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**Theory Application Paper: Promoting culturally congruent care on the Navajo Reservation**

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NURS 501: Theoretical Foundations of Advanced Nursing

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### **Part 1: Description of the critical issue**

Imagine your first day as a healthcare professional coming to work at a hospital with patients who speak a different language than you and they dress differently than you. How would you feel when you can't communicate 100% effectively with your patients? How would you feel if your patient doesn't make direct eye contact with you and when you ask questions, there is a long awkward silence? If your patient refuses your treatment recommendations because they are uncomfortable with it due to cultural limitations, what would you do? If almost every patient encounter was like this, how would you feel about coming back the next day? Healthcare professionals who are entering cross-cultural healthcare environments for the first time have little to no preparation on how to provide culturally congruent care in these healthcare settings. Healthcare professionals tend to bring their own values and customs which differ from the cultural values of The Navajo Nation, this issue brings to light the problem of cultural incongruent care in Navajo nation hospitals. On the Navajo Nation, hospitals are located in distantly remote and rural geographic locations. Patients who live in this area often find the long distances they have to travel for health care facilities and grocery stores challenging. Living in remote areas of the Navajo nation puts an extra burden on daily living to find basic necessities that are abundant in urban areas and cities. These issues continue to contribute to a continued shortage of health care professionals and make it difficult to attract and retain health care providers to these rural locations on the Navajo Nation. After the COVID-19 pandemic hit the Navajo Reservation the hardest in the country, the demand for nurses became extremely high and the hospitals were reaching out to nurses from all over the country for help. Due to this influx of health care professionals from different parts of the country, patients were not provided with care that is tailored to their cultural needs and in return this caused a negative hospital experience and

negative effect on patient care. I am writing to bring awareness and education on how to provide congruent care for Navajo patients on the Navajo Reservation.

Some important Navajo cultural elements are traditional values, trust, respect, equal treatment, family involvement, and the importance of silence. Trust is an important factor to earn with Navajo patients because of the history of unethical healthcare practices and inconsistency of healthcare providers who provide primary care and follow up visits. Due to this inconsistency, Navajo elders would say that they are treated like guinea pigs and once they get comfortable with their primary provider they leave and a new healthcare provider comes along every few months and the patients have to rebuild a trusting relationship with the new provider, because of this the patients are hesitant to build relationships and share personal information if their provider is just going to leave. Trust is followed up with respect and built on Navajo cultural values and traditions, Navajo clanship is an important part of identifying who we are in relation to other Navajos this is called K'e. Once we are able to identify extended familial relations or no relations at all, we are able to use this as a way of gaining trust, for example, when I first introduce myself with my patients, I let them know that I am Navajo and when I explain my clanship, I would often find that I am not just taking care of a patient, I am taking care of my grandma, grandpa, sister or brother. The concept of "treat your patient like family" becomes real and it is useful when building trust, also allowing the patient to involve family when making medical decisions is a way of showing respect. Understanding and respecting the cultural taboos and traditional practices when providing care is an important way to show respect, for example, pointing a finger or an object at someone or using first person "this is going to happen to you" is seen as disrespectful. In other cultures, finger pointing and using first person is accepted and may have no meaning other than its intent to be used as an example. All Navajo patient's beliefs are

unique and some individuals combine other non-native religion with Navajo traditions, you have to figure out what your patient practices and believes. It is also common to use silence at the beginning of conversations, it is a common habit until the stranger becomes familiar and the patient feels comfortable expressing themselves.

Issues that arise from incongruent care are feelings of neglect, ineffective patient education, extended hospitalizations, and feelings of disrespect for the patients' rights such as the right for self-determination. When encountering challenging situations, it's common to choose what's familiar over the unknown. For example, we are taught in school that when taking a test, you complete the questions you are familiar with first before tackling the more challenging questions. I often witness patients with different cultural backgrounds put last on the list of patients despite acuity and not considered as much as patients who share common cultural backgrounds with the health care professional caring for them. This bias faced by Navajo patients can be problematic for patient care on the Navajo Reservation.

The Navajo cultural system is made of complex ideologies and holistic philosophies. Some of the major variables that can be a challenge to work around are language barriers, cultural taboos, traditional customs/ beliefs, values, expectations, gestures, health literacy and body language. Navajo elders remain strict on practicing cultural customs and most prefer to use Navajo language when receiving education or explaining important information. Majority of Navajo people have retained their language and cultural customs, most Navajos are bilingual and speak English. Younger generation of Navajo people, grew up in English speaking schools and environments and may not speak Navajo very well or at all, but understand it. Preserving the language and culture through the younger generation is a challenge, even though times have changed, most of the younger generation still practice and value cultural teachings. As we look

to the future in healthcare, it's still important to consider the cultural needs of the younger generation even though they may seem less strict about their customs and live modern lifestyles. Taboos are still a sensitive topic and are very relevant in Navajo culture, Taboos need to be considered by health care providers when providing care. Navajo patients consider healthcare to be centered around the holistic concept of harmony and balance in every aspect of life. This concept can be described as a phrase called "walking in beauty" which means having harmony within yourself and with the environment around you. Your environment is everything that surrounds you, it's what's behind you, in front you, underneath you and on top of you. In Navajo culture its believed that when there is not a balance between you and your environment, there is a disturbance that can cause unwanted stress and illness. To maintain this balance and harmony between yourself and your environment, there are several things that can be done such as self-care strategies to reduce stress, mediations, singing/dancing, prayer, positive interactions with loved ones and being involved in nature.

I will be applying the major concepts in Leininger's theory to my critical issue, these are culture care, and culture care differences (diversities) and similarities (universals) pertaining to transcultural human care. Other major concepts I will cover are emic view which is language expression, perceptions, beliefs, and practice of individuals or groups of a particular culture in regard to certain phenomena and culturally congruent nursing care (McEwen & Wills, 2019, pg.234).

## **PART 2: Selected Model or Theory**

McFarland & Wehbe-Alamah (2019), state the historical beginnings for Dr. Madeleine Leininger's earliest work in developing the Theory of Culture Care Diversity and Universality (also known as the Culture Care Theory or CCT) occurred during her study with the Gadsup

People in the Eastern Highlands of Papua New Guinea (pg.540). Leininger (1988b.) explained that her conceptualizations about the CCT were derived from anthropology with new formulations made within nursing care perspectives and presented eight assumptive premises of the theory. In addition, Watson (1978) a student of Leininger's, commented that "The work represents a milestone, in that it brings together historical, philosophical, and theoretical foundations of the culture care theory itself, along with the ethnonursing method" (p. viii).

McEwen and Wills (2019) state the purpose of Leininger's theory is to generate knowledge related to the nursing care of people who value their cultural heritage and life way (pg.234). Leininger (1997) introduced the Sunrise Model (may be seen in Appendix A) as a conceptual theory guide and enabler, stating, it serves as a cognitive guide to tease out culture care phenomena from a holistic perspective of factors influencing care in cultures. . . . The model is not the theory per se, but depicts areas that need to be examined in relation to the theory tenets and the specific domain under inquiry. (p. 40)

I have chosen Leininger's cultural care diversity and universality theory to apply to this issue. Leininger's culture care theory and sunrise model will be used for the nursing conceptual framework. This theory will help to illuminate the problem of incongruent care on the Navajo nation by providing the health care professional with little to no preparation on congruent care an understanding of the cultural and social structure dimensions. In the end, the healthcare professional may gain better understanding of how to provide culturally congruent care that benefits holistic health, wellbeing, disabilities, illness, dying and death according to the sunrise model (may be seen in Appendix A).

### **Part 3: Application of the model or theory to the critical incident**

Using Leininger's cultural care diversity and universality theory can be used to generate knowledge related to the nursing care of people who value their cultural heritage and lifeways (McEwen and Wills, 2019, pg.234). Gathering and understanding information on important cultural elements on the Navajo nation will inform the work of clinical providers to strengthen relationships and improve health outcomes for patients on the Navajo nation. According to the Gampa et.al (2017), when caring for Navajo patients there are four main findings that are important to the development and sustainability of a well- functioning relationship, trust plays a vital role in relationships, trust is defined and built upon shared Navajo culture and traditions, the ability of health care providers to connect with Navajo clients depends on their unique understanding of and respect for Navajo practices and social dynamics, and loss brings everyone together through spirituality and tradition. Applying Leininger's theory to understand Navajo culture care differences and similarities pertaining to transcultural care will help the healthcare entering into practice, using this the nurse and the patient can design a new or different plan of care that is more meaningful to the patient.

Using Leininger's sunrise model to first understand the worldview and the way Navajo people look at the world or universe such as the concept of "walking in beauty" where our environments play a role in our health and well-being. Understanding a little history about the Navajo creation story on the four worlds (black world, blue world, yellow world, and glittering world) and how this influences our cultural dimensions. Learning about Navajo spiritual factors, philosophical factors, kinship, cultural values, beliefs, and lifeways, political/legal factors, economic factors and educational factors and what is its influence on care practices. Once the



healthcare provider has this knowledge on Navajo culture care they are able to provide culturally congruent care.

Culture care is the synthesis of two major constructs (culture and care) that guide the researcher to discover, explain, and account. Culture care expressions, meanings, patterns, processes, and structural forms are diverse but some commonalities (universalities) exist among and between cultures (McFarland & Wehbe-Alamah,2019). Applying culture care and gaining an understanding of the worldview, language, spirituality, kinship, politics and economics, education, technology, and environment of Navajo people. Worldview is the way people tend to look at the world or universe in when creating an idea about what life is about and how they see the “world”. The way Navajo people look at the world or universe such as the concept of “walking in beauty” where our environments play a role in our health and well-being.

Culture care diversity is the differences in meanings, values, or acceptable forms of care. Culture care universality is what is in common or similar amongst cultures. Getting an understanding of what the patient and healthcare provider understand that is the same. For example, death and dying may not mean the same thing to one another. It’s believed that after death, life does not end, Navajo patients believe that they go onto another world. Some of the things that healthcare professionals can do to show this culture care is acknowledge awareness of this issue of incongruent care, avoid assumptions and clarify, build trust/rapport with the patient, overcome the language barrier, and educate patients about the medical practice you intend to do, and practice active listening.

The strengths of this theory are that the concepts addressed in this model are well defined and applicable to the critical issue. A potential limitation is the different Native American people who live in NM, there is a lack of understanding of the differences between these tribes. Health

care providers who do not live in NM and come from different parts of the country are likely to think there is no or little differences in the diverse Native American cultural values and beliefs between tribes such as Navajo, Apache, Tewa, Cochiti, etc...

#### **Part 4: Summary**

Using Leininger's theory on cultural care diversity and universality can help healthcare providers guidance in providing culturally congruent care on the Navajo reservation. This can be done by informing the work of clinical providers to strengthen relationships and improve health outcomes for patients on the Navajo nation. Offering culturally congruent care can promote an environment where patients can feel at ease accepting care. I would add culture care information to the patient's rights and responsibilities, patients should have the right to practice and voice their cultural needs in their care. I would recommend adding more information for patients on culture care and what the healthcare providers and facility are doing to make culture care apart of their treatment plan. I would also offer the opportunity for patients to bring in their own religious regalia and traditional healing tools to be used in their care. For example, allowing patients to set up on their bedside tables, arrowheads, feathers, fire poker stick, corn pollen bags, medicine bags etc.... and ensuring that these articles are not be disturbed unless by the patient. Patients may have the right to get opinions and advice from traditional healers of their choice and the recommendations will applied to the patients plan of care as much as possible.

As a part of new employee orientation, I suggest providing new employees cultural care education and awareness trainings on the Navajo Nation. I also suggest integrating cultural practices and modern western medicine practices together for Navajo patients and training staff on traditional Navajo healing so staff is mindful of patient beliefs. There could be an educational session on how Navajos use their healing tools so it's not a shock to see these items in patients'

rooms. Leininger's sunrise model presents culture care dimensions that are easy to read and follow, I would suggest making posters of Leininger's sunrise model that is filled in with information on Navajo cultural values and traditions. This Navajo sunrise model can be used a reference for new employees with no experience or knowledge about the Navajo people. (Example can be seen in appendix B).

New employees need information on tribal hospitals and how they are here for Navajo patients, for example, explaining what is Indian Health Service (IHS) and why IHS is commonly used health care systems used by Native Americans. Personally, I have encountered many contract nurses at my place of work who did not have any knowledge about how IHS, this nurse was educated about this during her orientation on the unit, where she should have focused on learning unit duties. Providing this information to new employees during their orientation time in the office and while completing computer training will be helpful for them before actually being placed on the unit, they are set to work in. Providing new employees information on local opportunities to experience performances and explore museums that present helpful information on the Native population would be helpful as well.

For current employees, I would offer trainings through computer modules that provide training on culture care and how to start implementing culture care practice into the care provided. With more and more people on social media, this can be used as well to raise awareness of this issue and what changes will be made in the hospitals. Since current employees orientate our new employees, I think it's a good idea also train current employees on the same information that the new employees are learning.

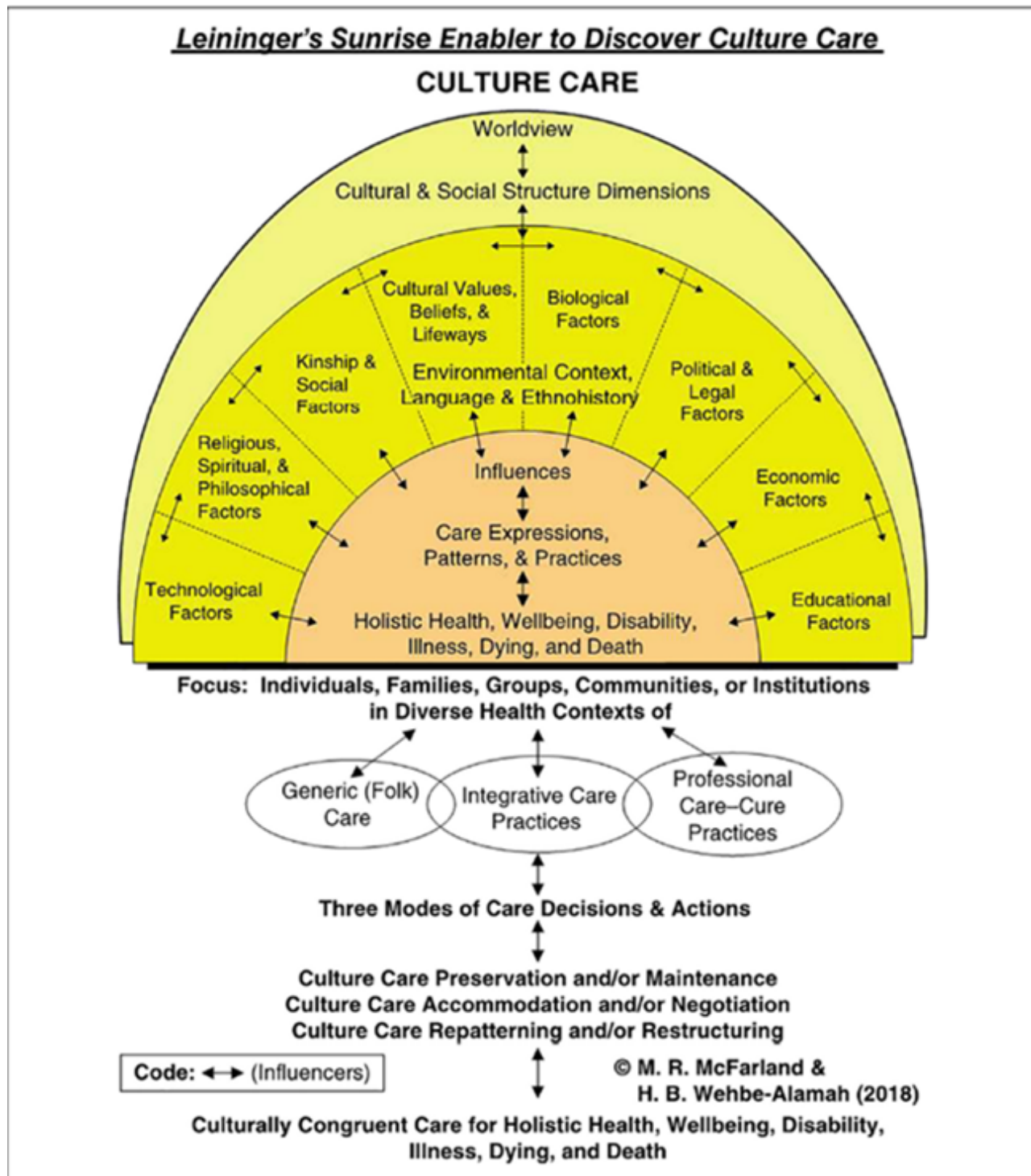
Educating our new employees on this issue and making culture care apart of our normal routines in the hospital is way to make the space more welcoming. During new employee

orientation addressing that it's okay to feel unexperienced and lost while they are adjusting to this new environment. Offering the new employee support through a cultural care team would be helpful in retention of our healthcare providers. I am passionate in caring for my Navajo people as a nurse, someday I am hopeful that culturally congruent care can become apart of our healthcare systems. I look to the future where our healthcare providers feel confident enough to stay on the Navajo reservation and where our patients feel comfortable to voice and implement their cultural needs into their treatment plan.

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Appendix A



**Figure 3.** Sunrise Enabler.  
 Note. Reproduced with permission from McFarland and Wehbe-Alamah (2018b, p. 47).

### Appendix B

Leininger's sunrise enabler to discover culture care

