

Utilisation of a Native American nursing conceptual framework: implications for practice and research

AUTHORS

John Lowe

RN, PhD, FAAN
Wymer Distinguished Professor
Florida Atlantic University
Christine E. Lynn College of Nursing
3200 College Avenue, Davie, Florida
jlowe@fau.edu

Lee Anne Nichols

RN, PhD, Associate Professor
University of Tulsa School of Nursing
800 South Tucker Drive
Tulsa, Oklahoma
lee-nichols@utulsa.edu

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ABSTRACT

Objective

To explore how Native American nurses and non-Native American nurses perceive how the Nursing in the Native American Culture conceptual framework can be utilised in nursing practice and research.

Setting

The Eleventh Annual Indian Nursing Education Conference in Eau Claire, Wisconsin in the United States of America (USA).

Participants

A total of 50 female and six male participants who were Native American nursing students, Native American nurses, and non-Native American nurses who were nursing educators and/or delivered health care to Native American populations.

Main outcome measures

Participants were placed into 14 small groups and were asked "What is the usefulness of the Native American Nursing conceptual framework in guiding nursing practice and research?" The small groups were allotted 45 minutes to dialogue and answer the research question. Each group recorded field notes of their discussion.

Results

Overall themes emerged from the data that relate to the usefulness of the conceptual framework for nursing practice and research which include: (a) serves as a cultural foundation in practice, (b) supports and guides the value for personal and professional growth, (c) guides research when investigating and exploring Native American phenomenon that are health related, and (d) guides the development of cultural appropriate nursing and health care resources.

Conclusions

The Nursing in the Native American Culture conceptual framework should be used as a guide when planning and implementing health care and research with Native American populations. Health care providers and researchers should utilise the conceptual framework to establish trust and commitment to deliver care and conduct research in a culturally respectful manner.

INTRODUCTION

Nurses who are Native American, also known as American Indian, Alaskan Native, Native Hawaiians, and Indigenous Americans, practice the art and science of nursing in a unique manner. The availability of Native American conceptual frameworks and theories for use as guiding frameworks for research and nursing practice is sparse. Thus, there is a dearth of Native American culturally appropriate and culturally sensitive nursing models suitable to guide nurses in their nursing practice, research, education, and administration. As a result, both Native American nurses and non-Native American nurses working with indigenous populations often use non-Native American models that are not appropriate. Concepts such as spirituality, balance, harmony, circular, oneness, non-interference, humility, respect, honour, visionary, tradition, connectedness and self-determination are concepts that Native American people understand and should be included in nursing models that guide care for Native Americans. Nurses require models that utilise Native American concepts and contain cultural knowledge, beliefs, values and traditions. When Native American principles are used as a basis for practice, models appropriate for use with Native American populations emerge.

Moreover, nurses need culturally specific Native American information to assist with practice approaches. Weaver (1999) found that nurses need various information to assist them in providing culturally appropriate nursing care to Native Americans. These include knowledge about: (a) cultural factors, (b) health beliefs, (c) diversity among Indigenous nations, (d) historical facts, (e) skills in listening and communication, and (f) proficiency in being open-minded and non-judgmental.

Native American nurses constitute only 0.3% of the 2,909,357 total registered nursing population in the USA (Office of Minority Health 2010). Yet in many nursing research and practice settings, there is little acknowledgement of the perspectives of the first inhabitants of the USA. Native American nurses have been noted to approach the art and science of nursing in a distinct manner based upon and within their cultural worldview and philosophy (Struthers and Littlejohn 1999). The Nursing in the Native American Culture conceptual framework describes how Native American nurses approach the profession of nursing (Lowe and Struthers 2001). The need to describe and explore the nature and essence of Native American nursing has been addressed during annual Native American nursing summits. A total of 395 Native American nurses, non-Native American nurses, and nursing students who provide care to Native American people participated in a study to describe how nursing in the Native American culture is delivered and practiced (Struthers and Littlejohn 1999). Figure 1 depicts the seven dimensions of caring, traditions, respect, connection, holism, trust and spirituality that emerged from the data.

Figure 1: Model of the dimensions of Nursing in the Native American culture.

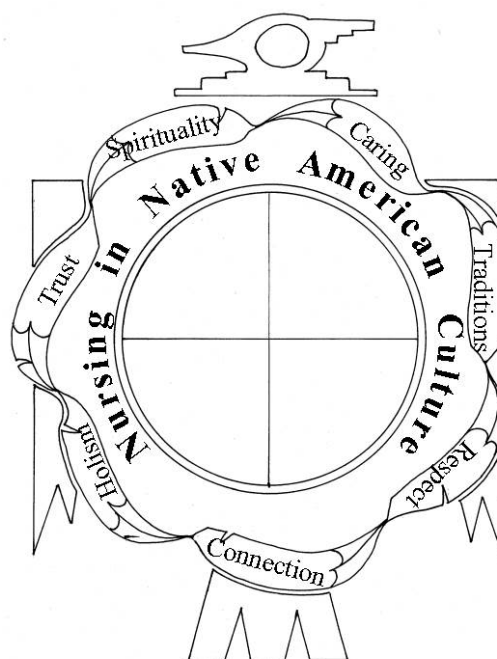


Figure 2 displays the seven dimensions and their various characteristics and components.

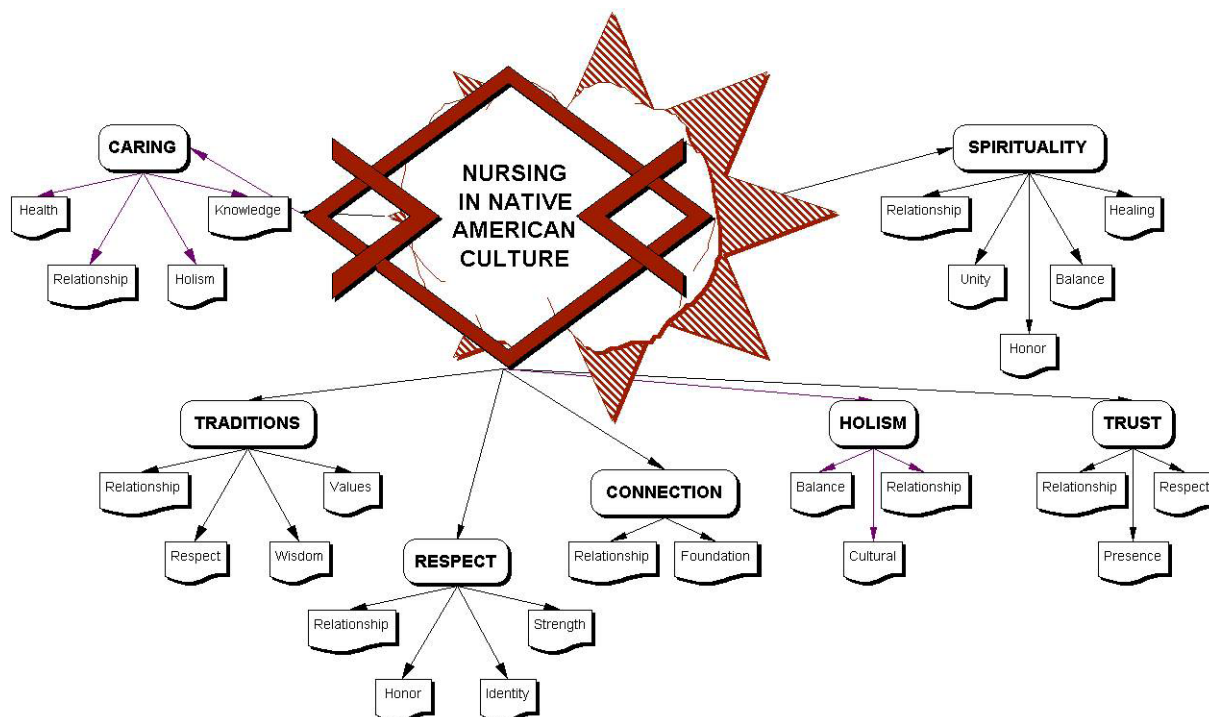


Figure 2: Model of the dimensions and characteristics of Nursing in the American culture

The dimension of caring embodies characteristics of health, relationships, holism, and knowledge. The characteristic of health relates to humor, forming partnerships, fearlessness, dignity, passion, and sensitivity. The characteristic of relationship includes being nonjudgmental, using presence, unconditionality, trust, partnership, nurturing, connecting, and love. The characteristic of holism pertains to healing the body, mind, and spirit. The characteristic of knowledge involves listening, validating self and others, instinctiveness, and reflecting.

The dimension of traditions includes the four characteristics of relationship, respect, wisdom, and values. The characteristic of relationship includes acknowledging family, community, tribe, and communing. The characteristic of respect involves elders, acceptance, privacy, and sensitivity. Wisdom relates to strength, knowledge, learning and discovery, and exploring. The characteristic of values includes Native medicine, old ways, ceremonies, and rituals.

The dimension of respect includes the characteristics of relationship, honour, identity, and strength. The characteristic of relationship refers to presence and compassion. The characteristic of honour involves elders and stories. Identity as a characteristic is further described as awareness, acknowledgment, and defining. The characteristic of strength entails the components of learning, listening, trusting, and understanding.

The dimension of connection includes the characteristics of relationships and foundation. The characteristic of relationships involves honouring all people, the past, the present, the future, harmony with nature, honouring the nursing profession, sharing and anticipating, and exploring similarities and differences. The characteristic of foundation relates to building, healing, taking risks, creating togetherness, cohesiveness, unfolding, interrelating with all, weaving, and transforming.

The dimension of holism comprises the characteristics of balance, culture, and relationship. The characteristic of balance involves silence, male, female, non-compartmentalisation, flowing with harmony, and pursuing

peace. The characteristic of culture relates to spirituality, beliefs, and healing. The characteristic of relationship involves interacting nonverbally, honour, being nonjudgmental, a common language, trust, family, and community.

The dimension of trust consists of the characteristics of relationship, presence, and respect. The characteristic of relationship pertains to responsibility to self and others. The characteristics of presence relates to sharing and breaking barriers. Respect as a characteristic involves confidentiality and integrity.

The dimension of spirituality embodies the characteristics of relationship, unity, honour, balance, and healing. The characteristic of relationship comprises touching, learning, and utilising traditions. The characteristic of unity relates to transcending boundaries and pursuing oneness. The characteristic of honour involves the appreciation and respect. Balance as a characteristic involves destiny and centring oneself with Mother Earth and caring for self. The characteristic of healing relates to gifting, praying, and resonating with the Great Mystery.

Together, these dimensions, characteristics and components define and elaborate a conceptual framework of nursing in the Native American culture. Figure 1 depicts the model of the conceptual framework that is formed in a circle which indicates the circular holistic world view of the Native American culture. The roundness portrays the interrelatedness, intertwining, and interlacing of all seven dimensions. Figure 2 displays the dimensions and how their characteristics are categorised. The central symbol portrays a sunrise which illustrates a new beginning in Native American culture.

REVIEW OF THE LITERATURE

Only a few nursing studies within the last 20 years have used the fundamental knowledge of Native American culture as a foundation and as a guide to conduct research and the delivery of health care. An example of an appropriate theoretical framework for Native American families is reflected in the use of the Indigenous concept of harmony to describe the 'harmonising' approach indigenous families use in caring for their children with middle ear infection (Wuest 1991). By harmonising the care, the families were able to progress towards healing their child's illness instead of trying to control the outcome of the illness.

Struthers (2000) described the spiritual order of traditional Native American systems and how this concept was a base for the meaning and essence of the lived experience of Ojibwa and Cree women healers. This study identified seven themes that illuminate the healing art of Indigenous women healers and documented how nurses can employ these traits in their role as a holistic healer. In another study, Nichols (2004) developed a conceptual framework of Native American philosophy that serves as a guide to study Cherokee mothers. Seven subtle patterns of infant care, that relate to sources of family strength and resiliency, emerged from the data which is unique and distinctly different from other non-Native American models. Lowe (2005, 2002) used the concept of self-reliance to investigate the Cherokee way of life. The Cherokee self-Reliance Model emerged from the ethnographic data which is a model that is harmonious with the worldview of the Cherokee culture. The promotion of the self-reliance of the Cherokee has been found to promote the holistic health of the Cherokee. The model has been used to guide several school-based substance abuse and HIV/AIDS prevention/intervention studies for Cherokee adolescents (Lowe et al 2011; Lowe et al 2009; Lowe 2008, 2006). The findings from these studies provide examples of how Native American knowledge is utilised to develop culturally appropriate research and nursing models, which can serve to guide nursing practice for Native American populations. While this is a great beginning, the need for nurses to have accessible Native American nursing models to guide their practice and research looms large.

A few Indigenous frameworks related to cultural health beliefs and values have been developed such as the Indigenous School Health framework developed by a collaborative effort by several Indigenous representative

from around the world to design a common framework for school health programs for Indigenous schools and communities (National Collaborating Centre for Aboriginal Health, 2010). Another Indigenous framework, the Maori health model of Te Whare Tapa Wha, depicts the concept of 'te whare tapa wha' which illustrates the four dimensions of Maori well-being (Mason Durie 1998).

Concepts within nursing models that are not Native American specific are not always appropriate for Native American populations. Concepts such as spirituality, balance, harmony, circular, oneness, non-interference, humility, respect, honour, visionary, tradition, connectedness and self-determination are concepts that have meaning and understanding to Native American people. While some studies use these concepts in models and research, a significant gap exists. Very little attention has been given to the identification and development of culturally appropriate Native American concepts within nursing models that guide nursing education, practice and research (Lowe and Crow 2009; Crow 1993). It is evident that nurses continue to need culturally appropriate models to assist them in caring for Native American populations. The purpose of this study was to explore how Native American nurses and non-Native American nurses perceive how the Nursing in the Native American Culture conceptual framework can be utilised in nursing practice and research.

METHOD

Research Design

This study used the focus group method for collecting data. Focus groups are a useful means of data collection particularly where little is known about the phenomenon of interest. Focus groups provide an excellent method for obtaining insights, perceptions, and attitudes of people in a dynamic group interaction setting. The exploration and discussion of a selected topic within a comfortable, permissive environment to obtain insider perceptions, feelings and thoughts can be done by using the focus group methodology (Krueger and Casey 2009). As a methodology that can be sensitive to cultural variables, focus groups are being increasingly used in cross-cultural research (Winslow et al 2002).

Sample

Demographic details for the participants are shown in table 1. The age of the participants ranged from 22 to 55 years and above. Of the 56 participants, 50 were female and 6 were male. Educational levels varied including: (a) nursing students, (b) Bachelor of Science (BSN) nurses, (c) Master of Science (MSN) nurses, and (d) Doctoral (PhD) nurses. The participants included: (a) Native American nursing students enrolled in nursing programs in Arizona, Florida, Montana, North Dakota, Oklahoma, and South Dakota; (b) Native American nurses; and (c) non-Native American nurses who are nursing educators and/or deliver health care to Native American populations. Participants were asked to identify if they were Native American or another race. Fifty participants identified as being Native American and six participants identified as being Caucasian.

Table 1: Demographic profile of participants (n = 56)

Gender	Age	Race	Educational level
Female = 50	37(66%) = 20-40 years	Native American = 50	Student = 28
Male = 6	11(20)% = 41-54 years	Caucasian = 6	BSN = 13
	8(14%) = 55 + years		MSN = 11
			PhD = 4

Procedure

The setting for this study occurred at the Eleventh Annual Indian Nursing Education Conference in Eau Claire Wisconsin in the USA. The purpose of the conference was to address: (a) leadership, (b) culturally congruent strategies to enhance recruitment and retention of Native American nursing students, (c) Native American

healing practices, (d) nursing care, (e) reducing health disparities, (f) the incorporation of Native American health and wellness concepts into nursing care plans for Native American people.

A 90 minute plenary session was conducted on the third day of the conference in a lodge nestled in a picturesque rural setting. This particular session was titled 'The Utilisation of a Native American nursing conceptual framework'. The session was facilitated and moderated by two researchers who are the authors of the conceptual framework.

At the beginning of the session, the overall objectives and the importance of each Participants' contributions were reviewed. The nursing in the Native American culture conceptual framework was introduced and explained through handouts and visual aids. These included the seven dimensions of: (a) caring, (b) tradition, (c) respect, (d) connection, (e) holism, (f) trust, and (g) spirituality.

Fourteen small groups were formed among the 56 participants. All of the 56 participants were asked to take a piece of folded paper from a container. Each paper had a number from 1-14 which was dispersed equally among 56 pieces of paper. Participants with the same number created one small group. The average number of participants in each small group was four. This increased the potential for participation, input and discussion by everyone versus one large group. Also, this provided an equal dispersion among participants representing different tribes, gender, age, and the inclusion of a non-Native American participant.

The participants were conference attendees who were: (a) Native American nursing students, (b) Native American nurses, and (c) non-Native American nurses who deliver health care/education to the Native American population and/or were interested in Native American health issues. Written consent to participate in the study was obtained from all of the participants. Demographic data was collected that revealed multiple tribes across the USA were represented.

Each small group was asked to answer the following question: "What is the usefulness of the Native American nursing conceptual framework in guiding nursing practice and research?" The small groups were allotted 45 minutes to dialogue and answer the research question. Each small group recorded field notes of their discussion. Following the group discussions, a plenary session with all of the 56 participants was conducted. The field notes were summarised from the discussions that occurred among the participants. These were recorded on a flip chart and individual small group field notes were given to the researchers to be used as data. Analysis of the data was conducted by the moderators who debriefed immediately after to review how the process evolved and discuss what the research participants had said during the small group discussions and in the following plenary session. Using content and theme analysis, themes and associating quotes that emerged from the data were reviewed and discussed collaboratively (Krueger and Casey 2009).

FINDINGS

The small group discussions yielded information that provides an expanded view of how to use the Nursing in the Native American Culture conceptual framework in relation to nursing practice and research. Using content and theme analysis, two overall themes relating to nursing practice and two overall themes relating to nursing research emerged from the information obtained from the participants (Miles 1990; Spradley 1980). The overall themes that describe how the conceptual framework is and can be utilised in nursing practice include: (a) serves as a cultural foundation in practice, and (b) supports and guides the value for personal and professional growth. The overall themes that describe how the conceptual framework is and can be utilised in nursing research include: (a) guides research when investigating and exploring Native American phenomenon that are health related, and (b) guides the development of culturally appropriate nursing and health care resources.

Serves as a cultural foundation in practice

Findings from the data revealed the conceptual framework provides a cross-cultural foundation that can be utilised by all nurses, including Native American nurses and non-Native American nurses. For example, participants stated:

This conceptual framework can be used as a tool for any nurse to better understand other cultures. The seven dimensions can be applied and used when providing care to any culture.

This provides a holistic view of people and stimulates nurses to consider the culture of their patients.

Every small group specifically reported that the conceptual framework is useful for the provision of culturally appropriate nursing care to all people of the various Native American tribes. Examples of remarks by participants include:

It [conceptual framework] can also be used to provide cultural sensitive training for non-Native American nurses regarding Native American nursing and culture.

This will help all nurses when providing care to Native American clients and their families.

Non-Native nurses can be assisted with understanding Native American thought processes.

The necessary outcome of providing cultural, relevant and competent care can be enhanced and facilitated by the use of the conceptual framework.

Supports and guides the value for personal and professional growth

Participants in each group also reported discussion concerning the ability to provide culturally competent care effectively as a result of using the conceptual framework was of “high personal and professional value”. Particularly, the value of personal and professional growth was noted extensively. For example, participants remarked that:

The conceptual framework provides an avenue for nurses to seek the balance between spirituality and nursing practice ... the value of treating the whole person. This can be done within the nurse/client relationship, by respecting the client and family, making connections, honouring traditions, and forging trusting relationships.

Participants noted these to be intricately interlaced within the conceptual framework and it “provides nurses with an ability to grow both as a person and as a nurse”.

Participants also related that personal and professional growth also occurs within the areas of an “internal practice philosophy and an external practice philosophy”. The participants noted, “the two must be congruent to have Indigenous oneness”. The internal practice philosophy was described as the “use of Indigenous traditions such as the use of feathers, dream catchers, tobacco, sage, sweet grass and a sacred place from which to operate”. This was further explained and discussed in relation to maintaining centeredness, balance, harmony, and wholeness that emanates from the spirit. Participants discussed and described the philosophy of ‘external practice’ as relating to ‘the importance of the physical setting such as design, lighting, fresh air, and pleasant sounds’. In particular, the ‘availability and use of silence is a necessary component of the external aspect’. The participants noted that the conceptual framework provided for the ‘integration of the internal and external practice philosophies’ and thus the ‘intention of providing Indigenous care’ [culturally competent care] is operationalised.

Participants reported that job satisfaction and thus the recruitment and retention of nurses would also be enhanced as a result of personal and professional growth. The participants who were Native American

remarked that using the conceptual framework to practice in an 'Indigenous holistic manner' would facilitate their growth by 'validating them as Native American nurses'.

Guides research when investigating and exploring Native American phenomenon that are health related

Participants noted the conceptual framework had use with guiding nursing research. As a starting point, the conceptual framework can be used to guide research when investigating and exploring Native American phenomenon that are health related. The conceptual framework can serve as a guide to give meaning and understanding to indigenous terms, concepts, and cultural constructs of Native Americans. Participants stated:

Many times research of Native people is approached from a framework that is not congruent with the culture of Native Americans.

A term or concept might be interpreted or mean something different in another culture and if not used correctly, it could be misleading when used in a research project.

The dimensions of respect and trust are very important to understand when doing research with Native people.

Guides the development of cultural appropriate nursing and health care resources

Participants also reported research that has been guided by the conceptual framework would be useful in the development of cultural appropriate nursing and health care resources. These resources were noted by participants to be in the form of:

Materials that guide cultural competent care to Native American clients, families and communities.

Definitions of indigenous terms, concepts, and cultural constructs and their applicability to practice.

Materials that explain and describe the appropriate use of non-western treatment and care modalities and interventions.

Participants also noted the conceptual framework could be used to study outcomes of health care delivery modalities. Studying the effects of using the conceptual framework to provide care in comparison to using western bio-medical frameworks/models/theories was also suggested. The participants remarked "this would help in validating the use of a cultural appropriate conceptual framework". Other suggestions by participants related to the use of the conceptual framework to investigate the outcomes of care that has been guided by an integrated approach of using both the conceptual framework and western bio-medical frameworks/models/theories.

DISCUSSION

The participants noted the value of the conceptual framework in relation to the assurance of cultural appropriateness and attention necessary in nursing practice and research. This value has also been noted by several nursing scholars (Purnell and Paulanka 2008). The conceptual framework was perceived as providing meaning to cultural concepts so nurses can provide health care and conduct research in a cultural competent and proficient manner which is necessary in a world of multiple worldviews (Leininger and McFarland 2002).

The conceptual framework was also perceived to have value in providing a structure for how to use cultural knowledge in both practice and research. The preservation of Indigenous values, beliefs, and traditions derived from an Indigenous Native American worldview should be maintained during the provision of health care and conducting research among Native Americans.

CONCLUSIONS

There are many unique challenges when providing health care and conducting research among Native American communities. It is imperative that the delivery of health care and research be done in a manner that is culturally appropriate to the needs of the Native American community where care is being delivered or where research is being conducted (Nichols et al 2002). The conceptual framework can be used as a guide when planning and implementing health care or a research project with Native American populations. Participants noted that the conceptual framework dimensions of 'respect' and 'trust' can be a very helpful guide. Health care providers and researchers can utilise the conceptual framework to establish trust and commitment to deliver care and conduct research in a culturally respectful manner.

RECOMMENDATIONS

Nurses conducting research that involves Native American participants and Native American health issues, should be expected to use the conceptual framework to inform their work. Nurses who work among a Native American population should utilise the conceptual framework as a guide for cultural appropriateness when addressing the health care needs both in practice and research.

Additionally, further research should be done on each of the seven dimensions, characteristics, and components of the conceptual framework to further delineate their usefulness to nursing practice and research. The applicability of the conceptual framework to other Indigenous and Aboriginal populations around the world should also be explored. Further studies could explore the conceptual framework's application in an actual clinical setting. These efforts would enhance the development of the conceptual framework in its journey towards becoming an evolving theory.

REFERENCES

- Crow, K. 1993. Multiculturalism and pluralistic thought in nursing education: Native American world view and the nursing academic world view. *Journal of Nursing Education*, 32(5):198-204.
- Krueger, R.A. and Casey, M.A. 2009. *Focus groups: A practical guide for applied research* (4th ed). Sage: California
- Leininger, M. and McFarland, M.R. 2002. *Transcultural Nursing: Concepts, Theories, Research and Practice*. (3rd ed). McGraw-Hill: New York.
- Lowe, J. 2002. Cherokee self-reliance. *Journal of Transcultural Nursing*, 13(4):287-295.
- Lowe, J. 2005. Being Influenced: A Cherokee Way of mentoring. *Journal of Cultural Diversity*, 12(2):37-49.
- Lowe, J. 2006. Teen intervention project – Cherokee (TIP-C). *Pediatric Nursing*, 32(5):495 – 500.
- Lowe, J. 2008. A cultural approach to conducting HIV/AIDS and HCV education among Native American adolescents. *Journal of School Nursing*, 24:229-238.
- Lowe, J. and Crow, K. 2009. Utilization of a Native American Nursing conceptual framework to transform nursing education. *International Journal for Human Caring*, 13(3):56-64.
- Lowe, J., Riggs, C. and Henson, J. 2011. Principles for establishing trust when developing a substance abuse intervention with a Native American community. *Journal of Creative Nursing*, 17(2):68-73.
- Lowe, J., Riggs, C., Henson, J. and Liehr, P. 2009. Cherokee self-reliance and word-use in stories of stress. *Journal of Cultural Diversity*, 16(1):5-9.
- Lowe, J. and Struthers, R. 2001. A conceptual framework of nursing in Native American culture. *Journal of Nursing Scholarship*, 33(3):279-283.
- Mason Durie. 1998. *Whairora Maori health development*. Oxford University Press: Auckland, NZ.
- Miles, M.B. 1990. New methods for qualitative data collection and analysis: Vignettes and pre-structured cases. *Qualitative Studies in Education*, 3(1), 37-51.
- National Collaborating Centre for Aboriginal Health, 2010. *A framework for Indigenous school health: Foundations in cultural principles*. University of Northern British Columbia: Prince George, BC.
- Nichols, L. A. 2004. The infant caring process among Cherokee mothers. *Journal of Holistic Nursing*, 22:226-253.
- Nichols, L.A., Lowe, J. and Parker, J. 2002. Researching with respect. *Minority Nurse*, Summer, 78–80.

Office of Minority Health. 2010. United States of America Department of Health and Human Services.

Purnell, L.D. and Paulanka, B.J. 2008. The Purnell model for cultural competence. In: Purnell, L.D., Paulanka, B.J. (eds.), *Transcultural health care: A culturally competent approach* (3rd ed). F.A. Davis: Philadelphia

Spradley, J. P. 1980. Participant observation. Fort Worth, TX: Hold, Rinehart and Winston.

Struthers, R. (2000). The lived experience of Ojibwa and Cree women healers. *Journal of Holistic Nursing*, 18(3)261-279.

Struthers, R. and Littlejohn, S. 1999. The essence of Native American nursing. *Journal of Transcultural Nursing*, 10(2)131-135.

Weaver, H. N. 1999. Transcultural nursing with Native Americans: Critical knowledge, skills, and attitudes. *Journal of Transcultural Nursing*, 10(3)197-202.

Winslow, W.W., Honein, G. and Elzubeir, M.A. 2002. Seeking Emirati women's voices: The use of focus groups with an Arab population. *Qualitative Health Research*, 12(4)566-575.

Wuest, J. 1991. Harmonizing: A North American Indian approach to management of middle ear disease with transcultural nursing implications. *Journal of Transcultural Nursing*, 3(1)5-14.