

DISCURSIVE PAPER 

# Accepting the Legitimacy of Difference: Tools to Support the Decolonisation of Human Research Ethics in Western Health Research

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## ABSTRACT

Within the context of health research, the values, traditions and worldviews of First Nations populations need to be represented in an inclusive and ethically sensitive way. Current human research ethics processes are deeply rooted in Western philosophy, which may result in frequent tension and misalignment with the values of First Nations populations, indicating the need for the decolonisation of Western human research ethics processes. While it is important to acknowledge potential points of alignment between the Western and First Nations peoples' research ethics paradigms, it is crucial to recognise and address the inherent complexities and discrepancies between these two standpoints. These discrepancies can also manifest themselves in healthcare provision, healthcare education, and the delivery of other services to First Nations peoples. This may exacerbate current disparities in the ability of First Nations peoples to access quality care. Cultural insensitivity, systemic biases, and a lack of representation of First Nations peoples may also worsen these issues.

The purpose of this discussion paper is to examine the prevailing Western philosophical standpoint that influences health research and to explore its misalignment with the beliefs and cultural practices of First Nations peoples. Existing literature that examines the multifaceted challenges faced by First Nations populations when navigating norms associated with Western ethics in the health research process will be explored. The historical context of colonisation and its impact on ethical paradigms within First Nations communities will also be considered.

The need for decolonisation of Westernised dominant approaches within health research ethics for First Nations populations is evident because such approaches can pose significant challenges to the well-being and rights of First Nations communities. By promoting a fairer, inclusive, and culturally informed research ethics framework, researchers can contribute to the development of processes that address historical injustices and promote investigations that are tailored to examine phenomena experienced by First Nations peoples.

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**Implications for the Profession:** This paper provides a critique of current Western health research ethics processes and proposes an evidence-based tool to guide researchers in promoting inclusivity and cultural safety. Implementing these recommendations can improve health and well-being outcomes for First Nations peoples and communities.

**Impact:** The paper addresses the problem of cultural insensitivity and systemic biases in Western health research ethics, highlighting the need for decolonisation to ensure equitable healthcare access for First Nations populations. The findings will impact researchers, healthcare professionals, and policymakers by promoting culturally safe research practices and fostering better health outcomes for First Nations communities.

**What Problem Did the Study Address?** The study addresses the misalignment between Western health research ethics and the values and cultural practices of First Nations peoples, which result in cultural insensitivity, systemic biases, and disparities in healthcare access and quality.

**What Were the Main Findings?** Significant discrepancies exist between Western and First Nations research ethics paradigms, including differing views on consent, relationality, data ownership, and holistic well-being. Western frameworks have perpetuated cultural insensitivity and marginalisation, exacerbating healthcare disparities.

**Where and on Whom Will the Research Have an Impact?** The research will impact researchers, healthcare professionals, and policymakers by promoting culturally safe research practices. The findings aim to foster better health outcomes for First Nations communities in Australia and potentially other First Nations populations globally.

**What Does This Paper Contribute to the Wider Global Clinical Community?** This paper contributes a critical examination of Western health research ethics and its impact on First Nations populations, providing a framework for decolonising research practices. The proposed evidence-based tool can guide the global clinical community in promoting inclusivity and cultural safety, ultimately improving health outcomes for Indigenous peoples worldwide.

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## 1 | Introduction

Health research ethics processes often operate within the framework of Western principles, which are deeply rooted in a particular cultural and philosophical context. In the facilitation of research focused on First Nations peoples, challenges can arise when Western principles come face to face with the values, traditions, and First Nations ways of knowing, being, and doing. These challenges include differing views on individual versus collective consent, the importance of relationality and community approval in research practices, and varying approaches to data ownership and sharing (Brunger et al. 2021). Additionally, there may be challenges in prioritising holistic well-being over specific health outcomes, and challenges in respecting and integrating traditional knowledge systems within the Western scientific framework (Walter and Suina 2019). These challenges can directly affect the health and well-being of First Nations peoples. First Nations communities have distinct cultural practices and ways of knowing that may not align with the Western paradigm of health research ethics. The convergence between Western ethical principles and First Nations knowledge systems often gives rise to complex challenges. For example, in health research, a Western emphasis on scientific objectivity and quantitative analysis may conflict with First Nations approaches which prioritise more holistic understandings of health, which can incorporate spiritual, mental, and emotional dimensions alongside physical well-being (Gee et al. 2014). Historical experiences of colonisation and systemic oppression have created barriers to trust and collaboration between First Nations peoples and Western institutions. The imposition of Western research ethics frameworks without consideration for First Nations values can perpetuate a cycle of cultural insensitivity and marginalisation in healthcare research (McGuffog et al. 2023). Therefore, implementing culturally safe research practices allows First Nations voices to be heard and valued, leading to research

outcomes that accurately reflect the needs and priorities of First Nations peoples and communities.

This discussion paper examines the factors that affect inclusivity and cultural safety in Western research ethics. The primary objective of this paper is to discuss how current Western ethical frameworks used in health research may inadvertently marginalise and exclude First Nations communities. The paper proposes alternative approaches that foster cultural inclusivity and respect within health ethics and research.

## 2 | Background

### 2.1 | Cultural Safety

The concept of cultural safety arose in New Zealand in 1988 from nursing education leadership as a response to the recruitment and retention issues facing Māori nurses (Nursing Council of New Zealand 2011). Ramsden (2002) proposed three steps in the development of culturally safe practices. This included (i) cultural awareness, defined as the understanding that differences exist, (ii) cultural sensitivity, defined as accepting the legitimacy of these differences and reflecting on the impact providers life experience may have and their positioning on others, (iii) cultural safety, which is an outcome that provides safe service and is defined by those that receive the service (Ramsden 2002). Curtis et al. (2019) state cultural safety requires healthcare professionals and organisations to reflect on how their own culture, biases, and assumptions impact care delivery. It involves ongoing self-awareness, accountability, and a commitment to reducing bias and achieving health equity. Culturally safe care is defined by individuals and their communities and measured by progress towards health equity (Curtis et al. 2019).

Since Ramsden, cultural safety has been applied to health-care contexts on a global scale. For example, the Canadian Indigenous Nurses Association (CINA) and the First Nations Health Authority (FNHA) in British Columbia both work to promote cultural safety in nursing practice for First Nations peoples (Aboriginal Nurses Association of Canada [ANAC] 2009; FNHA 2024). In Australia, organisations such as the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and National Aboriginal Community Controlled Health Organisation (NACCHO) have been instrumental in promoting cultural safety as a core competency for healthcare professionals working with First Nations communities (Australian Institute of Health and Welfare [AIHW] 2023). Incorporation of cultural safety in health research involving First Nations populations ensures that cultural, spiritual, and historical contexts are respected and incorporated throughout the research. By understanding and acknowledging cultural safety principles researchers can approach research with sensitivity and cultural humility to ensure that their work respects and aligns with the values, traditions, and ways of knowing of the communities the research aims to serve.

## 2.2 | Historical Context of Research

Literature highlights the significance of conducting health research with First Nations peoples in a respectful manner, raising crucial ethical considerations regarding the involvement of First Nations peoples in research and the incorporation of First Nations belief systems, spiritual frameworks, and worldviews (Smith 2012; Gilbert 2021). However, this has not always been the case when conducting research involving First Nations peoples. Throughout the history of colonisation, research has been used as a tool of power and control, utilised to validate and perpetuate injustices against First Nations peoples (Kennedy et al. 2022). For example, medical research was used to justify the assimilation of “Mixed Blood” children into Western society during the Australian Stolen Generation. Similarly, racial classification and skull measurements were employed to support the notion that Western colonists were superior to First Nations populations (Australian Human Rights Commission 1997; Buchan and Andersson Burnett 2019). Examples like this highlight how historical research involving First Nations peoples has been grossly misused with a violation of research ethics principles as they are known in the present day. While this exploitation of the research ethics process may have originated from a position of ignorance or arrogance, through selective interpretation, Western research continues to perpetuate the dispossession of land, cultural identity, and systemic oppression for many First Nations peoples.

Unfortunately, even in post-colonialism times, research ethics processes have not advocated for the needs of First Nations peoples. Some research involving First Nations peoples has not been conducted in an ethically sensitive manner. It has remained exploitative, where First Nations peoples and their knowledge have been portrayed as instruments of interest and utility which serve the purpose of generating knowledge and empowerment often solely for the advantage of non-First Nations researchers (Morris et al. 2023; Bainbridge et al. 2015). These research approaches have treated First Nations communities, individuals,

and knowledge they possess as subjects of curiosity, to be discovered and exploited, rather than recognising and respecting First Nations peoples as holders of this valuable knowledge deserving of acknowledge and respect (Kwaymullina 2016). The concept of epistemic injustice, particularly testimonial and hermeneutical injustices discussed by Fricker (2007) offers a valuable framework for understanding this exploitation of First Nations knowledge. Testimonial injustice involves prejudice that devalues First Nations narratives in academic settings while hermeneutical injustice occurs when there are gaps in collective interpretive resources, leading to the marginalisation of First Nations knowledge systems and holistic worldviews. This specific injustice means First Nations ways of knowing are often misunderstood or ignored because they do not fit Western frameworks, resulting in their exploitation without proper recognition or benefit-sharing, thus reinforcing colonial power dynamics (Fricker 2007).

## 2.3 | Exploitive Research on a Global Scale

Unfortunately, exploitative research practices persist globally, often disregarding established ethical principles. According to the World Health Organisation (WHO), core research ethics principles encompass respect for persons, beneficence, and justice, necessitating informed consent, maximising benefits, minimising harm, and ensuring equitable distribution of research benefits and burdens (WHO 2011). The European Union Horizon 2020 framework recently coined the term ‘ethic dumping’ which refers to the practice of conducting unethical research that would be considered unethical in one country or context and transferring it to another country or context with less stringent ethical regulations. Ethics dumping takes advantage of marginalised populations in research activities that would be prohibited or highly regulated, for example, from higher-income to lower-income settings (Schroeder et al. 2019). Examples of ethics dumping may include conducting clinical trials without informed consent, using human subjects for dangerous or risky experiments without appropriate safeguards, or exploiting lax regulations to carry out unethical research practices. Ethics dumping undermines the principles of research ethics and the protection of human rights and can lead to harm and exploitation of individuals and communities. This notion highlights the power structures systemically in place that are still being used to exploit populations and their knowledge (Schroeder et al. 2019).

In Western countries, such as Australia, ethical regulations on research have improved the approach of working with First Nations people. However, many ethical applications or research involving First Nations peoples often still fail to approach research from a First Nations standpoint as opposed to a Western structure of how ethics and the attainment of knowledge may be conducted. First Nations Australians are often regarded as some of the most researched people in the world; however, this extensive research has not consistently translated into proportional improvements in health, well-being, or social standing for First Nations Australians (Bainbridge et al. 2015). This introduces the question of whether current research approaches in Australia are necessary or beneficial for First Nations peoples and whether there are still systemic barriers in place that support the exploitation of First Nations peoples and knowledges.

Exploitive research supported by systemic and structural racial ideology has been conducted on a global scale. While First Nations people globally have faced similar exploitation, these ideologies also create power structures that affect other colonised groups. The thalidomide trials in West Africa saw colonised pregnant women subjected to trials that led to birth defects, while the Nigerian Trovan trials resulted in the deaths of several children, with many of their parents unaware that their children were even part of an experimental drug study (Lenzer 2006). These are clear unethical and exploitive research studies; however, exploitive research can also take a more hidden form in the extraction of genetic data from populations without consent, or the exploitive nature of traditional knowledges without recognition of the sources of this knowledge (Australian Humans Rights Commission 2002; Janke 2018). Lessons need to be learned to prioritise informed consent, respect for cultural knowledge, and equitable treatment in research to prevent further exploitation and harm.

## 2.4 | Data Sovereignty

Data sovereignty emphasises the inherent right of First Nations peoples and communities to govern and control their own data, ensuring that it aligns with their cultural values, priorities, and self-determination aspirations (Bodkin-Andrews et al. 2019). In health research, the exploitation of First Nations knowledges is evident in the appropriation of this knowledge without proper acknowledgment of ownership, effectively depriving First Nations individuals and communities of their rightful recognition (Hummel et al. 2021). First Nations healing practices and medicinal knowledge have often been appropriated by external researchers without proper acknowledgment or consultation with First Nations communities (Ruckstuhl et al. 2023). Furthermore, research conducted on First Nations health issues has often been conducted without the meaningful involvement or consent of First Nations peoples and communities, resulting in studies that may not accurately reflect their needs, priorities, or produce improvements in health (O'Brien et al. 2022). The concept of data sovereignty is crucial in this context, as it asserts First Nations peoples' rights to control the collection, use, and dissemination of health-related data and knowledge (Hummel et al. 2021). Biopiracy is another concept to be aware of when discussing data sovereignty in research. Biopiracy is when First Nations knowledges are extracted for research, development, and profit without reciprocal authorisation or compensation to First Nations communities to recognise their knowledges (Lochner and Robinson 2021). The following examples demonstrate biopiracy and lack of recognition of First Nations knowledges in health research.

## 2.5 | The Story of the Four Corners Outbreak

In the Spring of 1993, a health outbreak unfolded in the Four Corners region of the Navajo Nation. After 12 deaths and a 50% mortality rate, multiple laboratory examinations proved unsuccessful in recognising the pathogen responsible (Centre of Disease Control and Prevention, [CDC] 2020). However, Navajo Elders in the region had oral traditions that told of a

similar illness that had happened in the past. These stories talked about how sickness struck after excessive rainfall leading to an increased crop in piñon pine nuts, which then led to an increase in local rodent populations (MacDonald 2018). These stories told of bad luck and illness associated with the increase in rodents (Fimrite 2012). With this information, Western researchers were able to link increased rainfalls in the region to El Niño. This increase in rainfall led to an increase of rodent populations which inevitably spread Hantavirus throughout the region. Traditional oral legend told by Navajo Elders was the key to treating this outbreak and saving lives. To this day, the CDC pays little recognition to the Navajo Elders as the traditional knowledge keepers of this discovery (CDC 2020; MacDonald 2018).

## 2.6 | Pacific Yew Cures Cancer

In the 1960s, the National Cancer Institute (NCI) initiated a screening program to identify potential anti-cancer agents from natural sources. Researchers isolated a compound from the bark of the Pacific yew tree (*Taxus brevifolia*) during this screening process. This compound, later named Taxol, demonstrated promising anti-cancer properties in laboratory tests (Cech and Oberlies 2023). However, this discovery was not new. First Nations groups in the region such as the Swinomish, Sts'ailes, Tsimshian, and Cowlitz people have been using Pacific yew to treat physical ailments including cancer for generations prior to Western discovery and trademark (Reynolds 2022). After billions of dollars in profit from the sales of Taxol, traditional owners of this knowledge have not been acknowledged (Chacko and Sambuc 2003).

## 2.7 | Exploitation of the Kakadu Plum

The Kakadu plum has been utilised by First Nations communities such as the Bardi, Nyul Nyul, Goolarabalooi, and Yawuru of North-Western Australia for its medicinal and nutritional benefits (Botsman 2018). It has gained widespread and international recognition for its high vitamin C content and antioxidant properties. Mary Kay, a cosmetic company from the United States (US), attempted to patent the ingredients from the Kakadu plum, stating it had never been used for cosmetic formulations before. After challenges from Professor Robinson and the Gundjeihmi Aboriginal corporation, a representative of the Mirrar people of West Arnhem Land, Mary Kay's patent application was withdrawn (Janke 2018). However, Mary Kay filed and successfully obtained US patents for properties taken directly from the Kakadu plum without involvement or recognition of any First Nations community supplying the Kakadu plum (Janke 2018).

These examples are just a few in the many instances where traditional First Nations knowledge has been taken without acknowledgement of the original source of knowledge. Examples such as these lead to exploitation that can affect First Nations access to employment and economic development (Carroll 2017). This emphasises the urgent need to reform research ethics practices when working with First Nations peoples. Researchers must learn from instances of

epistemic injustice and ensure that their practices prioritise the acknowledgment and protection of First Nations knowledge. By doing so, researchers can contribute to more equitable and respectful research relationships with First Nations communities.

## 2.8 | Ethical Review Processes and Barriers

### 2.8.1 | Cultural Safety Effects Health Outcomes

Cultural safety in research is fundamental for ensuring the validity and trustworthiness of research outcomes. Rooted in principles of respect, equity, and inclusivity, cultural safety is essential for upholding the rights, values, and perspectives of diverse communities, particularly First Nations populations (Curtis et al. 2019). Studies have shown that the absence of cultural safety in healthcare environments can contribute to adverse health outcomes and perpetuate disparities in healthcare access and quality (Curtis et al. 2019; De Silva et al. 2021; McGough et al. 2022). This demonstrates the interconnectedness between cultural safety and health research emphasising how culturally unsafe research practices could inadvertently affect health and well-being for First Nations peoples. To ensure health research meets the needs of First Nations populations, prioritising cultural safety in research is a methodological necessity. This approach aims for equitable, inclusive, and impactful research outcomes that benefit the health and well-being of the communities involved.

### 2.8.2 | Research for the Sake of Research

A concept that Western research does not account for often is the essential need to develop relationship with First Nations communities prior to undertaking a research project. Wilson (2008) emphasises that research is a relational process, where building respectful, reciprocal, and accountable relationships is central to creating and sharing knowledge. Developing relationships between researchers and First Nations participants and communities is a crucial step to ensure the research is beneficial, appropriate, and culturally safe (Anderson et al. 2023). These relationships are even more important when considering the history of research in First Nations communities and how previous exploitative research has resulted in mistrust and unwillingness to participate in future research (Guillemin et al. 2016; Oster and Lightning 2022). This respectful relationship building is a key element in many Indigenous research methodologies and seen as an essential ethical requirement to ensure culturally safe and appropriate research (Kennedy et al. 2022; Pidgeon and Riley 2021). This notion can be different from Western research designs as often, Western researchers are not required to establish a meaningful relationship of respect and reciprocity prior to undertaking research to the same extent required in Indigenous methodologies. Western research often adopts a transactional approach including short-term engagement with communities and participants that are data-focused with limited involvement with the participants or communities after the research process has been completed (Tembo et al. 2021).

Another key element of Indigenous methodology is reciprocity. Research in First Nations communities cannot be approached

from a place where the researcher takes knowledge from the community without giving anything back. In contrast, reciprocity in Western research may be limited to financial compensation or other small incentives for community participation. While this may tick a box in ethical applications, this approach does not provide ongoing benefits for First Nations communities once the research has been completed. First Nations perspectives emphasise reciprocity as a foundational principle that extends beyond monetary transactions. For some First Nations communities, reciprocity involves mutual respect, meaningful engagement, and honouring cultural protocols throughout the research process (Meadows et al. 2003 as cited in Liamputtong 2007). This not only respects First Nations values but also foster trust and collaboration, cultivating sustainable relationships that endure beyond the immediate research objectives (Liamputtong 2007). A recurring theme in literature and from First Nations communities is that from the many research projects undertaken in First Nations communities, only a small number had any benefit to community or had ongoing positive outcomes on the community (Bainbridge et al. 2015; Benveniste and King 2018; Guillemin et al. 2016). Undertaking research solely for the sake of conducting research while yielding no tangible advantages for First Nations communities prompts the need for reflection on the rationale behind such continuing research endeavours.

Conversely, there can be a significant delay between conducting research and its impacts on health provisions and outcomes with some studies stating that the delay in translating research into practice is around 17–23 years (Balas and Boren 2000; Research Group et al. 2008 as cited in Buxton 2011). This raises the question of whether First Nations research is beneficial but the delay in applying these findings to practice makes it difficult to notice the impact of such research. Research findings may be beneficial to the community, reciprocal, and conducted with best interests in mind, however this delay may create the feeling of the community being unheard or research being conducted unnecessarily.

### 2.8.3 | Barriers With Time and Funding

Another concept that Western research may overlook is the significance time plays in First Nations research and ethical consideration. As highlighted through the need to establish relationships and reciprocal outcomes, to provide a community with research and health outcomes that are beneficial, conversation is need (Archibald 2008, 26–31). This needed cultivation of relationship building, establishment of trust, and conversations around establishing reciprocal outcomes all require additional commitment and time, that may not be needed to the same level in Western research (Wilson 2008; Burnette and Sanders 2014). Much of the time, research funding can be limited which may lead to barriers developing long term relationships, especially if the researcher is focused on completing projects within a given timeline (Tembo et al. 2021). When working with First Nations communities, to undertake research that is ethically suitable and culturally safe, researchers must allow for additional time in comparison to Western research approaches. Western research tends to require First Nations peoples and communities to meet timeframes and expectations that do not allow for the establishment of trust and rapport to the level that is both culturally

appropriate and beneficial to the community. Funding and the competitiveness of grant applications in Western research can produce an environment where research is transactional and heavily time sensitive (Duke et al. 2021). This barrier of time and transactional approaches leads to barriers in allowing time to create needed relationships with First Nations communities, a much-needed step to ensure reciprocal outcomes. These barriers may lead to researchers opting to back away from research using Indigenous methodologies due to the lack of time and funding allocated to undertake such research ethically in line with Indigenous research methodologies.

### 2.8.4 | Research Frameworks and Paradigms

In recent years, research approaches and methods grounded in First Nations worldviews, cultures, and ways of knowing are becoming a more prominent feature in First Nations research. Key researchers such as Dr. Linda Tuhiwai Smith and her work on decolonisation methodologies, Bessarab and Ng'andu in their work of using yarning circles as a research methodology or Marshall and Bartlett and their work on Two-Eyed Seeing have laid the foundation of the use of Indigenous methodologies in the field of First Nations research (Bessarab and Ng'andu 2010; Reid et al. 2021; Smith 2012). Similarly, Kovach's conversational method (Kovach 2010), emphasising relationality and respect, parallels yarning circles by fostering culturally safe, inclusive dialogue. These Indigenous research methodologies should be recognised as standalone methodologies; however, often, these ideas are linked or justified with Western research methodologies or concepts.

Western institutions and researchers determine what is considered valid in the world of research, with these ideas influenced by a selective worldview. This worldview constructs what is considered legitimate research approaches and often favours Western epistemologies as superior to that of Indigenous methodologies (Williams and Shipley 2023). In an attempt to explain and justify the use of Indigenous methodologies within a Western scientific worldview, Indigenous methodologies are worded or linked to a Western worldview to demonstrate rigour and validity. For example, yarning or Storywork methodologies are only justified as legitimate research methods when supported by a Western worldview of a narrative inquiry.

### 2.8.5 | Data Ownership and Control

Another element that often creates friction between Western research and Indigenous methodologies is the understanding or belief of what knowledge is and who owns knowledge. Western research paradigms can view knowledge as something that is owned by an individual, for example data and findings from a research project is owned by the researcher team that conducted the research. Whereas in many First Nations paradigms, knowledge is seen as relational and shared or in some cases knowledge may be seen as sacred, owned by an Elder or be protected by cultural sensitivities (Canadian Institute of Health Research [CIHR] as cited in Saini 2012; Scassa et al. 2019). This divergence in understanding can lead to significant challenges in collaborative research efforts, as the Western emphasis on individual

ownership and dissemination of findings can conflict with First Nations values of collective knowledge and the need to safeguard cultural heritage. Acknowledging and respecting these differing perspectives is crucial for fostering mutual trust and developing research practices that are truly inclusive and respectful of First Nations worldviews. This also raises questions about the ethics of imposing Western notions of knowledge ownership on First Nations communities. Disregarding First Nations perspectives on knowledge is unethical, as it can lead to exploitation and misappropriation of cultural information, further marginalising First Nations peoples. In Australia, the National Health and Medical Research Council (NHMRC) (2023) has incorporated principles of data sovereignty, recognising the rights of First Nations communities to govern the collection, ownership, and application of data. This approach aligns with broader efforts to ensure research practices are respectful and beneficial to communities. By acknowledging and integrating First Nations perspectives on data ownership and control, researchers can foster more respectful and mutually beneficial relationships with First Nations communities, thereby enhancing the integrity and impact of their research efforts.

## 2.9 | Moving Forward

Barriers continue to exist when applying First Nations methodologies in a Western research setting. The idea of integrating Indigenous methodologies and ways of knowing, doing, and being into Western research and ethical framework approaches positions First Nations knowledges and methodologies as complementary to Western research as opposed to a standalone approach. This viewpoint creates an environment whereby First Nations researchers must adapt their methodologies and knowledges to succeed within a Western model of research. It is often the responsibility of First Nations researchers, or researchers who chose to use Indigenous methodology to educate Western researchers or ethical panels about the legitimacy of Indigenous research methodologies. Often, this integration involves aligning these methodologies with Western frameworks of research or ethics.

In order to address these barriers within research, First Nations knowledges and Indigenous methodologies need to be viewed as standalone approaches to research with the same credibility as Western counterparts. This approach helps decolonise current research by challenging dominant Western paradigms to foster a more culturally safe and equitable approach to research. Factors incorporated into Indigenous methodologies are not only beneficial in research with First Nations peoples. Concepts such as respect, reciprocity, and responsibility which are essential components of First Nations research have applications in Western models of ethics and research (Williams and Shipley 2023).

### 2.10 | Tool to Guide Researchers to Conduct Ethically Sensitive and Culturally Safe Research

The following section of this paper provides a tool kit to audit and check inherent biases that might exist when undertaking research with First Nations communities. The tool shown in

**TABLE 1** | Tool to guide researchers to conduct ethically sensitive and culturally safe research.

Self-reflection	<ul style="list-style-type: none"> <li>• Reflect on your own culture, background, biases, and assumptions</li> <li>• Consider how your worldview could inadvertently influence your research approach and interpretation of findings</li> <li>• Reflect on your reasoning for undertaking research. What is the benefit of the research and are these motives based on the needs of the community involved in the research</li> </ul>
Community engagement checklist	<ul style="list-style-type: none"> <li>• How can you prioritise meaningful engagement with First Nations communities throughout the research project?</li> <li>• Establish ways of working that are based on mutual respect, trust, and reciprocity</li> <li>• Establish ways to seek continuous input from First Nations voices to ensure the research questions, methods, and outcomes are relevant and beneficial to the community</li> </ul>
Identifying bias	<ul style="list-style-type: none"> <li>• Review the research for bias. The following questions can aid in identifying bias within the research project:</li> <li>• Have the research questions been framed in a culturally and inclusive manner?</li> <li>• Have diverse perspectives and voices, especially those of members of the First Nations community been considered in the design phase of the research project?</li> <li>• Are there any assumptions or preconceptions underlying the research design?</li> <li>• What are the power imbalances between researchers and participants? How can these be mitigated?</li> <li>• Are First Nations research methodologies being utilised for data collection and analysis?</li> <li>• Is there a way to review analysis and interpretation of research findings that allow for First Nations input, such as a review panel or reference group?</li> <li>• Are there alternative interpretations and/or perspectives that should be considered that are different to your worldview?</li> <li>• Have all efforts been made to ensure the interpretation of data is presented in a culturally safe and appropriate manner?</li> <li>• Does the research benefit the community in which it was conducted?</li> <li>• How does the dissemination of your research findings benefit the communities involved?</li> </ul>
Understanding and utilising decolonising research practices	<ul style="list-style-type: none"> <li>• Has the research been designed to utilise and focus on First Nations research methodologies and knowledge systems?</li> <li>• Are the research methods participatory and empower community members to be active participants and co-creators?</li> </ul>
Integration of ethical frameworks	<ul style="list-style-type: none"> <li>• Has a First Nations standpoint as a philosophical foundation underpinned the research design?</li> <li>• Does the research design prioritise principles of First Nations research methodology such as respect for First Nations sovereignty, cultural integrity, and self-determination?</li> </ul>
Continuous reflection, learning and adaptation	<ul style="list-style-type: none"> <li>• Reflect on your own worldview and biases throughout the research project, be open to new ways of knowing, being, and doing.</li> <li>• Stay informed regarding current issues effecting First Nations peoples and communities.</li> <li>• Remain open to feedback and guidance provided from First Nations communities and participants and be willing to adapt the research accordingly.</li> </ul>

Table 1 aims to promote a First Nations standpoint as a philosophical position to aid in the evaluation of ethics that underpin research design and implementation. The goal of this tool is to help researchers identify where research design may be biased towards Western ideologies and help to promote reflective research practices that help to strengthen the trustworthiness of the research outcomes while ensuring the research is beneficial to the target population without being exploitative. The tool has been adapted from concepts established from various sources (Bessarab and Ngandu 2010; Brunger et al. 2021; Gilbert 2021; NHRMC 2023; Smith 2012).

### 3 | Conclusion

Historical exploitation present in Western research practices has led to poorer health and well-being outcomes for First Nations people on a global scale. To rectify these injustices, researchers undertaking projects with First Nations peoples need to ensure research methodologies are culturally safe and non-exploitative. The need for data sovereignty and culturally safe research practices in health research needs to be at the forefront of Western paradigms to adequately represent the diverse perspectives and experiences of First Nations peoples and communities.

Disparities in healthcare access and quality persist due to the imposition of Western ethical frameworks that often marginalise First Nations values and knowledge systems. Addressing these disparities requires a fundamental shift towards culturally safe research practices that respect and integrate diverse perspectives. By incorporating First Nations ways of knowing, being, and doing into research frameworks, researchers can foster trust, collaboration, and mutual respect with First Nations communities.

To address the need for decolonisation of Western research ethics, this paper proposes the development of a practical tool for researchers to critically reflect on inherent biases, ensure culturally safe practices, and effectively integrate Indigenous methodologies into their research. This approach aligns with the goal of promoting inclusivity and equity in health research, ultimately aiming to improve health and well-being outcomes for First Nations peoples and communities. By embracing culturally safe research methodologies and incorporating First Nations perspectives, researchers can contribute to dismantling systemic barriers and provide respectful and equitable health research practices.

#### Author Contributions

All the authors (E.J.R., M.M. and R.L.W.) contributed to the design of the paper. Research and manuscript drafts were undertaken by E.J.R. Manuscript for publication was prepared by E.J.R. with revisions made by R.L.W. and M.M. All authors have agreed on the final version of the manuscript.

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#### Conflicts of Interest

The authors declare no conflicts of interest.

#### Data Availability Statement

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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