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**TRADITIONAL ABORIGINAL HEALING PRACTICES-  
AN ETHNOGRAPHIC APPROACH**

**Linda M. Hunter**

Thesis submitted to the  
Faculty of Graduate and Postdoctoral Studies  
in partial fulfillment of the requirements  
for the Master of Science degree in Nursing

School of Nursing  
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To have the luxury to continue studying in my chosen profession of nursing was and is a blessing; in my path of learning – the most important lesson I received throughout this thesis work was the concept of maintaining balance in life. My profession can learn much from understanding traditional ways and I thank my Aboriginal teachers for opening my eyes to appreciation of such ways.

## ABSTRACT

This thesis explores traditional Aboriginal healing practices as they relate to health issues by asking the research question “How do urban-based First Nations peoples use healing traditions to address their health issues?” The purpose of this thesis was to explore the healing traditions of urban-based First Nations peoples. The objectives were to describe the use of Aboriginal healing traditions, discuss how these traditions addressed health issues, and explore the link between such traditions and holism in nursing practice.

Critical ethnography was the qualitative research method used for this thesis. Data collection consisted of eight individual interviews, participant observations over a period of four months, and field notes. The three major categories that emerged from the data analysis were a) the following of a cultural path, b) the gaining of balance, and c) the circle of life. The theme of healing holistically emerged. Healing holistically includes following a cultural path by regaining culture through the use of healing traditions; gaining balance in the four realms of the spiritual, emotional, mental, and physical self; and sharing culture between Aboriginal peoples and non-Aboriginal health professionals, as part of the circle of life.

Implications for practice include incorporating the concepts of balance, a holistic outlook, and healing and culture into the health care of diverse First Nations groups. Healing holistically is an ongoing process that continues throughout the lifespan. This process can contribute to empowerment for Aboriginal peoples through an enhanced state of health reached by using traditional healing and understood through a critical ethnography approach.

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## CHAPTER I

### Framing the Research – An Introduction

The first chapter gives an introduction to the thesis and frames the reason this research was undertaken. As well, it looks at culture, health, and holism and explains the purpose and objectives of the thesis.

#### Participant Quote:

“We’re praying every day. It’s giving thanks for being able to walk again, and to breathe; and thanking for all the things we have and saying hopefully I’ll live, speak, and walk in a good way today, and then we’ll smudge. That’s how we start our day. It’s the songs, language, and teachings.”

### Framing the Research

My involvement and interest in working with Aboriginal peoples in Canada began seventeen years ago as a nurse clinician in Montreal, where I took care of Inuit children from the former North West Territories. As well, during the clinical component of my studies, I have been actively involved in program development for the Aboriginal community in Ottawa and with Aboriginal healing ceremonies. As I worked with Aboriginal peoples experiencing treatment for cardiac disease, the time spent together strengthened my desire to understand, from a cultural perspective, how health is perceived by the Aboriginal population and how these perceptions of health care are influenced by cultural traditions.

Aboriginal peoples have established cultural healing approaches that holistically deal with health issues (Health Canada, 1999). Studies have generally reported that Aboriginal peoples believe that returning to traditional ways of life will help promote community wellness. This statement is important because many Aboriginal peoples are experiencing active health challenges or are at risk for developing them. Health professionals therefore need to understand what assists in the promotion of Aboriginal wellness. This led to the basis of my thesis, which involved the desire to understand from an Aboriginal cultural perspective how traditional healing approaches were addressing contemporary health issues. Realizing that the Canadian Aboriginal population incorporates many different First Nations tribes, Inuit people, and the Métis population, I decided to explore the concepts of health and culture and, in particular, the traditional healing approaches used by urban-based First Nations peoples in Ottawa. As the literature available on holism and healing practices is not specific to Aboriginal healing traditions, the research question in this study was: "How do First Nations peoples in Canada use healing traditions to address their health issues?"

### Aboriginal Peoples

Aboriginal peoples of Canada include First Nations peoples (both status and non-status Indians), Inuit and Métis people (Statistics Canada, 1996), and represent 3.7% of the Canadian population (Statistics Canada, 2001). Fifty-three percent of Aboriginal peoples in Canada are under 24 years old, with the fertility rate of this population being

69% higher compared to the general Canadian population (Statistics Canada, 1996). There is an expectation of growth in the Canadian Aboriginal population of 20% by 2008 (Statistics Canada, 1992), yet less than 1% of all Canadian nurses and physicians are of Aboriginal descent (Canadian Institute of Health Information, 1999).

### Health Issues

Health issues that the Canadian Aboriginal peoples face are diverse and have been studied fairly extensively. They include metabolic disorders, such as an epidemic crisis in type 2 diabetes nationally (Young et al., 1999). They include cardiac disorders, such as hypertension and coronary artery disease, which used to be rare in the North American Aboriginal populations but are now problematic (Galloway, 1999; Indian Health Services, 1993; Reading, 1999). They include socioeconomic issues related to the determinants of health as defined by the World Health Organization (WHO, 1997), which are especially troubling to the Aboriginal population and society at large. The determinants that are particularly worrisome among these are the high unemployment rates, dependency on social assistance in order to meet basic human needs, risk factors for homelessness, and high rates of addictions and smoking (Health Canada, 1999; Indian Affairs and Northern Development, 1998, 1999; Statistics Canada, 1996).

While non-Aboriginal health practitioners may have heard of the statistics concerning these issues, there tends to be a general lack of appreciation of, or ignorance about, the cultural influences that affect these statistics. By understanding Aboriginal healing practices, based on this thesis and the work of others, it is hoped that health professionals may come to feel more comfortable treating this population, and may be able to achieve a greater degree of cultural competence, in part, through transcultural education.

### Healing Traditions

Healing is described as a process that brings parts of one's self (physical, emotional, mental, and spiritual) together at a deep level of inner knowledge. This can result in an integrated and balanced whole self, with each part having equal importance and value (Dossey et al., 1995). Florence Nightingale, the acknowledged founder of nursing, indicated that the caregiver primarily responsible for creating a healing

environment was the nurse, and advocated using the tools of science as caregivers to further the healing mission (Kritek, 1997).

While professional nursing alludes to healing practices in holistic nursing literature (Flagstaff, 2000); clinical observation reveals that urban-based health professionals know little about Aboriginal healing traditions. The practice of Aboriginal healing traditions allows individuals to reach a state of wellness. Holism, as understood by Aboriginal peoples and the nursing profession, also allows for attaining a balanced state of wellness in mind, body, and spirit. Although nurses should attend to understanding the cultural aspects of health and healing (College of Nurses of Ontario, 2000), there is limited research direction, especially with respect to First Nations peoples in Canada. A major challenge for health care professionals is to understand the cultural aspects of Aboriginal health and healing in order to provide culturally suitable care (Clarke, 1997).

#### Holistic Practice

The view in holism is that an integrated whole has a reality independent of and greater than the sum of its parts (Dossey et al., 1995). The goal of holistic nursing practice is to aid in the healing of the whole person, which includes interrelationships between the bio-psycho-social-spiritual dimensions of a person and actions and reactions of individuals with their environments (American Holistic Nursing Association, 1994). In looking at spirituality in particular, one must look at the broader context of values, meaning, and purpose of life (Dossey et al., 1995). From a holistic viewpoint, it is necessary to focus care on the whole individual and the family in all four of these dimensions, with a goal of achieving a state of balance conducive with health.

Holistic nursing maintains standards of practice vis-à-vis cultural care that include clients receiving care consistent with their cultural backgrounds, values, and beliefs (AHNA, 1994). Therein lays the necessity of gaining the appropriate cultural knowledge and its integration into nursing practice. In understanding cultural values, it is important to remember that values may influence decisions about behavior, and that cognitive factors involved in beliefs have more to do with feelings than facts.

## Culture

In looking at a culture outside of one's own, there is a necessity to transfer and then restructure cultural meaning in order to come to an understanding and appreciation of what is involved in two world views (Wenger, 1993). In looking at cultural diversity education in major North American Nursing Schools, it was discovered that a critical issue perceived by respondents was a lack of cultural knowledge, sensitivity, and awareness (Grossman et al., 1998). This raises a question for the nursing profession related to how to care for a multicultural society in the 21<sup>st</sup> century.

Nurses are starting to awaken to a critical need for more knowledge and cultural competence in working with individuals from diverse cultures (Leininger, 1994). With the increase in the Canadian Aboriginal population from the last census in 1996 to the availability of the new census results of 2001 (Statistics Canada, 2003), nurses will continue to be made aware of the importance of culturally sensitive care. As well, there is an ethical responsibility to provide sensitive and culturally congruent health care to all clients (Tunley-Crenshaw, 1994). To that end, this thesis seeks to add to the development of knowledge by allowing health professionals to increase their cultural competence through understanding of traditional Aboriginal healing practices, and to link that understanding to knowledge available in the holistic nursing literature. There is a necessity, as well, to appreciate the implications that cultural sensitivity has in public health policy, and specifically to health programs intended for Aboriginal clients. The voices of Aboriginal clients must be heard by nurses caring for them, and in turn the voices of nurses must be heard by policy makers in government.

In understanding some of the Aboriginal population as oppressed cultural groups, evidence of gross disparities that exist between them and the general Canadian population on every measure of illness and health can be seen. In using a healing example, the transformational healing of the emotional and psychological wounds of cultural oppression is necessary today in order to provide culturally competent Aboriginal health care (Kritek, 1997). Transformative healing power allows for an active process on the part of the culturally disadvantaged, wherein they obtain the ability to control their destiny in making healthcare decisions (Kritek, 1997). This view fits with the qualitative

approach to research that characterizes critical ethnography generally and this thesis specifically.

### Using Critical Ethnography

The research perspective of critical ethnography is a culturally suitable one to inform nursing practice (Streubert & Carpenter, 1999), since there is an assumption that one of the aims of nursing in a context of cultural diversity is to potentially transform social, political, cultural, economic, ethnic, and gender structures that constrain, or are detrimental, to health (College of Nurses of Ontario, 2000). Critical ethnography allows for the potential to effect change and facilitate empowerment of those involved, in this case from an Aboriginal cultural perspective within the health care domain (Streubert & Carpenter, 1999). This participatory approach used may be defined as systematic inquiry (Streubert & Carpenter, 1999), with the collaboration of those affected by the issues being studied, for the purpose of education, and to instigate action or affect social change (Thomas, 1993).

Critical ethnography involves a type of reflection that examines culture, knowledge, and action (Thomas, 1993). Those who do critical ethnography accept the task of speaking on behalf of their research subjects as a means of empowering them (Thomas, 1993). Critical ethnographers, therefore, study culture for the purpose of attempting to change it by political, social, or societal means. There are four ways in which the actions stemming from critical ethnography may be implemented. These include: a change in thinking patterns produced as a result of thinking in new ways, the power of interaction with others as a form of action, networking to work towards common goals, and teaching to help integrate aspects of critical thinking (Thomas, 1993). This thesis seeks to contribute to the development of nursing knowledge by offering research findings to nursing professionals that will assist them to think more about Aboriginal healing traditions by including the perceptions of Aboriginal peoples, by interacting with those knowledgeable in such healing traditions, and by relating the importance of teaching aspects of cultural diversity to nursing students in order to increase knowledge of cultural sensitivity. As practicing nurses of the future, students educated in cultural care may be able to help empower clients through the clinical care

offered by nurses who advocate for cultural care. This allows culturally sensitive care to be a nursing goal.

In seeking to increase culturally appropriate research with First Nations peoples, critical ethnography may be used as a culturally suitable approach to research that addresses issues of partnerships with research subjects and ownership of research material (Clarke, 1997). In reviewing treatment procedures incorporating native healing, findings from another study using critical ethnography indicated the need to reclaim traditional rituals and have healing at all levels of the community (Plouffe, 2001). As the literature available on holism and healing practices is not specific to Aboriginal healing traditions, the research question in this study was: "How do First Nations peoples in Canada use healing traditions to address their health issues?"

#### Purpose and Objectives

The purpose of this study was to explore the healing traditions of First Nations peoples. The objectives were to 1) describe the use of Aboriginal healing traditions in an urban setting, 2) discuss how these traditions addressed health issues, and 3) explore the link between Aboriginal healing traditions and holism in nursing practice.

The analysis of this study was aligned overall within the framework of the purpose and objectives. In the analysis, a clear understanding from a nursing perspective on certain definitions was necessary in order to have grounding for comparison of actual analysis meanings. To this end the key words of health, culture, and holistic were defined from diverse sources. In terms of defining health, the World Health Organization views health more than the absence of disease (WHO, 1990). Holistic nursing brings in the concept of the whole self, which includes the body, mind, and spiritual aspects when attaining a level of health. Health was therefore defined as the attainment of balance in body, mind, and spirit in achieving a state of good feeling by an individual.

According to the College of Nurses of Ontario (CNO, 2000), culture refers to learned values, beliefs, and norms that influence a person's thinking, decisions, and actions in certain ways. This reflects an adaptation from Leininger's (1991) definition of culture. Realizing that the concept of culture has certain assumptions assigned to its definition (CNO, 2000), culture was defined as a way of living by individuals that is dynamic and evolves over time. Key influences on the concept of culture include race,

ethnicity, socio-economic factors, as well as life experiences. The participants and the nurse doing the interviewing and observing are influenced by a culture and that will influence the dynamics of their relationships. Culture overlaps with health in the analysis, as an individual's culture may affect beliefs and values about health, including the perception of health and illness (CNO, 2000).

A definition of holistic from diverse sources includes the characterization that the whole is greater than the sum of its parts (Freidman, 1992; Wright & Leahy, 1984; Young, 1982). The American Holistic Nursing Association defines holistic as nursing practice that has healing of the whole person as a goal. Further, individuals interact with the environment and each other, and there is interrelatedness between the physical, spiritual, emotional, and mental components of the self (Dossey et al., 1995).

### Thesis Outline

This thesis is set up as a manuscript-based thesis. As such it has two chapters comprised of papers that are designed for submission to peer-reviewed journals. The first chapter offers the introduction to the thesis. The second chapter covers the literature review and partially addresses objective three; it is set up to reflect understanding about traditional healing and linking that understanding to holistic practice in nursing by using current literature to show and explain such a link. Chapter two was submitted for publication to the *Journal of Holistic Nursing*. Chapter three, which addresses objectives one and two, reports on methods, design, setting, and sample used, as well as explaining how the data were analyzed. Results are contained in chapter three and the discussion looks at the interpretation of the findings in relation to the purpose and objectives of the thesis. This chapter became the second manuscript. Chapter three will be submitted to the *Journal of Transcultural Nursing*. Chapter four, which returns to addressing objective three, looks at cultural diversity in relation to the roles of the Advanced Practice Nurse. Chapter five, the final chapter, contains a synthesis of the study and discusses the link to nursing theory, policy, and practice. As well, limitations of the research are described and a conclusion is included.

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## CHAPTER II

### Linking Aboriginal Healing Traditions to Holistic Nursing Practice

#### Unpublished Manuscript

This chapter covers the literature review and partially addresses objective three; it is set up to reflect understanding about traditional healing and linking that understanding to holistic practice in nursing by using current literature to show and explain such a link. Chapter two was submitted as a manuscript to the Journal of Holistic Nursing.

#### Participant Quote:

“The circle, that’s the whole. You are part of the circle, whether you think about it in relation to your health, you’re thinking of all the pieces of who you are as an individual. So holism is how you view your life and the people around you. It’s not only you as an individual, it moves beyond that into family, and into communities, and into relationships.”

## Abstract

A resurgence of healing traditions among Canadian Aboriginal peoples has important significance within North American health care. Although a respect for culturally sensitive care is necessary for understanding the perspectives of Aboriginal peoples in different contexts, we suggest that nursing practice that takes into consideration the understanding of Aboriginal healing traditions strengthens the intention of nurses to be holistic and responsive in their practice. This chapter provides an understanding of Aboriginal health issues by explaining diverse healing traditions and describing the links that exist between these traditions and holistic nursing practice. With a phenomenal expected growth in the Canadian Aboriginal population and the fact that less than 1% of Canadian health professionals are of Aboriginal ancestry, there is an increased need for culturally competent health professionals. As the view of holism inherent in nursing allows the profession to be on the forefront of understanding Aboriginal healing traditions, the linking of holistic nursing practice with Aboriginal healing traditions offers a foundation on which to build culturally competent care. Implications for such a nursing application reveal new ways for nurses to be instruments of healing, working towards a cultural competence that benefits all people.

## Introduction

Holistic nursing practice allows for the provision of culturally sensitive care, which requires an understanding of Aboriginal cultures and healing traditions. Aboriginal peoples of Canada form 3.7 % of the Canadian population (Health Canada, 1999) of which 62 % are First Nations (both status and non-status Indians), 30 % are Métis, and 4.6 % are Inuit (Statistics Canada, 2001). The remaining 3.4% did not self-identify in any particular group. A growth of 20% in the Canadian Aboriginal population is expected by 2008 (Statistics Canada, 1992). In terms of understanding Aboriginal health issues, the high morbidity and mortality rates experienced by Aboriginal peoples are leading them into the North American health care system. However, the majority of health care practitioners are not Aboriginal as less than 1% of Canadian nurses and physicians are of Aboriginal ancestry (Canadian Institute of Health Information, 1999).

Traditional medicine in Canada includes Aboriginal healing traditions which are based on the interrelated health beliefs of physical, social, emotional, and spiritual dimensions that need to be in balance for optimum health (Health Canada, 1999). Healing is holistically perceived as occurring when people are in harmony with their environment (Nechi Health, 2000). Similarly, holism in nursing is perceived by North American nurses as a practice founded on holistic philosophy, offering an ideal position to appreciate an Aboriginal philosophy of well-being.

In this chapter, an understanding of Aboriginal health issues is offered by explaining some healing traditions and describing links that exist between these traditions and holistic nursing practice. With the view that the aim of holistic nursing is the healing of the whole person from birth to death (Dossey, 2001), support of this holistic philosophy is offered by The American Holistic Nurses' Association (AHNA) (Flagstaff, 2000) and the Canadian Holistic Nurses' Association (CHNA) (Canadian Holistic Nursing Association, 2002). These philosophical perspectives include an understanding of people who consciously participate in change, as well as rely on inner potential for healing and well-being (Canadian Holistic Nursing Association, 2002). People with holistic beliefs recognize they are constantly interacting with their environments, are multifaceted in their responses, and are in need of an approach that facilitates a process of

self-healing. Thus, holistic nursing is positioned to understand these traditions; to do so will advance the development of culturally competent care.

### Literature Review

In reviewing the literature relevant to Aboriginal healing traditions, several databases and word combinations were used. Databases included CINAHL, Medline, HealthSTAR, Dissertation Abstracts International, Cochrane Database of Systemic Review, and American Physicians Journal Club. Key words included Aboriginal health, healing, holistic, culture, and health. Over 40,000 international articles were initially identified; limits imposed on the search included article abstracts written in English from 1992-2002. Using a word combination of holistic and healing, 480 articles were found, whereas using a word combination of Aboriginal health and holistic, zero articles were found. The 480 abstracts of articles dealing with holistic healing were reviewed to determine their relevance for understanding Aboriginal health issues and associated healing traditions. Different North American tribes were the populations studied in all articles with no singular tribe predominating. There was a lack of representation of central and eastern Canada with reference to urban-based First Nations peoples, realizing that the literature written in French might provide information on First Nations in Quebec and the Maritimes. While many articles provided useful descriptive information for health professionals working with Aboriginal peoples, there were few studies. For a summary of topics, study designs, and samples relevant to the 18 studies reviewed, refer to Table 1.

In summary, while the studies provided discussion of themes such as the concept of holistic healing and culturally sensitive care, there was little on urban-based health care practices of First Nations peoples and how healing traditions aided in attaining health. Overall, the themes seen provided understanding of Aboriginal health issues, and explained how healing and wholeness are ways in which traditional ceremonies may be a part of the health experiences of Aboriginal peoples. Further discussion centered on acculturation from the historical perspective, and the need to be aware of the sociopolitical context influencing interactions between western health providers and Aboriginal peoples as health clients.

### A Historical Perspective

It is generally accepted that the Canadian government has throughout history suppressed the ways of Aboriginal peoples, including their healing traditions. Political and cultural awakenings for Aboriginal peoples took place in the 1960's (Health Canada, 1998). In addition to this political empowerment process, a resurgence of Aboriginal healing traditions began. Waldram (1997), for example, describes the challenges of reestablishing healing traditions of Aboriginal peoples incarcerated in Canadian penal institutions as part of an emerging Aboriginal healing movement. Three other influences that have also contributed to this resurgence include the revival of Aboriginal traditional spirituality; the introduction of personal growth and healing that developed in response to addictive behavior, sexual abuse, and violence; and the acceptance of health promotion in creating healthy communities (Health Canada, 1998). It is the revival of traditional ceremonies in Canadian Aboriginal society (Correctional Services of Canada, 1999), however, that has become integral to Aboriginal healing. This includes the healing traditions of smudging, the sweat lodge, the sacred pipe, fasting, and vision quests, to name a few.

These healing traditions have origins in Aboriginal cultures, which guide notions of spirituality and the flow of energy necessary for the process of healing to work. A common language and consensus regarding principles of the healing movement, as well as support given to Aboriginal concepts of health and healing, have contributed to Aboriginal peoples working with health professionals. Such partnerships have as a goal the establishment of Aboriginal healing traditions being a legitimate strategy for addressing fundamental health problems within the health care system. This resurgence of Aboriginal healing traditions and the development of Aboriginal political awareness related to this issue have set in motion a way in which to deal with a lack of cultural sensitivity for Aboriginal peoples in health care settings. This is illustrated by the Ontario Ministry of Health approving an Aboriginal Healing and Wellness Strategy in 1994 (Dudziak, 1997) and setting up Aboriginal Health Centers to address Aboriginal-specific health policies for Aboriginal peoples living in Ontario.

### Aboriginal Healing Traditions

In a paper by a First Nations author, it was noted that the philosophy that guides the practice of Indian and Inuit nurses of Canada (refer to Table 2) revealed wholeness, change, and the acquiring of new gifts as positive aspects of living with health related issues, contributing to wellness (Goodwill, 1995). Principles shared by the broader Aboriginal healing movement and the healing traditions used by Aboriginal communities share positive aspects of the following principles: 1) reconnecting with the Creator, 2) healing of people, families, and communities, 3) shifting from an illness to a wellness approach, and 4) transforming the self in terms of a mental, emotional, physical, and spiritual Aboriginal world view in relation to political, economic, social, and cultural contexts. It is usually a group of people within the community that initiates activities to start the process of healing. Indicators of readiness include recognizing a problem exists, being motivated to change, and willing to take responsibility for the change to occur (Solicitor General Canada, 1994), which may then lead to the common use of traditional healing practices (refer to Table 3).

Many Aboriginal peoples have established healing approaches for responding to experiences of illness. In a descriptive study, Lynam (1991) focused on defining culturally sensitive care from the nursing and social science literature, as well as the concepts necessary to provide such care. Culturally sensitive care contains within its practices a belief that healing traditions affect behavior, changing it in many ways (Barnouw, 1985; Orque, 1983; Spector, 1985). For example, the use of the Medicine Wheel as a tool in which to understand the diagnosis of diabetes in an elder, would allow the elder to move through the teachings of denial of the disease process to awakening, through fear of what may happen, and on to acceptance of the diabetes, and then healing at ones own pace. Using an ethnographic approach, Borrows (2001) studied the perception of therapy, healing experiences, and traditional ceremonies of the Canadian Anishinabe Nation, as these experiences related to mental health issues. These studies revealed the importance of connecting with the self, providing community support for each other, and relying on cultural strengths. Such acts may be considered as starting points for healing the self, as well as for the healing of others. Thus similar to the health needs of Canadian society as a whole, Aboriginal peoples' understanding of illness,

health, and well-being are formed within culture; and such culture influences health behaviors (Germain, 1992).

Health issues experienced by Aboriginal peoples are diverse and have been studied fairly extensively (refer to Table 4). Research suggests that disintegration of traditional values results in fragile cultural identities that may lead to suicidal ideation and intention in First Nations women during their youth (Paproski, 1997). There is compelling evidence of Aboriginal healing traditions addressing health issues directly, as seen by decreases in suicide rates and alcohol-related offenses when healing traditions were followed (Klyde, 1994). Alcohol treatment plans that incorporate traditional medicine have shown increased sobriety rates among certain Aboriginal cultural groups (Slagle, 1986), and homicide rates have decreased among some Aboriginal peoples living a more traditional life-style (Levy, 1987).

A reconnection for a person to their cultural identity may include the use of traditional native spirituality in order to balance a disharmony, returning the person back to a feeling of wholeness relative to their state of being (Paproski, 1997). In a study of First Nations peoples in western Canada, themes explained that an Aboriginal conceptualization of wellness included cultural strengths as perceived in traditional ceremonies, spirituality as exhibited in ways of living, and connections between wellness and holism forming a state of balance (Van Uchelen et al., 1997). Healing circles were used as a participatory action research technique in a study of women's health needs that shifted the focus from problems to strengths, renaming the needs assessment to a health assessment (Dickson & Green, 2001). As these links between Aboriginal healing traditions and health are made more explicit, it will be imperative that nurses and allied health care practitioners continue to find culturally competent ways that support such links that are vital for well-being.

#### Holistic Nursing Practice

As healing traditions become more visible within Aboriginal cultures, and increased numbers of Aboriginal peoples enter the health care system, it will be necessary to integrate western medical care with healing traditions for some Aboriginal peoples. The sharing and understanding of cultural preferences can only enhance health outcomes,

realizing that people experiencing illness move between community and health care agencies.

Although Florence Nightingale, respected for introducing holism over 100 years ago, informed our understanding of managing the environment to enhance circumstances for healing, modern nursing tends to fit within a western scientific view of health care. On the one hand, the western approach to medicine has physicians being taught that they are to heal (Galloway et al., 1999). Disease and curing are emphasized, and the physician is usually honored for diagnosing and treating illness. On the other hand, the traditional medicine approach emphasizes a mind, body, and spirit connection that is holistic in nature. The patient is taught to heal the self, with harmony being emphasized; the patient is therefore honored for restoring wellness (Galloway et al., 1999). Although nursing professionals practice along side medical professionals, their longstanding nursing philosophy comes from an ideology of holism, rather than from the notion of reductionism.

As cultural healing traditions become more diverse and are incorporated into North American nursing practice, an awareness of associated trends and challenges may reveal new understanding of specific traditions. Kreitzer and Jensen (2000), for example, studied nurses who created environments for healing while caring for critically ill patients. A study that focused on a comparison of nurses and alternative healers described similarities related to a philosophy of holistic health and healing (Engebretson, 1996). For holistic nursing, an important step in a healing ritual is quiet time to contemplate questions of importance to start a healing plan of action (Achterberg, Dossey & Kolkmeier, 1994).

The act of healing incorporates the circle of human potential; a circle being one example of an ancient symbol of wholeness (Dossey et al. 1995). Wholeness is understood as consisting of the integration of physical, mental, emotional, autonomous, relational, and spiritual parts of the self. It is the spiritual part of the self, however, that transcends all other dimensions and this assists human beings to maximize their potential. It is suggested that a similar view may be considered helpful in understanding aspects of Aboriginal healing traditions.

The American Holistic Nurses' Association (AHNA) includes in its definition of nursing practice the concept of cultural competence; also included in this definition is the ability to deliver health care that is based on sensitivity to cultural influences that may affect ways of enhancing well-being (Dossey, 2001). Based on a developmental approach to education for intercultural sensitivity, Bennett (1986) outlined a development model for achieving cultural sensitivity that could be used to illuminate the stages of development needed by health professionals for participating in culturally sensitive practice and research. There are a number of ways in which nurses can provide culturally competent care, with the above examples offering a consideration of what may be used by nurses in linking Aboriginal healing traditions with holistic nursing practice. As the Canadian Holistic Nursing Association states, healing starts from within and it is necessary for the nursing professional to identify where they are in this journey; therefore the above model may be used as an instrument for self-assessment. By recognizing the significance this has on advancing the development of culturally competent care, nurses may be positioned to discover new ways to be instruments of healing, working towards a cultural competence that benefits all people.

#### Implications for Nursing Practice and Research

Aspects of holistic nursing identified in the nursing literature that link with Aboriginal healing traditions include the integration, harmony, and balance of the body, mind, and spirit. There is a focus on the wholeness of a person which emphasizes the process of self-healing. Illness is seen as an opportunity for enhancing self-awareness and self-development. Health care opportunities may include reciprocal relationships between Aboriginal clients and nurses, which allow for balanced communication encounters that have the potential to reveal the Aboriginal perceptions of self-responsibility, health promotion, and lifestyle (Johnson, 1990). With these understandings of Aboriginal health issues, holistic nursing practice may become more responsive to the needs of Aboriginal peoples and their healing traditions. The implication for nursing practice is that understanding healing traditions allows nurses to be holistic and responsive in their practice by providing care that is culturally respectful and sensitive. This encourages Aboriginal peoples to voice their perspectives on health issues that directly affect them.

As the limited body of knowledge available to date that is helpful to nurses is scant, cultural nursing research needs to develop methods that are appropriate, respectful, ethical, sympathetic, and useful for the Aboriginal population (Clarke, 1997). With better understanding of Aboriginal healing traditions, health professionals will have a stronger foundation on which to build trust with Aboriginal peoples, as well as to understand from the patient's perspective that there is hope in disease. The areas of research within nursing and medicine are expanding as topics related to Aboriginal health and healing traditions are included in college and university curriculums. A new northern school in Ontario, for example, is aimed at graduating students with appropriate knowledge, skills, and interest in Aboriginal health care (Rourke, 2002). The University of Northern British Columbia has a mandate to foster the integrated study of Aboriginal experiences and interdisciplinary approaches (University of Northern British Columbia Calendar, 2002/2003). One implication this has for nursing is that the promotion of research that benefits Aboriginal peoples and communities could include more Aboriginal peoples helping to inform nursing studies in relation to Aboriginal health perspectives.

#### Conclusion

Nurses are called upon to be instruments of healing, as opposed to providers of treatment aimed at curing. Thus it is incumbent upon nurses to appreciate the holistic nature of healing, and to use the principles of holistic nursing as a guide towards understanding culturally sensitive care. An understanding of Aboriginal health issues is essential in providing culturally competent care, and a practice with an adequate understanding of Aboriginal healing traditions allows for nurses to be holistic and responsive in their practice. An approach to culturally competent care that could have appeal to all nurses would be based on the elements of self-reflection, the acquisition of cultural knowledge, and the facilitation of client choice that is universal to all nurses (College of Nurses of Ontario, 2000). Developing standards of holistic nursing practice in Canada would recognize that the healing traditions of Aboriginal peoples are significant in their health care. Linking Aboriginal healing traditions to holistic nursing practice would help both Aboriginal and non-Aboriginal health professionals in practice and research to gain cultural understanding essential to the delivery of culturally competent

care. This would allow for knowledge development that would address the issue of cross cultural communication that uses a holistic approach to healing.

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Table 1  
Relevant Research from 1992-2002

Topic	Study Design	Sample	First Author
Perceptions of therapy, healing experiences, and traditional ceremonies.	Ethnography and phenomenology	10 Canadian Anishinabe (Chippewa)	Borrows, J.A. (2001)
Traditional healing and knowledge in health care encounters.	Critical ethnography	10 First Nations women	Browne, A. J. (2001)
Using healing circles to study women's health needs.	Participatory research	12 Aboriginal women elders	Dickson, G. (2001)
The journey towards healing and wholeness in family members in the aftermath of youth suicide.	Grounded theory	41 Alberta deceased youth's families	Kalischuk, R.G. (2001)
Nurses creating environments for healing; healing practices, trends, challenges, and opportunities. An overview of complementary therapies and healing practices with suggestions to incorporate into practice.	Case study and descriptive	2 Critically ill patients	Kreitzer, M.J. (2000)
Perceptions and experiences with the mental health system.	Content analysis of interviews	10 FN in BC	Schmidt, G. (2000)
A meaning of healing from a student nursing perspective using Watson's philosophy.	Phenomenology	Nursing students	Ward, S.L. (2000)
Cultural competence in care of sexual abuse victims.	Survey	1701 psychiatric nurses	Austin, W. (1999)
Relationships between acculturation, health, and identity about community healing and holistic health.	Correlation	261 Ojibwa FN	Restoule, B.M.M. (1999)

Topic	Study Design	Sample	First Author
Cross culturally sensitive delivery of health care.	Ethnography	FN people with disabilities in Manitoba	Frincke, M.W. (1998)
Culturally suitable research – partnerships, ethical concerns, and ownership.	Critical ethnography	First Nations people – urban: reserve:	Clarke, H. (1997)
Mental health problems due to cultural loss.	Survey	First Nations people in BC	McCormick, R. (1997)
Reconnection to cultural identity and traditional native spirituality.	Phenomenology	5 FN women in BC	Paproski, D.L. (1997)
How Aboriginal people conceptualize wellness.	Grounded theory	31 FN in BC	Van Uchelen, C.P. (1997)
Holistic and non-traditional healing methods for pain.	Survey	48 acute pain patients	Bowers, L.A. (1996)
Common holistic philosophy about health and healing in a comparison of nurses and alternative healers. The seven categories of healing common to both included the physical, mental, attitudinal, relational, spiritual, self-caring and help-seeking attributes.	Ethnography	18 nurses and 23 alternative healers	Engebretson, J. (1996)
The meaning of respect.	Qualitative	5 Cree-Ojibwa FN	Browne, A.J. (1995)
Health delivery over last century – loss of traditional medical system.	Historical/ethnography/case study	Peguis FN people in Manitoba	Cohen, B.E. (1994)

Table 2

Principles of Indian Philosophy (Goodwill, 1995 originally from *The Sacred Tree*, 1985)

Philosophy	Explanation
Wholeness	All things are interrelated and everything in the universe is part of a single whole. Everything is connected in some way to everything else and it is only possible to understand something if one understands how it is connected to everything else.
Change	Everything is in a state of constant change. There are two types of change – the coming together and coming apart of things. For example, one season always follows another and people are born, live, and die.
Cycles/patterns	Change is not random or accidental. If one cannot see that change is connected, then one's standpoint is affecting one's perception.
Physical and spiritual world	These are two aspects of one reality. There are separate laws that govern each and breaking the spiritual principle will affect the physical world and vice-versa. A balanced life is one that honors both.
Physical and spiritual beings	People are both physical and spiritual beings.
People acquire new gifts	The struggle to develop new personal qualities may be called "true learning".
Four dimensions	A person learns in a whole and balanced manner when the mental, spiritual, physical, and emotional dimensions are involved in the process.
Spiritual capacities	The capacity to have and respond to dreams, visions, ideals, spiritual teachings, goals, and theories; the capacity to accept these as a reflection of our unknown or unrealized potential; the capacity to express these using symbols in speech, art, or mathematics; and the capacity to use symbolic expression towards action, making the possible a reality.
Peoples' potential	The path will always be there for those who decide to travel it. People must actively participate in the development of their own potential.
Journey development	Guides, teachers, and protectors will assist the traveler. The only source of failure is one's own failure to accept the teachings.

Table 3

Traditional Aboriginal Healing Practices (drawn from Aboriginal peoples encountered during research time at an Aboriginal Health Centre in Ontario, 2001-2002)

Healing Practice	Explanation
Talking Circle	A place of trust and confidentiality. Opened by prayer and a song sung by an elder. Whoever holds the eagle feather may speak of what they wish. All are heard and no one has to speak if they do not desire to do so. Circles can be very emotional as well as therapeutic and healing in nature.
Drum Circle	Like a talking circle but with powerful music and the ancient songs. The drum represents the mother's heartbeat heard in the womb and is very comforting as well as powerful.
Eagle Feather	Represents vision, strength and courage. The eagle feather is a very sacred object. The eagle can see the furthest and fly the highest. Whoever holds the eagle feather can speak freely and no one can interrupt.
Medicine Wheel	Divided into four quadrants, representing a color, gift, sacred object, a stage of life, and a race. The number four and the circle are symbolic of unity in diversity. Circle within the circle represents a whole person. Teachings taught allow a person to move from denial to awakening, through fear and on to acceptance and healing at ones own pace. North represents European, winter, and the age of elder. Fire and mental health are represented. Sweetgrass gives balance and kindness and the gifts are wisdom and strength. The color is white, and the teaching is acceptance and healing. East is represented by the Asian race. The season is spring and the age is infancy. The earth and spiritual health are represented. Tobacco gives strength and the gift is vision. The color is yellow and the teaching is fear. South is represented by the Aboriginal race. The season is summer and the age is youth. Wind, air, and emotional health are important. Cedar gives purity and honesty, and the gifts are love, trust, and discipline. The color represented is red, and the teaching is denial. The west is represented by the African race. The season is autumn and the age is adulthood. Water and physical health are represented. Sage offers sharing, and the gift is introspection. The color represented is black or blue, and the teaching is awakening.
Smudging	Sweetgrass or tobacco is burned in a small bowl, and the smoke from the burning is brushed gently over the face, heart, and body to cleanse and purify. Done silently in a circle while standing. Prayers said before, and after, a smudging.
Sweat Lodge	A purification ceremony and healing of mind, body and spirit. It may be held in preparation of an undertaking such as a fast or it may be a healing ceremony in itself. It is important to connect oneself to the spirits when seeking guidance and healing. This ceremony is held in a lodge and conducted by an elder. Consists of burning tobacco, sage, or cedar, and maintenance of the fire. A talking circle may occur with-in a sweat lodge.

Table 4

Health Issues in the Aboriginal Population

Category	Issue
Metabolic	Type 2 Diabetes – age of onset younger, complications more frequent (Young et al. 1999)
	Risk of death from diabetes 2-4 times as great for Aboriginal males and females (Daniel et al. 1999)
	Hypertension, arthritis, diabetes, and heart problems self-reported in Aboriginal populations (Reading, 1999)
	Prevalence of chronic health problems higher in both genders (Reading, 1999)
Cardiac	Cardiac disease the leading cause of death in American Indians (Indian Health Statistics, 1993)
	Type 2 diabetes increases the risk of cardiovascular disease by two to four times (Reading, 1999)
	Diabetes have a fivefold greater risk of heart disease (Galloway, 1999)
Socioeconomic	Unemployment rates triple national rate (IAND, 1998)
	Dependency on social assistance four times Canadian rate (IAND, 1999)
	Employment income 1.5 times lower than national average (Health Canada, 1999)
	Risk factors for homelessness: high unemployment, welfare, poverty, substance abuse, physical/mental health problems, domestic/sexual abuse—largest sub-population most at risk of homelessness (Health Canada, 1999)
	62% 15 y.o and older smoke (Statistics Canada, 1998)
	Suicide rate three times higher than general population (Statistics Canada, 1996)

## CHAPTER III

## Healing Holistically: Finding Balance While Regaining Culture

## Unpublished Manuscript

This chapter describes a critical ethnographic study conducted to answer the research question “How do First Nations peoples in Canada use healing traditions to address their health issues?” The analysis and findings were reviewed by interviewees and other interested parties from the study setting to confirm and comment on the results. The contents of this chapter were shared with study participants by members of the health centre administration. Although information sessions for explanations of the findings were offered, due to the limited available time of study participants, these sessions did not proceed. The reading of the findings by study participants allowed for an Aboriginal perspective on the analysis and for different approaches to cultural understanding to be heard. Plans exist to submit this paper to the Journal of Transcultural Nursing.

## Participant Quote:

“Of course, you can’t reach everyone. But if you can reach one person and teach them about how to take care of themselves mentally, emotionally, spiritually, and physically, then maybe they’ll start going on their journey as well.”

## Abstract

### Research Question

How do urban First Nations peoples in Canada use healing traditions to address their health issues?

### Purpose and Objectives

The purpose of this study was to explore the healing traditions of urban-based First Nations peoples. The objectives were to describe the use of Aboriginal healing traditions, discuss how these traditions addressed health issues, and to explore the link between such traditions and holism in nursing practice.

### Method

Critical ethnography was the qualitative research method used for this study. Data collection consisted of eight individual interviews, participant observations over a period of four months, and field notes.

### Findings/Discussion

The three major categories that emerged from the data analysis were a) the following of a cultural path, b) the gaining of balance, and c) the circle of life. The theme of healing holistically emerged. Healing holistically included following a cultural path by regaining culture through the use of healing traditions; gaining balance in the four realms of the spiritual, emotional, mental and physical self; and the circle of life that included the sharing of culture with Aboriginal peoples and non-Aboriginal health professionals.

### Conclusion

Implications for practice include incorporating the concepts of balance, a holistic outlook, and healing and culture into the health care of diverse First Nations groups. Healing holistically is an ongoing process that continues throughout the lifespan. This process can contribute to empowerment for Aboriginal peoples through an enhanced state of health reached by using traditional healing and understood through a critical ethnography approach.

## Introduction

In Canada, the Aboriginal population has increased to 3.7% of the Canadian population (Statistics Canada, 2001), with significant health issues affecting them (Galloway, 1999; Indian Health Services, 1993; Reading, 1999; Young et al., 1999). The migration of Aboriginal peoples to urban areas is a recent phenomenon that indicates half of Aboriginal peoples live in cities or towns (Statistics Canada, 2001). This continued rise in the Aboriginal population will be accompanied by increased access to the urban health care system. Thus health practitioners will be increasingly obligated to understand the diversity of Aboriginal perspectives and experiences of their clients.

With the recent revival of Aboriginal cultural reclaiming in Canada (Ross, 1992; Royal Commission, 1996), it is necessary to examine the impact of the use of traditional healing and the understanding by health professionals of such on the health status of diverse Aboriginal groups. There is a belief by Aboriginal clients and non-Aboriginal health professionals that an Aboriginal perspective and world view on the use of traditional healing are of benefit to health, not only physical but spiritual, emotional, and mental health (Correctional Services of Canada, 2000). Although cultural issues in nursing practice are recognized, there is ignorance as to the impact of understanding cultural norms and values with the Aboriginal population (Weaver, 2001). While a knowledge base exists in cultural practices within anthropological research, there is a lack of applicable research in health care, and coupled with the ignorance of understanding cultural norms, this creates an issue that nursing science can address through research with this population.

Furthermore, accreditation committees in North America are looking for evidence that health care professionals are knowledgeable about the impact of culture on the response to health and illness (Williams & Kruse, 1999). As such, health professionals need to enlighten themselves about cultural traditions that aid in attaining a higher level of health for Aboriginal peoples. Although nursing professionals have a wealth of information on the holistic perspective (Dossey et al., 1995), there is a lack of understanding specific to Aboriginal healing traditions. With less than 1% of nurses

having Aboriginal ancestry, there exists an obligation by nurses to provide culturally sensitive care to clients. The lack of health observed in this population is of concern, and understanding of how Aboriginal healing traditions influence health should be given priority.

The purpose of this study was to explore healing traditions of urban-based First Nations peoples with the objectives being to 1) describe Aboriginal healing traditions used in an urban setting, 2) discuss how these traditions address health issues, and 3) explore the link between such traditions and holism in nursing practice.

### Method

First Nations peoples are skeptical of researchers studying them and potentially taking away a biased interpretation of their reality (Clarke, 1997). Therefore, conducting research with First Nations peoples is more culturally suitable, acceptable, and productive when the design is based on critical ethnography (Clarke, 1997). The cornerstone of critical ethnography is participation, with the aim of bringing about action (Thomas, 1993). Action for the study population would consist of changing patterned thinking by nurses about Aboriginal populations, networking with nurses running programs for Aboriginal clients, and interacting with those responsible for teaching cultural diversity to nursing students. This would allow for an increase in cultural sensitivity, and meet the mandate of bringing about change on behalf of research subjects (Thomas, 1993).

### Setting

The setting for this study was an Aboriginal Health Centre in Ottawa, Canada. The mandate of the health centre included servicing the First Nations, Inuit and Métis population of Ottawa-Carleton and surrounding areas. Utilization statistics indicated that 61% of clients were First Nations, 22% Métis, and 17% Inuit.

### Sample

A convenience sample from known clients and staff was used to start the study, followed by referrals to other participants, which is called snowball sampling (Morse & Field, 1995). Participants were purposefully selected for maximum variation to cover a wide range of diverse backgrounds (Morse & Field, 1995). The sample was comprised of eight participants from the Aboriginal population who accessed, or worked at, the health centre. Inclusion criteria were English-speaking First Nations males or females aged > 18

years with varying educational and socioeconomic backgrounds. The exclusion criteria were the inability to participate in an interview process due to linguistic, cognitive or mental limitations. Of the eight interviews completed, ages ranged from 21 to 79 years. There were 3 males and five females with an equal number of health professional and non-professional individuals. See Table 1 for demographic information.

### Procedures

Approval was obtained from the University Ethical and Scientific Committee. Gaining entrance was facilitated by the investigator having already worked at the health centre with a group of diabetics for eight months. The study was explained, written consent was obtained (see Appendix 1), and participants were told the results of the study would be made available to them.

### Data Collection

Data collection consisted of 1) eight in-depth individual interviews, 2) four months of participant observation at the senior's group and 3) four months of field notes written about all encounters at the health centre, including the senior's group. The interviews were tape-recorded and lasted 60-90 minutes. Two pilot interviews were completed in this setting as part of the feasibility work; this was readily accepted by the participants and produced rich data. The ten interview questions (Table 2) related to definitions of health and holism, explanations of Aboriginal healing traditions, and ascertations of how experiences related to these concepts helped participants express feelings of health. Aspects of how to educate health professionals with regard to Aboriginal healing traditions were also covered. As sensitive issues may have been raised during the interview process, the researcher summarized the participants' issues of concern, and offered to provide follow-up with the appropriate health provider, or Aboriginal elder, if necessary.

The type of participant observation used was the 'observer-as-participant' strategy (Morse & Field, 1995), where the researcher, in essence, became a volunteer and helper. This had been done successfully prior to this study, demonstrating feasibility. The goal of the participant observation was to observe how Aboriginal healing traditions were discussed and used by participants and facilitators of courses and ceremonies. Verbal consent from the group was obtained, and if participants had felt uncomfortable with the

researcher in attendance, the researcher would have left. This, however, was never called for. Participant observations included circles, traditional crafts, singing, traditional lunch, educational sessions and games, and 2 two-day long Powwows. The investigator attended client educational sessions and observed how participants and facilitators included traditional methods in the sessions. There were between eight and twelve participants at the weekly seniors group that lasted for four hours, and they were observed over a period of four months. Field notes included all observations made by the researcher during participant observations, as well as recording of exchanges made with the health care team.

### Data Analysis

Data analysis was done concurrently with data collection. Data saturation, which refers to the completeness of all levels of codes in the analysis of data, indicating that categories have become repetitive or redundant, determined the final number of participants (Strauss & Corbin, 1998).

The interview transcripts, participant observations, and field notes were analyzed respectively for key words and ideas that related to the study objectives. These codes were formed into like categories, and meaningful relationships were identified between ideas. The descriptive observations focused on the space (where), actors (who), activities (what), and objects (how) used over time to accomplish stated goals (about health) and the feelings these acts (Aboriginal healing traditions) provided. The analysis of this social situation formed what is called the cultural scene (Streubert & Carpenter, 1999). A cultural inventory was taken, which led to writing this ethnography by paying particular attention to the audiences for which it was intended (the First Nations community and the health care and academic audiences). Feedback was given to the interviewees and the centre's staff, and further clarification of categories was established. Diagrams were drawn that explained and gave visual cues to the major categories.

### Rigor

Standardized techniques to ensure credibility, transferability, and confirmability allow the researcher to maintain trustworthiness of a qualitative study (Morse & Field, 1995; Strauss & Corbin, 1998). Those used for this study included 1) spending four months time in the field (prolonged engagement), 2) interviews, field notes, and

observations (triangulation), 3) referential adequacy, 4) peer debriefing, 5) talking informally with First Nations peoples at the centre (member checks), 6) reflective journal, 7) thick description, 8) purposive sampling, and 9) an audit trail of decisions made by the researcher from start to conclusion.

### Findings

The three major categories that emerged from the analysis of interview transcripts included a) following a cultural path, b) gaining balance, and c) sharing of the circle of life between the Aboriginal client and the non-Aboriginal health care provider. Figure 1 depicts how healing holistically is comprised of being on a cultural path and regaining lost culture, as well as being in balance in the four planes of the physical, spiritual, mental and emotional. The circle of life is a fluid process in which sharing culture with others weaves back and forth.

#### Following a Cultural Path

Survival was mentioned specifically as it related to residential school experiences. Sub-categories of losing and regaining culture were discussed by participants. Positive aspects of following a cultural path were noted, which included the importance of families and community relationships.

Losing culture. Losing culture due to realities of residential schooling and assimilation into the dominant foreign culture were unique to a generation of Canadian Aboriginal peoples. This also resulted in parents being unable to teach their children about culture. Recognition of this loss of culture led people to awareness of a cultural path. The awareness occurred because some aspects of culture were passed on by grandparents and parents during the summer months when children were home from residential schools, but this lacked in consistency.

A 60 year old non-professional female residential school survivor spoke about the experience as being “kidnapped” from her family. As she related: “I was five when they put me in residential school. We lost all our traditions. We were not allowed to speak the language; I understand it fully but I can’t speak it.” In fitting together their world view as a lost generation trying to reclaim cultural heritage from family members who were likely residential school survivors, strong words such as oppression, discrimination, and judgmental attitudes were used. A 21 year old Algonquin non-professional who recently

moved to the city saw this as looking at statistics and not beyond. He explained it this way: “I know the suicide rate for Aboriginals is too high, the death rate is higher, and I feel it’s that way because of oppression and discrimination. There are still reserves that are not near places and they get into addictions and an unhealthy lifestyle. That is why health practitioners do not understand - because they haven’t lived there.”

There was an appreciation of the need to integrate culture into city life due to the isolation felt by some Aboriginal youth. “They want to go on into health but they’re still isolated. They have to move and leave the reserve. Family values in my culture are very strong and to leave is culture shock. There is isolation in the schooling system [current system] that rushes, rushes, rushes them. Get in and get out, you graduate and you’re on your own. In my reserve, culture, culture, culture, that’s all they talk about, but come down to the nitty gritty of it all and it’s not there, it’s barely there.”

Residential schools were not the only way to lose culture. A 69 year old Algonquin non-professional and his 79 year old wife talked about the difficulty of growing up outside of your own culture. Having traveled the world for the military he stated: “I always make something when I’m here [the health centre], I always do crafts. My brother was a skilled artist, but I never stayed home to learn the craft. My younger brother can make a canoe. He stayed home, I went traveling. I had a different life.”

While realities of lost culture existed for those who went to residential schools, there was hope in the realization that there is a revival among Canadian Aboriginal peoples in reclaiming and understanding their culture. This assisted those attempting to reclaim their culture from an undefined past.

Regaining culture. Culture was regained by learning about traditional ceremonies and then using ceremonies to understand and become a part of the culture. Those who did experience their culture passed on knowledge thereby contributing to regaining culture. Being on a cultural path was a self-directed process, which had a starting point important to the individual but then continued throughout life. As a 42 year old professional Ojibwa male indicated: “Culturally I’ve been following what we call the healing path, which is going back to our roots and finding out where we come from. I was doing a bit of culture with my job and at the same time I started assisting with Sun Dances and sang for the sun dancers – that was sort of a starting point.”

In reclaiming their culture, the younger generation sought help of native counselors to understand why they had taken some wrong turns in life. As one young participant related: "I like to go see her [his counselor] because of the native aspect. I knew she would be a counselor who would be helping my native heritage and incorporating it into the counseling sessions. It's actually that some things have been resolved, past is past, and let the past die. On with the future I guess you could say."

In grief and through trauma, Aboriginal peoples are learning to rely on traditional teachings for strength. Many diverse traditional ceremonies were mentioned ranging from drumming, talking circles, sweat lodges, the sacred pipe, stories, healers, and smudging. These traditions offered comfort, peace, and balance. Many felt cleansed after ceremonies and reconnected with the Creator. One participant stated: "Drumming and singing are a form of releasing. There are ceremony songs that you sing for the health and wellness of those who are dancing, they have a cultural significance." Others used traditional ceremonies done by elders as they fit with established goals. One participant explained it by the following: "We're praying every day. It's giving thanks for being able to walk again, and to breathe; and thanking for all the things we have and saying hopefully I'll live, speak, and walk in a good way today, and then we'll smudge. That's how we start our day. It's the songs, language, and teachings."

Stories offered humor in dealing with life's situations of pain and joy. Many stories were related by participants with each other and in interviews. As the oral tradition is of paramount importance to First Nations peoples, this was a way in which to remind themselves about, and experience, the cultural path. Humor in stories was used as a tool for dealing with unpleasant memories and ceremonies were used to reestablish balance.

The cultural path was private in the sense of it being an individual's journey. It was a lived way of being that did not have to be thought about, explained, or imposed on anyone. Living this way was therapeutic and offered empowerment to the individual. As a 48 year old Odawa stated: "I'll go to healers and have medicine given to me. I go for herbal alternatives in hopes it will deal with the problem. I believe that people's anger and hatred can touch your energy and you need someone to brush it away, in a

psychological cleansing. Whether that's real or not doesn't make a difference, the fact is I believe."

In living the cultural path, it was important to understand where one was and where cultural knowledge lay. There was a spiritual connection with the Creator and culture played into the interconnection with nature; this created a sense of balance with time for ceremonies. An Algonquin professional female in her 40's stated: "The connection with everything – my connection with the Creator, every tree, flower, rock, mountain, and river – it's the interconnection of all." The use of traditional ceremonies contributed to regaining culture and to balance.

### Gaining Balance

Participants mentioned the concept of balance with the spiritual, mental, emotional, and physical aspects having equal power. There were influences, good and bad, that affected balance and health status. Self-care and prevention were ways in which individuals could take responsibility for attaining balance. Mainstream health care was a negative example whereby balance was not deemed important, and where the physical self held a greater place of prominence.

Balance was important in the revival of culture as it offered empowerment and positive feelings. Cultural revival was more than just the sum of all the parts and expanded into the community. One participant, a 30 year old Odawa professional stated: "Not only maintaining balance within yourself, but as a couple, as a family-whatever's happening in the home; it's going to affect you, in your workplace or in the community. There's a ripple effect. That's maintaining balance with one's self. It is how we visualize and view, and how as native people we try to walk." Balance was interlinked with the aspects of health that included the spiritual, emotional, mental, and physical.

Spiritual health. The spiritual aspect of balance had a part in overall health. Spirituality was considered to be everything, a way of living and available to all. One participant related: "I guess it's not a matter of how does it [spirituality] fit in because it's everything. You don't have to go to church or a sweat lodge to get your spirituality; your spirituality is in here [points to body], its how you feel, share, and do things in a good way. It's part of everything we do and a way of living. Everyone is able to practice spirituality because it's available to us; we all have it within us whether we know it or

not. It's not in books, words, or something you grab and pull in; it's just there and you work with it and help it grow and expand.”

Teaching an individual and showing appreciation with kind words tied into the daily notion of spirituality. Thinking about spirituality allowed one to impact on emotional health and attitudes towards others, which allowed for fulfillment and balance in emotional and mental health.

Emotional and mental health. Helping each other contributed to the cyclic aspect of good things coming back. There was a beneficial nature to helping others which created security, stability, and control in the face of an unstable world. As one participant stated: “A sweat is totally dark, you go through sessions guided by someone who allows you to move through those pieces or talks about things that allow you to work through your own process till you come to a sense of peace or balance. Knowing you've done this makes you secure, you have to have a sense of balance because it's what we need in a world like this.”

Considering the issues with addictions and mental health problems with this population, there was a differentiation in how addictions were viewed by different Aboriginal peoples – those following a cultural path versus those not and perceived to be judging others. Attaining a level of balance in living with addictions was personal and perseverance counted in trying again.

A lessened state of health became apparent when emotional, mental, and spiritual aspects of health were not taken care of. When balance was lacking in these areas then the effect could be physically destructive to an individual. One participant stated: “When I think of health I think of mental health. I'm a firm believer if you have peace in your heart, your body will follow. I come from a culture where all the pieces are important, the physical, the mental, the social, the spiritual. If not all are in balance, then you're in trouble – and you need to seek a way to balance yourself each day.” It was not that physical health was not thought about by the participants, but rather they tended not to put as much emphasis on it as non-Aboriginal health professionals. This became an important distinction when treating the whole person in a balanced way.

Physical health. Self care and the skill of others combined to help one attain balanced health. Balance had to do with respect and gratitude which in turn offered a

sense of well-being. When one was out of balance, physical complaints followed. As one participant indicated: "Holism has everything to do with being balanced. It comes from your philosophy of life. Two cornerstones are respect and gratitude and without those I don't see how someone can live in balance, nor be healthy. Respect and gratitude – that's at the core. It starts in the mind or in the emotional body. Depending on how long it transpires you would show physical symptoms. This is the metaphysical reasoning behind certain illnesses." All four aspects of balance and holistic teaching reside in the individual and the act of being imbalanced over time was a learned behavior. The concept of balance was considered to be simple therefore anyone could use it. This allowed for ease in both accepting the concept, as well as teaching it to others.

The importance of balance was seen by the help ceremonies and teachings imparted in understanding life as an Aboriginal person. The balance offered by ceremonies contributed to following a cultural path, in that it allowed for reclaiming of lost culture. As stated by a participant: "It [traditional ceremonies] helps me stay in balance, it gives me an identity. I feel comfort in who I am; it gives me a ground to stand as a native person. I know where I come from and our teachings. Knowing that makes me stronger and keeps me going. And learning the teachings – I can share that with other people."

#### The Circle of Life

The circle of life included individuals, communities, and the generations that existed in families and communities. Culture was explained as a circle and being in balance by sharing through relationships. The circle of life category is exemplified by sharing culture through enlightenment of Aboriginal peoples about their heritage and identity, and of non-Aboriginal health professionals ignorant about Aboriginal culture. The importance of communication was stressed, with goal setting for priorities, and modeling behavior, being common approaches. It was mentioned that all those met in the circle of life could be a potential source of learning. As one participant indicated: "My philosophy believes there is no one person who can help me in all ways, we all have our skills and I will be touched by many people as I go down my path." Following a cultural path indicated that living among generations of family was part of the circle of life.

Communicating with others through ceremonies was one way of how to share; this allowed individuals to take better care of their health and led to healing holistically. “It’s about being open to what is good for you; remember to take care of yourself. I think anyone can use the model of taking care. Those ways [traditional ways] are lost so I’m trying to learn those ways and they’re coming back now. Sometimes we are not successful so we get up and try again.”

The circle of life was a continuous process that allowed for empowerment – as lessons were learned, knowledge followed, and individuals wanted to share this cultural knowledge with others. This allowed generations to teach to each other. One such way was to share through the use of modeling behavior. When First Nations females were growing up in the 1950’s their mothers taught them crafts such as making bannock and beading. One participant never wanted to bead because she would rather fish. But when reminiscing about how she eventually learned how to, she stated: “You see what I’d do is I’d watch from a distance and I learned from that.”

Communication, sharing, and learning in the circle of life were accomplished with the help of counselors and elders. Elders and native counselors allowed for guidance to be given and for knowledge to be shared. Sharing was a continuous process and there was a need for dedication in order to learn. The willingness and motivation had to come from within the individual; it was not imposed by others. One participant stated: “I just continually learn; I’ve picked up books and tapes. When we have elders in town, we get together and sit down and talk. A lot of people see elders, and they put them up on a pedestal, what I see is they’re my friends, live like anybody else. The base just keeps on growing and it is interesting to see what they have to say because there’s always a learning experience and that’s part of healing.” There was a need for individuals to learn what culture was about and know that there was a support network to help those on their journey.

The circle of life incorporated sharing culture with Aboriginal and non-Aboriginal people, including health care workers. In sharing with Aboriginal peoples among themselves, it was necessary to educate on the health services that were available, and allow time to share stories about health experiences. Individuals could then work towards small attainable goals together. Aboriginal peoples sharing a cultural perspective with

non-Aboriginal health professionals emphasized that respect for others was important. As indicated: “It definitely is ignorance. There are stigmas that Indians are lazy or drunk. People have been taught that Indians are bad. They need to be educated that not all Indians are like that. There are educated Indians, people who are willing to help and work with them. Educating on body language, history and traditional ways, and having respect for and understanding that; they are kind of a distinct people and it comes down to respect.”

Although there was an overall sense of desperation, the understanding of issues led to seeking ways in which to make it work better; this, in turn, led to an appreciation of sharing to help others start their journey, thereby allowing a full circle. A participant felt the need to reach out and help others as seen by: “By helping ourselves we are helping everybody else at the same time. I have learned that I have to think of others. When you think of others and are doing good things for others, then good things come back. When I start thinking of how I’m benefiting others or the future, then it just seems to be so easy, so natural to do things.”

The perceived mindset for non-Aboriginals was that they have a tendency to lump Canadian Aboriginal peoples into the same category. This became problematic for health professionals when taking care of a specific population and not having an appropriate understanding of cultural issues. This was related by the following: “Everybody tries to do the same thing to Aboriginals; the first time they [Europeans] came here was to link them all together. They [white man] think the same, they think they’re all [Aboriginal peoples] the same and they’re not. Their language and their dialects are different, they have a different way of doing things; there are those differences which a lot of people don’t recognize.”

Sharing with others was also important when deciding what an Aboriginal client would share with a non-Aboriginal health professional. There was a difference of knowledge in the head versus knowing in the heart. It was the difference between thinking and feeling, with feeling being the stronger of the two, which lead to trust of an individual. In seeking out knowledge about medical conditions, responsibility rested with the individual. It was thought that health practitioners could offer part of knowledge and were sought out for this piece. This advice was offered by a participant: “I seek out the

knowledge I need, for instance I go and see my doctor specifically because I have a particular problem or pain. We try and seek a solution to it. I don't want to talk about anything else because I know he can only give me that piece anyway. I use them for very specific things. I think the first thing, when I have a health practitioner in front of me, is that I want them to understand that I know they don't know everything."

In the circle of life, appreciating and accepting the worldview of an Aboriginal client was important. This was seen when cultural issues were discussed that sometimes led to misinterpretation on a health professional's part. There was a feeling that mainstream health had lost touch with the human side, and people were treated as if they were part of a production line, which led to a lack of respect and dignity. One participant explained:

If a professional doesn't understand the world view of a client, there's disrespect. There are many things about cultures and we're not just talking about First Nations, we're talking about Canadian culture too. If a professional doesn't understand the culture or the value of things, they may misinterpret and reinterpret. So much of a relationship is communication. The moment you have to communicate with the client the whole world changes. Because if you can't or you do not understand where they're coming from and what those words 'I'm fine' mean – well that could mean I'm pretty sick but it is impolite for me to tell you that I'm sick. Maybe several appointments down the road you'll finally find out that I'm sick.

### Discussion

Healing holistically emerged as a theme from the three categories discussed above. Balance, health, and holism were an intertwined trilogy. Health was described as taking care of the self and healing by being on a cultural path, which led to balance. Being strong, being together with others, and being able to do what was wanted were important aspects of health and holism. Holism was crucial to health, and peace in the heart allowed for balance. Balance was empowering to individuals by sharing with others throughout generations. To become a healthy person in the Aboriginal cultural viewpoint meant being in balance. As beliefs and values of traditional ways are not fully understood by the dominant white health professional society, this study offers an understanding of what allows an urban-based Aboriginal population to heal holistically.

### The Use of Aboriginal Healing Traditions

The use of Aboriginal healing traditions contributed to healing holistically for the individual. This study showed the use of traditional healing being prevalent among an urban Aboriginal population. Residential school fall-out and assimilation into the dominant culture resulted in the loss of culture. The use of traditional healing in this study was seen as a strength that assisted with regaining culture. As found in this study, participants described regaining their culture by using traditional healing as a bridge to holistic healing, which allowed participants to find a meaningful way to live with either their illness or issues they encountered in life.

The healing practices used were extensive, ranging from smudging, talking, and drumming circles to sweat lodge use. Healing traditions allowed for enlightenment of Aboriginal peoples and following a cultural path became a choice and, since not imposed, it empowered the person. These findings support research done on the healing process and cultural rebirth of First Nations peoples (Plouffe, 2001). Factors that lead to the need for rebirth included suffering of the First Nations peoples from oppression, despair, and cultural disintegration; and the rebirth which became an empowering process that allowed for cultural pride (Plouffe, 2001).

Empowerment for individuals and the community was another outcome of the use of healing traditions. This study showed traditional healing allowed for cultural pride and sharing of culture with others, which links with findings proposed by Ross (1992). Ross indicated First Nations peoples cling to values and institutions, and gain will be realized when non-Aboriginal Canadians grant that their values are substantive (Ross, 1992). This study supports research done on the belief by First Nations peoples that a sense of worth, equality, and pride comes from empowerment gained by learning through mistakes and being able to surmount challenges and tests along the road of life (Ross, 1992).

The use of healing traditions encouraged sharing among Aboriginal peoples; this study showed that youth and elders want to share knowledge and this led to learning in which listening to stories provided valuable lessons on the way to act. Thus verbal communication and modeling of behavior become important instruments of sharing. Knowledge to Aboriginal peoples does not occur in a linear fashion; rather they are able to 'see' in a way that non-Aboriginals tend not to, by looking at the relationship among

all things, which is called the holistic way of seeing (Minister of Supply and Services Canada, 1996). As elders are keepers of knowledge, they are the link for health care practitioners to this knowledge. Understanding by nurses of the wealth of information that Aboriginal elders possess and are willing to share will go far in allowing nurses to bridge the cultural gap. The sharing of culture spread in a circular fashion, which allowed for the circle of life to extend throughout generations.

Elders within the Aboriginal population are individuals who have valuable lessons to share about life. To be called an elder is a term of respect, and is not necessarily attained at a certain age. Elders within this study group were willing to share knowledge at 'circle time' and used 'stories' to get points across. Elders in Aboriginal communities are recognized and respected for knowing, living, and sharing traditional knowledge. They are a living bridge between the past and present. As noted in the Royal Commission on Aboriginal Peoples, elders provide a vision for the future because they are willing to share; they just need an audience willing to listen (Minister of Supply and Services Canada, 1996).

#### Addressing Health Issues through Aboriginal Healing Traditions

The use of healing traditions addressed health issues by the process of healing holistically. Being on a cultural path and dealing with both losing and regaining of culture ultimately led to balance in an individual. Healing holistically was not an ultimate goal, but a fluid process that went back and forth with balance being a daily existence and struggle. The use of healing traditions allowed study participants to feel balance not just in the physical realm, but also more importantly in the spiritual, mental, and emotional realms. Participants shared healing traditions that incorporated the holistic view of balance and health. This study supported the idea that healing holistically occurred when balance in the four planes of the physical, spiritual, mental, and emotional was experienced, and being balanced in these four planes is essential to good health from an Aboriginal point of view (Minister of Supply and Services Canada, 1996).

Secondly, healing traditions addressed health issues by the sharing of culture, which led to a better understanding of a person. This study indicated urban-based Aboriginal peoples are interested in sharing their culture with non-Aboriginal health professionals and have clear ideas of how cultural aspects can be taught. Given that both

Aboriginal peoples and non-Aboriginal people share a desire to live healthy and peaceful lives, at issue is how to accomplish this goal. As both understandings are separated by differences, it is in being aware that such differences exist that listening to Aboriginal peoples share their culture with those in the health care field is an important task. This sharing of culture allows health professionals unfamiliar about Aboriginal healing traditions to understand, from an Aboriginal perspective, the importance of balance as a concept necessary for health.

Lastly, healing traditions addressed health issues by allowing for Aboriginal peoples' empowerment. This study supported the use of balance in the four planes, the use of traditional healing to encourage balance, and the use of traditional healing that contributes to a healthier population. It is powerful for Aboriginal peoples to realize that one of their traditional approaches is now viewed as progressive in the health care field. The actual interplay between the physical, emotional, social, and spiritual aspects for achieving well-being by Aboriginal peoples is starting to appear as a stated value in health care teaching in Canada (Ericson, 1993). Leaders in nursing note that the framework used in primary health care is very similar to the circle of life or medicine wheel described and used by certain First Nations peoples (Ericson, 1993).

#### Aboriginal Healing Traditions and Holism in Nursing

Healing holistically that comes from the use of healing traditions and by following a cultural path leads to balance. This balance experienced in the four realms allows for the ability to help others in a similar fashion in the Aboriginal and health care communities. Healing holistically matches the time honored values seen in the nursing profession: those of caring, sharing, and empowering clients. Nurses were seen as holistic in their practice by participants in this study, which creates a bridge to understanding an Aboriginal worldview. Nursing as a profession alludes to the concept of holistic practice. This allows nurses to deal and interact with the Aboriginal population from the same framework, creating a positive beginning. While nurses may not yet be knowledgeable in the traditional healing of their Aboriginal clients; they do understand the framework of holism in their own practice. In appreciating the world view of Aboriginal culture, nursing can realize that the holistic framework is already seen in parish nursing. Here, as with the Aboriginal population, an opportunity is afforded for the nurse to bridge the

caregiving experience with the physical, social, emotional, and spiritual lives (Tuck & Wallace, 2000).

Holism allows nurses to consider the concept of balance and empowerment experienced by individuals, as well as related understandings. This study showed the connection with nature being important to the concept of balance. Nature, for example, is another important concept for Aboriginal self-reliance (Lowe, 2002). The feeling of being balanced and sharing culture with others was empowering to participants. Sharing allowed for learning and passing on of knowledge that lead to healing holistically. Concepts seen in the nursing science literature that also allow for balance include being responsible, disciplined, and connected to others.

#### Implications for Practice and Research

Nurses can apply this study to practice by incorporating the concepts of balance, holism, healing, and culture into the health care of diverse First Nations groups. Residential school fall-out and issues of abuse exist in the context of Aboriginal clients. Health professionals need to understand the history of the residential school issue; incorporating cultural understanding into nursing practice will allow nurses to care for the Aboriginal population in ways that will enhance their health.

Participant observations from this study showed that health centres could provide an avenue for a cultural path by providing traditional healing. Nurses can lobby for appropriate programming for Aboriginal peoples. This study showed the use of culture-based programming helped urban-based Aboriginal peoples regain culture by the use of traditional healing for urban-based Aboriginal participants. Speakers interviewed for the Royal Commission on Aboriginal Peoples (1996) reported that while culture-based programming is accepted, there is a perceived controversy about the idea of physical, psycho-social, and spiritual healing methods of traditional practitioners having direct applicability to today's Aboriginal health issues (Minister of Supply and Services Canada, 1996). However, by using a health care model where traditional healing approaches are blended with western healing approaches to health care, positive experiences are encouraged for those suffering from emotional problems (Cohen, 1994).

Nurses can apply this study to education. The study revealed a desire for Aboriginal professionals to help guide non-Aboriginal health professionals in the

understanding of, and teaching about, cultural awareness and diversity. Nurses should be open to program ideas from study participants about cultural diversity education in the university setting. Cross cultural awareness between Aboriginal and non-Aboriginal players in the health care arena, as well as cultural input from elders in programs designed for the Aboriginal population, is seen to improve the effectiveness of mainstream health services (Minister of Supply and Services Canada, 1996). This study indicated that the time given to teach cultural diversity should be increased in order to make a difference in cultural competence. Alpers & Zoucha (1996) found that education on cultural competence must be thorough to be effective (Alpers & Zoucha, 1996).

This study showed critical ethnography allows for an appropriate perspective for understanding culturally specific health care issues experienced by urban-based First Nations peoples. By using critical ethnography to develop nursing knowledge, health professionals gain understanding of cultural experiences, social forces, ideas, and practices that shape the health experiences of participants. The exploration of cultural factors that influence decision-making in healthcare is imperative (Yang & Fox, 1999). Other research studies could include a focus on urban and rural Aboriginal perceptions related to accessing and experiencing traditional and mainstream health facilities. The development of knowledge related to Aboriginal peoples living in the two worlds of traditional healing and mainstream health services may lead to the construction of theories that will inform and ultimately advance nursing practice (Kelly & Long, 2001).

The reality of living in two distinct worlds – the Aboriginal traditional one and the mainstream white world, is seen as merging to form a new reality, termed a ‘new middle’ (Moss, 2000). The importance of this lies in understanding that centuries of knowledge development are fundamental to traditional ways, and that differences in these two world views lead to tensions and conflicts. Such differences may lead to misunderstanding between Aboriginal peoples and non-Aboriginal health care practitioners with regards to health practices and spirituality (Moss, 2000). An important and vital part of nursing research is an emphasis on understanding and making sense of culture within which people live, and are cared for.

## Conclusion

The concept of healing holistically is a fluid process for an individual or a community. Healing holistically includes the individual, the family, and the community; it starts at any point and includes being on a cultural path (losing and regaining culture), being balanced (physically, spiritually, emotionally, and mentally) and being within the circle of life (sharing culture). This process does not have an ending point, but rather it continues through out the life span and becomes part of living. The process is about healing holistically for the Aboriginal person, family, and community, and contributes to an enhanced sense of health through the use of traditional Aboriginal healing. The use of healing traditions for better health is empowering.

Stripping away patterns of thinking in order to appreciate a different reality allows for a fuller understanding of what healing means to an Aboriginal person. Healing incorporates communicating with the patient in authentic ways, with a profound sense of understanding illness from their perspective, and with accepting the interconnectedness of the mental, physical, emotional, and spiritual dimensions of well being (Young & Goulet, 1994).

This study explicated that the theme of healing holistically for the Aboriginal population by appreciating, in part, that culture lost due to many past and present influences, is now being regained. The regaining of culture is being partially accomplished by the use of traditional healing. The use of traditional healing approaches creates a sense of feeling healthy in the four planes of the physical, spiritual, mental, and emotional aspects of the self, which leads to a balanced outlook regarding health issues, and continues to be shared in the circle of life of Aboriginal peoples.

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Table 1

Demographics Sheet

Interview Number	Initial	Sex	Age	First Nations Tribe	Professional/Non-professional
1	I	M	42	Ojibwa	Professional
2	R	F	79	Non-Aboriginal wife of interviewee 3	Non-professional
3	D	M	69	Algonquin	Non-professional
4	E	F	60	Cree	Non-professional
5	A	F	48	Odawa	Professional
6	Ro	F	40's	Algonquin	Professional
7	P	M	21	Algonquin	Non-professional
8	S	F	30	Odawa	Professional

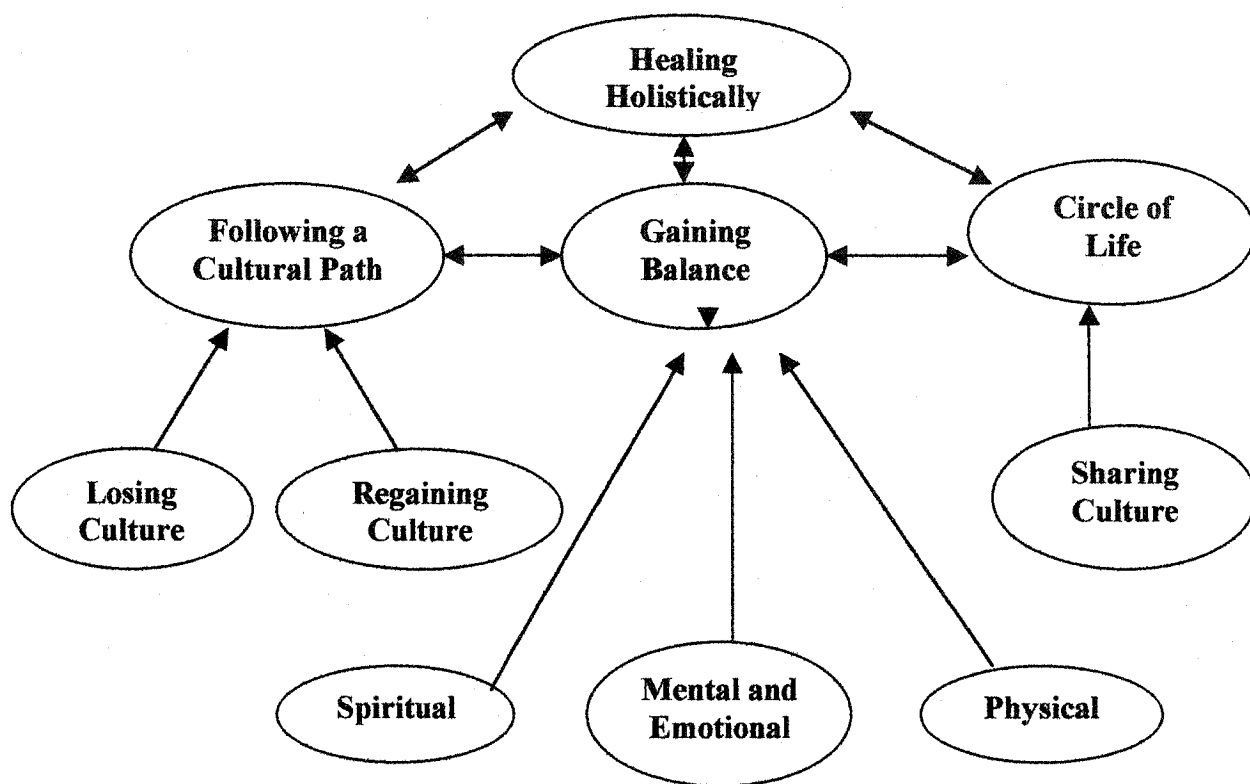
Table 2

Interview Questions

Question Number	Question
1	What does health mean to you?
2	How would you define holism?
3	How is holism important to your state of health?
4	How does spirituality fit into your definition of health?
5	What are some things you do that allow you to feel healthier?
6	When you visit a health professional, what do you discuss that makes you feel healthier?
7	What alternative medicines or Aboriginal healing practices do you follow/practice?
8	How do these alternative medicines or healing practices make you feel healthier?
9	If you felt comfortable in speaking with your health practitioner, what are some issues you would like to discuss or share around health and healing?
10	What are the issues that you feel your health professional should be educated in – with regards to healing practices and/or traditional medicines? How do you think this should be accomplished?

Figure 1

Healing Holistically (drawn by L. Hunter and shared with study participants)



## CHAPTER IV

### Aboriginal Cultural Diversity: Implications for the Advanced Practice Nurse

This chapter discusses how the complexity of individuals from a culture other than that of the nurse affects the role of the advanced practice nurse. With more Aboriginal peoples moving to urban settings, the First Nations urban population is becoming more complex than the relatively homogeneous population encountered in First Nations reserves in Canada. Further, the First Nations urban population is diverse and represented by many different groups. This necessitates the advanced practice nurse to be cognizant of models of cultural diversity that will aid in the understanding of cultures other than ones own.

#### Participant Quote:

“Drumming and singing are a form of releasing. There are ceremony songs that you sing for the health and wellness of those who are dancing; they have a cultural significance.”

## Introduction

The understanding of cultural diversity as it relates to Aboriginal peoples is complex because many different nations make up the Canadian Aboriginal populations. Of particular concern is that the documented health problems of this population are problematic, and the numbers of urban-based Canadian Aboriginal peoples are growing. There is a need to build on the knowledge that exists at present in understanding and defining the complex world of their culture. Research demonstrates that cultural beliefs can affect health outcomes; however, health professionals are faced with a lack of cultural care research specific to advanced nursing practice and cultural diversity. This chapter explores cultural diversity as a complex factor in caring for patients, and uses the roles of the advanced practice nurse as a template for how to be responsive to the cultural needs of Aboriginal populations. This chapter concentrates on the role of the advanced practice nurse as the provider of care for a cultural population.

The ethnocentric view that exists in health care may be explained, in part, as based on an objective, rational, linear mode of thinking rather than a model that emphasizes the personal, holistic, and circular view of the world (Graveline, 1998). In an ethnocentric view in any culture (including that of nursing), there tends to be a lack of appreciation of this outlook, as it is part of the dominant view (for example, in health care). Appreciating that ethnocentrism exists in all cultures, including nursing, it is helpful to have the attributes defined that lead to such thinking. These attributes include survival, dominance, superiority, self-worth, centrality, and the fact that culture is a continuum (Sutherland, 2002). Nurses are often ethnocentric and tend to provide health services within a framework based on the monocultural values and rules of the dominant society (Rajan 1995; Weaver, 1999). Moreover, nurses have developed their own culture based on western practices and beliefs (Culley, 1996; Hopton, 1994; Weaver, 1999), and there is a need to help health professionals' bridge cultural differences with their patients from other cultures (Weaver, 1999). Advanced practice nurses have a role to play with regards to competencies necessary for the delivery of appropriate cultural care. The advanced practice nurse prepared at the graduate level needs to contribute to the development of cultural knowledge and competence.

Within the Aboriginal population, lost culture is being found, for example, through the use of healing traditions. Different individuals are at different points on the path to regaining their culture. There is ignorance both among the Aboriginal populations themselves and among health professionals about the cultural diversity that exists in different Aboriginal groups. This may lead to the dominant white society view in health care that tends to paint all Aboriginal world views on culture in the same color. In appreciating the complexity that exists in understanding diverse Aboriginal cultural world views, the skill set of the advanced practice nurse may help illuminate this issue for the nursing profession. In order to specifically understand Aboriginal culture, a helpful place to start is in realizing the many models of cultural diversity that exist in the health care literature.

#### Models of Cultural Diversity

Diverse models exist that explain cultural care and transcultural nursing. Through nursing practice environments, nurses will have contact with individuals from diverse cultures, and, as such, a template for beginning to understand culture and acquire cultural competence may be offered in different models. Cultural competence can be described as a process of knowing, respecting, and incorporating the values of others into nursing care (Bartol & Richardson, 1998; Poss, 1999). Cultural assessment frameworks exist that assist nurses in understanding their own cultural competence and help them understand the diverse cultural perspectives of their clients (Bennett, 1986; Huff & Kline, 1999).

Based on a developmental approach to education for intercultural sensitivity, Bennett (1986) outlined a model for achieving cultural sensitivity. The model can be used to illuminate the stages of development needed by health professionals for participating in culturally sensitive practice and research. This model describes a progression from ethnocentrism to increased cultural sensitivity. In the first stage of denial, one's own culture is seen as the only culture and cultural differences are not recognized. In the second stage of defense, cultural differences are recognized, but are defended against by a belief that one's own culture is superior. In the third stage of minimization, cultural differences are recognized, but viewed so that the magnitude of their impact is minimized. With acceptance in the fourth stage, cultural differences are acknowledged by the individual, who then sees them as part of a dynamic process that helps people follow

social rules. The fifth stage of adaptation happens when one is immersed in another culture for a prolonged period; and the sixth stage of integration occurs when an individual is able to move comfortably among cultures.

The Purnell Model for Cultural Competence (Purnell, 2000), examines twelve domains of culture as they pertain to an individual, family, community, or the global society. Purnell believes that there exists a continuum from unconsciously incompetent to the unconsciously competent with the consciously incompetent or competent residing in the middle. Another way to view the process of cultural competence is to envision cultural desire overriding the areas of cultural skill, awareness, knowledge, and encounters (Campinha-Bacote, 2002).

Transcultural nursing was founded by Madeleine Leininger in the 1950's and gave rise to her theory of transcultural nursing and culturally specific care practices (Leininger, 1992). Transcultural nursing may be described as a formal area of study by nurses with respect to cultural care, health practices, and illness beliefs. The goal is to provide culturally congruent care to clients in order to maintain health, or face death, in a culturally appropriate way. Leininger's Cultural Care Theory defines culture as learned and shared values, beliefs, and ways of life that influence thinking and actions (McFarland, 1996). Leininger notes that observing traditional cultural healers is important for transcultural learning and practices (Leininger, 1997).

Caring in transcultural nursing has been a central focus since the 1950's, and the field of transcultural nursing has been established and legitimized through the use of comparative care over the last several decades. Incorporating cultural caring and exploring the use of indigenous therapies is providing insight into understanding diverse practices which nurses encounter (Leininger, 1997). Transcultural nurses can then understand that scientific and humanistic health care dimensions are combined for quality cultural care (Leininger, 1976). A transcultural health model allows nurses a systematic means to identify and analyze components of a culture. Aspects of culture that are looked at include social structure, world view, cultural values, the health care system, and roles of providers of care (Leininger, 1976). This thesis chapter focuses on the roles of the advanced practice nurse as the provider of care of a cultural population.

Maintaining advanced preparation allows nurses to be experts in the field of transcultural care and become consultants for care (Leininger, 1991). Transculturally prepared nurses have been, and continue to be, champions in promoting cultural awareness and developing culturally sensitive practices (McKenna, 2001). Understanding how the role of the advanced practice nurse fits with cultural diversity and the theory of transcultural nursing is a beginning point on the journey.

As nurses work with culturally diverse populations and begin to realize their own level of cultural competence, it is helpful to have standards to use as a guide. In order to standardize transcultural nursing, policy statements were developed to serve as such a guide for nurses (Horn et al., 1998). These policy statements provide a philosophical position of values and beliefs that support culturally competent care, and serve as a means for communication to guide and assess transcultural nursing in the areas of education, practice, consultation, research, and administration (Horn et al., 1998). For individual nurses, these policies serve as an ethical guide for research, clinical practice, and consultation. Culturally based policies that are specific, and holistically grounded, protect consumers by acting as the normative rules for conducting professional practice (Horn et al., 1998).

The complexity in understanding and piecing together a way in which to look at and study diverse cultural groups, specifically urban-based First Nations peoples in Canada, brings us to the realization that the competencies and skill set of the advanced practice nurse are a good beginning with which to understand culture and its implication to nursing practice.

#### Implications for Advanced Practice

The role of the advanced practice nurse includes that of consultant, educator, administrator, researcher, and expert in a clinical practice area (Hamric et al., 1996). In this chapter the multiple definitions about advanced practice or advanced nursing practice will not be discussed. Rather, the role of the advanced practice nurse educated at the graduate level will be examined as it relates to cultural diversity, sensitivity, and competence.

### Clinical Practice

Values that are taken for granted in clinical nursing are those of the dominant white society in Canada. Clinical nurses may not realize that they are living by these values and may be hard pressed to articulate them. These values are the cultural norms underpinning health care delivery. A conflict with other cultural values may exist, and the nurse might not be aware of it, since nursing tends not to discuss its value system. However, the Aboriginal population does not live with the same value system as white society, and this creates a potential incongruence with the care delivered. Problems in communication between clients and nurses can lead to misunderstandings and noncompliance with suggested nursing care (Huttlinger & Wiebe, 1989). Ways in which to enhance communication in clinical practice and increase understanding of cultural care include: use of effective listening skills, establishing rapport, correcting knowledge deficits about culture, and incorporating traditional practices when appropriate (Huttlinger & Wiebe, 1989).

Self-care, as a described action by a client to maintain health and well-being (Orem, 1980), might be misunderstood by cultures such as North American Indians who would tend to understand 'other-care' instead (Leininger, 1992). Rather than assigning the role of care to the individual self, Aboriginal peoples assign the role of care to a self that ought to live according to traditional values: interdependence, interconnectedness, understanding, presence, and responsibility for the social group and community (Goodwill, 1995). In the Aboriginal view, the self is a communal self. Other-care has not become a commonly used word among urban-based Aboriginals. As this thesis showed, most participants were comfortable using the terminology of self-care, and included the broader community in their support qualifiers. This may be due to the fact that the study population has been acculturated into the norms of the middle class health professional world view, a possibility noted by Leininger (Leininger, 1992).

Cultural diversity remains better defined conceptually than operationally; clinical practice in transcultural nursing can emphasize realistic nursing roles that include advocacy for clients, understanding the diversity among clients, and the understanding of cultural issues of clients (Kavanagh, 1992). Diversity tends to be conceptualized in negative terms when there is a lack of cultural education for clinical nurses (Leininger,

1991; Kavanagh, 1992). This negativity further leads to a lack of knowledge and skills in clinical nursing with regard to culturally diverse populations (Pedersen, 1988; Kavanagh, 1992). Therein lays the importance of education in cultural diversity for nurses. When nurses have the knowledge, skills, and ability to provide culturally competent care, they can feel that they are showing respect for their clients' cultural rights (American Academy of Nursing, 1997).

### Education

A term that tends to be used frequently in education is cross-cultural nursing. Cross-cultural nursing differs from transcultural nursing in that it focuses on anthropological concepts, theories, and research findings; whereas transcultural nursing focuses on generating and using this knowledge in nursing practice (Leininger, 1992). Transcultural nursing is an area of formal study and practice that focuses on cultural care similarities and differences (Leininger, 1992). The intent of educational aspects of transcultural nursing is that it allows for values, beliefs, and practices that build a body of knowledge in order to be able to develop culturally specific practices (Leininger, 1992). Transcultural nursing, therefore, remains a formal and special field of graduate study and practice in the United States (Leininger, 1992).

When nurses are not equipped through education to understand cultural diversity in their nursing practice, they tend to have problems understanding sociocultural aspects of care, due to a lack of an appropriate transcultural nursing framework (Kavanagh, 1992). Education delivered to nurses in cultural diversity and nursing care should target undergraduate, graduate, and staff development levels. Suggested strategies exist for teaching cultural diversity and for building transcultural nursing for students and faculty in academia. These strategies include faculty that are prepared in transcultural nursing, changes in curriculum philosophy to emphasize holism and diverse worldviews, and recognition of the contextual factors of family and community that traditional Aboriginal ways highlight (Omeri & Ahern, 1999).

Within Leininger's Culture Care Theory, there are three modes of action: culture care preservation, accommodation, and repatterning (Leininger, 1991). In educating students that are either diverse in culture or serve a diverse culture, these modes may be used to encourage student appreciation regarding changes that culture causes in nursing

care. It may also be used to negotiate the compromises that may be reached by the nurse and the client in incorporating cultural aspects into care, as well as maintain this culturally specific care after it has been incorporated into practice (Baker & Burkhalter, 1996).

As cultural competence education becomes more available and accepted as a necessity in today's multicultural world, there are strategies that enhance the outcome of having a greater cultural appreciation in the workforce of nurses. These include, but are not limited to, specifying elements desired in a cultural education program preferably with input from the appropriate cultural group, and committing organizations such as hospitals and universities to implement cultural training. It also includes structural change that will enhance cultural competence, making such training mandatory, and developing nursing frameworks and theories that will guide nursing actions in the clinical area (American Academy of Nursing, 1997). Advanced practice nurses can learn about Aboriginal culture, complete a self-assessment of their own cultural competence, and teach their peers and other health professionals. They could then help set up programs about Aboriginal culture.

With increasing numbers of Aboriginal nursing students and with the increasing Canadian Aboriginal population (Statistics Canada, 2001), nurses must be cognizant of the lack of family resources felt by Aboriginal nursing students, and the isolation they feel being away from their reserves. Aboriginal students conceptualize health differently than do mainstream health practitioners; they include in their definition the physical, spiritual, emotional, and mental aspects of the self, as well as the well-being of the individual and community (Omeri & Ahern, 1999). This becomes important for the APN focused on consultative work with universities and Aboriginal populations. Advanced practice nurses can learn from their Aboriginal students and peers and assist them to pass on their knowledge and experience within a dominant western society. This will allow for bridging among Aboriginal and non-Aboriginal advanced practice nurses in sharing their cultural knowledge.

As advanced practice nurses will be consulted for culturally congruent educational strategies for both clients and Aboriginal nursing students, there is a necessity to understand that different cultures process information differently (Lesser,

1976; Witkin, 1976). Typical methods of teaching for western populations tend to not be successful with Aboriginal populations, which emphasize learning by observation, memory, and theoretical knowledge of the natural world (Goulet, 1998; Saggars & Gray, 1991). This was discovered in this thesis, whereby knowledge and sharing were interrelated with modeling of behavior and interacting with the physical world. Advanced practice nurses need to be cognizant about these concepts in the role of consultation.

### Consultation

To provide appropriate cultural care for those of a culture other than one's own, it is first necessary to consult and link with agencies that are knowledgeable in understanding cultural issues. For nurses providing nursing care to Aboriginal peoples, one such linkage could involve the National Aboriginal Health Organization (NAHO). Through research activities and the NAHO website, health professionals can gain a wealth of knowledge about Aboriginal cultures. In NAHO's principles and goals, the principle of cultural sensitivity includes the need to be inclusive and respectful of all Aboriginal peoples. In viewing program priority categories of best practice, the notion of the integration of traditional health care with western medicine encourages the thinking of how to recognize and incorporate traditional healing methods into client care (National Aboriginal Health Organization, 2001). These links will increase understanding and allow advanced practice nurses to consult with their peers in order to provide culturally sensitive care.

There is a consideration given in the ethics of transcultural nursing care, to know about, and respect, the cultural rights of people and provide appropriate cultural care (Leininger, 1991). Accepting that humans have diverse modes of caring, and appreciating that cultural care is a critical component influencing well-being, allows nurses to be open-minded and willing to learn about culture in order to practice in an appropriate manner (Leininger, 1991). Culture is a complex area of knowledge and changes over time; nurses can develop expertise in an area of culture and become an expert consultant who can guide other nurses thereby increasing nursing knowledge in transcultural issues (Leininger, 1991).

In researching themes important to the essence of nursing for Native American nurses, seven emerged that included caring, traditions, respect, connection, holism, trust,

and spirituality (Struthers & Littlejohn, 1999). These themes were also mentioned in this thesis by participants as they related to Aboriginal healing traditions. The use of traditional healing by Aboriginal peoples to regain their culture allows for empowerment. The development of programs by the advanced practice nurse for the urban-based Aboriginal population may facilitate knowledge brought forward by this thesis – specifically how First Nations peoples use Aboriginal healing traditions in health care.

#### Administration

By having advanced practice nurses who practice in health administration knowledgeable in cultural understanding of Aboriginal peoples, allows for the most appropriate way in which to put forward policy change in health care. In realizing that in order to implement new health care policies, there are Aboriginal cultures that will be more conducive to allowing for the change than others. The advanced practice nurse needs to appreciate those cultural roles and values may not change as rapidly as a new policy would demand. In order that culturally congruent care practices can be maintained by staff members, nursing administrators would do well to have the new ideas, policies, and practices fit with the cultural needs, history, and value system of those affected by the change (Leininger, 1997).

In relation to policies created for transcultural nursing (Horn et al., 1998), the following considerations are pertinent toward understanding their connections to advanced practice nurses in health administration. These include that transcultural nursing is grounded in people-centered research and professional knowledge to ensure cultural competence. Nursing care, client health, and well-being are linked to cultural values and these values may act as a guide for nursing actions that have therapeutic outcome potential for the client. Nursing administrators should be open to the variability and the commonalities that exist within cultures; this necessitates that nurses maintain ongoing learning with regard to culture. The importance of a holistic perspective in studying, practicing, and assessing transcultural nursing is necessary to appreciate in studying Aboriginal cultures, specifically as it relates to implementing health care policies.

More cultural groups in North America are expecting that their cultural rights be respected and protected (Leininger, 2002). In the United States, the concept of cultural

ignorance on the part of health care workers is noted as a major factor in legal suits (Leininger, 2002). This necessitates that administrators understand the importance of cultural competence in organizations. Nursing administrators must also be cognizant of the statistical trends concerning the cultural views of both current patients and staff members. One way to do this is to assess the cultural competence of the overall health organization and review policies to see the congruency between what is indicated should be done, and what reality shows (Mays et al., 2002). Cultural competence in an organization may be described as a set of behaviors, practices, attitudes, and policies related to embracing cultural differences in the health system by health professionals (Finch et al., 1999). Culturally competent professionals have the knowledge, awareness, and sensitivity to the meaning of culture (Bucher et al., 1998). A way to measure cultural competence in an organization is to appraise the cultural competence of group members, determine standards of cultural inclusion, evaluate the organizational mission and goals as they relate to cultural competence, and identify cultural projects done by the organization (Mays et al., 2002). The elements of this model include valuing cultural diversity, implementing a cultural self-assessment, understanding cultural interaction, incorporating cultural knowledge into practice, and facilitating a system that is able to culturally adapt to diverse situations (Mays et al., 2002). Administrators can then create a cultural vision, provide education, adopt cultural assessments tools, as well as set standards for assessment, diagnosis, intervention, and evaluation.

#### Research and Theory Development

An obligation rests with the advanced practice nurse to design, develop, implement, and evaluate clinical interventions appropriate for clients of diverse cultures. Nurses and students should be socialized to use diverse research methodologies in order to have better understanding of the appropriate qualitative methods available to study culture (Leininger, 1990). Transcultural nurses are responsible for the development of theories and knowledge about cultural care in order to advance transcultural nursing practices (Leininger, 1992). This thesis focused on developing such knowledge for the nurse to use with the Aboriginal community.

With the new cultural movement, nurses are starting to move away from the measurements used in quantitative methods as a sole mode of inquiry, to the use of

qualitative methods for research (Leininger, 1990). Nurses use flexible ways to study people in their natural environments and are learning more about the cultural beliefs and values of their clients in doing so (Leininger, 1990). These new discoveries are adding to nursing knowledge as it relates to care, healing, and well-being (Leininger, 1990); which in turn helps develop the field of transcultural nursing.

As this thesis showed, the use of qualitative methods associated with critical ethnography allowed for the discovery of features, attributes, and meanings of the phenomenon under study, in this case Aboriginal healing traditions. This allows nurses to observe, document, experience, and learn about people within their cultural frame of reference (Heron, 2001; Leininger, 1985, 1990). An understanding of Aboriginal healing traditions addresses the three components of cultural competence: knowledge, sensitivity, and collaboration (Canadian Nurses Association, 1990). These thesis findings may be used for ongoing research and practice with the Aboriginal population in diverse situations. A benefit is that understanding by nursing about Aboriginal healing traditions is a beginning step in eliminating the lack of culturally sensitive principles used in nursing knowledge development. Nurses and First Nations peoples can jointly evaluate services they provide to their clients ensuring they meet culturally sensitive criteria.

#### Conclusion

In appreciating that governments are incorporating cultural competency in professional standards, it is realized that the expectation of this cultural competency is essential to nursing practice (Dreher & MacNaughton, 2002). Therefore, becoming knowledgeable about the culture of clients through understanding their lifestyles, health beliefs, and behaviors, allows nurses to realize that cultural competency becomes nursing competency (Dreher & MacNaughton, 2002). This can promote a higher level of critical thinking in nurses (Amerson, 2001), and decrease stress levels in nurses as they better understand the cultural populations they serve (Ulrey & Amason, 2001). Advanced practice nurses can develop competencies in leadership, clinical reasoning, and practice, by developing their own cultural competence (Sebastian et al., 2000). Cultural awareness and sensitivity precede the development of cultural competence (Hickey, 1996). The process of becoming culturally competent involves progressing from awareness about

Aboriginal clients' cultural needs, sensitivity to those needs, and a sophisticated understanding of traditional Aboriginal belief systems (Hickey, 1996).

This chapter highlighted a set of issues the advanced practice nurse faces in terms of cultural diversity. They included the theories of cultural diversity and the roles of the advanced practice nurse, which were explained as they related to aspects of cultural diversity. Cultural understanding, as it relates to health care, is a complex undertaking. As health professionals, nurses have the generic templates of the dominant health care world that they then apply to the care of their Aboriginal clients. In realizing that, nurses can actually be cultural brokers, as they already understand the importance of holism in their practice. This allows for a bridge toward understanding the complexities of Aboriginal cultures. There is a need to appreciate the diversity within the Aboriginal population as a whole, realizing many nations and groups designate the term, Aboriginal. Nurses can share their knowledge of holistic practice with other health professions in order that cultural understanding may develop. This thesis contributes to the knowledge of transcultural nursing and understanding of cultural diversity, as it relates to the urban-based First Nations population.

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## CHAPTER V

### Synthesis of the Study – The Link to Nursing Theory, Policy and Practice

This chapter contains a synthesis of the thesis and discusses the link between nursing theory, policy, and practice. Limitations of the thesis are described and a conclusion is included.

#### Participant Quote:

“My philosophy believes there is no one person who can help me in all ways, we all have our skills and I will be touched by many people as I go down my path.”

### Synthesis of the Study

This thesis sought to increase knowledge of health professionals, primarily nurses, about issues related to traditional Aboriginal healing practices. The knowledge that was gained about healing holistically should be helpful for nurses, theoretically and practically. The hope is that nurses will influence other disciplines and policy makers with this knowledge, and act as cultural brokers to help develop appropriate and relevant practices in health care for the Aboriginal population. The findings from this thesis allow for an increased understanding of Aboriginal culture, and will add to the development of transcultural knowledge and nursing.

Traditional knowledge is content and process; it tells what should be done, as well as how things should be done, and it depends on cultural memory. Traditional knowledge consists of a world view, principles of life, and laws of behavior, framed and presented through the power of the spoken word (Minister of Supply and Services, 1996). The traditional knowledge gained and shared through doing this research, gives a beginning point for nurses to work with, and listen to, their Aboriginal clients. This will facilitate development of an action plan for delivering culturally appropriate care.

This ethnographic study of how traditional Aboriginal healing contributes to the health of urban-based First Nations peoples, which was gained by interviewing study participants, conducting participant observations, and writing field notes over a period of four months, resulted in the following major contributions.

In chapter one, it was noted that there is a diverse number of different cultures contained within the Canadian Aboriginal populations, and that while their health issues have been studied extensively, there was limited research on the cultural influences that affected their health status. Healing was defined and traditional healing, in particular, was described. Holistic practice was described in the nursing profession as aiding in the healing of the whole person. Cultural competence was recognized as a necessity to understand in taking care of this population. This thesis added to the development of knowledge, by contributing to understandings of traditional Aboriginal healing practices, and by linking these understandings to holistic nursing practice. It is intended that this research will guide the development of cultural competence in nursing and other health professions.

Chapter two addressed the objective of exploring a link between Aboriginal healing traditions and holism in nursing practice. In realizing that the Canadian Aboriginal population is having a resurgence in understanding and appreciating their own cultural traditions, the thesis expounds upon a need for health professionals to understand the significance of traditional Aboriginal healing practices as they relate to health care. Healing traditions that are used by urban-based First Nations peoples are extensive and cover a wide array of approaches. When nurses take these healing practices into consideration as a component of providing health care to First Nations peoples, they are being holistic and more responsive in their care. In providing First Nations peoples opportunities to practice their healing traditions offers them a sense of empowerment, and ways to experience their health conditions that may result in positive outcomes. Nurses need to realize that the underpinnings of holistic nursing include the integration, harmony, and balance of the body, mind, and spirit. The fact that these concepts are very close to the concepts of holism and balance in Aboriginal healing traditions, offers nurses a link to understanding the world view of their Aboriginal clients. Nurses need to make cultural values explicit within practice, and instigate dialogue with clients and other health professionals.

Describing Aboriginal healing traditions used by urban-based First Nations peoples, and discussing how these traditions addressed health issues, were addressed in chapter three. The three major categories that emerged were following a cultural path, gaining balance, and sharing in the circle of life. The theme of the thesis data was that of healing holistically, which included regaining culture through the use of healing traditions (following a cultural path), gaining balance in the four realms of the spiritual, emotional, mental, and physical self, and sharing of culture with both Aboriginal and non-Aboriginal people (the circle of life). Implications for nursing practice were discussed, which included incorporating the concepts of balance, holism, and cultural healing and culture into the health care of diverse First Nations groups. This can contribute to the empowerment of Aboriginal peoples through the enhanced state of health reached by using traditional healing practices. The actions attained on behalf of the study participants, in order to meet the mandate of bringing about change, included changing the patterned thinking of nurses about Aboriginal populations, networking with

those running programs for Aboriginal peoples, and interacting with those responsible for teaching cultural diversity to nursing students. This thesis made a contribution to the development of knowledge regarding urban-based First Nations peoples, as well as to understanding the significance of Aboriginal traditional healing practices in relation to their perceived health status.

Chapter four discussed the Canadian Aboriginal population being a diverse one. In particular, urban-based First Nations populations are not homogeneous, and it is necessary to appreciate the complexity of exhibited cultural differences. In doing so, it is necessary for nurses to be cognizant of the different models of cultural diversity that could be useful to their practice. This complex nature of understanding cultural diversity may lead to a graduate prepared advanced practice nurse appreciating the influences that those from other cultures experience. This, in turn, will significantly influence practice, education, consultation, administration, and research roles exhibited by the advanced practice nurse. Further, nurses can be cultural brokers for the Aboriginal population by understanding the importance of a holistic viewpoint in their own practice. This allows for a bridge to be established toward understanding the complexities of Aboriginal cultures.

#### Link to Nursing Theory, Policy and Practice

Conceptual perceptions of balance, and the blending of traditional ways with western medicine, are necessary elements for health professionals to be aware of – the merging of two different world views in the delivery of health care to Aboriginal clients. This was revealed by study participants, who indicated that if they were still worried about their health condition after seeing a western doctor, they would go and see an elder. The idea was to merge both ways of care, because of the belief in traditional healing, and the developing trust in western medicine.

An understanding of health, which allows for balance in the four realms, brought forth the need to apply this worldview to theory, policy, and practice. When balance was gained, it was important to pass the message on through sharing with others in a positive sense. This sharing may be done in academic settings, with health practitioners in health settings, and with policy makers for governments and programs that serve an Aboriginal clientele. This study sought to establish a bridge toward understanding Aboriginal

traditional healing approaches. It also sought to apply the knowledge gained in order to bring about action in the delivery of health care programs for Aboriginal clients.

### Limitations

The aspect of a non-Aboriginal nurse researcher studying an Aboriginal population is worth noting. This was offset by her previous clinical experiences at the health centre and the acceptance of the researcher by the participant group. As revealed by the field notes, there was some distrust and unease in being interviewed about traditional healing by a non-Aboriginal researcher. This was seen in some interviews being rebooked up to six times, and interviewees not showing up, although they continued to profess interest. In speaking with the gatekeeper, it was thought that this might either be an issue of trust, or 'trying' the researcher, to see if she would persevere and continue to be interested.

Individuals outside of a culture access cultural knowledge by making cultural inferences, which are a researcher's conclusions based on what has been seen or heard while studying another culture (Streubert & Carpenter, 1999). A significant part of culture not readily available, called tacit knowledge, consists of information a culture knows about, but does not express directly. Objective cultural knowledge, on the other hand, comes from the creator and is related through stories. Subjective cultural knowledge is acquired by watching and modeling behavior (Minister of Supply and Services Canada, 1996).

In addition to expressing more easily observed cultural knowledge, the researcher in this study attempted to grasp the tacit knowledge of the Aboriginal population. This was done by establishing a trusting relationship with the 'gatekeeper', who was a health team member at the health centre. This trusting relationship allowed the researcher to ask questions for clarification about confusing situations as they arose.

### Conclusion

This study was a beginning point in what I hope will be a journey of enlightenment; 'Meegwetch' to those who have helped in this journey thus far. Another hope is that other health professionals will be interested in furthering their cultural competence with the Aboriginal population. As noted on a blackboard on a reserve in Northern Ontario, which offers insight into our potential ignorance: "I believe you

understand what you think I said, but I'm not sure you realize that what you heard is not what I meant" (Ross, 1992). If the significance of the regaining of culture through the use of traditional practices is believed to contribute to community healing, then the next thrust is to examine how this healing can be promoted and maintained (Correctional Services of Canada, 2000). To this end, nurses must be in the forefront of contributing to these changes.

In relation to fundamental transformations that are a part of mental, emotional, physical, spiritual, political, economic, social, and cultural relationships that we all experience, the idea that health, life, and well-being will spring forward to replace hurt and grief is significant. Healing holistically by being on a cultural path (regaining culture through traditional practices), being in balance (mental, emotional, spiritual, physical), and being aware of sharing the circle of life with others, offers a bridge for health professionals to start on their own transformative journey.

As this thesis was a manuscript based one, authorship credit was based on guidelines established by the Ottawa Health Research Institute (refer to Appendix 2 for authorship credit).

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**Appendix 1 Consent Example**

## **Appendix 2 Authorship Credit**

This thesis was written as a manuscript-based thesis and as such contains chapters that were prepared and submitted to peer-reviewed journals. Chapter two was submitted to the Journal of Holistic Nursing; chapter three is being prepared for submission to the Journal of Transcultural Nursing; and chapter four will be prepared as a manuscript for submission and a journal will be chosen.

The contributions to all manuscripts by the authors were as follows:

- Linda Hunter – conception and design of the project, data acquisition and analysis, drafting and revisions, and final manuscript version.
- Dr. Jo Logan – contribution to conception and design, revisions to drafts and approval of final manuscript; critically important intellectual content for methodology and nursing.
- Dr. Jean-Guy Goulet – contribution to conception and design, revisions to drafts and approval of final manuscript; critically important intellectual content for methodology and Aboriginal content.
- Sylvia Barton – contribution to conception and design, revisions to drafts and approval of final manuscript; critically important intellectual content for Aboriginal content and nursing.

The order of authorship was decided by the thesis committee and the graduate student by consensual decision-making.