Research studies have indicated many benefits of providing culturally competent care. Campinha-Bacote and Munoz state that a direct relationship exists between culture and health and that of the many variables known to influence health beliefs and practices, culture is the most influential. In addition, patients who are less dissatisfied with their care are less likely to discontinue their treatment, particularly if their cultural beliefs are taken into account. Although cultural traditions and practices vary greatly among and within the approximately 500 different American Indian tribes, some similarities do exist.

In this article, I provide nurses who work with American Indian clients in critical care situations information needed to facilitate administration of culturally competent care. The focus of the article is similarities among the different tribes.

Demographics

The terms American Indian, Native American, and Alaska Native refer to one of the smallest racial minority groups in the United States, a group that consists of descendants of the original people indigenous to the North American continent. The US Census Bureau defines American Indians and Alaska Natives as “people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.” Of the 281.1 million persons included in the 2000 US census, 4.1 million reported they were American Indian or Alaska Native. This number included 2.5 million who reported they were solely American Indian or Alaska Native and 1.6 million who reported they were American Indian or Alaska Native as well as one or more other races. Within this last group, the most common races included with American Indian and Alaska Native were white (66%), black or African American (11%), and white and black (6.8%); “some other race” accounted for 5.7%. The approximately 4.1 million persons who identify themselves as American Indian make up more than 500 different tribes. Among these tribes are Plains Indians, such as the Apache, Comanche, and Sioux; the Five Civilized Tribes, such as the Cherokee, Choctaw, and Seminole; Pueblos, such as the Navajo and Zuni; and Alaska Natives, which include Eskimos, Aleuts, and other Indians in Alaska. Since 1970 the Native American population has increased by 140%, because more and more persons are claiming Indian heritage. Table 1 lists data from the 2000 US Census Bureau on the number of Native Americans and other racial groups in the United States.

American Indians live predominately in 26 states, including Alaska. In the 2000 census, more than half of all persons who reported they were American Indian lived in 10 states. The states, in order of the number of American Indian inhabitants, are California, Oklahoma, Arizona, Texas, New Mexico, New York, Washington, North Carolina, Michigan, and Alaska. Of all respondents who reported they were American Indian, 43% lived in the West, 31%
in the South, 17% in the Midwest, and 9% in the Northeast. Although many American Indians remain on reservations and in rural areas, just as many live in cities, especially on the West Coast.

**Healthcare for Native Americans**

Access to adequate healthcare has been a problem for many American Indians because of barriers such as poor or no roads, isolated living, lack of adequate transportation or money for gasoline, and lack of healthcare providers in the area. In addition, one third of American Indians live below poverty level. In order to address this problem, the Indian Health Service (IHS) was established in 1954 with the goal of raising the health status of American Indians to the highest possible level by providing health services to this population. However, IHS services are mostly in the western, rural part of the United States, so American Indians in the East and in most urban areas are not covered by IHS services. American Indians must show proof of Indian descent and live in an IHS service area to receive IHS health care.

**Health Problems of Native Americans**

Alcoholism is the most widespread and severe problem in the American Indian community. It is the major mental health problem and contributes to unintentional injury, chronic liver disease, cirrhosis, suicide, spouse abuse, fetal alcohol syndrome, teen pregnancy, sexually transmitted diseases, and homicide. The risk for cardiovascular disease, diabetes, renal disease, and gallbladder disease is also increased. The seriousness of many of these diseases often necessitates hospitalization in critical care areas of healthcare facilities. In the critical care setting, nurses must be able to assess and plan for culturally competent care in order to provide the best care possible for their clients. Table 2 compares the prevalence of causes of death in American Indians with the prevalence in the US population as a whole.

**Avoidance of Stereotyping**

When caring for an American Indian client, it is very important to avoid stereotyping. Cultural issues such as spirituality, language, and healthcare, as well as racial characteristics such as skin color, vary greatly among tribes and in families within tribes. For example, some American Indians have converted to Christianity, some retain their American Indian spirituality, and some practice a mixture of both Christianity and American Indian spirituality. Some American Indians speak their native language as a first language, with either English, or in the southwest, Spanish, as a second language. When a language other than English is being spoken as a first language, nurses must assess whether a translator should be present. Some American Indians adhere to Western medical regimens when ill, some rely on traditional Indian medicine, and some use a mixture of both. Skin color among members of different American Indian tribes may vary from light brown to very dark brown. A person with very dark brown skin may have 100% American Indian blood and have no cultural identity with American Indian heritage or traditions, whereas a blond-haired, blue eyed person may have a lesser degree of American Indian blood, but identify very strongly with American Indian traditions and culture. American Indians who practice both American Indian ways and mainstream American ways are termed bicultural. Because of this biculturalism, nurses must do an accurate assessment of cultural patterns for each client and avoid any stereotyping.

**Religion and Spirituality**

Many American Indians practice traditional religion, a belief in the

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**Table 1** Racial groups in the United States

<table>
<thead>
<tr>
<th>Group</th>
<th>No. of persons</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>281,421,906</td>
<td>100.0</td>
</tr>
<tr>
<td>One race</td>
<td>274,595,678</td>
<td>97.6</td>
</tr>
<tr>
<td>White</td>
<td>211,460,626</td>
<td>75.1</td>
</tr>
<tr>
<td>Black or African American</td>
<td>34,658,190</td>
<td>12.3</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>2,475,956</td>
<td>0.9</td>
</tr>
<tr>
<td>Asian</td>
<td>10,242,998</td>
<td>3.6</td>
</tr>
<tr>
<td>Native Hawaiian and other Pacific Islander</td>
<td>398,835</td>
<td>0.1</td>
</tr>
<tr>
<td>Some other race</td>
<td>15,359,073</td>
<td>5.5</td>
</tr>
<tr>
<td>Two or more races</td>
<td>6,826,228</td>
<td>2.4</td>
</tr>
</tbody>
</table>

---

**Table 2** 1992-1994 Indian Health Service age-adjusted death rates: American Indians compared with entire US population

<table>
<thead>
<tr>
<th>Cause of death</th>
<th>% greater in American Indians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholism</td>
<td>579</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>475</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>231</td>
</tr>
<tr>
<td>Accidents</td>
<td>212</td>
</tr>
<tr>
<td>Suicide</td>
<td>70</td>
</tr>
<tr>
<td>Pneumonia and influenza</td>
<td>61</td>
</tr>
<tr>
<td>Homicide</td>
<td>41</td>
</tr>
</tbody>
</table>
Great Spirit. The following passage illustrates this belief:

_The Great Spirit is in all things; he is in the air we breathe._

_The Great Spirit is our father, but the earth is our mother._

_She nourishes us, that which we put into the ground she returns to us._

Big Thunder,
Wabanaki Algonquin

The IHS has issued a memorandum reaffirming the rights of American Indians to conduct spiritual and healing ceremonies in healthcare facilities and also directs IHS healthcare providers to be attuned to the total needs of clients to provide culturally competent and congruent care.5 For example, traditional Navajos start their day with a prayer in which they ask for harmony with Nature and for health and blessings to help persons exist in harmony with the earth and the sky.7 Although it might not be possible to allow all spiritual and healing ceremonies to be performed in the critical care unit, nurses should be advocates for adapting these practices as much as possible and allowing them to be held within the nurses’ specific units.

Communication

An understanding of important aspects of American Indian communication is extremely helpful for critical care nurses who wish to establish a mutually satisfying relationship with American Indian clients.5 First of all, critical care nurses must understand the importance of nonverbal communication. American Indians are comfortable with long periods of silence, and interest is shown through attentive listening skills. In contrast to European Americans, American Indians usually take time to carefully consider and think about what they want to say before speaking, so it is important to allow time for them to respond to questions.6 Many American Indians who visit family members in the hospitals show their support by silence. When trying to elicit information on a patient’s health status, nurses should use declarative statements such as, “You have a cough that keeps you awake at night,” and then allow time for the patient to respond to the statement.3

Many American Indians consider it rude to talk in a loud voice and rude to make direct eye contact. They also have a greater requirement for personal space, and touch is sometimes unacceptable unless one knows the person well. American Indians expect that nurses will pay attention and listen carefully. It is impolite for a listener to say “huh” or to give an indication that he or she did not hear; therefore, critical care nurses should make an effort to speak in a quiet setting where they can be heard easily.3 When communicating with an American Indian about an illness, nurses should be careful how the words “positive” and “negative” are used. The statement “your tumor test was positive” could be misconstrued to be good news that no cancer cells were present.8

Many American Indians are stoic about expressing pain. This stoicism can lead to ineffective treatment for pain. Critical care nurses should be aware that lack of complaints about pain does not necessarily mean the client is not experiencing pain, and nurses must be alert to nonverbal cues and physiological indicators of pain. Nonverbal cues could include grimacing, becoming immobile, withdrawing from activity and socialization, holding the painful area, breathing with increased effort, and becoming restless.7 Physiological responses could include muscle tension; tachycardia; rapid, shallow respirations; increased blood pressure; dilated pupils; sweating; and pallor.6

Traditional Indian Medicine

Traditional Healers

The use of traditional healers to restore a person to optimal health physically, mentally, or spiritually is practiced among American Indians. A traditional healer may be either a medicine man or a medicine woman who is a very respected person and who is believed in some tribes to be divinely chosen.10 It is not unusual for traditional American Indians to have a healer visit them in the hospital and perform healing ceremonies in conjunction with Western medicine.

Healers must first diagnose an illness, and then they may treat the illness or call in a healer specialist to treat it. An example of a diagnostic ceremony would be “pollen or sand sprinkled around the sick person, while the diagnostician sits with eyes closed facing the patient, their hand begins to move during the song, while the hand is moving the diagnostician thinks of various diseases and causes, when the arm begins to move in a certain way, the diagnostician knows the right disease and cause have been discovered and is able to prescribe the proper treatment.”7 Variations of this ceremony include chanting performed as a sand painting is produced, with the shape of the painting determining...
the cause and treatment of the illness. In some tribes, medicine men or women are called “singers.” If a ceremony called a “sing” is performed, then “things should come back into balance and the person should return to health.”

Critical care nurses should not discourage traditional healers from performing healing or spiritual ceremonies if a client and/or the client’s family deems such a ceremony necessary. However, care should be taken not to adversely affect other patients in the critical care unit.

**Purification**

Purification is used to maintain harmony with Nature and to cleanse body and spirit. Purification can be accomplished by total immersion in water or by use of sweat lodges, herbal medicines, and special rituals. Sometimes sage, cedar, or other materials are burned to purge a hospital room or area of evil spirits and disease. Critical care nurses should work with clients and the clients’ family members to suggest non–fire-based ways for purification, such as sprinkling ground sage or cedar around a client’s bed and/or room.

**Artifacts**

Traditional American Indians may bring artifacts into the room, such as mussel shells, feathers, hair, stones, sweet grass, corn pollen, bones, and beaded art work. Religious items such as Bibles, crosses, books of inspiration, or handicraft work may also be brought. These materials are commonly arranged on a decorative cloth on a night stand within the patient’s reach and should not be disturbed. In many critical care settings, it may not be possible to place these objects within a patient’s reach; in these instances, critical care nurses should make sure the objects are within sight of the patient.

**Medicine Bags**

Preventive medicine sometimes consists of carrying an object or a pouch filled with items given to the person by a medicine man or woman to ward off evil spirits. Some of these items, such as a medicine bag, are worn on the person and are not to leave the person for any reason. If a patient must go to surgery, the medicine bag could be placed in a clean or sterile bag and taped to the patient’s body or otherwise sent with the patient. Critical care nurses should make sure American Indian clients are allowed to practice this custom, because this practice contributes to the mental well-being of a person, and removal of this item causes stress.

**Food**

For Native Americans, food has major significance beyond nourishment. Life events are celebrated with food; food is the center of all dances and of many religious and healing ceremonies. Elderly American Indian patients are less likely than younger patients to change diets but may be willing to change methods of food preparation or the amounts eaten. Critical care nurses should arrange for elderly patients to have a nutritional consultation with a dietician, if necessary.

**Care of the Body After Death**

Care of the body after death varies among tribes, but usually the body must go to the afterlife as whole as possible. Some tribes select female members to help prepare the body for its journey to the “other side.” The selected persons wash the patient’s hair and body and sometimes provide selected belongings to be placed with the body and put the body in a culturally specific position rather than having it lie supine, as is common in modern Western medicine. Autopsy and organ donations are unacceptable to traditional American Indians.

**Family**

Most American Indians have a strong sense of family. Their concept of family is not restricted to blood relatives. Adoption of nieces, nephews, uncles, sisters, cousins, grandparents, mothers, and so on is a common occurrence. Hospitalized clients may have more than 100 relatives who want to visit and/or sing for the clients’ recovery. Even though many relatives may come, usually 1 or 2 family members assume responsibility as primary caregivers. Critical care nurses should ascertain which family members are functioning as primary caregivers and provide explanations of visitation rules to those members. Sometimes family and friends will visit and camp on the lawn, play drums, sing, and/or pray for the Creator’s help. Critical care providers should arrange times for the singing when other clients are not sleeping.

**Assessment**

A basic question that could be used by critical care nurses to begin to elicit cultural information about a client would be, “Is there anything I need to know that will help me in providing care to you?” An assessment tool that can be used to further...
assess the client is the Heritage Assessment Tool (Table 3). The answers to a set of 29 questions are used to describe a client’s ethnic, cultural, and religious background. Use of this tool should guide critical care nurses an understanding of a client’s traditional health and illness beliefs and practices so that culturally appropriate care can be planned. The greater the number of positive responses, the greater is the degree to which the person may identify with his or her traditional heritage.

**Conclusion**

Because of the increasingly multicultural society within the United States, professional nurses need expertise and skills in the delivery of culturally appropriate and culturally competent nursing care to minority populations. Members of one of these populations, American Indians and Alaska Natives, have many diverse traditions and practices. If the goal of critical care nurses is to provide the best possible care for these clients, the nurses must understand the cultural differences that may create conflict and result in less than optimal outcomes. In addition, the nurses must have expertise and skill in the delivery of culturally appropriate and culturally competent nursing care. To plan effective interactions and develop appropriate responses to American Indians, professional nurses must begin to familiarize themselves with cultural traditions specific to this population.

**References**


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**Table 3 Heritage assessment tool**

1. Where was your mother born?
2. Where was your father born?
3. Where were your grandparents born?
   A. Your mother’s mother?
   B. Your father’s mother?
   C. Your father’s father?
   D. Your father’s father?
4. How many brothers ______ and sisters ______ do you have?
5. What setting did you grow up in? Urban ______ Rural ______
6. What country did your parents grow up in? Father ______ Mother ______
7. How old were you when you came to the United States?
8. How old were your parents when they came to the United States?
   Mother ______ Father ______
9. When were you growing up, who lived with you?
10. Have you maintained contact with:
    A. Aunts, uncles, cousins? (1) Yes (2) No
    B. Brothers and sisters? (1) Yes (2) No
    C. Parents? (1) Yes (2) No
11. Did most of your aunts, uncles, cousins live near your home?
    (1) Yes (2) No
12. Approximately how often did you visit family members who lived outside of your home?
    (1) Daily (2) Weekly (3) Monthly (4) Once a year or less (5) Never
13. Was your original family name changed? (1) Yes (2) No
14. What is your religious preference?
    (1) Catholic (2) Jewish (3) Protestant Denomination (4) Other (5) None
15. Is your spouse the same religion as you? (1) Yes (2) No
16. Is your spouse the same ethnic background as you? (1) Yes (2) No
17. What kind of school did you go to?
    (1) Public (2) Private (3) Parochial
18. As an adult, do you live in a neighborhood where the neighbors are the same religion and ethnic background as yourself? (1) Yes (2) No
19. Do you belong to a religious institution? (1) Yes (2) No
20. Would you describe yourself as an active member? (1) Yes (2) No
21. How often do you attend your religious institution?
    (1) More than once a week (2) Weekly (3) Monthly (4) Special holidays only (5) Never
22. Do you practice your religion in your home? (1) Yes (2) No
    If yes, please specify (3) Praying (4) Bible reading (5) Diet (6) Celebrating religious holiday
23. Do you prepare foods special to your ethnic background? (1) Yes (2) No
24. Do you participate in ethnic activities? (1) Yes (2) No (if yes, please specify)
    (3) Singing (4) Holiday celebrations (5) Dancing (6) Festivals (7) Costumes (8) Other
25. Are your friends from the same ethnic background as you? (1) Yes (2) No
26. Are your friends from the same ethnic background as you? (1) Yes (2) No
27. What is your native language?
28. Do you speak this language? (1) Yes (2) No (Occasionally) (3) Rarely
29. Do you read your native language? (1) Yes (2) No

This tool is most useful in setting the stage for assessing and understanding a person’s traditional health and illness beliefs and practices and in helping to determine the community resources that will be appropriate to target for support when necessary. The greater the number of positive responses, the greater is the degree to which the person may identify with his or her traditional heritage. The one exception to positive answers is the question about whether or not a person’s name was changed.

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Bibliography

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