



Insights from Health Care Professionals Regarding Palliative Care Options on South Dakota Reservations

Mary Isaacson, RN, PhD; Beth Karel, MSN, RN; Brandon M. Varilek, RN, BAN; Whitney J. Steenstra, RN, BAN; Jordon P. Tanis-Heyenga, RN; BAN & Amanda Wagner, RN, BAN

INTRODUCTION AND PURPOSE

The Native American (NA) population in South Dakota (SD) experiences higher rates of chronic disease than their white counterparts, with adults twice as likely to develop diabetes and 1.5 times more likely to suffer from obesity.^{1,2} Yet despite higher rates of chronic illness access to palliative care services is limited. The purpose of this descriptive qualitative study was to understand current perspectives on palliative care for Native American/American Indians (NA/AIs) from Native and non-Native health care professionals as an initial step in addressing palliative care needs on SD reservations.

METHOD

Research Question

What palliative care options are available for NA/AIs on SD reservations from the viewpoint of NA/AI health care providers and palliative care health care providers?

Design

Descriptive qualitative

Sample

Participants included 7 health care professionals; 3 are palliative health care professionals who work closely with NA/AI families, while 4 are health care professionals of NA/AI descent.

Procedures

IRB approval obtained. Semi-structured interviews lasting 30-90 minutes were conducted in a site specified by each participant. All interviews were digitally recorded and transcribed verbatim. Data were analyzed using thematic content analysis.

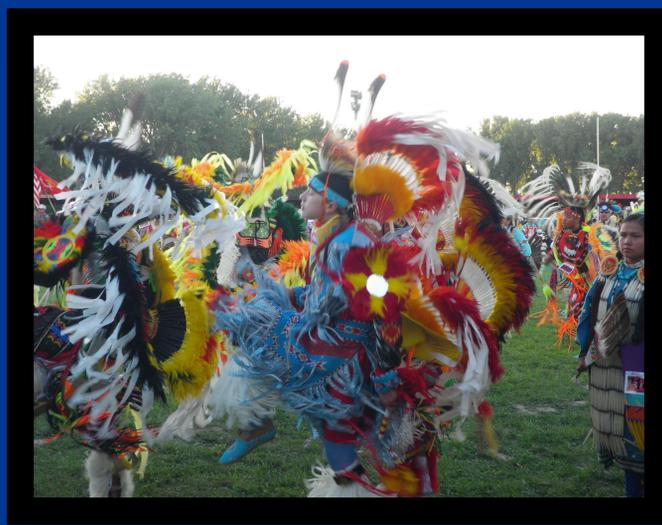
NARRATIVE EXEMPLARS

Lack of Infrastructure

- “I think people would really accept it. The role of medicine is always going to be regarded with a jaundiced eye out there, because it’s Indian Health Service—they’ve done wonderful things out there but they’ve had their limitations. They are very structured, they’re big lumbering elephants, who do a lot of good as elephants but when you try to get them to turn on a dime, like microsurgery, they can’t do it, so people are very skeptical about what Indian Health Service can do.”

Openness and Listening

- “...It would be a large chunk of listening to what their needs are. And then to honor them from the very beginning and not preconceive what [we think] adds value to their dying experience...It starts by being non-judgmental and the ability to sit down and say I want to listen and I want you to be heard...I think the biggest thing is to gain the trust of the community.”



Isaacson, M., Karel, B., Varilek, B.M, Steenstra, W.J., Tanis-Heyenga, J.P., & Wagner, A.J. (2014). Insights from health care professionals regarding palliative care options on South Dakota reservations. *Journal of Transcultural Nursing*. Advance online publication. doi: 10.1177/10436596145527623

RESULTS

- Two major themes and five subthemes emerged from the narratives.
- Theme 1: Barriers to Palliative Care Programs on SD Reservations**
 - Insufficient Funding
 - Lack of Infrastructure
 - Misconceptions
- Theme 2: Implementation Strategies**
 - Finding the Right Team
 - Openness and Listening

DISCUSSION AND CONCLUSIONS

This study offers a unique perspective toward understanding current palliative care options on SD reservations by sharing the views of Native and non-Native health care providers. Our findings demonstrate that although barriers exist, the participants were optimistic and were able to identify creative solutions.

Nursing and medical education curricula in SD must include cultural training specific to the NA/AI population residing on reservations.

Changes in public health policy to include palliative care must occur at the state and federal levels, specifically addressing the health disparities affecting the NA/AI population.

¹America’s Health Rankings. (2012). *A call to action for individuals and their communities*. Retrieved from <http://cdnfiles.americashealthrankings.org/SiteFiles/Reports/Americas-Health-Rankings-2012-v1.pdf>

²Centers for Disease Control and Prevention. (2012). *Behavioral risk factor surveillance system: South Dakota 2010*. Retrieved from <http://apps.nccd.cdc.gov/BRFSS/race.asp?cat=DB&yr=2010&qkey=1363&state=SD>