous employees and coworkers. As such, the importance of connection and relatedness among Indigenous people that was outlined in previous categories is also apparent in the role modelling category. Where there is a lack of mentorship programs, it has been suggested the implementation of mentorship programs would benefit
Indigenous employees (Bingham et al., 2012; Thiessen, 2016; Wilson, 2011); however, Dwyer (2003) pointed out that many organizations may not have enough Indigenous people in higher level positions to provide mentoring and cautioned that non-Indigenous people may not be able to provide appropriate support due to conflicts between Indigenous and non-Indigenous value systems. Cultural considerations should be taken into account when looking at developing mentorship programs.

In this study, mentoring relationships were identified as helpful whether the person was the mentor or the mentee. Allen, Lentz and Day’s (2006) study found that mentoring was beneficial to mentors who reported higher salaries, more frequent promotions, and stronger subjective career success than individuals without any experience as a mentor. A meta-analysis by Ghosh and Reio (2013) found: “the provision of career, psychosocial and role modeling mentoring support were associated with five types of subjective career outcomes for mentors: job satisfaction, organizational commitment, turnover intent, job performance, and career success” (p. 106). This study adds to the literature by identifying the potential impact on wellbeing that being a mentor has. Other authors have suggested that when acting as the mentor, it was seen as an opportunity to give back to the community for Indigenous respondents (Brown & Fraelich, 2012; Bingham et al., 2012; Spowart & Marshall, 2015). In addition to being aligned with the importance of relationships and giving back, mentoring is also congruent with traditional ways of transmitting knowledge and values. While not looking specifically at Indigenous people, Swap, Leonard, Shields and Abrams (2001) made the case that mentoring and storytelling are effective ways of transferring knowledge in the workplace. As such, there is evidence in both the literature on Indigenous and non-Indigenous people in the workplace.
The discussion of mentorship has centered on relationships between Indigenous people (Bingham et al., 2014; McPhee et al., 2017; Wilson, 2011); however, in this study participants reported mentoring relationships with Indigenous and non-Indigenous people were beneficial to their wellbeing in the workplace which contrasted Dwyer’s (2003) assertion that Indigenous people would not be adequately supported by non-Indigenous mentors. This suggests further study is warranted, as there has not been investigation into potential differences between mentoring relationships between Indigenous individuals and those between an Indigenous and a non-Indigenous individual or whether any benefits associated are related to the type of mentoring provided (i.e., career or psychosocial).

**Resources.** The resources category had many examples where the presence of a resource (e.g., training) facilitated wellbeing, while the absence of the same resource hindered wellbeing. A workplace with sufficient resources (staffing, training, finances) facilitated participants’ sense of wellbeing. Grawitch and colleagues (2006) concluded training and employee development is related to organizational effectiveness, employee job satisfaction and employee job stress. Brown and Fraelich’s (2012) study with Indigenous people also found that on the job training contributed to job satisfaction and performance. Consistent with Thiessen’s (2016) study, participants also expressed a preference for organizations which created opportunities for self and professional development. Dwyer (2003) also highlighted the perceived importance of development and training opportunities among Indigenous executives in the Canadian Federal Public Service.

Organizational financial resources were identified as important because they facilitated training, allowed sufficient staffing (preventing excessive workload), and provided freedom for the organization to implement wellness programming. As a contrast, when resources were
limited, it resulted in poor (or non-existent) training, insufficient staffing (high workload) and a sense of instability. Kelloway and Day (2005) stated that workload and work pace were two of the most common workplace stresses, while Sivris and Leka (2015) describe a heavy workload and the lack of career development opportunities as psychosocial hazards in the workplace. These ideas appeared to resonate with participants in this study, who described the negative impacts of excessive workloads and lack of staffing on their wellbeing.

Kapsalis (2006) found that Indigenous workers in Canada earned 23% less than their non-Indigenous counterparts. Mills and Clarke (2009) argued that lack of wage parity and occupational gaps are a consequence of colonization. Despite challenges with wage parity, compensation was not identified as hindering wellbeing of participants in this study, nor did it appear as a factor which facilitated wellbeing in the workplace. However, it did appear in the wish list, as the desire for adequate compensation (i.e., “a living wage”) for employees. Juntunen and colleagues (2001) noted that compensation was rarely identified as a measure of success and when it was identified, the participants discussed how it would benefit their families’ wellbeing. While conclusions cannot be drawn from this study, it does align with Juntunen and colleagues assertion that compensation is not a primary marker of success among Indigenous people, instead the ability to contribute to family and community is held in high regard.

**Self-care.** Adults spend 10% of their time engaged in self-care on a daily basis (Crist, Davis, & Coffin, 2000). According to Coleman and colleagues (2016) “self-care is the process of actively initiating a method to promote holistic well-being” (p. 189). Coleman and colleagues found that engaging in self-care lead to increased life satisfaction and decreased psychological distress. There is also a growing body of research which looks at the use of self-care to prevent burnout and reduce stress for those in helping professions (Butler, Carello, & Maguin, 2017;
Killian, 2008; Kravits, McAllister-Black, Grant & Kirk, 2010; Kuhn & Flanagan, 2017; Salloum, Kondrat, Johnco, & Olson, 2015; Skovholt, Grier, & Hanson, 2001). Although the research on self-care among Indigenous people is limited, McCormick (1995) found self-care was a part of healing and wellbeing.

Descriptions of what activities are considered self-care vary and include: downtime, healthy eating, hygiene, exercise, mindfulness, intellectual and creative health, spiritual care, engaging in leisure activities and hobbies, sufficient sleep, making time for loved ones, relaxation, hobbies, and use of adaptive coping strategies (Ayala, Omorodion, Nmecha, Winseman, & Mason, 2017; Coleman et al., 2016; Dugan & Barnes-Farrell, 2017). Participants in this study provided examples that fit within these categories. Butterfield (2006) explained self-care can have two purposes; it is either active and challenging (e.g., exercise) or it is passive, recuperative, and restorative (e.g., mindfulness) and both types of self-care were represented in this study. Butterfield’s (2006) study of workers who managed change well found that “Individuals in the present study took the concept of self-care well beyond caring for their physical selves to caring for their intellectual, emotional, and spiritual selves” (pp. 201-202). This holistic conceptualization of self-care is readily connected to Indigenous teachings about balance:

Most Aboriginal cultures have a teaching about balance. In order to live a healthy life a person should try to keep the physical, mental, emotional, and spiritual dimensions of self in balance. The Aboriginal Medicine Wheel model illustrates that these four dimensions are all equal and all part of a larger whole. (McCormick & Wong, 2006, p. 519) Self-care is related to Indigenous teachings of balance because it encompasses Indigenous participants’ efforts to maintain balance in the four dimensions through a variety of activities.
This study contributes to the growing body of literature on self-care by identifying the impact on wellbeing in the workplace, as well as drawing attention to the parallels between self-care and Indigenous teachings about balance. It also points to a gap in the research: There is a lack of information regarding culturally specific self-care practices of Indigenous people.

**Supervisors.** Supervisors have many roles in the workplace and substantial ability to impact the experiences of employees. Given this level of influence, Martin (2005) described the responsibility of leaders to attend to the holistic needs of workers:

This brings into consideration the issue of leadership and management that recognizes and addresses the emotional and social needs of workers—including the fears and apprehensions workers have about performance situations and evaluation. Key examples of such leadership and management include developing a sense of community among workers through cooperative workplace climates, developing and maintaining learning environments that are underpinned by supportive relationships, being optimistic for workers and aiming for mastery of skills, providing positive role modelling, affirming and getting to know workers, and nurturing workers’ resilience though interpersonal support. (p. 126)

This description of leadership responsibilities, provides a good foundation for understanding the Supervisors categories (helping and hindering), in this study. Furthermore, given the well established value of relationships and connectedness among Indigenous people, the association between supervisory relationships and wellbeing in the workplace is a natural consequence. The helping and hindering aspects of supervisors relationship on employees has been explored by a number of authors. Among non-Indigenous employees, supervisor-employee relationships have been found to provide an anchor in the workplace, help workers manage change, and impact
employee organizational commitment, retention, and wellbeing (Butterfield, 2006; Brunetto, Shriber, Far-Wharton, Shacklock, Newman, & Dienger, 2013). Schermuly and Myer (2016) found that good supervisor-employee relationships were a protective factor from emotional exhaustion and depression, as well as contributing to employee empowerment among a sample of diverse employees from a number of organizations.

In this study the qualities of supervisors that facilitated relationships which, in turn, facilitated wellbeing, were: approachability, supportiveness, attunement, empathy, openness, and non-judgment. McPhee and colleagues (2017) observed that traditional ideals of Indigenous leadership included “creating harmony, cooperation and consensus in relationships among people, and as maintaining spirituality in beliefs and honesty in actions” (p. 1106). While those specific terms were not used by participants in this study, it was evident that cooperation, harmony and collaboration were all part of successful relationships with supervisors. Thiessen (2016) also found that Indigenous participants preferred interactions that were “collaborative, cooperative, emotionally supportive, trusting and ethical” (p. 108). It is also beneficial for supervisors to be aware of Indigenous preferences for managing conflict; Thiessen found that avoidant or accommodating styles of conflict management were preferred by Indigenous participants. Conversely, Thiessen also reported highly competitive conflict management styles which demonstrated low concern for others had a negative impact on Indigenous employees. She argued:

Understanding First Nations interpretations of conflict and their cultural preference for managing conflict is important for organizations to understand as the mismanagement of conflict can lead higher levels of conflict, more absenteeism, more discrimination and lower levels of engagement. (Thiessen, 2016, pp. 120-121)
The qualities of good supervisors described by participants in this study readily aligned with the larger body of literature on supervisor-employee relationships with non-Indigenous people. Dickson-Swift and colleagues’ (2014) study of factors which impact non-Indigenous workers wellbeing found:

Employees like to feel valued and to know that their boss actually cares about them as a person. Attributes like respect, trust, caring, being approachable and the ability to develop personal relationships with different levels of management was important for many employees. (p. 147)

Schermuly and Myer (2016) also argued that because it is easier for supervisors to influence the supervisor-employee relationship, supervisors need to take responsibility for the development of healthy and quality relationships with employees. Given this study’s congruence with the larger body of literature, it contributes to a growing body of literature exploring beneficial characteristics in employee-supervisor relationships.

Julien, Somerville, and Culp (2011) also identified the importance of supervisor support is essential for maintaining work-life balance among non-Indigenous people. A more recent study looked at the impact of supervisor support on work-life balance among Indigenous employees and found supervisor’s ability to be supportive was related to their ability to provide flexibility to accommodate for work-life balance among Indigenous employees (Julien et al., 2017). They found:

Almost half of the respondents mentioned the critical role of supervisor and organizational support. Those who have supportive supervisors spoke effusively of their commitment to the organization and how supportive supervisors helped with their work-life enrichment. This support can manifest itself in numerous ways: providing time off to
deal with personal illness or the illness of a family member, a coworker who took a day off to stay with another coworker’s sick kids, and allowing more schedule flexibility to deal with a family emergency. (Julien et al., 2017, p. 175)

Thiessen (2016) also discussed the importance of supportive relationships with supervisors and emphasized the need for these relationships to be based on a foundation of trust and intentionally cultivated. Thiessen found “through these relationships, they are more likely to feel confident that they will be assisted if they run into problems, and this increases their self-efficacy, which in turn increases their engagement” (p. 144). These findings were consistent with what participants in this study described; however, the impact of these trusting and supportive relationships was not limited to organizational engagement or work-life balance, rather it extended to the individual’s sense of wellbeing in the workplace.

The lack of a harmonious and supportive supervisory relationship appeared to be as damaging as positive relationships were facilitating. Julien and colleagues (2017) found dissatisfaction with the organization, a lack of commitment, and a high level of stress were reported by those without supervisor support and this was attributed to high levels of work-life conflict, which, as described earlier in this study, is problematic for Indigenous people. While limited information is available on the specifics of supervisor-employee relationships with Indigenous people, in the broader body of literature, it has been widely recognized that poor relationships with supervisors are associated with a variety of negative outcomes, such as: job stress, physical health issues, and mental health issues (Dickson-Swift et al., 2016; Kelloway & Day, 2005; Georganta, 2012). In general, management issues include micromanagement, unethical behaviour, disempowering workers, poor communication, bullying, lack of trust, failure to provide direction, and lack of support (Butterfield, 2006; De Simone, 2014;
McCormack, Djurkovic, Nsubuga-Kyobe, & Casimir, 2018; Nielsen & Einarsen, 2012; Pryor et al., 2010; Woodrow & Guest, 2017). Many of these issues were identified as hindering by the Indigenous participants in this study. For example, micromanagement, which is described by Pryor and colleagues:

People who function as micromanagers like to be in control of the workplace, the people and the processes. Generally they fail to ask for, receive, acknowledge, or use input from their peers and direct reports. They may be negative or paternalistic dictators, but they are dictators. (p. 296)

Given the established importance of trust, collaboration, and respect in relationships among Indigenous people and the contrast with the above description of micromanagement, the inherent problems with supervisors who micromanage are obvious. While it has not been explicitly explored in research, the contrast between the value of relationships among Indigenous people is also apparent when looking at the literature on workplace bullying. Woodrow and Guest (2017) reported:

Studies have shown that bullying tends to be relatively common, with up to 20% of individuals identifying themselves as bullied in research samples, that women are more often victims, and that men and those with management responsibility are more often perpetrators. (p. 221)

Woodrow and Guest also explored the importance of supervisor’s behaviour in preventing workplace bullying and discussed the impact when supervisor’s behaviour either facilitates bullying or when they engage in bullying themselves. They indicated an autocratic leadership style is associated with observed bullying. As Thiessen (2016) has reported, an autocratic leadership style resulted in negative interactions for Indigenous employees.
This study suggests that the relationships between supervisors and Indigenous employees are of particular importance to Indigenous employees’ wellbeing in the workplace both as a facilitator and detractor, depending on management style and relationship quality. These findings are consistent with the broader literature on supervisor-employee relationships in the workplace.

**Racism.** Racism and racial discrimination are part of the lived experience of Indigenous people in Canada (Allan & Smylie, 2015; Goodwill & McCormick, 2012; Jackson et al., 2003; Reading & de Leeuw, 2014; Currie et al., 2012) and the workplace is no exception (Britten & Borgen, 2010; Mills & Clarke, 2009; Spowart & Marshall, 2015; Thiessen, 2016; Thompson, 2012; Wilson, 2012). Mills and Clarke (2009) described what racism can look like:

Both individual racism, such as discriminatory acts of co-workers and employers, and systemic racism, structures that normalize and perpetuate the unequal allocation of resources and power in society, such as poorer educational systems on reserve. (p. 995)

As Allan and Smylie have explained, racism is related to disparities in the health of Indigenous and non-Indigenous people. As has been established, health and wellbeing are parallel concepts both inside and outside the workplace. As such, the impact of racism on Indigenous peoples’ wellbeing in the workplace, as found in this study, is a reasonable extension of this logic.

The impact of racism and discrimination on wellbeing in the workplace has not been studied previously; however, racism has been identified as a barrier to career and as having negative impacts in the workplace (Britten & Borgen, 2010; Julien et al., 2017; Juntunen et al., 2001; Mills & Clarke, 2009; Spowart & Marshall, 2015). Mills and Clarke (2009) found:

Every interviewee in the study described having either observed or experienced racism on the basis of Aboriginal identity. And, several Aboriginal activists from urban areas
became involved with their union locals to try to address racism in the workplace and/or labour market. (p. 996)

While the reported rates of discrimination in this study were not as high as those in Mills and Clarke’s work, it has also been established that racism is underreported (Allan & Smylie, 2015; Martin & Kipling, 2006; Vukic et al., 2012). The participants’ experiences in this study suggest a possible reason for underreporting, as participants spoke about the social pressure not to report and the negative social consequences when others did report experiences of racism.

The types of racial discrimination faced by participants in this study included both access discrimination (being prevented from getting jobs) and treatment discrimination (discriminatory treatment within the workplace) (Agocs & Jain, 2001). In this study, access discrimination focused on hiring practices (e.g., interview styles and the impact of stereotypes), while treatment discrimination varied in form. As Juntunen and colleagues’ (2001) found, discrimination was an obstacle to career for the Native American participants and included tokenism, negative attitudes from colleagues about affirmative action hiring, and discrimination from their own communities. The results in this study paralleled what was found by Juntunen and colleagues, with a difference being in Canada the relevant policy is Employment Equity (rather than affirmative action) which contributed to negative attitudes of colleagues and, at times, self-doubt among participants who wondered whether they were hired to meet the need for diversity, rather than being hired for their skills. This was discussed by Thiessen (2016)

Despite legislated employment equity laws in North America and attempts at diversity training, minorities which include First Nations people, working in homogeneous organizations (where the majority of workers share similar values) are often subjected to
negative stereotypes, stricter performance evaluations, higher levels of inspection to their work and social isolation. (pp. 117-118)

The difficulties associated with negative stereotypes for Indigenous people have been documented within the workplace (Agocs & Jain, 2001; Julien et al., 2017; Juntunen et al. 2001; Thiessen, 2016) and were evident in the experiences of participants. According to Thiessen, these stereotypes lead to negative interactions and further discrimination as well as contributing to a sense of pressure to be the representative for Indigenous culture in the workplace (i.e., tokenizing Indigenous culture).

In addition to facing racism from non-Indigenous people, discrimination within Indigenous communities, directed from one Indigenous person to another, has been identified as problematic in workplace contexts (Britten & Borgen, 2010; Juntunen et al., 2001). This has been described as lateral violence. According to Nabigon and Wenger-Nabigon (2012), “Lateral violence is the manifestation of hierarchical violence distributed horizontally among members of a community which suffers historical and on-going oppression from external dominant state/economic systems” (p. 46). McCormick and Wong (2006) also described lateral violence among Indigenous people: “Lateral violence is the result of being abused by an oppressor who is deemed all-powerful. Since retaliation against the oppressor is not possible, the rage and anger are directed to those closest in the form of sexual, emotional, and physical abuse” (p. 518). Participants in this study provided salient examples of when their sense of wellbeing was negatively impacted by lateral violence. This behaviour directly contravenes Indigenous social norms regarding relationships; however, lateral violence is a legacy of colonization which intentionally disrupted transmission of Indigenous values and connections to Indigenous culture (Bombay, Matheson, & Ainsworth, 2014; McCormick & Wong, 2006).
Despite the inherent challenges associated with racism in the workplace and the negative impact on participants’ wellbeing, a wish list was notably absent from this category. It is possible that experiences of racism and discrimination are so ubiquitous for Indigenous participants and higher order (i.e., societal level) changes would be required in order to eliminate racism within the workplace, as such participants considered it to be beyond their personal wish list; conversely, one could argue that participants who are able to maintain their wellbeing in the workplace despite these experiences are resilient and instead relied upon the personal and cultural strengths to ameliorate the impact of racism on wellbeing, as has been suggested in the work on Indigenous resilience (Allan & Smylie, 2015; Isaak et al., 2014; Kirmayer et al., 2011; McCormick & Wong, 2006). What is clear is that this is a gap in the research, there is no information about what Indigenous people believe would be beneficial in addressing racism and discrimination in the workplace.

Overall Discussion of Results

Throughout the categories it was evident that factors which facilitate wellbeing for Indigenous people (e.g., light-heartedness, connection to culture, relationships, balance, etc.) also applied to wellbeing in the workplace; there were also factors which appeared to be unique to the workplace, such as organizational culture, training, and appreciation. As Thiessen (2016) reflected “First Nations experiences at work is the recognition of a holistic approach to life, work, and family and the recognition that these aspects are viewed as completely intertwined” (p. 118) which is consistent with the findings in this study, where participants provided holistic descriptions of wellbeing connecting work, family, and community. As evidenced by the cross referencing in the descriptions of categories in the discussion, many aspects of the categories were interrelated and there were themes that crossed categories. For example, connectedness
and relationships were a repetitive theme among a variety of categories (Appreciation, Communication, Investment, Relationship Building, Role Models, Support, Supervisors, and Workplace Environment). These connections among categories suggest, while the stories of participants have been parsed into smaller units for the purpose of analysis, it is helpful to remember they were originally presented as a whole narrative of wellbeing in the workplace for participants.

As Grawitch and colleagues (2006) have summarized, there is no consensus on the best indicators of employee wellbeing and research has included general physical health, job satisfaction, employee morale, stress, motivation, organizational commitment and climate as part of discussions on employee wellbeing. Many of these factors were described by Indigenous participants as impacting wellbeing; however, with the exception of health, they were not included in the conceptualizations of wellbeing provided by participants in the contextual findings. It is suggested that wellbeing among Indigenous employees may be challenging to capture through measurement of specific outcomes which have been used in the general workplace literature.

The majority of the workplace wellbeing literature has focused on employer driven outcomes of wellbeing such as increased productivity, efficacy, and retention, as well as decreased absenteeism, turnover, injury rates, and health care costs (Grawitch et al., 2006; Kelloway & Day, 2005; Page & Vella-Brodrick, 2009). While it is likely these benefits to employers also exist when considering wellbeing in the workplace among Indigenous people, this study has intentionally focused on the benefits of wellbeing for Indigenous employees because it has not been explored in the literature, and in keeping with principles of appropriate research with Indigenous people, the intention of this study was to benefit Indigenous people.
As established earlier in this study, one of the aims was to provide a counterbalance to the research which focus on deficits related to career and employment among Indigenous people; the results of this study appear to have met that aim by painting a rich and complex picture of what facilitates wellbeing in the workplace for Indigenous people, while acknowledging there are hindering aspects and room for improvement (i.e., wish list items). Participants in this study self-identified as experiencing wellbeing in the workplace, which likely contributed to the majority of the critical incidents falling within the helping categories. As Graham and Martin (2016) point out, “asking different questions will result in different answers” (p. 9) and in this study it has brought the strengths of Indigenous people in the workplace to the forefront.

**Implications**

The breadth and depth of the findings in this study have generated a variety of implications. The implications have been grouped into the areas of research, theory, and practice which are outlined below.

**Research Implications.** It is difficult to exhaust all the possibilities for future research that are garnered in an exploratory study, particularly when looking at Indigenous peoples whose perspectives have not been engaged in much of the research related to employment and wellbeing. Looking at the study as a whole, although the results of this study are not generalizable, due to both the design of the research and the heterogeneity of Indigenous people, it is suggested that the results may provide a starting point for more targeted investigation into wellbeing in the workplace for Indigenous people.

Within the categories, there were also a number of gaps identified in the literature which could be explored in future research. In the Holistic Health category, it was noted there had not been published research on the use of extended medical and employee assistance programs.
among Indigenous people. As participants in this study readily identified challenges in using these programs, future research could explore use of extended medical and employee assistance programs by Indigenous employees and identification of potential barriers to use.

Another opportunity for future research was identified in the Support category, where it was noted that the impact of providing support to others within the workplace as an Indigenous person had not been explored.

In the Workplace Environment category, the absence of literature on workplace bullying with Indigenous people was identified and given the impact of isolation on Indigenous people, a common consequence of bullying, it is suggested that it would be beneficially to investigate culturally specific implications of bullying.

In the Appreciation category, it was established that is important to find a way to express appreciation in a way that is important to the recipient, as such it may be useful in future research to explore which types of appreciation are most appreciated by Indigenous people in the workplace. For example, Chapman and White (2011) identified five languages of appreciation that were evident in the workplace among non-Indigenous people (words of affirmation, quality time, acts of service, tangible gifts, and appropriate physical touch) which may or may not be relevant to Indigenous people in the workplace.

Future research could also explore whether there is a difference between mentoring relationships between Indigenous individuals and those between an Indigenous and a non-Indigenous individual and whether this is related to the type of mentoring provided (i.e., career or psychosocial), as highlighted in the Role Modelling category.
The Self-care category also drew attention to a gap in the literature: while there is information about Indigenous health, healing, and wellbeing, there has not yet been an exploration of self-care among Indigenous people.

Finally, in the category of Racism, the absence of a wish list also suggested an important area of exploration for future research: from the perspective of Indigenous people what can be done to address racism and discrimination in the workplace?

As is the case with most exploratory studies, the results here suggest a variety of avenues which would benefit from further research. The implications for research are also suggestive of implications for theory.

**Theoretical Implications.** From a broad perspective, the results of this study suggest the existing literature and models of wellbeing in the workplace are not adequate to understand the experiences of wellbeing in the workplace for Indigenous people, as none of the existing models encompassed all of the categories listed, and most prominently, culture was not factored in to any of the models of wellbeing. As an exploratory and descriptive study, this research was not intended to develop a model; instead it has identified a gap in the literature and provides a starting point for future work to build upon. As suggested by one of the experts consulted for the credibility check, it may be beneficial to construct a model that uses an Indigenous framework, such as the Medicine Wheel (Bopp & Bopp, 2001), to facilitate the translation of the knowledge from theory to practice in a way that is accessible and relatable to communities. In order to be respectful of Indigenous knowledge and to avoid cultural appropriation, the translation of this work into a model using an Indigenous framework would need to be developed collaboratively with Indigenous scholars and in consultation with Indigenous communities.
The emphasis on Indigenous culture and identity as central to wellbeing in the workplace, as well as being a source of challenge, suggest that model of cultural safety could be extended to the workplace (Brascoupe & Waters, 2009). The concept of cultural safety was developed in the context of healthcare delivery with Maori people in New Zealand and looked at relationships and interactions between Indigenous service-receivers and non-Indigenous service providers.

According to Smylie, Olding, and Ziegler (2014):

Cultural safety is usually defined by clients themselves, with the onus placed on health care professionals to self-reflect and work with their institution to address the impact of power imbalances, attitudinal, and institutional discrimination and colonization on service provision and client–provider relationships. This work can be particularly challenging given the pervasive negative representations of Indigenous people in the media and education systems. (p. 5)

As Smylie and colleagues summarized, the success/efficacy of cultural safety is determined by the Indigenous person (rather than constructs such as cultural competency where efficacy of interventions is typically evaluated without consultation with the Indigenous person). Cultural safety requires respect for cultural protocols, an understanding of one’s own cultural identity, collaboration, trust, and mutual learning. These principles can be readily applied to relationships within the workplace and link to Wilson’s (2014) recommendation for practice, suggesting employers should develop cultural safety programs developed based on the specific needs of Indigenous people. Further suggestions for practice are outlined in the next section.

**Practical Implications.** The focus on wellbeing in the workplace context has culminated in the majority of the practical implications being directed towards employers. Wellbeing should be an explicit priority in all work places, not just for Indigenous employees, but for all
employees. Prioritizing wellbeing in the workplace can take the form of structured wellness programs, creating a workplace environment that embodies wellness, incorporating Indigenous culture, building supportive relationships and challenging racism and stereotypes.

Where possible, wellness programs need to be individualized and built with the input of Indigenous employees to foster employee engagement, to increase understanding of the services offered, and decrease barriers to accessing program benefits. Wellness programs need to address all aspects of the self (mind, body, spirit, emotions) and would benefit from being grounded in culture. Organizational support of these initiatives needs to be clearly demonstrated. One way to do this would be giving employees paid time to address their wellness needs either through services in wellness programs, employee assistance programs, or extended medical benefits.

Principles of cultural safety, as described above, could be used to not only incorporate culture into the workplace in a way that is meaningful to Indigenous employees, but also help shape a workplace environment which facilitates wellness. Regarding workplace environments, employers need to consider workplace values which may cause conflict for Indigenous employees (for example, styles of managing conflict), as well as bolstering opportunities for Indigenous employees to connect their values with their work. For example, creating opportunities to combining team building and fun with an opportunity to contribute to community would likely increase wellbeing by incorporating multiple facilitators of wellbeing into one activity. Wilson’s (2014) recommendation to “cultivat[e] empowered work structures, increase[e] trust, and [train] managers and leaders to provide organizational support all in efforts to instil a sense of psychological belonging and purpose for [Indigenous] employees” (p. 81) remain salient.
Recommendations for incorporating Indigenous culture into the workplace go beyond allowing people to practice their culture (e.g., smudging) in a way that is personally meaningful, to creating a workplace where Indigenous culture is accepted and respected. As others have suggested, honouring National Aboriginal Day (June 21) in the workplace is one way to show respect for Indigenous culture (Julien et al., 2017; Mills & Clarke, 2009). It would also be beneficial to provide education and training for all employees about the history and current context of Indigenous people in Canada. The responsibility for providing this education would likely be best shared between educational institutions, workplace training programs, and employers. This idea was also reflected in the Truth and Reconciliation Commission of Canada’s (2015) calls to action, as call 92 (iii) stated:

Provide education for management and staff on the history of Aboriginal peoples, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism. (p. 354)

As was pointed out by participants in this study, this training would only be meaningful if it engages people and inspires thoughtful conversations (i.e., it goes beyond what one participant referred to as “lip service”). Furthermore, providing Indigenous employees who are interested the space and time to share their culture with others demonstrates respect for Indigenous culture and would facilitate conversation and relationship building.

A central theme in this research has been the importance of relationships and implications for practice are no exception. Allocating organizational resources (not limited to financial, but also including time and effort) to building relationships and connections in the workplace is
highly desirable (Spence, 2015) and is particularly relevant for Indigenous employees. One way to build relationships is by offering appreciation and ensuring that Indigenous people feel valued in the workplace, both for their contributions and as a person. McPhee and colleagues (2017) have made a strong case for the benefits of Aboriginal Employee Resource groups as a source of connection among Indigenous people. Formal and informal mentoring has been established as important to Indigenous people in a variety of contexts and employers should encourage these relationships. Furthermore, it would be beneficial to provide Indigenous people opportunities to be role models or mentors to others. Building relationships and forming connections in the workplace also serves to combat stereotypes and racism which hinders wellbeing in the workplace.

Indigenous people continue to face discrimination in the workplace and current policies and practices have proven insufficient. While the majority of these implications have emphasized employers, challenging stereotypes and racism through education, experience, and connections is the responsibility of everyone in the workplace and beyond. To effectively address racism, societal level changes would have to occur and there are examples of large scale efforts to challenge the ongoing impacts of colonization (e.g., the Truth and Reconciliation Commission of Canada). When looking at the workplace context, challenging racism may incorporate the strategies above which encourages respect for Indigenous culture, build relationships with Indigenous people (i.e., contrasting stereotypes with personal experience), encouraging personal reflection among employees on their own biases, and providing education to dispel ignorance and erroneous assumptions.
The implications for practice are important because they represent the translation of knowledge from theory to practice. These recommendations, if implemented in a way that respects Indigenous employees have the potential to increase wellbeing in the workplace.

Limitations

A limitation of this study is that it was conducted using a non-Indigenous methodology with Indigenous people. As described in Chapter 3, ECIT has been considered an appropriate method to engage in research with Indigenous people and Indigenous research principles were incorporated into the research; nonetheless, the results are subject to the assumptions inherent in a Western framework.

The ECIT method has been established as methodologically sound and every effort was made to follow ECIT protocol. Furthermore, the nine validity and reliability checks were used to establish that the results had been check by participants, experts in the ECIT method, experts in the field of study, and embedded within the empirical literature. Nonetheless, there are a number of limitations which may impact the interpretation and implications of the study.

As a study with a small, purposive sample that was exploratory and descriptive in nature, the findings are not meant to be generalized, instead they are meant to augment existing literature and, where the findings were novel, provide a starting point for future research. The characteristics of the sample provide further issues, as the sample was not a balanced representation of the broader Indigenous populations, as the majority of the participants had post-secondary education and a high household income (both which have been noted as challenging areas for many Indigenous people). The majority of the participants were also female, which may have impacted the results, as Indigenous women have been identified as having different strengths and facing different challenges than Indigenous men.
Participants in this study self-identified as experiencing wellbeing in the workplace, which may have resulted in a biased sample and limited the investigation into factors which hinder wellbeing. The ECIT method is also “known to create overwhelming amounts of data that can be interpreted in multiple ways” (Butterfield, 2006, p. 233). While the participant check, expert extraction, and expert categorization credibility checks are designed to address this issue, it remains a salient consideration when considering the results. Finally, reporting the findings also presented a challenge when trying to strike a balance between respecting the tradition of storytelling and oral transmission of knowledge, while conveying information in a way that fits within an academic paradigm. A number of participants, when reviewing the material presented for the participant credibility check, made comments which suggested their stories had felt more authentic when expressed orally as a whole than when they read the verbatim transcript extracts.

The interpretation of the results may have been impacted by the participants who were unable to be reached or did not respond to the request for the second interview (i.e., participant credibility check). As such, it was not possible to verify that their experiences were represented in a way that was meaningful and congruent, as well as verifying that the information was accurate and complete. It is possible that the delay between the initial interview and the request for follow up contributed to the lower response rate.

Finally, the findings in this study are based on self-report, rather than observation. Participants were asked to recall experiences that for some, spanned 40 year careers, and as such may have been subject to bias or inaccuracies in recollection. However, the goal of this research was to understand the meaning participants had made of their lived experience, which was likely achieved despite any challenges with recollection.
Researcher Reflections

When I began this journey, I could not imagine being where I am today. Throughout the process I have grown as a person, a student, a researcher, and an ally. I have been entrusted with the experiences, knowledge, and wisdom of 17 people who I have had the good fortune to get to know through the interviews. It is my sincerest hope that I have honoured their experiences in a good way, although I recognize there are limitations related to the method I chose (i.e., separating stories into incidents), to the conventions of academic research (i.e., having to provide written summaries and quotes rather than relying on the spoken stories of participants), and to my reliance on English (i.e., not inviting participants to share their experiences in their own language). I also recognize that there was (and is) room to further Indigenize this research approach (e.g., consulting with Indigenous community members on the wording of the research question or having all credibility checks completed by Indigenous people) and that I have opportunities to grow as a researcher and ally. As I move on to the next leg of this journey, translating this research into something accessible and useful to Indigenous communities, I hope to continue learning new lessons, challenging myself to improve the way I engage in research with Indigenous people that is culturally appropriate, and finding ways to reciprocate the gifts of time, stories, and wisdom that have been shared with me.

Conclusion

Through the stories and experiences of the Indigenous people who participated, this study has offered insights into the variety of factors which facilitate and hinder wellbeing in the workplace among Indigenous people. It has drawn attention to the unique considerations for Indigenous people, such as connection to culture, as well as making connections and comparisons with the broader body of literature on workplace wellbeing. The study provides a
strength-based perspective which challenges negative narratives of Indigenous peoples’ experiences with employment and career. It is hoped that the findings of this study inspire changes that improve the experiences of Indigenous people in the workplace and, eventually, are substantiated and translated into a working model of wellbeing in the workplace for Indigenous people.

While there are 94 Calls to Action in the Truth and Reconciliation Commission of Canada’s (2015) final report with varying opportunities for intervention, and the call to action regarding workplace experiences is found in number 92, it should not be considered a rank ordered list where a lower number equates to higher significance, as there are many possibilities for improving the lives of Indigenous people through facilitating workplace wellbeing. As the Truth and Reconciliation Commission of Canada (2015) report articulated:

Establishing constructive, mutually beneficial relationships and partnerships with Indigenous communities will contribute to their economic growth, improve community health and well-being, and ensure environmental sustainability that will ultimately benefit Indigenous peoples and all Canadians. (p. 353)
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Appendices

Appendix A: Sample Interview Protocol

(Adapted from Butterfield et al., 2009)

Participant identification: __________________ Date: _________________
Interview Start Time: ______________________

1. Contextual Component

Preamble: As you know, I am investigating the ways in which Aboriginal people have experienced wellbeing in the workplace at an Aboriginal community based service agency. This is the first of two interviews, and its purpose is to collect information about the experiences of wellbeing you have had in the workplace.

a) As a way of getting started, perhaps you could tell me a little bit about your work (past or present)?
b) You volunteered to participate in this study because you identified yourself as experiencing wellbeing in the workplace. What does wellbeing mean to you as an Aboriginal person?
c) What does wellbeing in the workplace look like to you as an Aboriginal person?
d) How has wellbeing in the workplace impacted your work life as an Aboriginal person?

2. Critical Incident Component

Transition to Critical Incident questions: You said that wellbeing in the workplace is ______________ (refer to 1 (c) above)

a) What helped to facilitate your experience of wellbeing in the workplace as an Aboriginal person? (Probes: what was the incident/factor? How did it impact you? - e. g. “______ is help. How is it helping?” Can you give me a specific example where ______ helped? How did that help you experience wellbeing in the workplace?)

<table>
<thead>
<tr>
<th>Helpful Factor &amp; What It Means to Participant (What do you mean by…?)</th>
<th>Importance (How did it help? Tell me what it was about … that you found so helpful)</th>
<th>Example (What led up to it? Incident. Outcome of Incident)</th>
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b) Are there things that have made it difficult for you to experience wellbeing in the workplace as an Aboriginal person? (Alternative question: What kinds of things have happened that made it harder for you to do well?)
c) Summarize what has been discussed up to this point with the participant as a transition to the next question:

We’ve talked about what’s helped you to experience wellbeing in the workplace (name them) and some things that have made it more difficult for you to experience wellbeing (name them). Are there other things that would help you to continue experiencing wellbeing in the workplace as an Aboriginal person? (Alternative question: I wonder what else might be helpful to you that you haven’t had access to?);

Wish List Item & What It Means to Participant (What do you mean by…?)  Importance (How would it help? Tell me what it was about … that you would find so helpful)  Example (In what circumstances might this be helpful?)


d) Have you always experienced wellbeing in the workplace?
   (Circle one) Yes  No

e) If not, when did this change for you

f) What happened that caused you to begin experiencing wellbeing in the workplace?

3. Demographic Component

   i. Occupation
   ii. Number of years in this occupation
   iii. Occupation/job level
   iv. Length of time in current job
   v. Industry in which the person works
   vi. Number of years in this industry
   vii. Length of service in this organization
   viii. Age
   ix. Sex
   x. Income level (household)
   xi. Aboriginal identification (First Nations, Metis, Inuit; Band)
   xii. Marital Status
xiii. Family status/parental status
xiv. Education level

Interview end time: ______________________

Length of Interview: ______________________

Interviewer’s Name: ________________________________
Appendix B: Introductory Letter

To Whom It May Concern

My name is Danika Overmars and I am a doctoral student in the Counselling Psychology program at the University of British Columbia.

I am requesting your permission to recruit individuals who identify as Aboriginal for a current research project entitled *Wellbeing in the workplace among Aboriginal peoples: An enhanced critical incident study* that is being conducted by the principle investigator Dr. William Borgen and the co-investigator, Danika Overmars. As a doctoral student, I am required to conduct a dissertation research project as part of the requirements of degree.

The purpose of this research project is to explore Aboriginal peoples’ understanding and experiences of wellbeing in the workplace. The research question is: “*what are the factors that facilitate or hinder experiences of wellbeing in the workplace for Aboriginal people?*” Research of this type is important because the results will help improve understanding of the career and employment needs of Aboriginal people and enhancing workplace environments for Aboriginal people.

Your organization is being asked to participate in this study because it is an organization which is strongly connected to the urban Aboriginal community in Vancouver. If your organization agrees to voluntarily participate in this research, then it will allow me to recruit self-identified Aboriginal adults over the age of 19 via posters placed within your agency or distributed electronically.

The recruitment process is as follows:

Recruitment of possible participants will then occur through the placement of recruitment posters at your agency or distribution of the poster through email. Then screening of possible participants through telephone or email contact will occur as they respond to the recruitment poster. Interview time and dates will be set up at a mutually convenient place for the researcher and participant.

Upon request, I can provide a copy of the Recruitment Poster (Appendix A), the Consent Letter for individual participants (Appendix B), and the list of Interview Questions for the individual interviews (Appendix C).

There are no known or anticipated risks to your agency or to individual participants by participating in this research. Participants will be discussing general everyday work-related topics related to their knowledge and workplace experiences of wellbeing.

The potential benefits of participant participation in this research include clarification of his or her own views of wellbeing in the workplace in his or her experience. Potential benefits to society include sharing information about cultural perspectives on wellbeing in the workplace in order to better serve the career and employment needs of Aboriginal peoples in Canada, and to inform academic literature and data about and Indigenous paradigm of health and wellbeing in the workplace. This information may be especially helpful to organizations which employ
Aboriginal people that would like to improve the workplace environment, as well as assisting the development of culturally congruent recruitment and retention strategies.

It is anticipated that the results of this study will be shared with you and others in the following ways: directly to community participants by hand delivery of results in a community newsletter, through published articles in scholarly journals, and at scholarly conferences/meetings.

The participation of your organization in this research must be completely voluntary. If your organization decides to participate by allowing participant recruitment at your agency, the agency’s support may be withdrawn at any time without any consequences or any explanation. If your organization withdraws from the study at any time, then recruitment from your organization will cease immediately, posters will be removed. Confirmed or currently participating participants will be informed of your organization’s withdrawal of participation/support, and these participant will be given the option of withdrawing from the study at no consequence to themselves.

Individuals that may be contacted regarding this study include the primary investigator, Dr. William Borgen and the co-investigator Danika Overmars, per the contact information listed at the end of this letter.

In addition to being able to contact the researchers at the above phone numbers, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598.

Thank you in advance for your time and consideration. I look forward to discussing this further and please do not hesitate to contact me with any questions.

Sincerely,

Danika Overmars, MA, PhD Candidate, Co-Investigator
University of British Columbia
Department of Educational & Counselling Psychology, and Special Education
Phone: 778-868-1907
Email: danikao@gmail.com

Principal Investigator
Dr. William Borgen, Professor, University of British Columbia
Department of Educational & Counselling Psychology, and Special Education
Phone: 604-822-5261
Email: William.Borgen@ubc.ca
Appendix C: Recruitment Poster

The University of British Columbia

A Study Exploring the Experiences of Wellbeing in the Workplace for Aboriginal People

The purpose of this study is to invite Aboriginal people to share their experiences of wellbeing in the workplace. This study seeks to understand what factors facilitate or hinder experiences of wellbeing in the workplace for Aboriginal people.

The investigators and supervisors for this project are Danika Overmars, Doctoral Student Researcher, 778-868-1907 (danikao@gmail.com), Dr. William Borgen, 604-822-5261 (William.borgen@ubc.ca), and Dr. Norman Amundson, (604) 822-6757 from the Department of Educational & Counselling Psychology, and Special Education and Dr. Jan Hare, 604-822-9329, from the Department of Language & Literacy Education at the University of British Columbia.

We would be interested in hearing from you if:

- You identify as Aboriginal (including First Nations, Métis, and Inuit)
- You have experienced wellbeing in the workplace
- You are willing to talk about your experience of wellbeing in the workplace in a 90-120 minute interview

If you are interested in participating in the study, or would like more information, please contact Danika Overmars by email at danikao@gmail.com or phone at 778-868-1907.
Appendix D: Consent Form

Consent Form

Wellbeing in the workplace among Aboriginal peoples:
An enhanced critical incident study

This consent form outlines the basic purposes and procedures of this research project.

Principal Investigator
Dr. William Borgen, Professor, University of British Columbia
Department of Educational & Counselling Psychology, and Special Education
Phone: 604-822-5261
Email: William.Borgen@ubc.ca

Co-Investigators
Danika M. Overmars, MA, Doctoral Candidate, University of British Columbia
Department of Educational & Counselling Psychology, and Special Education
Phone: 778-868-1907
Email: danikao@gmail.com

Dr. Norman Amundson, Professor, University of British Columbia
Department of Educational & Counselling Psychology, and Special Education
Phone: (604) 822-6757

Dr. Jan Hare, Professor, University of British Columbia
Department of Language & Literacy Education
Phone: 604-822-9329

Purpose and Potential Benefits
The purpose of this study is to provide Aboriginal people the opportunity to describe their experiences of wellbeing in the workplace. This study seeks to understand what factors facilitate or hinder experiences of wellbeing in the workplace for Aboriginal people.

You are being invited to participate in this study because you self-identify as Aboriginal and have experienced wellbeing in the workplace.

This research study is being conducted as a part of Danika Overmars’ doctoral dissertation in the Counselling Psychology Doctoral Program at the University of British Columbia (UBC). The results of this research will be included in doctoral dissertation that will become a public document in the UBC library once completed. The results of this research may also be published in appropriate professional and academic journals.
Procedures
You are being asked to participate in the following procedures:

1. Demographics Questionnaire – This survey will require approximately 5 minutes. The questionnaire will request basic background information such as your age, occupation, and family situation.

2. Interview – The initial interview will require approximately one to two hours. The interview will consist of the co-investigator asking some questions about what has helped or hindered your experience of wellbeing in the workplace. The interview will be audio recorded using a digital recorder.

3. Follow up Interview – You may be asked to participate in a follow up interview requiring 30 minutes of your time. This follow up will provide you with the opportunity to review the summary, so you can give input, feedback, and comments on the content, meaning, and relevance of these categories and themes in relation to your experience. Your feedback can be discussed in person, via email, or by telephone, whichever is the most convenient for you.

Potential Benefits
The information gained from this study will be helpful because it will enhance understanding of cultural perspectives on wellbeing in the workplace and may be used to improve the workplace environment for Aboriginal employees. This study will give participants a voice within psychological research.

Potential Risks
As with any new experience, participants may experience some minor anxiety or stress being involved in a research study. Participants will be asked about your experiences of wellbeing in the workplace and the factors which facilitate and hinder wellbeing. Although attention and effort has been made to ensure that the nature of the questionnaire and interview questions will not be emotionally distressing, there is a small possibility that the questions in the interview may trigger memories of difficult images or situations. The co-investigator will aim to minimize any experienced anxiety or stress. At any point during the interview, participants may choose to discontinue or refrain from answering a question. Participants will also be provided with a list of mental health resources.

Compensation
As a way to compensate you for your participation, you will be entered into a draw for a $50.00 gift certificate at the time of the interview. It is important for you to know that it is unethical to provide undue compensation or inducements to research participants and, if you agree to be a participant in this study, this form of compensation to you must not be coercive. If you would not otherwise choose to participate if the compensation was not offered, then you should decline. Should you withdraw from the study at any time, your name will remain in the draw for the gift certificate.

Confidentiality
Your identity will be confidential within the limits of law. To preserve your anonymity, your name will not be recorded on the transcribed data, a code or pseudonym will be assigned and used in place of your name. The key to the coded names will be kept separately from the interview data. Signed consent letters
will also be stored separately from any data. All questionnaires, interview recordings and interview transcripts will be securely stored in a locked filing cabinet.

The researcher and the research team are only individuals who will have access to identifiable written or recorded data. A group of independent raters, under doctoral supervision, will have access to transcripts for rating purposes following the removal of any identifying information. Following the completion of the study the recordings will be destroyed and only the anonymized transcripts with all identifiers removed will be kept. These anonymized transcripts will be numbered with correlating numbers to the demographic information but will not enable anyone to trace the interview back to the participant.

Contact for Information about the Study
If you have any questions or would like more information about this study, you may contact Dr. William Borgen (Principal Investigator) at 604-822-5261; or Danika Overmars (Co-Investigator) at 778-868-1907.

Contact for Concerns about the Rights of Research Subjects
If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598.

Consent
Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without prejudice of any kind.

Your signature below indicates that you have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study.

__________________________________  ____________________
Participant Signature                Date

Printed Name of the Participant signing above

Thank you for your willingness to participate in this study.
Appendix E: Participant Email for Participant Cross Checking (Second Interview)

Hello ,

I hope you are doing well. It has been some time since you volunteered to participate in an interview about wellbeing in the workplace. I really appreciated speaking with you and hearing about your experiences of wellbeing in the workplace. At the time of the interview, we discussed how there would be an opportunity to review the helping, hindering, and wish list factors that you shared with me in the interview. I have attached a summary of these factors (word document and .PDF files), as well as the categories into which the factors were placed.

When you read through the attached summary of the factors please consider the following:

1. Do the helping, hindering, and wish list items seem accurate to you?
2. Has anything of importance been missed?
3. Are there any aspects of the helping, hindering, or wish list items you would like to revise or omit?
4. Is there anything you would like to add to this summary?
5. Does this summary reflect your experience/does it sound like you?

In addition, your experiences have been placed into categories (noted at the end of each incident and wish list item). As you may know, part of the data analysis process is to create categories based similar experience amongst participants. Please let me know if these categories resonate with you and adequately represent your experience by considering the following:

1. Does the category title and description make sense to you?
2. Does the category capture your experience and the meaning that the factor had for you?
3. From your perspective, are there any categories that do not appear to fit the helping/hindering/wish list items? If so, where do you think they belong?

The categories will be edited and adjusted accordingly, and your individual experiences will be integrated with those of the other participants.

Please let me know your thoughts at your earliest convenience. You can respond via email (Danikao@gmail.com) or we can speak on the phone (778-868-1907). If you have any questions or would like more information or clarification, please do not hesitate to ask.

Thank you again for your participation in the study and sharing your experiences.

Sincerely,

Danika Overmars, MA
Department of Counselling Psychology and Special Education
University of British Columbia
Appendix F: Expert Credibility Check Email

Hello,

Thank you for agreeing to provide an expert review of the categories definitions developed in this study. I have attached the category definitions for your review. When reviewing the categories/definitions, please consider the following:

1. Based upon your experience with Indigenous career and health, and the research question "what are the factors that facilitate or hinder experiences of wellbeing in the workplace for Aboriginal people?" -- do the categories seem consistent with your expectations?

2. Do the categories seem to be comprehensive?

3. Are there any categories which are novel or surprising?

4. Are the operational definitions clear, understandable, and useful?

Thank you for reviewing and providing your opinion.

Sincerely,

Danika Overmars, MA
PhD Candidate
Department of Counselling Psychology and Special Education
University of British Columbia
Appendix G: Categories which did not Meet Minimum Participation Rates

Hindering Categories

**Communication.** (2 participants; 12% participation rate; 2 incidents). Two participants noted the negative impact of a lack of communication.

**Support.** (2 participants; 12% participation rate; 3 incidents). The hindering aspects of support were lack of perceived support from supervisors, administration or the community, as well as limited access to supervisors who were supposed to provide support.

Wish List Categories

**Communication.** (1 participant; 6% participation rate; 1 incident). A participant expressed the desire for honesty in all communication, particularly when providing job references.

**Role Modeling.** (1 participant; 6% participation rate; 1 incident). One participant indicated they wanted more Aboriginal role models in the workplace.

**Supervisors.** (2 participant; 12% participation rate; 3 incidents). The wish list for supervisors reflected participants’ desire for positive reinforcement, connection, and support from supervisors. Participants would like supervisors to be receptive to feedback and to consult staff in the decision making process. Participants wanted supervisors to demonstrate good leadership skills by explaining difficulties and facilitating knowledge and understanding for staff.

**Support.** (1 participant; 6% participation rate; 1 incident). Participants wanted to feel safe to share experiences and feelings with the support of others. It was important to feel connected to and supported by others in the workplace.