



Communicating with Your American Indian/Alaska Native Patient

Perception of Illness • Patterns of Kinship and Decision Making • Comfort with Touch

Culture Clues™ is designed to increase awareness about concepts and preferences of patients from diverse. **Every person is unique; always consider the individual's beliefs, needs, and concerns.** Use Culture Clues™ and information from the patient and family to guide your communication and your patient care.

American Indians (AI) and Alaska Natives (AN) are terms identifying the indigenous peoples of North America. In the 2000 Census, four million people identified themselves as American Indian or Alaska Native. About $\frac{3}{4}$ of this population live near urban areas; about $\frac{1}{4}$ live in non-urban areas, including reservations. There are more than 500 federally-recognized tribes and over 245 tribes without this federal designation, which may have state recognition. Be aware that there is variability between tribes in their health care seeking and health promotion behaviors. The AI/AN culture varies considerably by age, place, or residence (urban, rural, reservation), education, socioeconomic factors, and awareness and utilization of community resources.

In the AI/AN culture, there is historical mistrust of mainstream institutions due to centuries of abuses such as broken treaties and forced relocations. In addition, only the small percent of American Indians who are affiliated with registered tribes receive treaty-granted health care benefits. Acknowledging this history is an important step in building trust with your patient and their family and understanding that at times this lack of access to health care can lead to frustration.

While it is important to have a basic knowledge and respect for this culture, remember that all, some, or none of these beliefs may be associated with each patient and their family.

How does your AI/AN patient perceive illness?

Cause of Illness

- Your patient may have a holistic view in which people, community, nature, and spirituality are interconnected and interrelated. This perspective views physical, spiritual, mental, and emotional health in unity, instead of in discrete categories. Sickness may be viewed as the result of disharmony between the sources of life.
 - **Consider this holistic view when assessing, diagnosing, and treating an illness.**
- Your patient may seek western medicine for treatment of symptoms of illness. However, patients may also seek traditional healers to address the disharmony that caused the illness. Traditional practices may include different rituals and ceremonies as well as herbal remedies. The sweat lodge is an example of a health practice American Indian patients may apply.
 - **Ask your patient if he/she is using traditional healings or practices. Acknowledge the value of traditional practices and whenever possible incorporate beneficial and neutral remedies into the plan of care. Consider potential drug/herb interactions.**

Understanding Time Orientation

- Time orientation may be perceived as cyclical, present-oriented, and “in-the-moment” as compared to linear, future-oriented, and “time-by-the-clock” in western culture. As a result, patients may be late or miss appointments.
- Transportation issues and unfamiliarity with the city and the medical center neighborhood may also impact your patient’s time of arrival for their appointment.
 - **Schedule appointments within a window of time to allow for more flexibility.**
 - **Whenever possible, use natural events such as sunset or meal times to schedule prescribed medications.**

How are medical decisions made in the AI/AN culture?

Concept of Family/Community

- The concept of family may include immediate family, extended family, and community and tribal members.
- Your patient’s medical decisions may depend on how the family is affected because of the importance of group orientation. As a result, your patient may include the entire family when making important medical decisions.

- Urban AI/AN may not have family living nearby, and AI/AN who live on reservations may be receiving care far away from home. Lack of family support during medical decision making may be a source of stress for your patient.
 - **Ask your patient about who they would like to have included in their medical decisions. Give your patient time to process and consult with family, community, and tribal members as desired, before making health care decisions. Be aware that a large family contingent may be present.**

Informed Consent

- Due to a history of misuse of signed documents, some patients may be unwilling to sign informed consent, advance directives, and durable power of attorney forms. Your patient may perceive verbal agreement as sufficient.
 - **If it is your patient's first experience with informed consent, explain its purpose.**

How can I reduce the communication barriers with my AI/AN patient?

Nonverbal Communication

- Direct eye contact may be avoided out of respect or concern for soul loss or theft.
- Traditionally, AI/AN have been taught to resist any expression of pain. Your patient may not express pain directly and instead report feeling uncomfortable or use storytelling.
 - **Ask your patient, "May I get you something for your pain?" Respect their wishes if they decline.**
- Time and silence may be used to maintain harmony, be non-confrontational, and as a way to prepare to listen to your patient.
 - **Listen for at least 2 minutes without saying a word. Let patients talk or let them be silent. Be aware that it may take 3 or 4 encounters before trust and dialogue emerge.**

Verbal Communication

- Storytelling and circular conversation may be used to build trust or describe symptoms. For example, a personal story about an ill neighbor may be a metaphor for the patient having the same symptoms.
 - **Listen for signs of symptoms that your patient may not be expressing directly. Sharing a personal experience may be a way to build trust with your patient.**

Explaining Touch

- Touch may be very personal for your patient. The head and hair may be considered particularly sacred.
 - **Before touching, always explain what will be done and why.**
- Hair, jewelry, ornaments, or other regalia may have a spiritual meaning.
 - **Ask your patient if they have any spiritual objects with them. If it is necessary to remove an object from the patient's body, have the patient or family member remove the item, and if possible keep it close to the patient until it is reattached.**

Culture Clues[™] is a project of the Staff Development Workgroup, Patient and Family Education Committee. Contact: 206-598-7498/
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