

【資 料】

## Augsburg 大学が提供するサウスダコタ州パインリッジインディアン保留地における実習を通じた異文化看護学の考察

### Reflection on Transcultural Nursing through a Practicum at Augsburg University: Culture Care on the Pine Ridge Indian Reservation in South Dakota

原 明子

Akiko Hara

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キーワード：異文化看護，実習，パインリッジインディアン保留地，サンライズモデル

Key Words：transcultural nursing, practicum, the Pine Ridge Indian reservation, Sunrise Model

#### I. Introduction

In response to increasing numbers of international visitors and residents in Japan, the Ministry of Education, Culture, Sports, Science and Technology (2011) has propounded that colleges/universities have a goal that nursing students grow in acquiring knowledge of providing healthcare internationally. Colleges/universities are encouraged to prepare nursing students with the knowledge, skills, and attitudes needed to provide culturally congruent healthcare to a diverse populations.

Hiruta et al. (2017) sent 256 questionnaires to colleges/universities in Japan related to providing class of international nursing. 90 colleges/universities responded, and the result showed that approximately 98% of 90 colleges/universities provide classes of international nursing and/or transcultural nursing or integrate the concepts of international nursing. Approximately 60% of 90 colleges/universities provide study programs in other countries such as the USA, Thailand, England, or Australia (Hiruta et al.,

2017). The goals of those classes are to understand global health, the factors influencing people's health in the world, the activities of International development, and similarities and differences about society, economy, education and culture between countries. Colleges/universities have required faculty who teach international nursing have had experience for working international development (Hiruta et al., 2017). However, as Japan is becoming more diverse because of increasing the number of visitors and employing nurses from other countries, we have to focus on our diversity and internalization in Japan (Nakagoshi et al., 2014). The number of these classes has been increasing over 10 years (Nakagoshi et al., 2014; Hiruta et al., 2017).

It is important to teach general cultural concepts at first to provide good foundation. Students can explore their own Japanese culture; who we are, where we are from, and the similarities and differences within our culture. However, it is also important to understand other cultures, and an effective way

to do this is through practicum experiences where nursing students immerse themselves in the socio-cultural lifeways of diverse population groups. This experiential study may occur in local communities or in other countries.

Madeleine Leininger (1991), a nurse theorist and foundress of transcultural nursing, defines culture as “learned, shared, and transmitted values, beliefs, norms, and lifeways of a particular group that guides their thinking, decisions, and actions in patterned ways”. Purnell (1998) adds to this definition and states that culture is “the totality of socially transmitted behavioral patterns, arts, beliefs, values, customs, lifeways, and all other products of human work and thought characteristics of a population of people that guide their worldview and decision making”. Both of these definitions call upon nurses to learn about the cultures of persons for whom they are caring. Maier-Lorentz (2008) states that “having knowledge of the patient’s cultural perspectives enables the nurse to provide more effective and appropriate care”.

Leininger (1991; 1995; 2002) theorizes that learning about the culture of others, requires one to learn about the cultural-social structure dimensions of that culture. Cultural-social structure dimensions of a culture include “technology, religion and philosophy, kinship, lifeways and values, politics, economics and education”. It is by coming to know something about the cultural-social structure dimensions of others that one comes to know the meanings and expressions of care and caring in another culture so that one can begin to provide culturally congruent nursing care. Leininger (1991; 1995; 2002) states that culturally congruent care is comprised of “those cognitively based assistive, supportive, facilitative, or enabling acts or decisions that are tailor made to fit with individual, group, or institutional cultural values, beliefs, and lifeways in order to provide or support meaningful, beneficial, and satisfying health

care, or well-being services”.

Leininger (1991) describes three nursing action modes of care: “culture care preservation and/or maintenance, cultural care accommodation and/or negotiation, and cultural care repatterning or restructuring”. A nurse who is grounded in culture care knowledge would plan and make decisions with clients with respect to these three modes of action or decision.

In 2016 the author of this article was invited to study transcultural nursing at Augsburg University in Minneapolis and Rochester, Minnesota in the US as a Visiting Nursing Faculty Member. The Department of Nursing at Augsburg University offers BSN (Bachelor of Science in Nursing) completion, MAN (Masters of Arts in Nursing), and DNP (Doctor of Nursing Practice) nursing programs. All of the programs integrate transcultural nursing concepts throughout the curricula.

Transcultural nursing practica are essential components of the nursing curricula at Augsburg University. Before students participate in practica at Augsburg, they study transcultural nursing theory and concepts. Many also study about traditions and rituals across cultures. Through practica nursing students have opportunities to immerse themselves in communities that embody different cultural values, norms and traditions. As such, students are able to apply the culture care knowledge, skills and values they have acquired. Examples of practica experiences provided at Augsburg University include immersion within an Old Order Amish community in southeastern, Minnesota, the Pine Ridge Indian Reservation in South Dakota, Oaxaca, Mexico, and the Republic of Namibia (Doctor of Nursing Practice, n.d.).

Many authors have reported the positive effects of practica on students’ learning (Maier-Lorentz, 2008; Nishikawa et al., 2010; Nakagoshi et al., 2014; Sudo et al., 2016). Lowe et al. (2015) states

that “transcultural immersion experiences within curricula in nursing and other health disciplines provide students learners with insight and appreciation for persons from diverse cultures”.

This author participated in a practicum on the Pine Ridge Indian Reservation in the fall of 2016, entitled “Culture Care on the Pine Ridge”. The aim of this paper is to address the culture of the Lakota people who live on the Pine Ridge Indian Reservation, to highlight Lakota values and beliefs, and to explore implications for providing culturally appropriate nursing care among this population by utilizing Leininger’s (1991; 1997) transcultural nursing theory.

## II. Introduction to the Pine Ridge Practicum

The Pine Ridge Reservation practicum provides students the opportunity to explore patterns of health, community strengths and resources, and care systems (bio-medical and indigenous) within the social-cultural context or reservation life, economic realities on the reservation, and politics within a tribal community (Leuning, 2016). The schedule of the practicum is shown as **Table 1**. A group of Augsburg nursing faculty and BSN, MAN, and DNP students stayed on the Pine Ridge Indian Reservation in the western part of South Dakota from October 15-21, 2016. While on the Pine Ridge, students visited the Oglala Lakota School of Nursing, Oglala Lakota College, Red Cloud Indian School, the Pine Ridge Indian Health Service Hospital (IHS), the Pine Ridge Health and Rehabilitation Center, Thunder Valley Community Development Corp. : Native Youth on the Move, and the Wounded Knee Memorial. Additionally, there were opportunities to meet with Lakota elders, medicine men and women, nurses, teachers, and many more Pine Ridge community members. Through their story telling and dialogue, the Lakota people were able to

share many aspects of their culture and beliefs.

## III. Introduction to the American Indian culture and the Pine Ridge Indian Reservation

### 1. Introduction to American Indian culture

American Indians are a diverse group of people whose ancestors lived in North America before the European settlement. According to Bureau of Indian Affairs (2017), there are 567 Federally Recognized American Indian tribes and nations in the US. The Lakota of Pine Ridge, SD, are enrolled in one of those tribes, the Oglala Sioux Tribe. As of 2012, there were an estimated 5.2 million people who were classified as American Indian and Alaska Native (AI/AN) alone or American Indian and Alaska Native in combination with one or more other races. The median household income for AIs/ANs is \$37,353, as compared to \$56,565 for non-Hispanic Whites. AIs/ANs frequently contend with social issues that prevent them from receiving quality medical care. These issues include cultural barriers, geographic isolation, inadequate sewage disposal, and low income. Some of the leading diseases and causes of death among AIs/ANs are heart disease, cancer, unintentional injuries (accidents), diabetes, and stroke. AIs/ANs also have a high prevalence and risk factors for mental health and suicide, obesity, substance abuse, sudden infant death syndrome (SIDS), teenage pregnancy, liver disease, and hepatitis (Indian Health Service, 2017). The AI/AN rate for tuberculosis is 5.5 times greater than nationwide; chronic liver disease and cirrhosis is 4.7 times greater; diabetes is 3.1 times greater; and the suicide rate is 1.6 times greater than nationwide (Halpern, 2007).

American Indians are often distinguished by language and/or cultural groups, some of which extend across both the United States and Canada. Contemporary American Indian populations live in urban areas and on reservations or reserves in both coun-

Table1 Schedule of the practicum to Pine Ridge in Fall, 2016

Date	Activity
Tuesday, October 4	Pre-immersion orientation
Saturday, October 15	Travel to Rapid City in South Dakota from Minnesota
Sunday, October 16	+ Visit Crazy Horse Memorial (See: <a href="https://crazyhorsememorial.org/">https://crazyhorsememorial.org/</a> ) + Drive through Custer State Park + Arrive at Pine Ridge Retreat Center + Orientation to Retreat Center_ + “Art Show” with local artisans at the Retreat Center and discussions about the art of quilling and the cultural meaning of this art form
Monday, October 17	+ Introduction/Overview of Public Health Nursing + Visit Oglala Lakota School of Nursing for conversations with faculty and students + Conversations about Lakota culture and health care (See: <a href="http://indiancountrytodaymedianetwork.com/2006/10/04/lakota-circle-village-us-e-home-schooling-model-language-teaching-128760">http://indiancountrytodaymedianetwork.com/2006/10/04/lakota-circle-village-us-e-home-schooling-model-language-teaching-128760</a> & <a href="https://www.youtube.com/watch?v=m3BUUnPvKIM">https://www.youtube.com/watch?v=m3BUUnPvKIM</a> )
Tuesday, October 18	+ Visit with Lakota Elder to learn about Lakota Spirituality + Visit hospital and conversation with a nurse + Conversation about Lakota Family Life
Wednesday, October 19	+ Visit Heritage Center Museum at Oglala Lakota College + Visit Wounded Knee
Thursday, October 20	+ Talk with one of the International Council of Thirteen Indigenous Grandmothers + Visit Pine Ridge Health and Rehabilitation Center + Visit Red Cloud Indian School + Visit Thunder Valley Community Development Corp.: Native Youth on the Move
Friday, October 21	Travel to Minnesota from Pine Ridge, South Dakota
Tuesday, November 1	Post-immersion class

tries (National Diabetes Data Group, 1995).

For Europeans, ownership of land is a dominant value. For American Indians, land, plants, and animals are considered sacred relatives, far beyond a concept of owning property (Brave Heart et al., 1998). American Indians have experienced massive losses of lives, land, and culture through the colonization by Europeans. This has resulted in a long legacy of chronic

trauma and unresolved grief across generations. This phenomenon is labeled historical unresolved grief and it contributes to the current social pathology of high rates of suicide, homicide, domestic violence, child abuse, alcoholism and other social problems among American Indians (Brave Heart et al., 1998). The historical trauma is a significant fact in the American Indian community, a factor affect-

ing both health status and social milieu (Struthers et al. 2003).

## 2. Introduction to the Pine Ridge Indian Reservation

The Pine Ridge Indian Reservation is a reservation in the southwest corner of South Dakota in the US. The American Indians on the Pine Ridge Reservation are members of the western most division of the *Oceti Sakowin*, or the Seven Council Fires. Each of the Council Fires is made up of individual bands or population groups, based on kinship, language and geography. Persons on the Pine Ridge today identify as Lakota, a language that they are reclaiming and teaching their children. They are enrolled members of the Oglala Sioux Tribe.

The exact population of the Pine Ridge Indian Reservation is one of the most difficult statistics to confirm. United States Census Report counts put the Pine Ridge Indian Reservation's resident population at 15, 521. However, the executive director for Oglala Sioux Lakota Housing, believes the real number is closer to 40,000. Approximately 80% of residents are unemployed and approximately 50% of the residents live below the federal poverty line (The Reservation, 2017).

In Pine Ridge, they have struggled with historical trauma. A specific example is the Wounded Knee Massacre in 1890 (Brave Heart et al., 1998). Such trauma and boarding school placement response has led to elevated mortality rates with life expectancy (47 years old for men and 52 years old for women) on the Pine Ridge Indian Reservation is the lowest in the US (Brave Heart et al., 1998; Brave Heart, 1999; Brave Heart, 2011; Facts of Lakota Life, n.d.; The Reservation, n.d.).

## IV. Reflection on Aspects of Lakota Culture through Leininger's Sunrise Model

### 1. Sunrise Model

Leininger's Sunrise Model is an essential element

of her theory. It provides a visualization of different dimensions of Leininger's theory (Leininger, 1991). Leininger (1995) indicates that "the major areas of assessment are worldview and social structure factors, which include a) cultural values, beliefs, and practices; b) religious, philosophical or spiritual beliefs; c) economic factors; d) educational beliefs; e) technology views; f) kinship and social ties; and g) political and legal factors".

Leininger's Sunrise Model provides a framework for assessment and for acquiring knowledge of the lifeways and cultural practices of the Lakota people on the Pine Ridge Indian Reservation. Three dimensions of the Sunrise Model were used to learn about the Lakota people. The dimensions were Worldview, Cultural & Social Structure Dimensions, and Cultural Values, Beliefs & Lifeways.

### 2. Worldview

Understanding the worldview of a culture is important. Leininger (1991) defines world view as "the way people tend to look out on the world or their universe to form a picture or a value stance about their life or world around them". "*Mitakuye Oyasin*" is one important aspect of the Lakota worldview, '*Mitakuye Oyasin*' means that we are all related; everything is connected and related (Braveheart, 2011). We can see this belief in their daily life and in their hearts. American Indian people believe all things are their relatives including animals, fish, birds, water, rocks, and humans. Lakota people have the hope that they will always live with nature. American Indians learn life ways from nature and they live with nature in their daily life. They believe everything has a spirit. It is said the Lakota cultural philosophies define nature as the all-encompassing relationships between humans and every other animate and inanimate feature of the surrounding environment (Brave Heart et al., 1998; Pickering et al., 2008). Therefore, it is important that a nurse assess their worldview deeply and understand the nursing

care implications. Lakota spirituality is a complex and a deeply personal belief system that are fully integrated into a rhythm of life that embraces all people, creatures and patterns of life in the universe. As an outsider, one sees this belief in daily life and in their hearts.

The Lakota ceremonies are based on nature. They use white sage, shell, eagle feathers, and smoke, during their smudging ceremony. They believe that smudging purifies the body. When they participate in a sweat lodge, they utilize all the power of the universe: earth, and the things which grow from the earth, water, fire, and air (Brown, 1989). They have a deep respect for Mother Earth and they recognize the interconnectedness of the body, mind and spirit.

### 3. Cultural & Social Structure Dimensions

Another dimension of Leininger's Sunrise Model is Cultural & Social Structure dimensions. Leininger (1991) describes "cultural and social structure dimensions as the dynamic patterns and features of interrelated structural and organizational factors of a particular culture (subculture or society) which includes religious, kinship (social), political (and legal), economic, educational, technologic, and cultural values, ethnohistorical factors and how these factors may be interrelated and function to influence human behavior in different environmental contexts".

The Lakota people were traditionally a nomadic culture of hunters that migrated to the western plains. The roles of men and women were clearly defined. While the men were expected to provide for and defend the family by hunting, the women were the matriarchs, ruling the family life and domestic life. After white people took their land by force, and they were placed on reservations, the Lakota people's lives changed. Many people living on Pine Ridge Reservation feel hopeless. This is related to the historical trauma that they have experienced for many generations. White people took away their

culture, languages, houses, education, thoughts, and sacred spiritual land. Children were taken from their parents and were placed in boarding schools where their hair was cut and they were forbidden to speak the Lakota language in an effort to make them civilized (Brave heart, 2011). White people told lies to American Indian people and broke treaties so they could not believe and trust white people. White people even took sacred places that American Indian people used for their ceremonies, for example, the Black Hills. This historical trauma has made them feel hopeless.

Some American Indian cannot speak own language and they have not learned their language at home or in the school as white people took away their native language and taught them English. Elders can speak Lakota but some younger people cannot speak so it is difficult to communicate among generations, which impacts their social structure. Today, some of the schools on the Pine Ridge Reservation, for example Red Cloud School, are once again teaching young people their native language, however, English is still main language on the reservation. Basil Brave Heart a Pine Ridge elder, said that their language is holistic (2011). Therefore, we have to respect their language.

One example of hope and positive change is found at Thunder Valley Community Development Corp. Native Youth on the Move. Their mission is to "build a regenerative community that strengthens local skills and capacity while creating a space that is a reflection of who are as Lakota people" (Community Development, n.d.). They create an ecosystem of opportunity through deliberate action and systemic solutions as large and comprehensive as the historic challenges facing their community (Community Development, n.d.). These activities stimulated by their hands give the Lakota people hope so that their children can have dreams.

#### 4. Cultural Values, Beliefs & Lifeways

Cultural Values, Beliefs & Lifeways are also essential dimensions of the Sunrise Model. The Lakota people learn their lifeways from nature. Therefore, some may choose to use traditional ways of healing. Some Lakota people may use both traditional and Western medicine. One can see the power of nature, like wind, fire, water, ground, and cloud in their ceremonies. Ceremony is important for American Indians because all of ceremony is related to nature and a part of their life. They have had many traditional rituals for many years, like *Inipi* (the rite of purification), *Wiwanyag Wachipi* (the sun dance), and *Ishna Ta Awi Cha Lowan* (preparing a girl for womanhood) (Brown, 1989).

#### 5. Three Modes to Guide Plans of Care and Action

In Leininger's theory three modes are provided to guide plans of care and action. The first one is "culture care preservation and/or maintenance", Leininger describes that "those assistive, supporting, facilitative, or enabling professional actions and decisions that help people of a particular culture to retain and/or preserve relevant care values so that they can maintain their well being, recover from illness, or face handicaps and/or death" (1991). For example, it is important to assess what food they usually eat or what foods are useful for their life. It is said that American Indians take herbal tea in their daily life. A Lakota elder shared that in the past that their only beverages were *mni* (water) and *sheyaka* (wild mint tea). They were also taught that the cedar berry was used as a medicine to clean the blood (Brave heart, 2011). Nurses can facilitate the use of herbal therapy such as tea. They can facilitate the patient meeting the medicine man or women. Nurses can also coordinate with pharmacists to assure that the herbal tea won't interfere with the desired effect of Western medicine.

The second mode is "cultural care accommodation and/or negotiation", Leininger (1991) described

that "those assistive, supporting, facilitative, or enabling creative professional actions and decisions that help people of a designated culture to adapt to, or to negotiate with, others for a beneficial or satisfying health outcome with professional care-providers". If a patient and their family would like to do smudging while in the hospital, the nurse can negotiate and accommodate. The nurse may need determine if it is possible for the patient to go out of doors for the smudging, perhaps move the patient to a private space, or perhaps see if the staff could temporarily disconnect the fire alarm in the patient's room.

Another example may be the patient's request to participate in an *Inipi*. The nurse can assess if the patient's condition is stable enough to participate in an *Inipi* at that time. The nurse can determine if a sweat lodge is available on the hospital campus or if there is one nearby. The nurse may also need to negotiate with other health team members to facilitate the patient's request.

The third mode is "cultural care repatterning or restructuring", Leininger (1991) described that "those assistive, supporting, facilitative, or enabling professional actions and decisions that help a client(s) recorder, change, or greatly modify their lifeways for new, different, and beneficial health care pattern while respecting the client(s) cultural values and beliefs and still providing a beneficial or healthier lifeway than before the changes were coestablished with the client(s)". If a patient is newly diagnosed with diabetes, the nurse will need to assess their knowledge about the disease, discuss with the patient their current dietary and exercise patterns, and the nurse may need to support and facilitate life style changes to enhance their diabetes management.

The worldview of the Lakota people is strongly connected to nature. Nurses caring for Lakota patients should assess their cultural background and

provide care that respects their cultural beliefs.

## V. Conclusions

Leininger (1991) believes that discovering culture care knowledge of different cultures from an emic or people-based perspective, and then studying care from nurses etic or professional perspective, is essential for providing culturally appropriate care.

Other factors that influence providing culturally appropriate care are the nurse's ability to develop knowledge of their own cultural values and beliefs (Meier-Lorenz, 2008). The nurses also need to be aware of their own biases and ethnocentrism. Lowe (2015) states that the nurses need to enter each patient interaction with openness and without judgement.

Assessment of patient's cultural background leads to individualized care and establishes relationships of mutual trust. The nurses provide appropriate care if the nurse understands and accepts the patient's culture. It is a form of caring and it can empower the patient's recovery.

Recently, Japan is becoming more diverse. It is important that faculty of nursing programs teach the concept of transcultural nursing. Moreover, domestic and abroad immersion practica provide nursing students opportunities to apply transcultural concepts.

Many international people visit Japan, and some international people may need health care during their visit. Health care staff have to provide the same quality care to all patients, and if we do not consider the individual's cultural background, the patient will not receive the same quality care. In Japan, nursing educators need to teach transcultural nursing theory and practices to the students to assure that culturally appropriate care is provided to everyone.

## Conflict of Interest

The author has no potential conflicts of interest to disclose.

## Acknowledgement

I wish to acknowledge Dr. Joyce Miller and faculty at Augsburg University who accept me as visiting faculty. I wish to thank Dr. Cheryl Leuning and Ms. Sandy Leinonen for providing guidance on my experience and this journal.

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