



Clinical education

A traditional American Indian death ritual: Developing nursing knowledge through aesthetic exposure[☆]



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ABSTRACT

The theoretical and practical application of Boykin and Schoenhofer's *Nursing as Caring: A Model for Transforming Practice* (2001) provided a framework for the exploration of an aesthetic project of quilting, which was undertaken in order to explain the death journey for a cherished mentor of American Indian nursing students. In particular, the nursing situation was used to guide the making of the quilt sampler. Aesthetics nested into the teaching-learning process became another way to help students solidify their professional self-identity as caring persons. This research has implications for the intentional development of studying quilting as an aesthetic way to express valuable lessons learned while caring for patients and telling stories. This idea of quilting opens up a line of enquiry into caring that can be expressed through a new and creative medium.

1. Introduction

This article focuses on the role a writing mentor for American Indian nursing students played in a support program, for the recruitment and retention of American Indians into nursing. The term American Indian is being used in lieu of the term Native American. The latter is an extremely broad term that includes Pacific Islanders (Samoans, Guamanians, Native Hawaiians, and others), Alaska Natives (Inuit, Eskimo, Aleut, and others), and American Indians. Each of these groups has distinct ancestry, culture, and traditions. The students who participated in this program were all members of various Northern Plains Indians tribes of American Indians (mainly Lakota and Chippewa, and others). This account relates to customs that are specific to those indigenous peoples who populated the main continental United States, more specifically described as American Indians. This rendition of circumstances surrounding the last days of an 'adopted' member of an American Indian group provides an example of the unique culture of nurturing and caring that evolved among the members of the support program at a Midwestern university. The support program was established in 1990 from a federal grant that called for schools of nursing to increase the number of American Indian nursing students who matriculated and graduated to work in Indian country. The aesthetic project was used to develop nursing knowledge from an American Indian perspective.

2. Review of the literature

With increased attention to caring as the foundation of nursing, an aesthetic understanding of the concept is important in recognition of the unique contribution nurses bring to the health profession. Owen-Mills (1995) wrote that nurse educators were in the position to instill caring into the curriculum for nursing students who are faced with the many technological advances in science. In emphasizing caring as a central concept in nursing, nurse educators can equip nursing students with an understanding of caring as a mandate for social change. Cowling and Taliaferro (2004) agreed and maintained that nurses have moved to the medical model thereby underemphasizing the importance of caring. Cook and Cullen (2003) espoused, in the current health care delivery system, caring is the exception rather than the usual as a result of the technological shift to curing clients. It is within nursing education that opportunities to care must be fostered. Nursing students need to share their experiences that shape them as nurses if they are going to be equipped to live and grow in caring (Boykin and Schoenhofer, 2001).

Mayeroff (1971) portrayed the caring relationship being experienced as a trust relationship; in order to experience the relationship beyond self, one must give the gift of being present in a focused and dedicated way. Mayeroff posited in leading a caring life a person and coming to know self the individual moves beyond in a much broader and richer fashion. In coming to know self the nurse begins to view the

[☆] The quilting project was done while the author was a PhD candidate at Florida Atlantic University, Christine E. Lynn College of Nursing, 777 Glades Road, Boca Raton, FL, USA 33431. The teaching situation took place when the author was a nurse mentor with the Recruitment and Retention of American Indians into Nursing (RAIN) program, at the University of North Dakota College of Nursing, 430 Oxford Street, Grand Forks, ND, USA 58202. I was a Substance Abuse Mental Health Service Administration (SAMHSA) Fellow. Currently, the author is an assistant professor at the Minnesota State University, Mankato, MN, USA 56001.

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client as an extension of self and can dwell in the moment. As the nursing student develops self-confidence, a trust relationship with faculty, staff, and clients begins to take root and flourish in caring, as Boykin and Schoenhofer (2001) described. Boykin and Schoenhofer (2001), in their seminal work on caring, elucidated that 'all persons are caring' (p. 11); they posited that 'personhood as a process is grounded in caring' (p. 11). Wolf (2014) believes that 'these caring theories reinforce the importance of nurse-patient relationships for professional nursing', and describes some as 'interpersonal caring rituals'. Rituals such as those after death she considers an essential part of nursing work.

Smith (2012) called for indigenous researchers to decolonize methodologies and use research methods that support the traditional ways of knowing. Storytelling is an indigenous way of knowing and stories were transmitted in quilts. Watson (2005) wrote about caring as a sacred science, noting that caring should be viewed from the four directions. It is a long held belief in American Indian culture that the four sacred directions are part of a holistic life circle and was expressed in a quilt sampler that was designed by the nurse mentor who was an integral part of the support program. For nursing students to come to know caring they required faculty mentors who had internalized the concept of caring as a way of being. Watson called for a return to caring as the core concept in nursing (2005). This must also be mirrored in mentor relationships such as the one the nurse established with the nursing students.

Cook and Cullen (2003) speculated that faculty members play a critical role in the development and process of learning to care in nursing students. Caring must be fostered in the clinical setting as a way of knowing from an aesthetic perspective. A caring curriculum can foster caring behaviors in students. The ability to immerse oneself in the situation at hand when providing care can be learned through repeated invitations by faculty in the course of nurturing students (2003). Watson (2005) described interpersonal caring as transcending beyond the self, fostering a mutual shared relationship. Smith (2004) reviewed research related to Watson's theory of caring; study findings revealed that caring, when incorporated into curricula, enhanced the partnerships between the faculty, students, and client. In an evaluation of curricula at a school of nursing, Smith (2004) found that students who were introduced to caring were intentionally present in their client encounters. To introduce caring theory at the graduate level in nursing may be too late, as nursing students need to be acclimated to caring as novice nursing students.

Schoenhofer et al. (1998) researched the phenomenology of everyday caring using small groups of three to five participants. Their study revealed three themes related to caring behaviors which were common among all of the group participants' descriptions of caring; caring was voiced by participants as enacting behaviors on another's behalf, caring actions that touch the heart, and caring as giving the gift of self. Sincere caring does not empty one's sense of self; rather it fills the heart as one grows and lives in caring situations. Much of the literature indicated that caring actions are those behaviors that require a human, non-mechanical component.

Covington (2003) described caring presence as a way of exchanging energy in the nurse-client journey toward becoming and growing in presence with one another. In her presentation of caring presence, Covington wrote of presence as a nursing intervention. Caring behavior, therapeutic touch, message, reiki, aroma therapy, yoga, tai chi, reflexology, relaxation techniques, and other alternative therapies are all nursing interventions which have been sacrificed in favor of a mechanical mode of delivery that depersonalizes care. Prior to the technological explosion in nursing, nurses took more time to dwell in the presence with those for whom they cared. For example, with modern technology, the nurse is able to apply a blood-pressure cuff and read blood pressure and pulse from a machine; in the past, the nurse manually felt for the pulse, touching the patient's wrist and creating a caring space between patient and nurse. By using a machine, the nurse

is at a distance, and human touch is absent. The practice of administering a back massage is lacking in many nursing programs. If a client requests this service, a massage therapist may be requisitioned—if such services are available at all. Relaxation techniques are most utilized on the OB units with laboring mothers. This skill is underemphasized in the adult healthcare curricula. Clients are often left to watch television while hospitalized, while the use of quiet, relaxing music therapy is almost extinct. By the same token, technology has brought the quiet environment in nursing to a noise level that is non-therapeutic. In the absence of these kinds of alternative caring actions, we risk the loss of caring as a foundation for nursing practice. Therefore, it is imperative that nurse educators advocate for a return to a curriculum steeped in caring.

If care is going to regain its importance as the essence of nursing, then it must be fostered in nursing education. Boykin and Schoenhofer (1990) explained caring in nursing as the encounter between nurse and client that creates and gives meaning to the nursing situation. The caring process is circular in nature and involves the nurse in a reciprocal relationship that is unique. Boykin and Schoenhofer (2001) described the nursing situation as 'a shared loved experience in which the caring between nurse and nursed enhances personhood' (p. 13). All of the participants in the nursing situation are identified as caring persons. In the knowledge of self the nurse is aware and willing to engage in the possibilities of the nursing situation as it unfolds. It is through telling the story of the lived experience that nurses are able to establish their uniqueness among health professionals. The nursing situation only comes alive as nursing situations are recalled, documented, and presented to others in ways that establish our uniqueness.

3. Nursing situation

Mary Lou was a 42 year old female of German descent who worked at a Midwest university as an English writing mentor for the American Indian program, a support service for American Indians in nursing. She had earned the respect and trust of the American Indian nursing students who utilized the writing and mentoring services through the minority support program. Her courageous example and dedication to the nursing students formed a bond in the minority support area that became a piece of the heart of the support program. Her real name is used with permission of her son out of deep respect for her and the contributions she made to the American Indian nursing students and the support program.

The writing mentor had a history of alpha 1 antitrypsin disorder. This is a rare genetic condition caused by a deficiency of the alpha₁-antitrypsin protein. The symptoms are the same as chronic obstructive pulmonary disease (COPD). As the nurse mentor for the support program, I informed students during orientation about her illness and made them aware of the opportunity to practice caring behaviors with her throughout their entire mentoring relationship. For example, they were encouraged to offer to bring her toast and coffee during her breaks during the work day, because even this menial task would rob her of the oxygen she so desperately needed to conserve for breathing. I encouraged the nursing students to use these caring behaviors knowing they would encounter other clients who would need similar care in their future practice as nurses.

In addition to these small acts of caring while she was at work, I arranged for American Indian nursing students to pick up her groceries, clean her home, mow her lawn, and do snow removal in the winter. On one occasion, when her son was coming home for Thanksgiving, a group of students went to her home and cleaned the carpet, scrubbed the floors, and made sure all the Thanksgiving food was prepared in advance.

Ultimately, as Mary Lou's condition worsened, American Indian nursing students went to her home; thus, enabling her to remain employed. One evening, a nursing student, went to Mary Lou's home to be tutored. When she went to the kitchen to get a drink of water, she heard

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