

Augustana College
Chapel of Reconciliation

The Ethics of Culture in Nursing and Healthcare

Mary Isaacson

16 March 2009

Good Morning! I would like to thank Dr. Bowman for his patience and persistence, oh I mean for asking me to be a part of this series. As Dr. Bowman can relate, I was somewhat hesitant in my response, as I was not sure if I was ready to present my thoughts. However, my husband could not believe that I was considering not presenting, as the topic that I have chosen is something that I talk about a great deal at home.

I believe that my topic will not be what you expect someone from the healthcare professions to discuss. I am sure you are thinking, it will be on end of life or patient rights or autonomy. Well, I hope I haven't disappointed anyone; my topic is the "ethics of culture in nursing and healthcare." To be more explicit, it is the importance of incorporating or understanding a person's culture when caring for them.

As a registered nurse for over 25 years, I have cared for many individuals and families in a variety of settings. However, in Southeastern South Dakota, the opportunity to care for someone that is not of Euro-American descent does not happen very frequently, at least that used to be the norm. Now, it is unusual if at least one of the clients that my students is caring for is not from a different cultural or ethnic background.

So why do I feel that this topic is worthy of discussion? It is because of the continual lack of cultural competence that I witness occurring in healthcare. We, as nurses, say that we are providing culturally competent care. But are we really? I would challenge that we are not. I feel that we perhaps try to be culturally competent, but I think that many of us lack the tools to understand how.

To help illustrate my concerns, I will use the Native American art of storytelling. Storytelling allows me to engage you, the audience in a new way. However, for my stories to be effective, I will need assistance from you. First, you will need to become active spectators. As you become a spectator, you actively engage with me or as Hans-Georg Gadamer (2004) writes,

This kind of being present is a self-forgetfulness, and to be a spectator consists in giving oneself in self-forgetfulness to what one is watching...it arises from devoting one's full attention to the matter at hand, and this is the spectator's own positive accomplishment (p. 122).

To Gadamer (2004) being a spectator also involves active listening. So this is the second part of your role. Fiumara (1990) describes listening, as the "other side of language." She further identifies listening as a philosophy, that

can be envisaged as an attempt to recover the neglected and perhaps deeper roots of what we call thinking, an activity which in some way gathers and synthesizes human endeavors (Fiumara, p. 13).

So in essence, as I tell my stories, I am asking you to become a spectator, just as you do at sporting events or the theater, while at the same time actively listening and hearing. Through this engagement, my hope is that you will understand why it is important for healthcare providers to know their client's personal views of culture in order to avoid misunderstandings.

Here is the setting for the first story. I am on the pediatric unit of a large tertiary facility. I, along with the nursing students, have just received report on our patients for the day. One of our patients is a 9 month old Native American boy from West River. He is admitted for respiratory distress related to possible aspiration pneumonia and otitis media. His pneumonia and ear infection are related to his history of cleft lip and cleft palate. According to the nursing report, this infant has only had the surgical repair of his cleft lip, but has not yet begun the introductory stages of his cleft palate repair. The nurse further states, "It's because of their culture that the infant has not had the surgery." This nurse was told that the mother missed the infant's recheck appointment for the cleft lip and thus has not been scheduled for any cleft palate repair.

By now, as active spectators and listeners, I hope I have your attention. Why would this infant's Native American culture be the reason for his not having surgery? This just did not make sense to me. So, I, along with the student nurse assigned to this client, entered the room to perform our morning assessment. The infant was resting comfortably in his mother's arms. She appeared to be in her early 20's. She smiled hesitantly at us as we entered the room.

We began our assessment by just talking to the mother and baby, helping them to become more comfortable with us. After a few minutes passed, the infant appeared less apprehensive, so the student began his assessment. While the student was working, I continued to talk with the mother. I began, "I understand that your infant was to have had the initial repairs on his cleft palate nearly 4 months ago." She immediately looks away from me, and shyly nods her head.

I asked, "Do you have concerns about the surgery?" She again, doesn't look at me, but nods her head, yes.

I then tell her that I would like to hear her concerns if she is willing to share them with me. She raises her head with a surprised look on her face. I remain quiet. She then begins her story.

"I was told that when we began the palate repair that he could no longer have a bottle. I was afraid that he would starve, so I decided to wait until he was older and didn't need a bottle anymore."

To me, her reasoning had nothing to do with her cultural background. She truly feared that her baby would starve. Her reasoning for not returning with her infant was related to misunderstanding and/or a lack of education on the healthcare provider's part.

The nurse's ethnocentric behavior toward this mother and infant is unfortunately all too common in the healthcare arena. Nurses that provide care through the lens that their culture is superior to others, can negatively impact the outcomes of client's entrusted in their care (Sutherland, 2002). From the above story, failing to listen and to hear a mother's concern led to a potentially fatal outcome for this infant.

My next story evolves from my dissertation research with Lakota adolescents on the reservation. My research employed the use of hermeneutic phenomenology with photography or in other words, the telling of story through pictures. When doing hermeneutic phenomenology influenced by Gadamer, I as the researcher am no longer a passive observer, but a participant observer with my own personal beliefs and biases. Due to time constraints I will share Luta Win's story of the Sun Dance.

Lakota oral history tells the story of the White Buffalo Calf Woman. Oral tradition says that the White Buffalo Calf Woman brought to the people the sacred Pipe and the seven ceremonies: the sweat lodge, the vision quest, ghost keeping, Sun Dance, the making of relatives (hunka), the girl's puberty ritual and the sacred ball (DeMallie & Parks, 1987; Powers, 1977; Young Bear & Theisz, 1994).

Deeply rooted in symbolism and ritualistic acts, the Sun Dance portrays the essence of traditional Lakota Indian spirituality. The Sun Dance started as a gathering of the tribal bands prior to the buffalo hunt (Powers, 1977). Participants in the Sun Dance experience great hardship such as thirst, hunger and pain throughout the ceremony. These hardships symbolize sacrifice, and while in the throes of the Sun Dance, participants pray for healing and in the early days of the Lakota, a successful hunt.

As Luta Win focuses her dark eyes on the picture of the Sun Dance grounds, her eyebrows furrow in concentration, as she thoughtfully processes how to describe why the Sun Dance is significant to her.

"Because it [the Sun Dance] gets us, it like, it helps us. It's like healing. And it makes us feel that we are heard, and that God can hear us." I can tell through her tense body posture that what she is trying to tell me is very important. "If he can hear us then he can hear everyone. And that's good. We want to be heard. That's why we dance. We dance for our family, for friends. We dance to help, to heal."

Luta Win then sketches for me how she dances. "You have to kind of move your feet, but you have to keep 'em on the ground at the same time...there's a part where the men have whistles. They whistle with every breath they take. And that's to tell God that like we're breathing because of him...Cause he gave us life...When they whistle really loud you have to put your arms up." Luta Win then demonstrates by raising her arms high above her head. "When they're done whistling loud, we put them down and just keep moving our feet...Every time you dance, you're in a big circle...you don't go around, you just stay at a spot and you just dance there...and you pray while you dance...It takes a very long time. You stand there for a LONG time. You pray for a long time."

As physical evidence of sacrifice, some participants choose to give flesh on the first or the third day of the Sun Dance. Luta Win proudly displays her arms. Both have four, three-millimeter circular cuts, extending vertically down her upper arms.

She shares, "Each flesh can represent a person that you want to heal, that you want God to keep an eye on especially. I gave eight... This side [left] is for my brothers and sisters and my auntie. This side [right] is for my grandmas and the last one is for my mom." Luta Win's eyes fill with tears, but she does not cry. Luta Win demonstrates through hand gestures how the giving of the flesh is done while she continues to tell her story. "They have their own individual packs...They get the needle and they poke your skin up a little bit...They get the knife out and they cut it...It doesn't hurt...Then the Medicine Man will be holding a little piece of cloth. (She forms her fingers into a two inch by two inch square.)...Your skin, the flesh will be on the needle and then he puts it on the

cloth...He ties it in a little tiny thing and he gives it to you. You go up to the tree, put it in the tree and get on your knees, put your head against the tree and you pray...My auntie, she said that the tree is sacred. You have to pretend like it's God. You have to really, really pray and act like God is standing there. And that you are dancing around him."

Another component to the Sun Dance is fasting by the participants. Luta Win states, "We're fasting because Jesus, he didn't eat for...a long time." Luta begins to chuckle, embarrassed because she cannot remember the number of days that Jesus fasted in the wilderness.

Luta Win continues her comparison of the Sun Dance to Christian beliefs. "You have to have your crown...you know how like they put on Jesus on the cross?..You know how they put nails in his hands? That's why we wear the sage on our wrists and on our ankles." Luta Win artfully describes how the crown is fashioned from fabric wrapped around sage and then shaped into a crown, similar to the crown of thorns that Jesus wore. The sage purifies and protects the individuals as they dance.

Luta Win's story of the sun dance is multifaceted. She eloquently speaks of tradition, sacrifice, healing and being heard. What did I hear as Luta Win deftly wove her story? Luta Win's sharing of her interpretation of the Sun Dance speaks volumes to me. Her hope is that I listen and understand how her Native culture replenishes and nourishes her inner spirituality.

Luta Win's story became a call to action for me. This call to action is to nursing programs to reconsider how we teach listening and being present with clients. When I originally began my research, I thought I was well versed in many of the Lakota traditions; however, Luta Win's telling of the significance of the Sun Dance to her, especially in the giving of flesh, shed an entirely different light on traditional cultural practices. By listening to and becoming a spectator in Luta Win's interpretation of the Sun Dance, the giving of flesh no longer appears as a barbaric act and actually serves as a method of healing for her.

What had I not heard when I was first told about the Sun Dance? Was I truly listening? I do not believe that I was present or open, until I became a spectator in Luta Win's story.

Resolution of misunderstandings among differing cultures can occur, if we choose to listen and learn. Differences between cultures are what make us all uniquely human. Yet we, as human beings, have a tendency to seek those that are similar to us, potentially disregarding or belittling those who are different in color, language or cultural practices. Similarities exist in our humanness, such as our ability to think, to feel, and to love.

Nursing education must equip students with the courage to seek to understand those that are different from them. As students learn to appreciate the differences, they will see the similarities of

what it means to be human. As in the words of Nkosi Johnson, a South African boy with AIDS stated prior to his death,

Care for us and accept us. We are all human beings. We are all normal. We have hands.
We have feet. We can walk, we can talk-and we have needs just like everyone else.
Don't be afraid of us. We are all the same (Wooten, 2004, p. 206).

As a nurse educator, I must respond to the need to understand and work with persons from all cultures, instilling in nursing students the desire and the passion to care for others, regardless of race, creed or illness.

References

DeMallie, R. J. and Parks, D. R. (1987). *Sioux Indian religion*. Norman, OK: University

of Oklahoma Press.

Fiumara, G. C. (1990). *The other side of language: A philosophy of listening* (C. Lambert, Trans.). London:

Routledge.

Gadamer, H-G. (2004). *Truth and method* (J. Weinsheimer & D. G. Marshall, Trans.).

(Revised, 2nd ed.). London: Continuum Publishing Group. (Original work published in 1960.).

Powers, W.K. (1977). *Oglala religion*. Lincoln: University of Nebraska Press.

Sutherland, L. L. (2002). Ethnocentrism in a pluralistic society: A concept analysis. *Journal of Transcultural Nursing*, 13(4), 274-281.

Wooten, J. (2004). *We are all the same: A story of a boy's courage and a mother's love*.
New York: The Penguin Press.

Young Bear, S. & Theisz, R. D. (1994). *Standing in the light: A Lakota way of seeing*.
Lincoln: University of Nebraska Press.

BUSY STUDENT'S RETREAT - Ever wanted to go on a retreat or meet with a spiritual director but just don't have time? Sign up for the **Busy Student's Retreat**. The retreat will be **March 29-April 1**, and you get to choose your own schedule. You will have the opportunity to meet with a trained *spiritual director* for two 30-minute sessions. ***Sign-up on the table in the narthex if you are interested.*** FREE! Sponsored by Catholics In Action.

SPRING BREAK SERVICE TRIP - Registration is beginning for the spring break service trip to flood-plagued Cedar Rapids, Iowa. Students will be leaving on Monday morning, March 23 and returning on Friday evening, March 27. Students will be staying in a local church and doing renovation/clean-up from the June 2008 flood. The cost of the trip is \$100 and it includes 2 meals/day and transportation to and from Cedar Rapids. A Tetanus shot is recommended but not required. The chapel is willing to pay for gas if anyone is willing to drive to Cedar Rapids and back (about 5-5.5 hours)

CHAPEL SCHEDULE

Wednesday (18 th)	Holy Communion - Pr. Kathy Timpani, 1 st Cong.
Friday (20 th)	Worship, 10 am - Charlie Bahnson, Sr. Spkr. <i>SPRING BREAK - Mar. 21 - 29th</i>
Monday (30 th)	Taize Prayer, 10 am
Wednesday (1 st)	Holy Communion, 10 am - Brass Choir
Friday (3 rd)	Worship, 10 am - Jenny Anderson, Sr. Spkr