Section 3.2 “Living within the Community,” as told by Norma Rabbitskin of Big River First Nation, is based on Traditional Knowledge. Norma is a Knowledge Keeper of the ways of the Big River First Nation. This Traditional Knowledge IS NOT licensed under Creative Commons Attribution 4.0 International License (CC BY). Please respect the Protocol of Indigenous Traditional Knowledge translation and contact Norma Rabbitskin at the Sturgeon Lake Health Centre if you wish to use this content further.

Entering into a healing profession came naturally for Norma Rabbitskin. She is a fluent Cree speaker from Big River First Nation. Norma's work experience includes over 29 years as an RN, with the majority of her career within First Nations communities. In the following section of this chapter, she passes on her various nursing knowledge and the teachings instilled by her family, ceremonialists, knowledge keepers, and various leaders. Norma shares her experience working within First Nations communities and the essential leadership skills required to oversee a nursing program.

First and foremost, as First Nations people we acknowledge the Creator and the principles of creation. We uphold natural law, our ways of being, and how to live in harmony on askîy pimâtisiwin (Earth Life). Knowledge is transferred to each generation through the oral tradition and is renewed in ceremony starting with the creation story. Culture is a way of life; this maintains and preserves the sacredness of life and teaches us how to live in harmony within the Circle of Life and with all relations on this Earth. Keytayak (old ones) role modelled a gentle integrative process where every individual envisions their full capacity and well-being to achieve their potential.
Holistic Model of Leadership Using the Circle of Life Teachings

As nurse leaders, we need to look at ways to be effective in empowering our clients and families and we need to understand what healthiness looks like for a First Nations community. We do this by taking part in experiential learning regarding Indigenous culture and worldview.

**Circle of Life Teachings**

Our Elders tell us that the human maturational and learning process is not linear, but rather that life is a circle, reminding us that wherever we go and whatever we experience, the self is still present, bringing us home to ourselves, families, and community with all that we have become during our learning process. Teachings of natural laws create a foundation for healing and understanding the interconnectedness of our Indigenous development (mentally, emotionally, physically, and spiritually) and our human relations (family, community). The Circle of Life teachings represent a way of life that promotes health and wellness. This approach reflects a holistic and earth-centred philosophy of life and healing that is not often found in Western approaches to health. Elders say that the Circle of Life teaches us about interconnectedness: when you do your own healing as an individual, you help your family heal. When families begin to change or heal, then communities also change. As our communities come into wellness, our people will heal. When planning or developing programs, we need to consider everyone, as in the holistic view: the individual, family, and community.

**Individual**

Our Elders teach that all aspects of a person—the physical, the mental, the emotional, and the spiritual—must be addressed, and in balance, in order to promote holistic health and healing. Good health implies an optimum state of well-being in all four areas. Well-being flows from maintaining balance and harmony between all of these areas and with nature. A holistic approach to health also takes into account the importance of culture, language, and tradition. Elders are sought for emotional guidance.

**Mental health** refers to our thinking and thoughts including knowledge, education, reading, and learning about chronic disease. Individuals learn to practise self-discipline, make healthy decisions, problem solve, and create change. Optimal mental health results in healthy choices.

**Emotional health** refers to identification and acceptance of feelings—fear, anger, confusion, sadness, depression, loneliness, worry, and anxiety. Learning to express feelings appropriately with effective coping skills that help maintain balance leads to a sense of well-being during times of adversity. Optimal emotional health results in improved self-esteem, self-awareness, positivity, trust, honesty, and hope.

**Physical health** refers to caring for the body: eating a healthy, balanced diet, controlling one’s weight, exercising and moving daily, and resting. Individuals learn to develop healthy routines and avoid destructive habits such as tobacco misuse, drug use, and alcohol abuse. Self-care is achieved as individuals learn to take responsibility for their health, to be good and kind, and to love and respect themselves.

**Spiritual health** refers to seeking harmony with a higher power and finding purpose in life. By adopting values, individuals can then choose activities and behaviours that are consistent with them. Individuals seek Elders for spiritual guidance and participate in sharing circles, healing circles, and talking circles. Optimal spiritual health is reflected in a life of prayer, faith, belief, hope, love, acceptance, forgiveness, and respect.
Health professionals today are actively engaged in identifying the attributes of health or wellness as defined by the people they serve. To be effective in empowering our clients, we as nurses need to understand what healthiness looks like for a First Nations community. One needs to be mindful of the population being served and the cultural healing practices being used. Historically, Indigenous communities have followed a holistic model that dictates a way of responding to ailments. For example, there are different health outcomes for clients:

- when using a wellness focus versus an illness focus;
- when working with a family versus an individual; or
- when taking a long-term versus an episodic perspective.

**Family**

Our greatest gift is our family. Elders teach us that the Creator gives us our kinship system, which is the place where all teachings are handed down from grandparents to parents and to children. Knowing this, each person in the family is responsible for maintaining the health and well-being of each other. In your role as a nurse, it is important to build a nurse–client and a nurse–family relationship, which become central to quality client and family holistic care. This relationship facilitates a positive experience built on communication and understanding of physical, emotional, mental, and spiritual needs, while also respecting client and family rights to make their own decisions. As nurses, we are facilitators for change who assist them in attaining their vision for health and well-being.

Working in Indigenous communities requires nurses to use critical thinking and nursing assessment skills. Integration of effective tools, such as the Family Assessment and Intervention Model, which builds “on the family’s strengths by helping the family identify its problem solving strategies” (Kaakinen et al., 2014, p. 92.), is essential. Use of this tool requires the nurse to develop knowledge about both the client and their family through completion of a family genogram (family tree). This is individualized care and demonstrates respect for the client and family.

Strong communication and interpersonal skills are critical aspects of quality nursing care in an Indigenous community. If nurses do not have these skills, they will contribute negatively to the already stressed situation of Indigenous clients and families. Another effective tool for Indigenous clients and families is the Family Systems Stressor–Strength Inventory. This is an assessment tool that guides “nurses working with families who are undergoing stressful health events . . . to build on the strengths of the family” (Kaakinen et al., 2014, p. 93).

As nurses, we need to develop interventions that lead to holistic care for our clients and their families based on a good assessment. Care of the individual is built upon a respectful and therapeutic relationship between the nurse and the individual and family. It is only by using critical reflection to examine our values and beliefs and our knowledge of family nursing that we can facilitate a shift in attitudes and develop a trusting therapeutic relationship with our clients and their families. To build a strong rapport we need to take the time to listen and schedule home visits, make telephone calls, and keep the family engaged. An essential component of clinic and community assessments includes inquiring about health concerns and asking clients how we can help them meet their goals.
Community

First Nations have accessed broader views of healthiness using cultural lenses and holistic paradigms that pay attention to the interconnecting modes of mind, body, and spirit. With such an inclusive perspective, the culture of beliefs, customs, and practices as foundations of Indigenous society in which the people are immersed, open up as sites for integrated and responsive services for people in community-based settings. Some ways of culture, as an example, such as valuing land as a site for health, relationship building, and developing strong focused minds through Indigenous ways of knowing are acknowledged as factors in building strong people, or as localized health determinants that are real. Assessing the state of health and well-being in communities would necessarily involve examining the community ethos that embodies the beliefs, values, and practices deemed essential for community vitality. (Willie Ermine, Indigenous Knowledge Keeper, personal communication, April 2017)

As a grandmother, and as one who has chosen a profession in nursing leadership, I appreciate how leadership decisions are made within an Indigenous community. A community foundation is shaped by the guidance provided by community knowledge keepers, healers, ceremonialists, leaders, and Elders. Through their examples I came to appreciate the full spectrum of service leadership. These pipe carriers, ceremonialists who dedicated their lives to maintaining medicine and cultural ways, assisted me in stepping seamlessly into a nurse leadership role. As well, my decision-making processes arose out of my Cree upbringing and this lived experience, and they are based on inclusivity, with full recognition that all life forms are sacred.

Within my worldview, decisions are made with the spirit of reciprocity, which is the backbone of my nehiyaw (Cree) worldview. In the spirit of reciprocity, we give before we take, and it is the true partnership of sharing of space and resources, of how we interact. I acknowledge the humanness of all people, that we are never perfect. I believe our ceremonies and traditional practices are the foundation supporting people to live out their responsibilities and to help others.

Fulfilling a nursing leadership role within Indigenous communities requires one to be aware of the co-existing leadership systems. The elected leadership, who adhere to terms of office set out by different levels of government, must answer to the people. I work in a First Nations community, located within Treaty 6 territory. This community has its own sovereign approach and the people control their own health care system. Decisions are voted on by chief and council and presented as Band Council Resolution (BCR), through a highly political process lead by elected members of the reserve. These men and women step into these elected roles because they want to serve their community by leading its members through a formal organized process. The protocols and ceremonies are in place to inspire individuals to work toward the well-being of the community.

Understanding the Indigenous leadership structures that exist within our diverse Indigenous communities begins by first creating a process of dialogue that engages in reciprocity, maintaining a balance of mutual coexistence. Respect is central to our lives. Our oral tradition as nehiyaw people exemplifies the values of how to live in balance and in harmony within natural law. This is truly land-based leadership. There are two main types of onikaniwak (for those who lead) within our Indigenous communities. They are: (1) service leadership, and (2) elected leadership of chief and council. Bear in mind, both types of onikaniwak are practised by the Elders and people, but through different approaches.