



Poster # 40

Title of poster: End of Life- Experiences of Indigenous Peoples Around the World

Abstract

Background: Providing appropriate end of life care for all population groups requires health care professionals to be culturally aware, and have the ability to understand, appreciate, and interact with persons from cultures and/or belief systems other than their own. Unfortunately, this level of cultural safety does not occur for many indigenous peoples as they must leave their communities to receive end of life care in unfamiliar care systems.

Purpose: For the purpose of this study, the results of previously completed qualitative studies were synthesized to enhance the overall depth and breadth of understanding of the diverse experiences of indigenous peoples at the end of life.

Methods: This study utilized the metasynthesis procedures outlined by Sandelowski and Barroso (2007) to synthesize the qualitative research studies on the end of life experiences of indigenous peoples. A total of 2255 articles were obtained; of those 18 articles fit the inclusion criteria. These 18 articles were appraised for quality using the Critical Appraisal Skills Program (CASP) scoring system and the classification of findings outlined by Sandelowski and Barroso (2007). SPSS was utilized to descriptively analyze the results of the CASP scores and study demographics. The reported findings from the chosen articles were entered into NVIVO 8 software for qualitative analysis. Synthesis of the findings was achieved using taxonomic analysis, constant target comparison, and reciprocal translation in conjunction with team meetings.

Findings: A total of 447 individuals from Australia, Canada, Japan, New Zealand, and the United States participated in the included studies. Although diverse spiritual perspectives exist amongst indigenous peoples the relationship between the “inner being” and the body was viewed as the vital to health. As the pains of life were encountered, the “inner being” was set out of balance or fragmented. Although restoration of balance was attended to throughout life, at the end of life this became a priority. To prepare the “inner being” three strategies were identified: healing, connecting, and protecting. It was through these preparations that individuals obtained what they viewed as important at the end of life which included: to be at peace, to be healed/renewed, to feel safe and comforted, and to feel strong for the journey ahead. Such preparations often occurred whilst receiving end of life care. This care was described to have the potential to both enable and retract from preparations at the end of life. The degree to which this care respected the indigenous person’s view of health and enabled their unique preparation for death, determined overall satisfaction and quality of life.

Implications: The findings are clear for health care providers and policy makers that end of life care must be restructured to better support indigenous peoples in their preparing of the “inner being” through healing, connecting, and protecting. These findings also contribute to closing

literature gap on the end of life experiences of indigenous peoples. Future research may build on these findings by exploring the experiences other indigenous groups not represented here such as those from the continent of Africa.

