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A scoping review protocol on social participation of indigenous elders, intergenerational solidarity and their influence on individual and community wellness

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ABSTRACT

Introduction Indigenous elders have traditionally played an important role in maintaining social cohesion within their communities. Today, part of this role has been taken over by government social and healthcare services, but they are having limited success in addressing social challenges. Increasing elders' social participation and intergenerational solidarity might foster community development and benefit young people, families, communities and the elders themselves. However, knowledge of the contribution of elders' social participation and intergenerational solidarity to wellness is scattered and needs to be synthesised. This protocol presents a scoping review on the social participation of indigenous elders, intergenerational solidarity and their influence on individual and community wellness.

Methods and analysis This scoping review protocol is based on an innovative methodological framework designed to gather information from the scientific and grey literature and from indigenous sources. It was developed by an interdisciplinary team including indigenous scholars/researchers, knowledge users and key informants. In addition to searching information databases in fields such as public health and indigenous studies, an advisory committee will ensure that information is gathered from grey literature and indigenous sources.

Ethics The protocol was approved by the Ethics Review Board of the Université du Québec en Abitibi-Témiscamingue and the First Nations of Quebec and Labrador Health and Social Services Commission.

Discussion The comprehensive synthesis of the scientific and grey literature and indigenous sources proposed in this protocol will not only raise awareness within indigenous communities and among healthcare professionals and community organisations, but will also enable decision-makers to better meet the needs of indigenous people.

Conclusion The innovative methodological framework proposed in this scoping review protocol will yield richer information on the contribution of elders to community wellness. This work is an essential preliminary step towards developing research involving indigenous communities, drawing on the social participation of elders and intergenerational solidarity.

Strengths and limitations of this study

- Tracking scientific and grey literature as well as indigenous sources recognised and valued by knowledge users and key informants.
- Multidisciplinary research team involving various stakeholders including indigenous people will optimise knowledge translation.
- Although compared according to study design or type of document, as with other scoping reviews, the aim is not to assess the quality of studies and the results will include data obtained through various methods, each with its own strengths and limitations.
- While minimised by considering the grey literature and indigenous sources, a possible limitation is the over-representation of positive results (publication bias).
- Even though other definitions of social participation are considered, the decision to collate, summarise and report the data based on the *International Classification of Functioning, Disability and Health* (ICF) will influence the results obtained from this scoping review protocol.

INTRODUCTION

Indigenous approaches to promoting wellness differ substantially from non-indigenous approaches.[1] Public health and social welfare services often fail to meet the needs of indigenous people, mostly because of the complex interactions between the various challenges threatening indigenous wellness.[2] Substantial disparities in education,[3 4] housing,[3–6] economic development,[4] well-being[4 6–8] and health[1–4] have been noted between indigenous people and the general Canadian population. To better meet the needs of indigenous people and improve their living conditions, the Truth and Reconciliation Commission of Canada stated that the Canadian healthcare system

should include indigenous healing practices, in collaboration with healers and elders. Such an approach should promote intercultural dialogue to increase the cultural competence of social and healthcare professionals,[9–13] and in turn strengthen cultural security[14] for indigenous people. Resilience may be grounded in values and the cultural collective identity transmitted by elders.[15] For indigenous people, 'elder' is a social role acquired when a community recognises a person's legitimacy and competency. Not all elders are thus old people, and not all old people are elders, contrary to the non-indigenous context.[16] The social participation of elders is important in indigenous communities,[17] and intergenerational dynamics must be considered in a holistic approach to wellness.

Importance of social participation and intergenerational solidarity

Social participation is defined as the involvement in activities that make one interact with others in the community.[18 19] According to the *International Classification of Functioning, Disability and Health* (ICF) published by the WHO,[20] social participation is influenced by personal and environmental factors, both physical and social.[21] Classified under social participation, intergenerational solidarity can represent the interaction between personal factors (age, gender, sociocultural identity, organic systems and abilities) of elders and other community members, and environmental factors, that is, physical and social environments which determine the context and organisation of a society. Intergenerational solidarity involves mutual help in which each generation gives to and receives from following and preceding generations.[22–26] Also under social participation, the concept of wellness is multidimensional (physical, emotional, mental, spiritual, social, environmental and occupational) and considers the inter-relatedness between a person and his/her environment.[27] 'Wellness from an indigenous perspective is a whole and healthy person expressed through a sense of balance of body, mind, emotion and spirit. Central to wellness is belief in one's connection to language, land, beings of creation and ancestry, supported by a caring family and environment.'[28] In this context, the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) encourages strategies for working with indigenous elders and families to promote a more inclusive society.[10 11 29] From the perspective of a collaborative approach to wellness and health promotion based on individual and collective strengths, increasing the social participation of elders could help promote strong, healthy communities in accordance with local values that include respecting people and nature.[30] In fact, involving elders through traditional practices, arts, spiritual activities and intergenerational linkages fits with indigenous models of healing and resilience promotion.[9 31]

Benefits of social participation and intergenerational solidarity for wellness

Through their experiences, indigenous elders, especially women,[32] contribute to the transmission of values,[9 25] collective cultural identity[33] and education,[34 35] and promote community development,[36] communication[37] and intergenerational relationships.[38] Knowledge, including memories and ways to develop competency and creativity, is transmitted from elders to youth.[18 30] Intergenerational activities involving the participation of elders benefit the elders themselves (functional and cognitive skills), youth (finding meaning in life), families (developing networks) and society.[39–43] Intergenerational links provide for bilateral sharing of knowledge and values, reciprocity in relationships, mutual assistance and solidarity.[43] Some studies have presented the benefits of social participation and intergenerational solidarity of older adults in non-indigenous contexts.[24 40–42] Although there are other studies on this topic with indigenous elders,[9 25 33–39] none provides an integrative perspective about the benefits of social participation and intergenerational solidarity for wellness. Some studies involved indigenous elders in community-based participatory research,[44 45] while others were based on individual interviews and focus groups with elders aimed at understanding their perception of the issues facing indigenous communities.[46 47] However, these studies did not provide information about the benefits of elders' contribution to wellness. Even though other studies described the involvement of indigenous elders in their community[48 49] and of grandparents with their grandchildren,[50 51] a detailed description of elders' social participation and intergenerational solidarity is needed, including dimensions of social participation, that is, knowledge production and use, communication, interpersonal interactions and relationships, work and volunteering, domestic life, community, social and civic life. It is also important to have a better understanding of environmental factors such as politics, systems and services development in health, education and social services, which could act as facilitators or barriers to elders' social participation and intergenerational solidarity. To understand indigenous elders' contribution to wellness, integrative knowledge of its influence on individual and community wellness is needed, with consideration given to environmental factors that are challenged in indigenous communities. Such a synthesis is complicated by knowledge and practices that vary across indigenous communities, resulting in different contexts for elders' social participation. Finally, as the scientific literature presents only a part of elders' contribution to wellness, a synthesis of this knowledge needs to include the grey literature, as well as information held by indigenous communities and organisations. Over the long term, this knowledge could help to improve social services and healthcare. Thus, this paper presents a scoping review protocol aimed at developing a better understanding of how the social participation of indigenous elders and intergenerational solidarity are associated with individual and community wellness.

METHODS AND ANALYSIS

A systematic scoping review method[52–54] operationalised in six steps across 12 months (table 1) is presented. Each

Table 1 Steps in the scoping review process and roles of each team member

Timeline	Steps and planned actions		Team members										
			PI	ME	CE	EE	KU1	KU2	KU3	KU4	IS	KI	RA
Month 1	Step 1: identify research questions	Suggest Validate (phone interview)	x	x	x	x	x	x	x	x	x	x	x
Months 1-3	Step 2: identify relevant documents	Search databases	x	x	x	x	x	x	x	x	x	x	x
		Contact key informants (phone interview)	x	x	x	x	x	x	x	x	x	x	x
	Step 3: select relevant documents	Select	x										x
		Validate (phone interview)	x	x	x	x	x	x	x	x	x	x	
Months 3-6	Step 4: extract and chart data	Develop data charting form (phone interview)	x	x	x	x	x						x
		Validate charting (meeting)	x	x	x	x	x	x	x	x		x	x
Months 3-8	Step 5: collate, summarise and report results	Analyse data	x										x
		Validate analysis (meeting)	x	x	x	x	x	x	x	x		x	x
		Report results (meeting)	x										x
		Apply meaning to results (meeting)	x		x	x	x	x	x	x		x	
		Broaden implications (meeting)	x				x	x	x	x		x	
Months 8-12	Step 6: knowledge translation	Develop plan (meeting)	x	x	x	x	x	x	x	x		x	x
		Collaborate in dissemination	x	x	x	x	x	x	x	x	x	x	x

CE, content expert coinvestigators; EE, ethics expert coinvestigators; IS, information scientist; KI, key informants (indigenous community representatives, indigenous elders); KU1, first knowledge user, First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC); KU2, second knowledge user, Native Friendship Centres; KU3, third knowledge user: Integrated Health and Social Services Centres (IHSSC); KU4, fourth knowledge user: community organisations; PI: principal investigator, ME, method expert coinvestigator; RA, research assistants.

step involves the active contribution of key informants, that is, indigenous elders and indigenous community representatives, and an advisory committee including knowledge users with varied perspectives and experiences. Individual interviews and focus groups held in indigenous communities representing various indigenous nations and using different indigenous languages will point towards recognised practices adapted to each community context, taking into account indigenous interests, culture, knowledge and experience, and community strengths.[55 56] This innovative methodological framework aims to empower indigenous people and give them access to knowledge.

Identify research questions (Step 1)

The research questions will be identified by the research team, including knowledge users and key informants. Key informants from specific indigenous nations (Abenaquis, Anicinapek, Atikamekw, Crees, Hurons-Wendats, Innus, Inuit and Mohawks) will credibly represent a diversity of social realities, cultures, opportunities for social participation and living conditions. Key informants who do not speak English or French will be interviewed with an interpreter. Particular attention will be paid to including women as well as men, as perceptions, needs and roles may differ depending on gender.[57 58] Moreover, to consider all aspects of the social participation of indigenous elders, the structural and conceptual content of the ICF[20] will guide the analysis. Other conceptual definitions of social participation and its components[18 19 59] will be used to enhance the ICF.

Identify relevant documents (Step 2)

Two research assistants (supervised by the principal investigator and information scientist) will query databases to retrieve all studies corresponding to the keywords (table 2). Modifications to keywords and databases will be made if needed. For feasibility reasons, only documents published in English, French, Spanish or indigenous languages will be retained. The search will not be limited to a specific time period, as both recent and older documents could be relevant. Moreover, Medical Subject Headings (MeSH) will be used to maximise information retrieval from the databases. Extended search strategies for grey literature and unpublished documents, such as those from indigenous organisations, will be conducted in collaboration with key informants and the advisory committee, as well as by manually searching bibliographies, health-related websites, books, journals and magazines.

Select relevant documents (Step 3)

Research assistants supervised by the principal investigator will separately screen the studies for relevance to the research questions according to title, abstract and keywords. Selection of the relevant literature will be restricted to documents about indigenous elders' social participation and intergenerational solidarity. Documents related to social participation and intergenerational solidarity of indigenous people influencing individual and community wellness will be included. Inclusion criteria embrace the scientific and grey literature and sources from indigenous communities and organisations, which could be written, video or audio. Scientific articles

Table 2 Document search strategy

Concepts	Keywords (and French equivalences)	Databases and search engines
Concept A1 Indigenous	Native* OR Indigenous OR 'First Nation*' OR Metis OR Inuk OR Inuit OR Eskimo* OR 'American Indian*' OR Aboriginal* OR Amerindian*	Autochtonia, First Nations Periodical Index, Bibliography of Native North Americans, Canadian Research Index, Cochrane Database of Systematic Reviews, Medline, CINAHL, Ageline, Sociology database, PsycINFO, Scopus, Academic Search Complete, *Repère*§, *Santecom*§, Proquest Research Library, Google/ Google Scholar
Concept A2 Elders	Elder* OR Aged [MeSH] OR Senior* OR 'Old*Adult*' OR 'Old age' OR 'Old* person*' OR 'Old* people' OR 'Wise one*' OR Grandmother* OR Grandfather* OR Grandparent* OR 'Traditional healer*' OR Leader*	
Concept B Wellness	Resilient OR Resilienc* OR 'Capacity building' OR Strength* OR Wellbeing OR 'Well-being' OR Wellness OR 'Self efficacy' OR 'Self esteem' OR 'Living conditions' OR Health OR Hardiness [MeSH] OR 'Indigenous health' [MeSH] OR 'Psychological wellbeing' [MeSH] OR Happiness OR 'Self concept' [MeSH] OR 'Sense of coherence' OR 'Socio economic factors' [MeSH] OR 'Social condition*' OR 'World health' [MeSH] OR 'Global health' OR 'Health education' OR 'Health promotion'	
Concept C Social participation	Intergeneration* OR Generation* OR 'Social participation' OR 'Community participation' OR 'Social involvement' OR 'Social engagement' OR 'Community involvement' OR 'Community engagement' OR 'Civic participation' OR 'Consumer participation' [MeSH] OR 'Community-based participatory research'	

MeSH, Medical Subject Headings.

reporting results from community-based participatory research involving elders but not highlighting their social participation will be excluded. Special attention will be paid to gathering documents reporting not only positive effects, but also neutral or negative impacts of elders' social participation and intergenerational solidarity on wellness. Documents reporting neutral or negative effects could help deepen our understanding of factors influencing the implementation success of interventions based on elders' contributions. The research team will meet regularly to discuss and resolve any ambiguity concerning document selection. All team members will contribute to final document selection. If disagreements occur, they will be discussed with the first knowledge user (FNQLHSSC). A flow chart of the systematic literature search following PRISMA guidelines and methodological choices will be documented to ensure transparency and reproducibility of the process.[60]

Extract and chart data (Step 4)

Before extracting the data, research assistants and researchers will write down their assumptions to minimise their potential influence on data collection and analysis. A preliminary reading will help categorise all the selected documents based on their focus on either social participation or intergenerational solidarity (see template in see online supplementary appendix 1). The main quantitative or qualitative findings of the selected documents will be extracted into a framework (see template in see online supplementary appendix 2) according to how social participation and intergenerational relationships are associated with or influence wellness (ie, significantly positively (+), negatively (−) or not significantly (0)). Special attention will be paid to extracting and charting neutral or negative effects of social participation and intergenerational solidarity on wellness, and more specifically the personal and environmental context that could explain such effects. A theme-based charting template will be developed that characterises social participation and intergenerational solidarity according to categories emerging from data collation and analysis following an iterative thematic analysis process. A guide will be built based on the ICF, listing and defining themes of interest.[20] Research assistants supervised by the principal investigator will independently extract and categorise the data. In collaboration with the principal investigator, indigenous translators will extract and categorise data from documents in indigenous languages. The process will be validated following analysis of the first five documents, and subsequently as required when new themes are added.

Collate, summarise and report results (Step 5)

Contextual data analysis will begin with descriptive statistics.[52–54 61] Data will be independently grouped by meaning and classified into coherent, relevant and clearly defined themes by the two research assistants supervised by the principal investigator to ensure validity and credibility of the results. Each theme will be reported to illustrate associations or influences, and subsequently contrasted to bring out similarities and differences in their relationships with wellness. Based on the ICF categorisation, knowledge gaps will be identified. Analyses will also be discussed with the principal knowledge user, and one third of the data will be co-coded by a content expert. To present results according to indigenous community needs, findings will be discussed and validated in meetings with knowledge users and key informants from indigenous communities and organisations. Presentation of the results in relation to the study objectives and the PRISMA flow chart will ensure quality and transparency.[62]

Translate knowledge (Step 6)

Congruent with an integrated knowledge translation process and with an ethical framework, various strategies will be used, such as presentations, radio interviews and articles (table 3), targeting a wide audience (researchers and knowledge users, including decision-makers, Native Friendship Centres, healthcare and social service professionals and community organisations) in partnership with indigenous representatives. The synthesis report will be tailored to each target audience to optimally meet their interests.

ETHICAL APPROACH

This scoping review protocol respects the principles of the Aboriginal Methodological Framework for the Canadian Best Practices Initiative for which the indigenous concept of proven methods replaces the Western concept of best practices,[10] referring to the holistic model of wellness and considering the nature of the target group. Moreover, this scoping review protocol honours the principles of ethics in research with indigenous people[63] centred on respect, justice, enhancing cultural competence, intersectoral collaboration, and empowerment.[64–67] To draw a complete portrait of elders' reality, it is essential to work with indigenous communities and organisations, as well as with the elders themselves. The research team and advisory committee include indigenous members. The participation of several key informants from indigenous communities will ensure balanced power in terms of access to information, involvement in methodological decisions and authenticity in the dissemination of results. This approach is inspired by constructivist theories,[61] including sources of unconventional data to overcome the limitations of systematic methods. Through collaboration with an advisory committee including indigenous people, this approach recognises the mutuality of knowledge transmission and acquisition in the relationship between indigenous peoples and the academic community.[30 68 69] Ethical approval was obtained from Ethics Review Board of the Université du Québec en Abitibi-Témiscamingue (2016-11). The FNQPHSSC also approved every step in this scoping review.

Table 3 Knowledge translation plan

	Strategies/target audience		
Knowledge generated	**Researchers**	**Knowledge users**	**Expected outcomes**
► Characteristics of elders' social participation associated with individual and community wellness ► Characteristics of intergenerational solidarity associated with individual and community wellness ► Characteristics of elders' social participation and intergenerational solidarity associated with individual and community wellness not covered in the literature	► Articles in peer-reviewed journals ► Scientific conferences ► Workshops	► Coffee meeting ► Workshops with community members, decision-makers and researchers ► Advisory committee involved at all stages of the research ► Magazine article for a non-scientific audience (with indigenous collaborators) ► Toolkit on elders' social participation (with indigenous collaborators) ► Radio interviews (with indigenous collaborators)	► Improved understanding of elders' social participation and intergenerational solidarities ► Enhanced cultural security and equity ► Partnership among researchers, decision-makers and knowledge users ► Increased awareness among Canadians of the contribution to wellness of indigenous elders' social participation ► Appropriation and translation of knowledge by decision-makers, indigenous and non-indigenous people

DISCUSSION

The originality of this scoping review protocol lies in its foundation on the strengths of indigenous elders and communities. The participation of indigenous key informants, indigenous scholars/researchers and indigenous organisations fosters their power and their access to knowledge throughout the process. Moreover, inclusion in the research team of knowledge users and key informants from a variety of indigenous communities with complementary expertise will facilitate the retrieval of scientific and grey literature as well as indigenous documents. The participation of an information scientist and of method, content and ethics experts, along with the validation working session, will maximise data retrieval and improve the validity of the results. The research will be performed iteratively following a rigorous, culturally relevant process.

Expected outcomes

Conducted in partnership with knowledge users and representatives from various indigenous communities, the scoping review proposed in this protocol will synthesise knowledge to foster the development of policies and practices that promote indigenous elders' social participation and intergenerational solidarities. To our knowledge, this scoping review protocol is the first on this topic. Hence, the protocol will encourage high-quality scoping review studies with indigenous populations and replication with other topics and sociocultural contexts. The involvement of indigenous people in the research team, advisory committee and among key informants is empowering and could be duplicated with other topics and other populations. The extent of the scoping review, including the scientific and grey literature as well as indigenous sources to provide richer knowledge, might be a valuable way to recognise mutual knowledge transmission between researchers and indigenous peoples. Moreover, the results of this scoping review will provide a solid basis for working with indigenous communities, building on their strengths to improve wellness. This scoping review will also identify areas in which scientific evidence is currently insufficient and for which interdisciplinary research is needed. This scoping review protocol will be useful to researchers, communities and organisations wishing to synthesise information on issues requiring a broad perspective based on the scientific and grey literature and indigenous sources.

Strengths and limitations

Designed to mine the scientific and grey literature, and indigenous sources suggested by elders and community/organisation representatives, as well as knowledge users, this scoping review protocol[52–54] is positioned on a continuum between positivist and constructivist epistemological paradigms, nearer to the constructivist end of the continuum. This multidisciplinary participatory research team involves stakeholders from public and community sectors as well as various institutions and indigenous community representatives. The snowball sampling method and contribution of key informants will guide us toward relevant documents, including those written in indigenous languages. Knowledge translation will be supported by principles and approaches that enhance collaboration between researchers and knowledge users.[70] Like in other scoping reviews, the aim is not to assess the quality of the studies and the

results will include data obtained through various methods, each with its own strengths and drawbacks. To overcome this limitation, results will be presented and discussed according to study design or type of document. While minimised by considering grey literature and indigenous sources, a possible limitation is the over-representation of positive results (publication bias). Finally, the working definition of social participation (ICF) could bias the results. However, results from studies based on other definitions and models[21 59] will be included to broaden understanding.

CONCLUSIONS

Although previous investigations have examined elders' social participation and intergenerational solidarity, and their influences on individual and community wellness, no comprehensive, integrated analysis of this knowledge has been conducted to date. The main objective of this paper is to present a scoping review protocol to gather information on the social participation of indigenous elders, intergenerational solidarity and their association with wellness. The selected methodology, that is, the methodological framework for scoping studies, is innovative and involves an advisory committee and key informants through all six steps in the process. The scoping review will provide indigenous elders and community representatives, researchers, decision-makers and knowledge users with practical knowledge on how best to promote health and address social challenges while working with indigenous communities.

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Competing interests None declared.

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