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**Enhancing Cultural Awareness: Building Relationships Between  
Non Native American Nurses and Native American Lakota  
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Enhancing Cultural Awareness: Building Relationships Between Non Native  
American Nurses and Native American Lakota Patients

Sharon Mercill

Submitted in partial fulfillment of the  
requirement for the degree of  
Master of Arts in Nursing

AUGSBURG COLLEGE  
MINNEAPOLIS, MINNESOTA

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This is to certify that **Sharon Mercill** has successfully defended her Graduate Project entitled "**Enhancing Cultural Awareness: Building Relationships Between Non-Native American Nurses and Native American Lakota Patients**" and fulfilled the requirements for the Master of Arts in Nursing degree.

Date of Oral defense **December 5, 2012.**

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## Abstract

Culture impacts the perceptions and responses to health and wellness and acceptance of nursing care. Learning how to build strong relationship bridges with the Native American Lakota patient is important so that a professional nurse can respond appropriately and sufficiently while delivering holistic nursing care. Patients will experience better health if a successful nurse-client relationship is built between them that will allow for all the patient's needs to be fully considered promoting a true partnership. Jean Watson's caring science nursing framework of caring and healing relationships guides nursing practice in ways that honor cultural values and beliefs toward health and healing of the Oglala, Lakota persons seeking healthcare that could eliminate discrimination in the delivery of health services and may change the health disparities of the Native American of today. Receiving knowledge about American Indian's health traditions and practices through educational material will enhance nurse-patient relationships and lead to more effective care. A need was identified at a large Midwestern healthcare facility for a user friendly and more inclusive web-based tool for healthcare providers to reference to increase their knowledge about the Native American Lakota patient population. The project model, using Watson's theoretical framework, depicts information that healthcare providers can use as a visual tool to deliver culturally sensitive nursing care.

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I am indebted to Leonard Littlefinger, a Lakota leader, who believed my story and shared his wisdom with his encouraging words, "I certainly do remember your accomplishment of climbing the mountain. I remember of you telling me that the snow was nearly waist deep at one point of the climb. Physically, mentally, and spiritually, you have proven to me that you can climb any mountain you wish to choose. Use sage often to keep your intentions pure, for there are many more mountains to climb, perhaps some that have never been touched". Mitakuye Oyasin.

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Enhancing Cultural Awareness: Building Relationships Between Non Native  
American Nurses and Native American Lakota Patients

Chapter One: Introduction

The world today seems to be getting smaller. Globalization causes the feeling that the world is shrinking because many cultures are coming together in relationships more often than any time in history. Hospitals are increasingly being asked to deliver multicultural healthcare. This requires healthcare providers to recognize and respond to this cultural globalization by providing culturally congruent nursing care to the growing number of diverse groups seeking healthcare today. According to the 2010 United States Census Bureau, 78 % of American Indian and Alaska Natives live outside of American Indian and Alaska Native areas (Norris, Vines, & Hoeffel, 2012). Those Native Americans who do not live near an Indian Health Service (IHS) provided facility might be forced to seek healthcare from local clinics and hospitals, which compels professional nurses to look for ways to build trusting relationships with Native American patients. It is essential to provide culturally sensitive, holistic nursing care that blends both Western medicine and Native American practices. American Indian and Alaska Native people have long experienced health disparities when compared to other Americans (U. S. Department of Health And Human Services, 2012). Health care providers who become culturally competent can help eliminate discrimination in the delivery of health services and may change the health disparities of the Native American of today.

When caring for persons with particular cultural values and beliefs, a professional nurse can utilize nursing theory as a framework to guide nursing practice that will honor the person receiving healthcare. Watson's (2008) caring science nursing framework of

caring and healing relationships will be used to guide nursing practice in ways that honor the cultural values and beliefs toward health and healing of the Oglala, Lakota persons seeking healthcare. Consequently, professional nurses, as they journey into relationship with the Oglala, Lakota patients to provide nursing care, need to develop greater knowledge of the Native American Lakota culture to provide culturally relevant based approaches that will provide culturally congruent holistic nursing care to meet the individual needs of this diverse population group with the goal of promoting health and well-being. Receiving knowledge about American Indian's health traditions and practices through educational material will enhance nurse-patient relationships and lead to more effective care.

### **Background**

Understanding the Lakota ways and attitudes toward health, healing, and curing is important for a professional caregiver to provide culturally congruent care and promote movement toward health and wellness for the Oglala, Lakota people. The Oglala, Lakota (Sioux), known as a Plains Indian tribe, is one of the seven bands of the Great Sioux Nation located on the Pine Ridge Reservation in the southwestern corner of South Dakota, 50 miles east of the Wyoming border (Schwartz, 2006). For Native Americans, the components of curing and healing are relational, spiritual, and intergenerational (Lowery, 1998). The Lakota worldview sees the entire universe filled with and related to ancestral spirits and spiritual forces that have power to influence outcomes. Because the Lakota believe that human beings are equal to and connected with all other creatures on earth spiritually, biologically, and physically, they honor kinship bonds with extended family, tribe, community, and the world.



Lakota believe all physical things, living and non-living, such as the animals, birds, plants, rocks, sea creatures, earth, air, wind, water, fire as well as the spirit beings and the Divine are all related. Oglala, Lakota people view life based on respect, interrelationships, and support among all of creation, which incorporates the traditional Native American philosophy that “has emphasized the natural flow of the individual’s spirit-body-mind-self in relation to everything that exists, assuming a truly ecological-interactional worldview” (Voss, Douville, Little Soldier, & Twiss, 1999, p. 237). This concept is illustrated as the Lakota end all prayers with the ethos “*Mitakuye Oyasin,*” which means “all my relatives” (Cloud & Bucko, 2008, p.599).

It is imperative that healthcare providers assess the cultural beliefs of the Lakota person so culturally congruent care can be offered. Native Americans believe medicine is a spirit that resides within, not a treatment or pill that is given to the body, and that “Spirit is *life*, and its healing energy is available to [them] if [they] learn to know, live, breathe, walk, and speak it” (Johnston, 2004, p. 1). Spirituality and wellness are based on being in harmony with nature, and the Lakota believe that illness comes from imbalance or disharmony with the world, including the spiritual world around them (Hodgins & Hodgins, 2008).

### **Purpose of the Project**

This project is to design knowledge-based approaches to enhance the care and relationship between non Native American nurses working at a large, Midwestern medical center and Native American Oglala, Lakota, Native American patients that will support their greater well-being. The knowledge collected and model developed will be added to the medical center’s transcultural nursing resources web site for nursing staff to

use and formal presentations will be delivered to diversity interested groups when requested. Currently the information available on the medical center's transcultural nursing web site is minimal and not entirely correct. The methods used to gather information for this project include the healing philosophy and major concepts of caring and curing modalities of the Lakota culture, nursing studies guided by Watson's (2008) theory in nursing practice and research, dialogue with Lakota cultural guides, and participant-observation locally and on the Pine Ridge Indian Reservation in South Dakota.

Culture impacts perceptions and responses to health and wellness and acceptance of nursing care. Nurses use effective intercultural communication when they understand the other person's point of view from their own cultural frame of reference and identify areas of commonality (Schwartz, 2006). Learning about the culture of the Native American Lakota people gives nurses a greater understanding of their health-wellness beliefs and behavior, healing and curing practices, food and eating habits, attitudes toward personal space, verbal and non-verbal communication, attitudes toward family, rituals and ceremonies, spirituality, forms of emotional expression, gender role behavior and reactions to pain that will help the Lakota patient move toward health and wellness (Potter & Perry, 1987).

### **Significance to Practice**

When engaging in a relationship with a Native American Lakota patient, there are certain traits and behaviors a professional nurse needs to understand. For example, Native Americans are private persons, less likely to speak of their feelings and emotions, comfortable in long periods of silence, and may become suspicious of health providers

who ask many questions (Arnold & Boggs, 2003). If the healthcare giver is uncomfortable with silence and fills the silence with unnecessary chatter, the Native American client may interpret this as a lack of interest of his or her concerns (Arnold and Boggs, 2003). One dominant culture behavior that may be difficult for the Native American to understand is impatience. Farah (2010) stated, "Impatience has affected every facet of our life encompassing our relationships, our parenting, the way we work and even how we get our news and this has affected our culture in more ways than one" (p.1). In an effort to get things done, nurses may quickly begin talking and may sometimes interrupt if Native Americans don't respond quickly enough.

Learning how to build strong relationship bridges with a Native American is significant so that a professional nurse can respond appropriately and sufficiently to the needs of a Native American Lakota patient while delivering holistic nursing care. This project is relevant to transcultural nursing because a culturally competent nurse can then plan and deliver culturally appropriate interventions. Peplau gives emphasis to the nurse-client relationship as a foundation for nursing practice that brings the patient in to the relationship as a partner (Parker, 2006). It is this partnership that led to patients having greater control in their healthcare by being an active participant as opposed to passively receiving care. A successful relationship depends on many elements including the interaction between the thoughts, feelings, and experiences of each person and the development of trust. Patients will experience better health if a successful nurse-client relationship is built that will allow for all the patient's needs to be fully considered promoting a true partnership.

It is imperative that the nursing profession view the world as multicultural and that nurses learn what issues cultural diversity may generate as they strive to deliver competent nursing care (Leininger & McFarland, 2006). It is through cultural awareness that a professional nurse can respond appropriately and sufficiently to the needs of Lakota patients while delivering holistic nursing care. Fernandez and Fernandez (2011) defined culture as “norms and practices of a particular group that are learned and shared, and guide thinking, decisions, and actions” (para. 3). This definition of culture includes the customs, beliefs, values, language, behavior, rituals and ceremonies, and social structure of a group that is influenced by their worldview. Leininger warned that if important cultural differences, beliefs, or values of health care clients are ignored or not addressed, harmful care, misdiagnosis, and noncompliance of treatment by clients as well as staff anger and frustration may occur, supporting the need for nurses to use Leininger’s culture care diversity and universality theory to guide them to maintain, accommodate, and re-pattern the client’s cultural practices and views as they provide culturally congruent health care (Leininger & McFarland, 2006). Awareness is defined as the understanding and consideration of the relationship of self and others that integrates emotion and knowledge, feeling and intellect, and insight and understanding (Ray, 2010). Culturally aware professional nurses as they journey into relationship with the Oglala, Lakota patient are better prepared to provide culturally relevant holistic nursing care.

Holistic nursing care views the whole person encompassing the mind, body, and spirit including cultural beliefs and values and plans nursing care to meet individual needs with the goal of promoting health and well-being. The American Holistic Nurses Associations (2012) defines holistic nursing as “all nursing practice that has healing the

whole person as its goal” using nursing theories, knowledge, expertise, and intuition as nurses become partners with patients in providing nursing care” (para. 1).

Transcultural nursing considers the impact of culture when planning nursing care. These needs have given birth to Leininger’s development and practice of transcultural nursing (Andrews & Boyle, 2008). Leininger believed in order for nurses to provide comprehensive and holistic therapeutic care, they need to consider the patient’s culturally-based values and respect the uniqueness of human beings and their diverse cultural worldviews (Leininger & McFarland, 2006). When a non Native American nurse attempts to provide care to a Native American, Lakota patient without understanding the person’s cultural and ethnic beliefs, less than effective holistic nursing care may be given. Professional nurses must understand what culture is, why it is important, and become skilled at assessing and delivering culturally congruent nursing care when faced with the many diverse cultures in today’s healthcare settings.

Culturally congruent care is care that is meaningful and helpful to the person receiving it because it incorporates their values, customs, and beliefs and is delivered by a competent, caring, culturally sensitive nurse (Andrews & Boyle, 2008). Culturally competent nurses are able to deliver culturally congruent nursing care by understanding and responding effectively to the values, beliefs, and practices their patients bring to the healthcare setting as they deliver nursing care (Arnold & Boggs, 2003).

It is important for professional nurses to undertake a cultural self-assessment as they strive to achieve competence in delivering culturally congruent nursing care. While it is impossible for transcultural nurses to have in-depth knowledge about every patient’s culture, cultural competence should begin with self-reflection and exploring one’s own

values, beliefs, customs, and symbols (Arnold & Boggs, 2003). A cultural self-assessment will give transcultural nurses insight regarding their own cultural beliefs, values, and attitudes that will help them become aware of how they relate with other cultural groups and identify unknown cultural biases, prejudices, and stereotypes. It is from one's own worldview, education, experiences and perspectives that beliefs, biases and stereotypes are formed that affect how one views and responds to another culture.

### **Health Inequities**

American Indians or Native Americans are the original people of North America with 565 federally recognized native tribes with about 2 million native peoples living on or near reservations. Through 12 Indian Health Service (IHS) area offices, 161 IHS and tribally managed service units, and 34 urban programs, IHS provides some health care to Native Americans (U. S. Department of Health and Human Services, 2012). The IHS has seen the value in developing partnerships and strengthening collaborations with local communities and health care teams to deliver healthcare services to Native Americans with the goal of major health improvement for Indian people. With these increased partnerships, local healthcare providers are being called upon more often to provide healthcare to Native American patients in local clinics and hospitals.

American Indians and Alaska Natives die at higher rates and have increased disease proportions than other Americans, which may be caused from disproportionate poverty, economic adversity, inadequate education, poor social conditions, discrimination in the delivery of health services, and cultural differences (U. S. Department of Health and Human Services, 2012). South Dakota's largest Indian Reservation, Pine Ridge, presents third world health conditions for its 18, 834 residents, who are among the most

underprivileged and most underprovided in healthcare (U. S. Department of Health and Human Services, 2012). Third world health conditions on Pine Ridge are triggered from high unemployment leading to deep-seated poverty, and the rural isolation promotes depression, drug use and abuse, alcoholism, and malnutrition. Native Americans have higher-than-average rates of heart disease, diabetes mellitus, cancers, tuberculosis, accidents, infant and maternal deaths, HIV, pneumonia and influenza along with increased numbers of homicides and suicides (U. S. Department of Health and Human Services, 2012).

### **Theoretical Perspective**

When caring for persons with particular cultural values and beliefs, a professional nurse also utilizes nursing theory as a framework to guide nursing practice that honors the client. Nursing theory defines nursing as a professional discipline separate from the medical model of care. Nursing theory describes nursing's meaningful practices to serve others through concepts shaped by knowledge gathered from a traditional scientific approach, a multidimensional interactive environment, and a unitary perspective that identifies nursing's purpose based on nursing values and knowledge and centered on relationships (Newman, Smith, Desheimer Pharris, & Jones, 2008).

Watson's (2008) caring science nursing theory can be used to guide nursing practice in ways that honor an Oglala, Lakota patient's cultural values and beliefs toward health and healing. Watson's (2008) caring science theory will be a framework to advance nursing practice and knowledge, discuss the caring and curing modality of the Oglala, Lakota people, and compare the conceptual framework of Watson's theory with the major concepts of the healing and caring philosophy of the Lakota. Watson's theory

of human caring was developed to make clear that nursing's knowledge, values, and practices of human caring are "geared towards subjective inner healing processes and the life world of the experiencing person" (Parker, 2006, p. 296). Watson (2008) stated, "Caring is considered as one central feature within the metaparadigm of nursing knowledge and practice" (p. 19). This caring science includes an ethical-moral-spiritual position involving a humanitarian human science that includes human caring processes, experiences, and phenomena rather than just the conventional curative science of medicine. For Watson, in nursing it is necessary to include expanding scientific views, humanities, and art. Watson's caring science is positioned within a worldview that is relational, non-dualistic, and unified "wherein there is a connectedness to All: the universal field of Infinity: *Cosmic Love*" (p. 19), often referred to as unitary transformative paradigm.

Consequently, as the possibility increases that professional nurses working at a Midwestern medical center will be called upon to plan and deliver culturally appropriate interventions to Native American Lakota patients, it is imperative that culturally suitable knowledge-based approaches be available for nursing staff so they may respond to the Native American Lakota patient's needs. Learning how to build a relationship with Native American Lakota patients and becoming familiar with Lakota cultural beliefs, values, rituals and ceremonies, will give a professional nurse the ability to respond appropriately and competently while delivering holistic nursing care.



## Chapter Two: Review of Relevant Literature

Many Lakota people come to a large Midwest medical center for their health care. A Lakota man from the Pine Ridge Reservation in South Dakota, now living near the medical center, stated that he is called quite often to help the medical center's health care providers assess the cultural beliefs of a Native American, Lakota patient (N. Volkman, personal communication, May 11, 2012). Utilizing his Lakota cultural insight assessment, the health care team can plan and implement culturally appropriate care. N. Volkman also noted that while each tribe has its own language, beliefs, rituals and ceremonies, there is cultural commonality among all Native American tribes (personal communication, May 11, 2012). Having Native American cultural information available for health care providers will give nurses a tool to assist them in providing culturally congruent holistic nursing care. There is a large amount of literature defining the values and beliefs of the Native American culture including several articles focused directly on the Lakota tribe. This literature provides a growing body of works that supports the value of providing culturally sensitive nursing care. Watson's (2008) caring science nursing framework of caring and healing relationships is the nursing theory that will be used to support this project and is currently the nursing theory the large, Midwestern medical center uses to guide practice. Nurses within that institution are already familiar with and are accustomed to working within Watson's nursing framework.

### **Native American Culture**

The concept of culture has many meanings or definitions, which may be different for different groups of people (Ray, 2010). One definition of culture is the cumulative deposit of knowledge, experience, beliefs, values, attitudes, meanings, hierarchies,

religion, notions of time, roles, spatial relations, concepts of the universe, and material objects and possessions acquired by a group of people in the course of generations through individual and group striving. (Fernandez & Fernandez, 2011 para.3) Culture is used to explain, know, and predict people's life ways; is more than symbols, rituals and ceremonies; and can be seen as a design for guiding human interactions and decisions for groups or individuals (Leininger & McFarland, 2006). Culture is more than ethnicity or race.

A nurse could use one of many cultural assessment tools available today. One example of a tool to help a professional transcultural nurse understand issues that may occur when giving culturally congruent nursing care is Ray's Transcultural Communicative Spiritual-Ethical CARING Tool for Cultural Competency (Ray, 2010). The actions of compassion, advocacy, respect, interaction, negotiation, and guidance comprise CARING (Ray 2010). To work effectively with Native Americans, it is imperative transcultural nurses reflect on the implications of becoming in relationship with them. In addition to Ray's CARING tool, Doane and Varcoe (2005) suggested transcultural nurses become skilled at "letting be, listening, self-observation, questioning to look beyond the surface, intentionality, interrupting contextual constraints and reimagining" (p. 200). Whichever approach is preferred to gain knowledge of a person's beliefs and values, it is vital to be aware of what belonging to one's culture means to the person seeking the healthcare. A culturally competent nurse can then plan and deliver culturally appropriate interventions.

When assessing what culture means to a Lakota man, I asked him, "What does it mean to belong to your culture?" Asking the question in this way let him decide what his

culture means to him as he shared his beliefs, values and practices. His responses were evidence that culture to him was more than just race because he described his culture similar to the definition previously stated. N. Volkman is a 70-year-old Native American who was adopted into a family from the Pine Ridge Indian Reservation in South Dakota and raised in the Native American Lakota culture. His adopted family consisted of a full blood Lakota father, a mother who was part Native American, four brothers and one sister. N. Volkman graduated with his bachelor's degree in sociology and education in 1962 and went to work immediately thereafter for the Peace Corp where he was assigned to work in Bolivia. His father could not understand why he wanted to go overseas when there were so many needs right at home. N. Volkman said he felt he needed to experience another culture to help him learn how to help his own. It was during this time he spent with the indigenous Bolivian people that he saw how often they were marginalized by the government and treated as "savages" (personal communication, April 6, 2010). Even though two previous groups had failed and a missionary was reported killed, he became concerned with the colonization of the Bolivian people. He notified the Peace Corp and requested a personal reassignment to work directly with the tribe. His request was granted and without support from the Bolivian government he moved in with the tribe and Project Bolivia "3" began. (personal communication, August 6, 2012).

The first day there, he was invited to the chief's home where he was escorted to the other side of the settlement. There standing stately was the new school the tribe had built for him to teach in. N. Volkman took this opportunity to share one important cultural lesson:

When people come from the outside into any community wanting to help, they need to learn from the people first. Don't come with your own agenda, thinking you know what needs to be done or how to do it. To accomplish grass roots community development you need to be a catalyst, let people identify their problems and choose what to do about them. Lead them, don't do it for them," said N. Volkman. This gives the native people pride, keeps their identity and they will know how to keep care of their undertaking. (personal communication, April 6, 2010)

Patiently and meticulously building a trusting relationship with the tribe by listening, teaching, guiding, and working with the people, he was able to design a well project, and through drawing pictures of the process, the tribe was able to dig a water well by hand to provide clean water for their use (N. Volkman, personal communication, April 6, 2010). His 2 ½ years work on Project Bolivia "3" was so successful that after he left, he received a personal letter from President John F. Kennedy regarding his work there (N. Volkman, personal communication, April 6, 2010).

N. Volkman also spoke about Native American spirituality or the belief in *Wakan-Tanka*, the Great Spirit, the medicine wheel used as a map of life, and the ability to sense if another person is following the "good" pathway or The Good Red Road. Evidence of following the good pathway is making good choices in life; behaving in a relaxed and unhurried manor; possessing a holistic orientation, which includes the mind, body and spirit; and believing in the theology of nature that everything is related and is to be respected. N. Volkman listed specific behaviors that his Native American culture displays such as sharing, generosity, caring, respect, patience, and quietness. He

described his people as not arrogant, pushy, or bossy (personal communication, April 6, 2010).

N. Volkman stated proudly that he is becoming aware that other tribes are adopting into their own culture two of the Lakota concepts: the medicine wheel and the Lakota ethos “Mitakuye Oyasin” (personal communication, April 6, 2010). According to Cruden (1996),

There is no one traditional medicine wheel, nor is there any consensus about what *medicine wheel* refers to. Interaction with the medicine wheel offers many layers of understanding. The wheel is a map of life, and just as you can name, explore, and understand life from many different perspectives, you can work with a medicine wheel from a multitude of approaches, each one adding dimensions of experience and realization. (p. 12)

The medicine wheel concept presents a model for Native Americans to study common factors familiar to Native American culture (Roberts, Harper, Tuttle-Eagle Bull, & Heideman, 1998). To Garriott (2003), the belief, “Mitakuye Oyasin, means we are all related and I acknowledge and embrace my ritual relationship with all my relatives” ( p. 5). N. Volkman said it means to him that, “We are all family, everything is related, the earth, the sky, the animals, and that we are to take care of these things and not destroy them” (personal communication, April 6, 2010).

### **Behavioral Traits**

One Native American behavior that nurses need to be aware of as they attempt to build a relationship is quietness or silence. The interpretation of silence has wide cultural variations (Andrews & Boyle, 2008). Silence makes some people feel extremely

uncomfortable, causing them to fill gaps in conversation with chatter. According to Andrews and Boyle (2008), “Many Native North Americans consider silence essential to understanding and respecting the other person. A pause following your question signifies that what has been asked is important enough to be given thoughtful consideration” (p. 25). Charles Eastman (Ohiyesa), a notable American Indian author who lived in two worlds, being raised as a traditional Sioux Indian and becoming a doctor living and working among the dominate white society of his time, described learning about silence from his grandmother’s teaching. “As a little child, it was instilled into me to be silent and slow to speak. This was one of the most important traits to form in the character of the Indian. As a hunter and warrior it was considered absolutely necessary to him, and was thought to lay the foundations of patience and self-control” (Fitzgerald, 2010, p. 9). Trimble (2005) suggested that when engaging in relationships “there are certain traits of tribal men that should be understood by non-Lakota’s. One of these traits is referred to as *wacinko* (*pronounced wah-cheeng-ko*) or a long silence” (p. A-3). Non Native Americans may view this silence as indifference, but in situations where they may feel uncomfortable or angry Native Americans engage this deeply rooted interpersonal etiquette (Traditional Native American Values and Behaviors, n.d.). N. Volkman felt that the native behavior of silence leads some to believe the Native American to be stupid (personal communication, April 6, 2010). It is imperative healthcare providers understand and respect the Native American behavior of silence when providing health care. Native Americans are taught patience from an early age. Impatience breeds disrespect and leads often to irrational decisions. N. Volkman referred to Indian time, explaining that his people are not in a hurry. He said, “Native Americans start when they

are ready and are done when they are finished” (N.Volkman, personal communication, April 6, 2010). He acknowledged that because Native Americans aren’t impatient, outside people think the Native American is lazy (N.Volkman, personal communication, April 6, 2010).

### **Holistic Living and Spirituality**

The concept of spirituality is difficult to define because each person or group of people interprets and practices spirituality differently. Spirituality for the most part is the belief in a higher being. Prayer is an example of a spiritual practice. The spirituality of the Native American people includes the belief in *Wakan-Tanka*, the Great Spirit, and the belief that the Great Spirit has given and is in all things (Brown, 1989).

Spirituality is key in the holistic healing process for the Lakota where ceremonies, performed by the medicine persons guided by the spirits, heal the mind, body, and spirit, restoring harmony and balance and curing illnesses believed to be caused by the spirits of evil persons or from being out of balance with nature. Hodgins and Hodgins (2008) listed the core concepts to traditional medicine:

- Indians believe in a Supreme Creator.
- Each person is a threefold being composed of mind, body, and spirit.
- All physical things, living and nonliving are a part of the spiritual world.
- The spirit existed before it came into the body and it will exist after it leaves the body.
- Illness affects the mind and the spirit as well as the body.
- Wellness is harmony.
- Natural unwellness is caused by violation of a taboo.

- Each of us is responsible for our own health.
- Each person is to follow The Good Red Road, which means to live in balance and harmony with the universe and spirit world or “walk in a sacred way.” (p. 13)

### **Sacred Objects**

The energy alignment point of view believes that everything and all physical things in the environment are sensed as vibrations (J. Perkins, personal communication, October 6, 2009). Vibrations from information, objects, and thoughts all have energy that can be sensed. Positive vibrations attract vibrations of similar patterns while negative patterns don't want to add negativity to the source. Requests for information or guidance are stated using feelings or desires rather than words. The response to those requests or feelings is returned as positive energy that is matched with the requestor's positive energy to formulate the answer or resolution (J. Perkins, personal communication, October 6, 2009). An example of positive vibrational power is when positive thinking or setting an intention brings success or a desired outcome. A Lakota example of these powers is the communication between two existences through visions often occurring during special ceremonies or at special sites.

Learning the process or skill of energy alignment, positive thinking, or setting ones intention is accomplished by following three steps: (a) ask, (b) answer, and (c) allow (Hicks & Hicks, 2009). To ask, focus with intent on an issue. The response will come in the form of energy that must be a vibrational match with the vibrations of the person asking. That match will allow the requestor to understand the answer (Hicks & Hicks, 2009). The answer comes from connecting with a higher power or energy source.



Allowing is done with practice; the art of becoming connected with the God Source can yield power, comfort and control to life. This higher power is always open and ready to be called upon. Explaining the universe and one's place in it with energy alignment is not unlike how Lakota spirituality explains human existence and how to live a holistic life. The belief that a person can acquire a higher consciousness either through energy alignment or through spirituality results in power. Both perspectives believe that a higher power or God Source is the creator of all things

The energy alignment process is a feeling process. It is more than intellect or memorizing information. Complete understanding through accepting, feeling, and knowing is achieved with full concentration. It is important to focus one's total energy to thought as information is transferred to the subconscious mind to be stored for future recall (J. Perkins, personal communication, October 6, 2009). This energy alignment process, called metaphysics, can be used to answer a question or guide actions. The Lakota also use metaphysics such as dreams or visions to guide them. Metaphysics is the ability to sense energy or feelings in the body or mind (J. Perkins, personal communication, October 6, 2009).

The God Source is all energy with unlimited potential (J. Perkins, personal communication, October 6, 2009). The natural state of energy is balance or harmony, and people can affect that harmony by their energy. When people set their intentions, they call upon that energy and the God Source to reach their goals. Metaphysics are the "feelings" or energy sensed by the body (J. Perkins, personal communication, October 6, 2009). Engaging with and listening to the sensations from the God source leads to empowerment. The Native American lives in a way that shows respect for everyone and

everything. This originates from the spiritual belief that the great power is a part of all creation, is a universal energy in all of nature that cannot be imagined in a human form.

### **The Circle**

The Lakota use this same energy and higher connection to the God Source for guidance to holistic living and empowerment. They describe this as living within the circle. Living within the Lakota circle of life is good for *Mitakuye Oyasin* or “all my relations” according to L. Littlefinger (personal communication, October 7, 2009). Personal behaviors or attitudes within this circle include cooperation, group emphasis, patience, respect for others (especially the elderly), non-materialistic deeds, and cooperating and living with nature and all of creation (L. Littlefinger, personal communication, October 7, 2009). Living in the square world, where the Lakota believe most white people live, behaviors and attitudes are the opposite. Competition, individual emphasis, impatience, higher respect for youth, materialistic actions, and control over nature are practiced (L. Littlefinger, personal communication, October 7, 2009). Lakota people believe that inside the sacred circle is all that can keep them healthy (L. Littlefinger, personal communication, October 7, 2009). Circular thinking guides the Lakota to use only what is needed, never draining the resources. Square thinking of the white man is linear, thinking only of self and using resources at will, draining the supply (L. Littlefinger, personal communication, October 7, 2009). In the circle of life, the Lakota believe everything goes back to where it came from, almost like recycling. Two examples of Lakota circular thinking are that all spirits go to the Milky Way to wait to be born again, and the physical body goes back to dust (L. Littlefinger, personal communication, October 7, 2009).

L. Littlefinger stated that learning happens in four stages. Stage one is the lesson, stage two understands the lesson, stage three interprets the lesson, and stage four brings wisdom (personal communication, October 7, 2009). L. Littlefinger illustrated the four steps of learning using fire as an example. The lesson occurs when a hot fire is touched and causes a burn. "Sometimes it takes more than one time experiencing the lesson before understanding takes place" (L. Littlefinger, personal communication, October 7, 2009). Understanding happens with the realization that the fire is hot and causes a burn. Interpretation occurs when the person thinks about what else can be done with a hot fire such as heating or cooking. Wisdom is achieved when fire is used in an appropriate way for the good of all relations, and everything (L. Littlefinger, personal communication, October 7, 2009).

Watson's (2008) caring theory concepts or *caritas* are organized around a circle of caring. They are not independent of each other nor does the caregiver complete one before going onto another. They are also interactive in that caring is flowing between the caregiver and the person being cared for, not in a linear path, but in a circle. Caring affects both the nurse and the person being cared for. This human-to-human interaction promotes healing, teaches how to be human, contributes to continued spiritual growth and maturing, and "transcends the personal ego level of professional control and opens the nurse's intelligent heart and head to what is really emerging and presenting itself in the now-moment" (p. 79).

Watson (2008) contended that nurses must bring love and caring together in both their personal and professional lives, inviting a form of deep personal caring that makes nursing become much more than a job, rather a life-giving and life-receiving career,

encouraging lifetime learning and growth. The value assumptions of Watson's *caritas* guide encourage nurses to delve deeper into the meaning of what this caring-healing profession means personally, professionally, and to the profession of nursing.

Antecedents to caring include one's own experiences of love, caring, and compassion that motivate an intentional human action of commitment, include respect for self and others, and are accompanied by a natural desire to help or meet those in need (Arnold & Boggs, 2003). In order to be a caring person, one must be open to participating in a relationship with another person and willing to open up the higher energy level, the endless spiritual field of one's humanity (Watson, 2008).

### **Health and Wellness**

According to Hodgins and Hodgins (2008), "The Native American's focus of care is curative and promotes harmony with Mother Nature" (p. 14). It is through a medicine man or a Shaman, who the Lakota believe are picked by spirits, that the process of promoting equilibrium or restoring harmony begins and ends with such healing modalities as prayers, rituals or ceremonies, and sometimes physical medicine (mostly herbal) that can be ingested, smoked, or smudged (Hodgins & Hodgins, 2008). Rituals and ceremonies executed for healing are the Pipe Ceremony, the Sun Dance Ceremony, the Renaming Ceremony, the Ghost Dance, the Crying for Vision Ceremony, and the Inipi or Sweat Lodge Ceremony for purification of the mind, body, and spirit with steam (Rybak, Eastin, & Robbins, 2004).

One symbol sacred in Native American spirituality is the circle that represents life as a whole, the never-ending cycle of life, death, and rebirth (Rybak et al., 2004). The medicine wheel, a circle divided into four quadrants representing the four directions,

expresses the concept of harmony the Plains Indians use to represent wholeness of life and the meaning of health and balance symbolized by colors. The east as the spiritual path is represented by yellow, the south as the natural or peaceful environment by red, the west as the physical body by black, and the north as the mind or wisdom by white (Lowery, 1998). It is through relationships with nature and the spirits that the Lakota achieve health and wellness. Health depends on the interactions with the spirit world. Well-being occurs when one is in harmony with nature and the universe. Health is associated with goodness, and to achieve goodness, one is in harmony with ones environment. Disharmony, revealed as illness, disease, or disability may be a result of breaking a taboo or tradition.

### **Kinship/Family**

Kinship is central to the Lakota. The word Lakota means friends or allies (Cloud & Bucko, 2008). Intergenerational connections form the circle of healing between the sick person, his or her extended relations, the spirits, and the shaman or medicine person performing the ceremony to promote healing in a circular pattern of life (Voss et al., 1999). Rituals of healing generally include all family members and extended family members for ceremonial prayers and support, and they will often fill the patient's room or hospital waiting rooms when a relative is ill (Bucko & Cloud, 2008). Lowery (1998) affirmed,

Such experiences enhance their understanding of the spiritual and their knowledge of their relationship with all things. When one can see and feel this, meaning is given to the concepts of health and life. One can see the path to healing and one understands how to bring others along. Healing cannot be done alone or only at

the physical level. Healing is communal; and the communal and the relational is the spirit. (p. 130)

Native American Lakota people are known for their strength of family relationships by caring for anyone needing help even if they are not related by blood or marriage, and for being extra concerned for the elderly and young children who will carry this tradition forward (Crow Dog & Erdoes, 1990). Even today Native American Lakota men and women practicing traditional values will share what they have with anyone in need and will care for, protect, and teach each child as their own (Crow Dog & Erdoes, 1990). When addressing family relationships Crow Dog and Erdoes (1990) stated, "At the center of the old Sioux society was the *tiyospaye*, the extended family group, the basic hunting band, which included grandparents, uncles, aunts, in-laws, and cousins" (p. 12-13). Native Americans value family and often have a number of folks of closely related relatives living together creating a multigenerational family unit that during times of need are a resource for comfort, strength, assistance, and support (Arnold & Boggs, 2003). Light and Martin (1996) did a study of 32 American Indian women that measured family strengths. Using two of the areas of the Family Inventory of Resources for Management (FIRM) tool, the Extended Family Social Support subscale and the Esteem and Communication subscale, they found that Indian families have some family strengths that far surpass strengths of families in the general American population. The positive family strengths the study identified are extended family social support, personal relationships based on mutual respect, and optimistic outlooks. These positive strengths create additional social and economic resource for the family unit, increased satisfaction from helping others, and improved self-esteem that provide a strong foundation for

Native American people facing problems in today's society. The traditional belief concerning the importance of "relation" drives the Native American to support extended families as a common family structure (Tsai & Alanis, 2004).

Lineal descent traditionally runs in the female line, however depends on the tribe, because the women were considered progenitors of the nation: therefore, they owned and made the decisions regarding the land (Fitzgerald, 2010). Kinship is the most important quality of the Native American family.

Native American families have strong filial relationships with a deep respect for elders. It is often the grandparents who care for and teach the children because they have more time to spend with them (Crow Dog & Erdoes, 1990). It is the Native Americans' filial relationship between the grandparents and the children that allows the elderly the honor of teaching the young the traditional culture, values, and beliefs by sharing the knowledge and wisdom they acquired from life's experiences in a loving, caring, respectful way (Fitzgerald, 2010). Native American traditional values stress the importance placed on sharing, community contribution, cooperation, community, and the extended family (Tsai & Alanis, 2004). These ideals support the foundation of the multigenerational family unit.

In addition to the communication behaviors and expressions of emotion previously described, N. Volkman also uses his art as an external expression of emotion for the purpose of sharing his beloved culture with the rest of the world. The expression of traditional beliefs toward spirituality and nature are also expressed through his drawings, music, and dance. Fitzgerald (2010) speaks to the Native American's viewpoint on works of art: "In his sense of the aesthetic, which is closely akin to religious

feeling, the American Indian stand alone. That which is beautiful must not be trafficked with, but must only be revered and adored” (p.75).

### **Cultural Awareness**

To build an effective relationship with Native American Lakota patients, healthcare professionals need to develop an awareness of other cultures. Cultural awareness happens when the healthcare provider gains knowledge and insight of a culture from the worldview of the individual patient and becomes aware of the similarities and differences between one’s own worldview and the patient’s without assigning judgment (Walton, 2011). To increase cultural awareness, the healthcare professional needs to listen to the Native American Lakota patient because not all Native Americans practice traditional norms and practices, such as smudging or sweating for purification. Some Native people blend the old and the new ways while others reject the old ways completely (Walton, 2011). This requires a professional nurse to critically self-reflect, identify and remove biases and stereotypes, and enter the relationship with an open mind so culturally relevant care can be provided (Walton, 2011). Therefore, if healthcare professionals become culturally competent only by learning about Native American cultural practices without having cultural awareness of the individual Native American Lakota patient, culturally appropriate nursing care, the optimal mode of healthcare delivery, may not be given.

### **Theoretical Framework**

A theory puts together the founder’s concepts and empirical knowledge to develop a new or different way of doing things. One definition of a theory is “an imaginative grouping of knowledge, ideas, and experience that are represented



symbolically and seek to illuminate a given phenomenon” (Watson, 1985, p. 1). Like the premises that form the Lakota’s healing philosophy, caring is central to the practice and knowledge of nursing. Watson (2008) developed her caring science theory from her own beliefs, experiences, perceptions and values, and uses a transpersonal caring relationship as the basis for her model. Transpersonal caring is described as “seeking to connect with and embrace the spirit or soul of the other through the processes of caring and healing and being in authentic relation, in the moment” (Parker, 2006, p. 299). Watson’s (1985) theory views the human being as a whole (mind, body, and spirit) and emphasizes the human-to-human caring relationship as fundamental to professional nursing responsibilities, in addition to scientific knowledge, to create a healing practice. When comparing the conceptual framework of Watson’s (1985) theory with the major concepts from the healing philosophy of the Lakota, five distinct themes emerge: each (a) views the human being as a whole (mind, body, and spirit); (b) values deep caring-healing relationships; (c) connects the role of spirituality in healing work; (d) believes there is a connectedness to all; and (e) integrates art, science, beauty or nature and spirituality into the caring-healing modalities.

Watson’s caring science theory provides a framework to understand and apply holistic nursing care in a cultural setting, allowing for a guide to help professional nurses give culturally appropriate and meaningful healthcare for patients and their families. Essential elements or concepts of Watson’s (2008) theory that will be applied to this project include:

- Relational caring as ethical-moral-philosophical values-guided foundation
- Caring core: Ten Carative Factors / *Caritas Processes*

- Transpersonal *Caring Moment—Caring Field*
- Caring as consciousness—energy-intentionality-human presence
- Caring-Healing modalities. (p. 29-30)

As Watson's work continued to evolve, she expanded the concept of caring to include the dimensions of intentionality and expanded consciousness.

Relationship-centered caring is essential to healing, and Watson (2008) described different associations of relationship: practitioner-to-practitioner, practitioner to community, practitioner to patient and practitioner to self. Watson (2008) articulated:

Authentic caring relationship building is concerned with deepening our humanity; it is about processes of being-becoming more humane, compassionate, aware, and awake to our own and others' human dilemma. It is about human presence, authentic listening and hearing, being present for another in the moment. (p. 72)

The second major element of Watson's (2008) theory of human caring and the core of her theory are the ten carative factors that evolved to Caritas Processes. Practicing loving-kindness and equanimity, cultivating one's own spiritual practice--beyond ego, being authentically present, enabling a deep belief of other, being in the caring-healing environment, and allowing for miracles are core principles that resulted from expanding Watson's carative factors to include a change in awareness and encourage an expanded paradigm for the future of nursing where she hoped to encourage additional language for deeper understanding, interpretation, and consciousness of the original carative factors.

The third element of Watson's theory, transpersonal caring moment -- caring field-- happens in the present moment when the nurse and the patient connect at a spirit-spirit level, beyond the disease, diagnosis, physical appearance, personality or behavior, when the nurse really knows at a deeper level who that spirit filled person really is (Watson, 2008). The caring nurse brings knowledge, experience, and ways of knowing to this connection to facilitate the potential for holistic healing to occur.

Element four of Watson's (2008) theory is caring as consciousness—energy-intentionality-human presence, which transpires when the nurse practices in a loving, kind, compassionate, moral and ethically humane way and is authentically present and working from a more heart centeredness with intentionality. The nurse listens intently, being genuinely respectful of the patient's own feelings, thoughts, beliefs, and perception.

The final core element of Watson's (2008) caring science theory integrates art, science, beauty, and spirituality to form caring-healing modalities that Watson suggested have unlimited potential for healing including music, aroma, visual arts, dance, sound, movement, drama, theatre, design, storytelling, sacred healing architecture, psycho-architecture, and a mixture of energetic modalities. It is when the caring science nurse joins the humanities with scientific knowledge that the real art of nursing suggests itself.

Watson's caring science theory combines the humanistic aspects of nursing with scientific knowledge to provide a framework that brings the nurse and patient together, creating a healing environment that transforms both the nurse and the patient. The theory gives voice to the nursing profession and embraces a framework that lends itself to nursing with a cultural focus.

### **Literature Support of Watson's Theory**

Nursing literature indicates that Watson's theory has been used a great deal to advance the practice and knowledge of nursing. Clarke, Watson, and Brewer (2009), provided evidence of how the caring theory used as the professional theoretical model for nursing and other disciplines has advanced nursing by noting that increased numbers of Magnet hospitals are using the caring theory practices and an International Caritas Consortium has been developed allowing nurses from around the world to come together to learn about and practice the human dimensions of caring-healing. These developments not only have moved nursing forward as a scientific discipline but also have had an impact on global health (Clark et al., 2009).

Although not integrated globally, Caruso, Cisar, and Pipe (2008) described an innovational approach to incorporating Watson's theory into practice by engaging nurses from different practice settings in curriculum development and teaching, which provided nurses a definite process to define their nursing practice and heightened acceptance of the theory of human caring throughout the entire health system. The innovative approach was through the collaboration of nurses from different practice settings who were asked to teach the different components of human caring and to make the components understandable, explaining how they would be applicable and clinically focused to their practice.

Integrating the cultural experience of illness into nursing practice by using Watson's Model of Human Care, healthcare professionals can deliver more culturally appropriate and meaningful health care for diverse patients and their families. The literature review supports Watson's theory not only can be used to advance the practice

of nursing, but also can assist healthcare professionals to deliver culturally congruent holistic nursing care. Mendyka (2000) used Watson's theory as a way to interpret a cultural experience of illness within a holistic framework. Rexroth and Davidhizar (2003) choose Watson's theory and the Caring Dimension Inventory (CDI) to evaluate cultural variables and their effects on minorities' health and illness. This qualitative study suggests that patients and nurses perceive caring differently, but both recognize it. In an intensive care unit, a patient may initially consider caring having the more technical tasks of nursing met. As the patient begins to recover, interpersonal communicating represents a caring approach. Using the CDI, nurse practitioners will be able to develop increased insight and communication skills so they are able to measure their transcultural caring and sensitivity to their culturally diverse patients. This 10-year study will evaluate the effect that transcultural caring may have on culturally diverse population's health and illness.

Watson's caring model or theory of human caring is the framework for the art of nursing care that embraces nursing from a holistic view treating the mind-body-spirit. Watson (2008) takes the science of nursing, and adds the art of love and caring to create a model for nursing care. Using Watson's carative processes, a nurse is able to engage the patient in a healing environment, where caring is present along with the science of nursing, thus providing a better opportunity for healing to occur.

Nursing today must embrace both the science and the art of medicine. Patients are more open to the power of human-environment conditions, look for holistic medical approaches including mind-body-spirit cares, and are more involved in their health care and knowledgeable about what choices are available to them. Patients today, and nurses

as well, see healthcare as a partnership. This allows both parties to understand the concept and the need for caring.

Today's nurses must see nursing as more than tasks and embrace Watson's (2008) thoughts that when they include love and caring into their work, it is more than just a job. Nursing must take the lead in providing the example of how to incorporate love and caring into healing. It is imperative that professional nurses find new ways to provide culturally congruent healthcare by granting unconditional respect and support of the traditional values, beliefs, and healing modalities of Native American, Lakota people. One way to begin the journey of promoting health and wellness is by incorporating a culturally congruent patient care model when caring for the Oglala, Lakota people.

## Chapter Three: Practice Model/Project

As the patient population becomes more diverse, culturally competent nursing care needs to become the standard throughout the healthcare system. It is imperative that nurses be given the education and tools to partner with their culturally diverse patient population to plan and deliver culturally effective and acceptable nursing interventions. Culturally specific nursing interventions that diverse patients and families will accept can then impact current healthcare disparities for that population. A need was identified at a large Midwestern healthcare facility for a user friendly and more inclusive web based tool for healthcare providers to reference so nurses can provide culturally sensitive nursing care for their diverse patient population.

The Native American community is one of the many cultures cared for at this healthcare facility. The Midwestern medical facility has committed to purchasing new software that will be accessible to its three major sites and possibly expanded throughout its affiliated health system partners to use as a resource for its healthcare providers to gain cultural information about its diverse patient population. This chapter describes the project to provide updated information about the Native American culture that will be posted on the medical center's new transcultural resource web page. The project model, using Watson's theory as a framework, will depict information that healthcare providers can utilize as a visual tool to deliver culturally congruent care as they build relationship with Native American Lakota patients and their families.

Integrating Watson's (2008) caring science theory with the caring and healing philosophy of the Oglala, Lakota people allows for the conceptualization of a new professional practice model for advanced practice nurses to use while caring for the

Lakota patient and family. This culturally congruent patient care model focuses on using Watson's caring science theory to support greater well-being for the Native American, Lakota patient and family by using the conceptual framework of Watson's theory to build a deep trusting relationship that respects Lakota cultural values and beliefs, creating a healing environment.

The culturally congruent patient care model focuses on the patient and family's well-being. Five components are described in the model (Appendix A): (a) deep caring relationships; (b) a connectedness to all; (c) the role of spirituality in healing work; (d) the integration of art and science, beauty or nature and spirituality into caring and healing modalities; and (e) the view that human beings are composed of mind, body, and spirit.

The chairperson of the transcultural nursing committee at the major medical center agreed that more culturally relevant information about Native American culture was needed at the institution and welcomed the material from this project regarding Native American cultural information and relationship building strategies, along with the conceptual model that can be posted on nursing units for a visual learning tool (J. Lundberg, personal communication, July 12, 2012).

Watson's theory, already being used at the medical center, guided the development of this model along with extensive research, interviews, and observation-participation to gather Native American cultural information. This information was synthesized and the relationship between and among concepts was outlined and provided to a Lakota cultural guide for approval of accuracy and value. This Lakota guide artistically designed the conceptual model using these concepts.



### The Model

The Native American medicine wheel is used as a conceptual model (Appendix A) to increase knowledge about the Native American Lakota culture, using Watson's caring theory as a framework, to assist healthcare professionals in building relationship with the Native American Lakota patient. While this project focuses on the Lakota, the information can be used when working with other Native American tribes since much of the information is common throughout the Native American culture (N. Volkman, personal communication, May 11, 2012).

The first concept symbolized by the continuous outer circle with the words *CIRCLE OF LIFE and CARING* represents the Lakota circle of life: life, death, and rebirth, and Watson's (2008) circle of caring where the *caritas* processes are not independent of each other but are continuously and interactively flowing between the caregiver and the patient. A second concept the Native American Lakota and Watson share is the belief in a connectedness to all and is represented in the center of the model described by the Native American ethos *Mitakuye Oyasin*.

The third concept of Watson's theory, transpersonal caring moment—caring field, happens in the present moment when the nurse and the patient connect at a spirit-spirit level, beyond the disease, diagnosis, physical appearance, personality or behavior, when the nurse really knows at a deeper level who that spirit filled person really is (Watson, 2008). The caring nurse brings knowledge, experience, and ways of knowing to this connection to facilitate the potential for holistic healing to occur. Also in the center of the circle, a third concept, signifying the importance of kinship and family as deep caring-healing relationships is surrounded by the idea of living a good life by following

*The Good Red Road.* Concept four of Watson's theory is caring as consciousness—energy-intentionality-human presence, which transpires when the nurse practices in a loving, kind, compassionate, moral and ethically humane way and is authentically present and working from a more heart centeredness with intentionality. The nurse listens intently, being genuinely respectful of the patient's own feelings, thoughts, beliefs, and perceptions. The connection of the role of spirituality in healing work follows the fourth concept. Holistic nursing provides care to the mind, body, and spirit while the Lakota believe in the connection to a higher power for guidance to holistic living and empowerment. Practicing loving-kindness and equanimity, cultivating one's own spiritual practice--beyond ego, being authentically present, enabling deep belief of other, being in the caring-healing environment, and allowing for miracles are core principles that resulted from expanding Watson's carative factors. This expansion included a change in awareness and encouraged an expanded paradigm for the future of nursing where she hoped to encourage additional language for deeper understanding, interpretation, and consciousness of the original carative factors (Watson, 2008).

Finally, the fifth concept identified between Watson (2008) and the Native American community is the integration of art, science, beauty or nature, and spirituality into caring-healing modalities as shown throughout the other areas of the model. The final core concept of Watson's caring science theory integrates art, science, beauty, and spirituality to form caring-healing modalities that Watson (2008) suggested have unlimited potential for healing including music, aroma, visual arts, dance, sound, movement, drama, theatre, design, storytelling, sacred healing architecture, psycho-architecture and a mixture of energetic modalities.

It is when the caring science nurse joins the humanities with scientific knowledge that the real art of nursing suggests itself. To understand Native American culture, it is imperative the healthcare professional has access to information about the Native American person's values, beliefs, practices, knowledge, experiences, meanings, hierarchies, attitudes, religion, notion of time, roles, spacial relationships, concepts of the universe, material objects and possessions, rituals and ceremonies (Appendix B). In the model, the two outside feathers represents common Native American traits and behaviors with other Native American characteristics included within the circle (Appendix A).

George (2011) suggests that values, race, culture, beliefs, past experiences, expectations, and preconceived ideas of both the nurse and the patient are factors that influence the nurse-patient relationship depicted in the center feather of the model pointing up to the middle of the wheel (Appendix A). To develop a functional nurse-patient relationship the nurse must go beyond understanding the Native American Lakota list of values, beliefs, and customs, and acquire cultural awareness through recognizing the similarities and differences of these factors in each person. It is through becoming familiar with the Lakota ways and their world view toward health and healing and curing along with a cultural self-assessment that an individual becomes aware of one's own feelings and perception that leads to a nurse patient and family relationship and a therapeutic encounter.

### **Web Based Informatics**

One important element to becoming culturally competent is to acquire the knowledge about the ethnocultural group that the healthcare professional will be caring for. Requests for more cultural information to be available for healthcare professionals at

a large Midwestern medical center have been made to the medical center's Transcultural Nursing committee, which led to the decision to purchase updated software. It is essential to develop relationships in order to provide a holistic plan of care that patients and families will both understand and accept. When seeking this cultural knowledge regarding values, beliefs, traditions, and practices, healthcare providers must be open-minded, non-judgmental and respectful. The information should be used in partnership with the patient and family to plan holistic nursing care. Because information about the Native American culture was minimal and not correct on the nursing web page at this Midwestern medical center, the nursing staff requested more cultural information be available to healthcare providers. Therefore the information for this project was developed and offered to the chairperson of the Transcultural Nursing committee. The Transcultural Nursing committee will be responsible for disseminating the information about the Native American culture to the nursing staff when the updated transcultural nursing website is available. Nurse educators will provide the training needed to access and navigate the web site through educational sessions and will be available as resources if nursing personnel need further instruction.

It is currently unclear when the medical institution's new software will be installed and the web site will be available, so for the purpose of this project the current medical institution's transcultural resources web page format was used to update Native American information (Appendix B). The web site information is offered for healthcare providers to learn general information about the Native American culture in order to better care for and support Native American patients and families. This updated Native American cultural information includes demographics, language and communication,

cultural views on time, family structure, religion and spirituality, rituals and ceremonies, sacred objects, dietary practices and nutrition, and views on health and illness, and healing rituals. When the new system and web site become available, the information will then be adapted to the new structure.

Providing culturally congruent, holistic nursing care to a Native American patient and family requires a healthcare professional to become culturally competent. Discovering available information about Native American culture at the large Midwestern medical center for healthcare professionals' use was outdated and minimal, provided the author an opportunity to develop better resources with relevant cultural information for the healthcare staff. Working with a Lakota cultural guide and the medical center's Transcultural Committee chairperson, the current information on Native American culture has been updated and a model of care developed. The next chapter will discuss the evaluation of the project and the practice model's effectiveness at the large Midwestern medical center.

## Chapter Four: Discussion/Evaluation of the Model

When healthcare providers are asked to deliver multicultural healthcare to diverse populations, culturally congruent holistic nursing care should be provided with the goal of promoting health and wellbeing to potentially decrease health inequities. To do this requires available resources that provide culturally accurate information for the healthcare provider. As described in chapter two seeking healthcare at a large Midwestern medical center in greater numbers today are the underprivileged Native American Lakota, which led to the development of the model, *Traditional Native American~ The Lakota Example: Developing Cultural Awareness~ Empathy Toward a Harmonious Nurse –Patient Relationship* (Appendix A), and the upgrading of relevant and accurate Native American Lakota cultural information (Appendix B) that will be included on the medical center's newly designed transcultural web site.

Literature supports the value of providing culturally sensitive nursing care as explained in chapter two. Nurse theorists, such as Leininger (Leininger & McFarland 2006), Watson (2008), Peplau (1952) and others have spoken to the importance of the nurse-patient relationship. In order to develop a nurse-patient relationship, the nurse must gather relevant cultural data, perform culturally sensitive assessments, and provide culturally congruent care.

The Transcultural Nursing committee identified the need for a better resource for healthcare providers to provide culturally relevant and accurate information about the Native American Lakota patient. Meetings with the Transcultural Nursing committee chairperson at the Midwestern medical center confirmed the need. It was at one of these meetings that the request to share this project with nursing staff was made. The

committee chairperson acknowledged receiving calls from some of the medical center's healthcare providers asking for better cultural tools to be established for their use, which led to the purchase of new software for the web site.

As a result of working through the transcultural nursing committee, the project information (Appendix B) and the model (Appendix A) will be included on the newly designed web site and dissemination of the information and education of the web site will begin. Once the nurse educators throughout the institution are trained to use the new transcultural web resource, they will unveil the information about the updated transcultural web site and its use to healthcare providers. A demonstration and train-the-trainer model could be implemented. A competency could also be developed for nurses that would document that the information was presented and learning could be measured.

Once this project has been executed at the Midwestern medical center, its success and effectiveness could be evaluated in multiple ways. First, a count of times the web site is visited by healthcare providers could be assessed along with the amount of time each visit spent at the site. Also, a quick survey of questions such as: Was this information helpful? , Was the information easy to access?, and Does the model display relevant information? could be included on the home page of the web site. Also, all providers who contacted the Transcultural Nursing committee requesting better cultural information should be alerted of the new web site and follow up with them should assess the sites usefulness. User feedback can confirm ease of use and the pertinence of the information. The model could also be printed and posted on all nursing units as a visual tool to learn about the Native American Lakota culture as well as a reminder that a cultural assessment is important. This information may be shared with the medical

center's other two sites, its health system providers, and formal given presentations when requested.

Providing a tool for healthcare providers that is quickly accessed, relevant, and easily understood for healthcare providers to enhance their cultural knowledge is essential. Nurses must formulate culturally sensitive assessments as they build relationships with a patient and family so together they can plan culturally satisfactory, holistic nursing care acceptable to both the patient and patient's family. Chapter five will summarize the project's implications and include personal reflections and conclusions.



## Chapter Five: Conclusions, Recommendations, and Reflections

**Conclusions**

As the profession of nursing continues to define itself, expand its knowledge, revise, explain, and develop new nursing theories, it is crucial that every member of the profession understand how to build relationship with a growing diverse population seeking healthcare today. Healthcare providers, delivering culturally congruent holistic nursing care to Native American patients, may use this model to decrease health disparities of the Native American population.

Globalization is bringing more cultures into relationships with each other than any other time in history. Those cultures are assimilating less and preserving their native rituals, beliefs, experiences, values, attitudes, roles, and concepts of their culture (Ray, 2010). Transcultural nurses need to know how to provide holistic, culturally appropriate nursing care to the many diverse cultures seeking healthcare today. Nurses must know how to and have the desire to become culturally competent by expanding their knowledge about different cultures in an expedient manner. It is essential that transcultural nurses become familiar and open to other cultural beliefs and practices as they develop the plan of care with their clients. Asking a patient what it means to belong to his or her culture is one way for healthcare providers to learn about a patient's native culture. Additionally, accurate cultural information must be available for healthcare providers that can be accessed quickly and easily, such as through the transcultural nursing web site.

It is imperative that the nursing profession view the world as multicultural and that nurses learn what issues cultural diversity may generate as they strive to deliver competent nursing care (Leininger & McFarland, 2006). Nursing today must embrace

both the science and the art of medicine. Patients are more open to the power of human-environment conditions, look for holistic medical approaches including mind-body-spirit cares, and are more involved in their health care and knowledgeable about what choices are available to them. Patients today and nurses as well see healthcare as a partnership. Partnerships are built through relationships. Cultural experiences, education, and a willingness to be open to informing one's views will be of assistance as healthcare providers become culturally competent. Continued self-reflection is important in order to deliver culturally competent nursing care.

As nurses practice the art of nursing by delivering care in a compassionate, caring, deeply human way, they must demonstrate a sense of cultural awareness. All nurses must become educated so that culturally congruent care becomes a standard of care that all patients receive and all nurses give. As patients face difficult times and illnesses, nurses being present physically and emotionally helps patients build trust. A successful relationship depends on many elements including the interaction between the thoughts, feelings, and experiences of each person and the development of trust. The patient will experience better health if a successful nurse-client relationship is built that allows for all the patient's needs to be fully considered promoting a true partnership.

This project exemplifies the importance of healthcare professionals to enhance their cultural awareness as they journey into relationship with the Native American Lakota people to build a partnership that will identify and meet their healthcare needs. Through this relationship, I was able to identify culture care, values, and beliefs important to Native American Indians. Through my exploration, I was able to develop an accurate web based information resource for nurses.

Building a relationship with Native American patients and their families includes all the previously identified skills along with a great deal of patience. Working toward relationship with Native Americans does not come in an orderly step-by-step fashion; instead the transcultural nurse must first build trust. Trust does not come easily for Native Americans, perhaps because of all the broken promises experienced in their history. Through consistent behaviors and patience, trust can be built. Once trust is established, then the transcultural nurse can begin applying the other skills to further construct the relationship. Through relationship, a nurse is able to guide and support the Native American patient and family as they identify concerns or issues and assist them as they discover acceptable solutions to those issues, thus moving toward the ultimate goal of reducing healthcare inequities for the Native American population. Learning how to build strong relationship bridges with the Native American is significant to nursing practice so that a professional nurse can respond appropriately and sufficiently to the patient's needs while delivering holistic nursing care.

### **Implications for Advanced Practice Transcultural Nursing**

Integrating Watson's (2008) caring science theory with the caring and healing philosophy of the Oglala, Lakota people allows for the beginning conceptualization of this new professional practice model, *Healthcare of the Traditional Native American~ The Lakota Example: Developing Cultural Awareness~ Empathy Toward a Harmonious Nurse -Patient Relationship* (Appendix A), for nurses to use while caring for the Lakota patient and family. This culturally congruent patient care model focuses on using Watson's (2008) caring science theory to support greater well-being for the Lakota patient and family by using the conceptual framework of Watson's theory to build a deep

trusting relationship that respects Lakota cultural values and beliefs and creates a healing environment. Learning how to build strong relationship bridges with the Native American is significant so that a professional nurse can respond appropriately and sufficiently to the Native American Lakota patient's needs while delivering holistic nursing care. Having a web-based resource available, the culturally competent nurse can then plan and deliver culturally appropriate interventions.

### **Considerations**

Antecedents to caring include one's own experiences of love, caring, and compassion that motivate an intentional human action of commitment, including respect for self and others, and are accompanied by a natural desire to help or meet those in need (Arnold & Boggs, 2003). In order to be a caring person, one must be open to participating in a relationship with another person and willing to open up the higher energy level, the endless spiritual field of one's humanity (Watson, 2008).

Nurses who are unaware of cultural beliefs, values, and customs may find it difficult to provide culturally acceptable, holistic nursing care that a Native American patient and family accepts and may not have developed the skills to build strong trusting relationships. Hospital policies may not allow or support offering spiritual practices, rituals or ceremonies, or the practice of alternative medicine. It is imperative that a professional nurse finds new ways to provide culturally congruent healthcare by granting unconditional respect and support of the Lakota people's traditional values, beliefs, and healing modalities. One way to begin the journey of promoting health and wellness is by incorporating the culturally congruent patient care model when caring for the Oglala, Lakota people.

### **Personal Reflections**

This experience was transformative for me because it sparked my desire to look for a new path that encourages nurses to practice human-caring along with more traditional nursing duties and to look for further education concerning the need for transcultural nursing education.

I had the opportunity to travel to Pine Ridge Indian Reservation in October, 2009 to work with and learn from the Native American Lakota people living there. The trip was an emotionally moving experience for me and others as we discovered that there is a “third world country” right in our back yard. The living conditions on Pine Ridge revealed that 97% of the population is living below the poverty level, they have an unusually high unemployment rate, their life expectancy is well below the average of the dominate culture, and percentages of common health conditions for Native Americans are higher than the U.S. national average (U. S. Department Of Health And Human Services, 2012).

Educational assignments led me to discover that building a relationship with Native Americans was difficult and commanded me to question why. As I searched for tools, techniques, and cultural information available in the literature to learn how to build relationship with Native Americans and what information about the Native American culture was accessible for healthcare providers at a large Midwestern medical center, I discovered information was minimal and my project was born.

### **Summary**

It is essential that healthcare providers today take the delivery of healthcare to an all new level far beyond the medical model that focuses on the science of disease, to

include culturally-based worldviews of their diverse patients and families as they plan and deliver holistic nursing care. Health care facilities must provide accurate cultural information that can be easily and quickly accessed as healthcare providers plan multicultural health care interventions. This project can be used by non Native American nurses to provide a structure for engaging in relationship with Native American Lakota patients and families to plan and provide healthcare services that may change the health disparities of these indigenous people.

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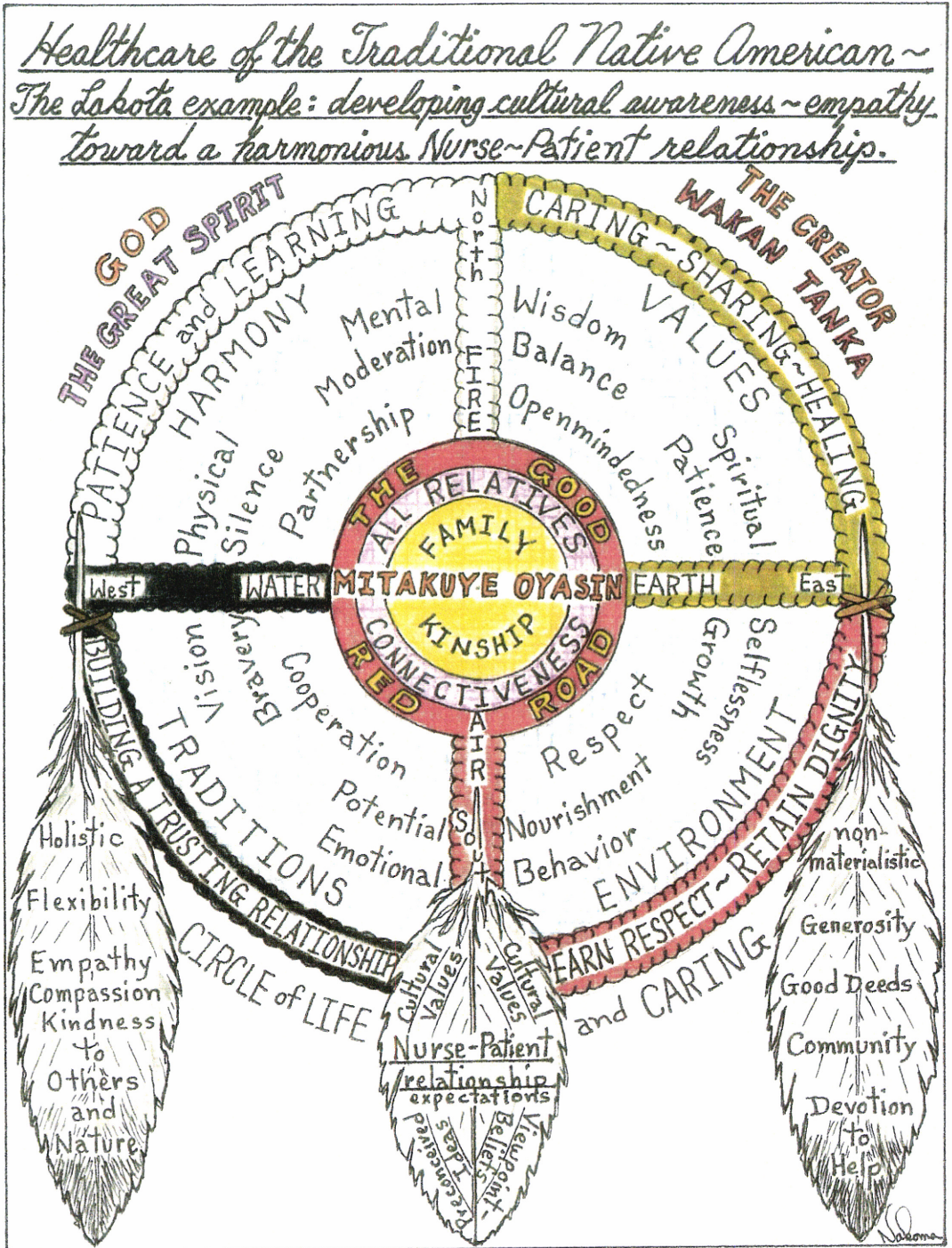
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Appendix A



## Appendix B

**Transcultural Resources**

As healthcare providers, we regularly provide care to individuals whose ethnicity, language, and culturally based beliefs about health and illness may be quite different from our own. These differences have important implications for patient care and for our effectiveness as providers. To provide culturally sensitive care, we need to understand and appreciate group and individual similarities and differences.

This resource shares information to help us provide culturally sensitive care and support to our diverse patients and their families. The goal is to provide general information about various cultures to help us better care for and support patients and families of these cultures. It is essential that we note and respect each patient and family for individual variations.

**Native American (Lakota)**

Healthcare providers must seek to understand and respect the wide spectrum of beliefs, behaviors, and attitudes toward health/wellness and illness of the diverse populations, known as American Indian and Alaska Native (AI/AN) also referred to as Native Americans. Hopefully the information in this document will generate greater understanding and culturally acceptable actions to reduce health disparities in healthcare that affect Native American people. The terms Native American and American Indian are essentially synonyms and are used interchangeably when referring to the indigenous

(aboriginal) peoples of the Americas. While each tribe has their own language, beliefs, rituals and ceremonies, there is cultural commonality within all Native American tribes. Native Americans may choose to follow traditional practices or combine traditional practices with western medicine, while others may choose to not follow any traditional ways. It is critical to assess about their tribal tradition.

### **Demographics**

- 565 federally recognized tribes/nations in 34 states.
- 126 tribes/nations applying for recognition.
- 2010 U. S. Census recorded approximately 2,932,248 AI/NA in the nation, .09 percent of the total population. This number reflects an 18.4 percent increase in this population since 2000.
- American Indian's in Minnesota number 60,916 or 1.1 percent of Minnesota's total population up 10.8 percent since the 2000 census.
- Minnesota's American Indian population is projected to increase to nearly 63,700 by 2035.
- There are 11 tribes/nations in Minnesota with greater than 1,000 patients served by the larger Midwestern medical each year.

### **Language/Communication**

- Of the 300 original languages spoken approximately 106 remain.
- Most Native Americans speak English; however, some Native Elders may speak only their Native Language.

- May use storytelling about another person or relative and/or metaphors and anecdotes to give meaning when answering healthcare provider's questions and to take the focus away from themselves.
- Listening is valued over talking.
- Calmness and humility are valued over speed and self-assertion or directedness.
- Not easily express physical pain – taught to resist expression of pain.
- Word “medicine” is used to denote actions, traditions, ceremony, remedies, and other forms of prayer or honoring the sacred.
- Conversation pace
  1. A long period of silence between speakers is common – do not assume that is the end of the conversation.
  2. In general Native Americans speak in a low tone of voice.
  3. Interruption of the person speaking is considered extremely rude.
  4. Important for caregiver to slow down use calm, clear, direct communication.
  5. When listening use gestures that acknowledge paying attention.
  6. Humor is part of the sacred way and that people need to be reminded of their own foolishness.
  7. Humor between caregiver and patient acceptable and may lead to positive comfort and rapport with one another.
  8. Withdrawal may be used as a form of disapproval.

- Questions should convey message of caring, not indicate idle curiosity about culture and cultural practices. Excessive questioning misleads the Native American to think the healthcare provider is being invasive or not listening.
- Non Verbal communication
  1. Physical distance of several feet is the comfort zone.
  2. Eye contact is to not be direct, only briefly direct; gaze may be directed over the shoulder out of respect or concern for soul loss.
  3. Emotional expressions may be controlled *except* for humor.
  4. Body movements are minimal - modest people.
  5. Touch not conventional, *except a* handshake that is more of a light passing or brush of hands.
  6. Hugs rarely done – do not initiate.

### **Cultural Views on Time**

- Relaxed, unhurried, cyclical.
- Present orientated and “in the moment”.
- Focused on the present called “Indian Time” rather than on the future – have difficulty incorporating the future into present day plans.
- Consider possible problems with non-adherence to scheduled appointments.

### **Family Structure**

- Promotes group harmony and cooperation.
- Family includes traditional kinship and extended family members and friends and/or entire clan – not limited to blood relatives.
- Family is of paramount importance and core unit of Native American society.



- They appreciate personal space in healthcare settings because relationship with family and friend is extremely important to them.
- Elders are respected and listened to when decisions are being made and they help counsel and care for the children.
- Women are the traditional caregivers.
- Younger people are expected to respect and care for elders and take pride in their culture - they often leave home to become educated, then return to help their families and tribes.

### **Religion/Spirituality**

Religious affiliation and practices are an individual decision. Both traditional and a variety of Christian religions are practiced. The American Indian traditional religious practices were restricted by the U.S. congress prior to the passage of the 1978 Indian Freedom of Religion Act. There are basic concepts about Native American spirituality that occur in most Native American religions; however, there are different ways that vary from nation to nation of expressing ones spiritual beliefs. Common traditional spiritual concepts that a Native American may follow traditionally or combine with Christian religious traditions while in the hospital include the following:

- Respecting and nurturing life and spirits is the core to Native American spirituality.
- The great power of creation is called The Great Spirit, Great Mystery, Wakan Tanka (Lakota), Gitchi Manitou (Algonquin), Ussen (Apache), Orenda (Iroquois), Maheo (Cheyenne), Taiowa (Hopi), Tam Apo (Shoshone), and other names used by other Nations.
- Relationship with spirit is nurtured through prayer and rituals.

- People and nature are interconnected.
- The Creator's Spirit is alive and in all things in the universe – in every animate and inanimate form of life and is sacred.
- All things are created equal and equal respect should be given to all things.
- Creator is never punishing or mean but is full of joy and magnificent love that encircles all that desire.
- All forms of life depend on all others. The words *Mitakuye Oyasin* mean all are relatives, all are one expressed by Chief Seattle that “whatever happens to the Earth it will happen to the children of the Earth.”
- Head and hair are considered sacred.
- Each person is to follow The Good Red Road, which means to live in balance and harmony with the universe and spirit world or “walk in a sacred way.”

### **Sacred Objects**

- Medicine bag or medicine bundle is a collection of objects with spirit power and sacred meaning. These bundles are to be treated with great respect, and patients may ask to keep them near even when going into surgery. If given a bundle for safekeeping, it is both a great honor and momentous responsibility.
- Do not touch sacred items.
- In an emergency, keep sacred items with patient if at all possible.
- Examples of sacred objects are the sacred pipe of the Lakota, stones, shells, sweet grass, sage, tobacco, feathers, and a medicine wheel used with prayer, and other objects with sacred meaning.

**Rituals and Ceremonies**

- Smudging with sage, sweet grass, tobacco, or cedar may be requested. To smudge involves a feather or fan to spread the smoke of burning herbs over a person, space, or object for purification. The smoke carries prayers to the Creator.
- Tobacco should be used for prayer, protection, respect and healings. Tobacco is medicine and is often given as a gift of friendship.
- Chants, songs, and drum or rattle songs performed by tribal singers are very emotionally healing for the patient. The drum represents the heartbeat of mother earth.
- The Inipi Ceremony or “sweat lodge” is a purification ceremony where prayers and the calling of spiritual ancestors for help are involved.
- When conditions do not allow a ceremony, the spiritual leader may perform the ceremony on their behalf; other things such as oils may be substituted, or the ceremony may be moved to a more acceptable area.
- May cut a piece of hair from deceased.
- Provide room for ceremonial purposes – give privacy.
- Ask what tradition is for amputation of body parts – transplantation.

**Dietary Practice/Nutrition**

- Traditional diets are high in fruit, nuts, beans, fish and lean meat, and primarily low in fats; however, current dietary intake of fatty foods and simple sugars has increased, which was encouraged by government subsidized commodity programs food sources.
- Eating is a social activity and sharing food is a way hospitality is shown.

- Fasting is a traditional part of preparing for ceremonies and spiritual discernment. Sometimes fasting is a part of body cleansing of toxins. Traditional foods may be requested during rituals or ceremonies.

### **Health/Illness Beliefs/ Healing Rituals**

Western medicine is usually accepted and sought by the American Indians although they may use traditional medicine along with biomedical treatments. The medicine man may be consulted and can be an important part of their treatment in identifying the spiritual cause of the health problem. Traditional medicine is holistic and behavior oriented.

- The sick role is generally exhibited as a stoic presentation with minimal verbal interaction.
- Healing is considered sacred work.
- Traditional healing systems focus on balancing mind, body, and spirit. Native American groups have practiced the holistic approach to healing for thousands of years.
- Health for the individual, family, or tribe depends on the interactions with the spirit world. Well-being occurs when one is in harmony with nature and the universe.
- Illness is a sign of divergence with the forces of nature and the universe and causes disharmony in spirit, mind and body.
- Supernatural forces cause illness while rituals and ceremonies restore the sick person to balance and harmony.

- Curing takes place through rituals that restore the sick person to balance and harmony.
- Health is equated with goodness and goodness is found only in people who are in harmony with their environment.
- Harmony, therefore health, is maintained through practices, rituals, and ceremonies such as sweat lodges, smudging, and herbal remedies.
- Treatment of an illness may include closeness of loved ones to offer emotional support.
- A woman's menstrual cycle (on her moon or moon time) is an important time of power. Women on their moon may not participate in some ceremonies.
- Cycle of life includes birth, naming, childhood, adolescence, marriage, child rearing, old age, and death; all stages are valuable and have rituals to mark passages.
- The path of life is a spiritual journey not just a physical one.
- Death is natural and necessary in circle of life.
- Various beliefs on how to care for the body after death to prepare the spirit for the journey to reunite with the creator.

### **Summary**

This data provides general information about this culture. It is essential that the care providers assess and respect each patient and family for individual variability.

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