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To examine the understanding and perception of the lived experiences of 10 Menominee Native Americans living with renal disease

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Aim: To examine the understanding and perception of the lived experiences of 10 Menominee Native Americans living with renal disease.

Background: Among all racial/ethnic groups, Native Americans (NA) have the highest incidence of end-stage renal disease and it is twice that of Caucasians. Despite the increase in cost and incidence of chronic and end-stage renal disease in Native Americans, very little is known about the renal disease experience among Native Americans. This article examines the lived experience of 10 Menominee Native Americans living with renal disease. The conclusions will challenge health care professionals to influence the multicultural predetermined fate of living with renal disease through cohesive designs of preventative care models respectful of Native American culture.

Design: Descriptive phenomenological study

Methods: The primary data collections were 12 semi-structured face-to-face interviews collected from 2015-2016. The data was coded and analyzed using the modified van Kaam's four phase psychophenomenological method.

Results: A total of 24 descriptive expressions were categorized into 8 preliminary structural elements. Four essential structural elements emerged from the eight preliminary elements: (a) fighting for normalcy, (b) chronic emotional and physical fatigue, (c) living for someone else, and (d) predetermined tribal fate.

Conclusion: Fighting for normalcy, chronic emotional and physical fatigue, and living for someone else is consistent with the current literature. New to the literature is the concept of predetermined tribal fate. Eight of ten participants had an understanding of a predetermined tribal fate to renal disease, but the observed or familial knowledge did not influence their lived experience or change the course of their health care decisions.

Key Words: Native American, renal disease, nursing, phenomenological, disparity

Biography

After a rewarding 22-year career as an Advance Practice Nursing Provider in diverse settings throughout Northeast Wisconsin, Tina DeGroot recently earned her doctorate degree, which included research specific to the Menominee Indian Tribe. Tina recently joined the University Of Wisconsin Madison School Of Nursing as the Director of Clinical Practica. In her role, Tina specializes in creating dynamic experiential learning opportunities for both undergraduate and graduate nursing students. The primary focus of these opportunities is to assure students receive exposure to diverse patient populations better preparing them to meet the many different future professional nursing needs in Wisconsin.

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