

Within America, there are many different demographics that we may face in healthcare that practice a variety of religious or otherwise personally significant rituals. Having a rudimentary understanding of and respect for the customs of our clients is critical in providing complete, culturally competent holistic care (Taylor, Lillis, & Lynn, 2018). A demographic I'd like to go over with, in this report, are Native Americans. This demographic may have many different factors that influence how we, as nurses, deliver our care for them as our clients.

Native Americans used as a title for a demographic gives a poor representation of the specifics of people within this group. Within this community are around five hundred different Native American nations just within the United States (Mulkey & Scott, 2004). Each of these nations has its own unique culture, practices, and even potentially a completely unique language. There are also over one hundred thousand Native Americans in and around the Chicago area, so this may be a frequently encountered group. Although, along with the variations between nations, the variability of the individual may include being only partially Native American and this may or may not be important to the individual, so these statistics may be off as sources seem to conflict based on self-reporting. This does mean that the client's specific interests in their culture may need to be carefully assessed. Members of this demographic may also practice Christianity as well, so religious rituals may follow Christian practices as well (Mulkey & Scott, 2004).

With variability being such a major part of this demographic, there are still some commonalities to be aware of to aid with creating culturally competent plans of care for the client. This culture prioritizes tradition and ancestry, with older community members and religious leaders being highly esteemed. A client may wish to perform a traditional ritual or ceremony, and during this time it is appropriate to quietly leave the room and provide privacy and time for the client and any family or spiritual leaders, referred to as a medicine man or medicine woman, to complete the ritual (Mulkey & Scott, 2004).

When interacting with people from this demographic, some tips for communication may

include avoiding eye contact with elder family and community members (Mulkey & Scott, 2004). Avoid initiating physical contact, and when doing so, handshakes are preferred. Interacting with spiritual leaders and family members may be important as they may be heavily involved with the client's pregnancy and labor (Mulkey & Scott, 2004). Privacy and avoiding exposing the client's body to these guests should also be implemented when providing care to the client (Mulkey & Scott, 2004).

Native American cultures and religion focus on concepts of balance, and this plays into beliefs of personal health as well with a balance between spiritual and physical health, so depending on the needs of the client they may require significant attention from spiritual leaders (Taylor, Lillis, & Lynn, 2018). For the Navajo nation, blood transfusions and organ transplantation or donation are considered perfectly acceptable, although some may hold different views (Mulkey & Scott, 2004). In the event of the client being in a vegetative state, this culture may not wish to continue in this state (Mulkey & Scott, 2004). With regards to maternal and newborn care, it is important to work closely with a midwife from this community and to save the umbilical as it may be needed to be preserved and kept (Ricci, Kyle, & Carman, 2017). Circumcisions are also rarely performed for this demographic, although it is still accepted with regards to medical necessity (Ricci, Kyle, & Carman, 2017). Diet with this client isn't expected to require any specifics unless required by a specific ritual for the client's particular Native American nation's ceremonial practices (Mulkey & Scott, 2004). When assessing and providing care for pain; the client may wish to forgo any opioids after labor as this culture is careful around potentially addictive substances, so education on opioid use, NSAIDs, or non-pharmacological interventions may be preferred (Mulkey & Scott, 2004).

## References

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