End-of-Life Culture Care Practices among Yup’ik Eskimo

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Abstract

Background
The process of dying and end-of-life care (EOLC) desired is unique within the cultural context of individuals, families, and communities. No research was found that examined culturally congruent Yup’ik Eskimo EOLC.

Purpose
The purpose of this research was to discover culture care expressions, meanings, patterns, and practices at end of life among Yup’ik in community settings in the Yukon-Kuskokwim Delta of Alaska.

Method
Guided by the culture care theory, using ethnonursing methodology, 23 Yup’ik and non-Yup’ik community members participated in open-ended interviews. Qualitative criteria with participant confirmation of patterns and themes ensured rigor.

Findings and Discussion
Data supported three themes and evidence-based recommendations for culturally congruent EOLC. Findings can help nurses and healthcare providers meet the care needs of Yup’ik persons, families, and communities at end of life and may be useful for other cultural groups, specifically those in rural settings with limited healthcare resources who desire to live out their days and die in their home community.

Keywords
end-of-life care, qualitative, Culture Care Theory, ethnonursing research method, Yup’ik

Even for experienced healthcare providers, the provision of end-of-life care (EOLC) presents a challenge as the focus of care shifts from saving a patient’s life to allowing death to occur. Healthcare providers may be confronted with conflicts between what they want for dying patients and what the patients and families desire. That awareness has led to the National Institutes of Health/National Institute of Nursing Research designating the pursuit of findings related to EOLC a research priority. For this study, culturally congruent EOLC is defined as care that recipients describe as important, useful, and meaningful. The purpose of this study was to discover differences and similarities of EOLC experiences within a specific population.
of Yup'ik Eskimo using qualitative ethnonursing methodology.

Background

Culture influences how we assign meaning to events, in this instance end of life (Gates, 1988; Kaufman & Morgan, 2005; Kübler-Ross, 1969). Cultural factors confound death in two ways: what is seen at the time of death (the absence of life), and what is believed at the time of death (the meaning of death and what happens after death). Culture defines how we grieve, mourn, and remember the person who has died (Braun, Pietsch, & Blanchette, 2000; Olshansky & Ault, 1986; Quinn et al., 2012; Seno, 2010). These dimensions are further influenced by medical, legal, and ethical factors (Mohammed & Peter, 2009). In some Western cultures, dying has been medicalized and therefore can be prolonged (Gates, 1988; Lynn, 2005; Quinn et al., 2012; Teno et al., 2004). This creates a false perception that dying can be planned, controlled, and precisely prognosticated (Braun et al., 2000; Teno et al., 2004). The two obvious shortcomings of medicalized dying and death are that death and dying have become invisible and unfamiliar to family members or significant others, and death and dying care practices have been delegated to professionals as dying has moved from the home into hospital settings (Hardwig, 2009; Kuhl, 2010; Segal, 2000). Seno (2010) and Gates (1988) contended that healthcare providers must move beyond caring for the dying and into unconditional being with and attending to the dying in end-of-life encounters. This ultimately provides for improved EOLC. In fact, evidence indicates that many patients appreciate healthcare providers who acknowledge their cultural beliefs and practices (Kaufman & Morgan, 2005; Chochinov & Cann, 2005).

In a search of the literature related to cultural differences in EOLC, no studies were found that described the end-of-life culture care needs of Yup'ik Eskimo Alaska Natives. Nurses and other healthcare providers who care for this population need to know what they consider important, fulfilling, useful, and meaningful at end of life. Providers who may never care for Yup'ik may find that the results of this study cause them to ask questions about the culture care needs, especially those regarding EOLC, of the specific populations in their care. Therefore, the purpose of this study was to discover culture care expressions, meanings, patterns, and practices at end of life among Yup’ik in community settings in the Yukon-Kuskokwim Delta of Alaska.

Domain of Inquiry and Research Questions

The domain of inquiry allows for purposeful guided inquiry into cultural lifeways and unknown health patterns and practices (Leininger, 2006). This study’s domain of inquiry was the culture care expressions, meanings, patterns, and practices related to EOLC among Yup’ik. Below are the four research questions that guided the inquiry and served to generate new knowledge to address the limited information regarding Yup’ik end-of-life culture care.

1. What are the culture care expressions, meanings, patterns, and practices related to EOLC among Yup’ik?

2. In what ways do worldview and cultural and social structure factors (i.e. religion [spiritual] and philosophical, kinship and social, political and legal, education, economics, technology, cultural values, beliefs and lifeways, ethnohistorical, and environmental) influence end-of-life culture care expressions, meanings, patterns, and practices for Yup’ik?

3. In what ways do generic and professional care assist with or inhibit the end-of-life culture care expressions, meanings, patterns, and practices for Yup’ik?

4. Based upon the discovery of Yup’ik EOLC, what nursing action/decision modes promote culturally congruent end-of-life care expressions, meanings, patterns, and practices for Yup’ik?
Theoretical Framework and Research Methodology

The culture care theory (CCT) guided this study. In order to promote culturally congruent EOLC, “authentic truths” (Leininger, 2006, p. 21) as described by the knowers of care (Yup’ik) potentiate the discovery of end-of-life “care and cultural phenomena within their world” (p. 21). Care influences the health and well-being of people in profound ways within their environmental context. The culture care theory asserts that care is deeply embedded in people’s worldviews, social structures, values, and beliefs. Nurses and other healthcare providers need to uncover generic (folk) and professional care practices that promote health and wellbeing and assist individuals, families, and communities with EOLC. The ethnonursing research method provides a rigorous and systematic way to expand transcultural nursing knowledge, particularly when little is known about a given phenomenon (Leininger, 2006). This method was used to uncover largely covert, culturally embedded lifeways associated with Yup’ik EOLC using open discovery.

The CCT, together with the ethnonursing research method, promotes discoveries, descriptions, and systematic analyses of care expressions, patterns, and practices of Yup’ik EOLC that were revealed in their naturalistic community settings. Research conducted using the CCT advances nursing knowledge about diverse and similar groups.

Setting and Informants

The environmental context of this study was the Yukon-Kuskokwim Delta (Y-K Delta) region of Alaska and the Yup’ik who inhabit it. Bethel, the region’s central village hub, is a bush community, meaning no roads connect it to other major cities. The Y-K Delta is 500 miles west of Anchorage and accessible only by aircraft. Study informants (n = 23) were obtained in Bethel and Anchorage, Alaska. Because both cities are small, providing specific information about informants could make them easy to identify. Therefore, in an effort to maintain informant anonymity, only minimal demographic information is reported. The key informants (n = 10) were six females and four males with a mean age of 57.2 years, who identified as Yup’ik, and expressed interest in sharing their knowledge of end-of-life culture care expressions, meanings, patterns, and practices inherent in their lifeways. General informants (n = 13) were eight females and five males with a mean age 54.5 years, who did not self-identify as a Yup’ik, but who were engaged with the Yup’ik culture. These persons practice with/among or serve the Yup’ik community.

Data Collection

Institutional review board approval and interest from key stakeholders in the Alaska Native community were obtained prior to the study’s initiation. The researcher’s previous professional and social experiences facilitated introductions to cultural gatekeepers and entry into the research field. This time allowed the researcher to explore the Yup’ik Eskimo community’s interest and participation in the study. The process of formal immersion into the Yup’ik Eskimo community began using the Stranger to Trusted Friend Enabler. This tool helps researchers enter and establish trust in a culture to facilitate the collection of meaningful and credible data from informants (Leininger, 2006). The study’s raw data consisted of participant observations and individual interviews using an interview guide, which included CCT concepts and the domain of inquiry. The Sunrise Enabler, (figure 1), a cognitive map of the theory, was used to develop the interview guide. This tool depicts the worldview and social structure dimensions inherent in a culture (Leininger, 2006).

Through participant observations and early discussions with gatekeepers, it became clear that tape recorders were considered culturally incongruent and conversations and authentic
data flowed more freely without them. Therefore, interviews were not audiotaped. Interviews lasted from one to two hours, as determined by the informant. Bulleted field notes and quotes were manually recorded verbatim during and immediately following interviews or participant observations. Additional interviews to clarify meanings and confirm findings were scheduled with informants on an individual basis.

**Data Analysis**

Data analysis began with the first interview and continued throughout the study. All observations, field notes, and interviews were analyzed using Leininger’s four phases of ethnnonursing data analysis (Table 1). During phase one, the researcher became immersed in the Yup’ik culture. To maintain a non-intrusive demeanor, the researcher used a small notebook and did not make notes in public but instead chronicled the events privately. The researcher...
discussed her field notes with expert mentors, began initial data coding, and developed additional questions out of the preliminary observations and interviews. In phase two, the researcher spent a great deal of time with informants, sought additional data as needed, and began to categorize descriptors. Phase three focused on ensuring data saturation and identification of recurrent patterns or meanings within the context of Yup’ik EOLC. Key informant confirmation of data and expert mentor review ensured ethnonursing qualitative criteria were met. Finally, during phase four, data were further synthesized and interpreted which led to culture care action and decision recommendations and theoretical formulations. Themes were traced back to patterns, participant quotes, and field notes to provide an audit trail and ensure credibility.

**Findings**

Three themes—care is *uptete* (to get ready to go), care is *ilakellriit* (community and family), and professional care is *to do*—were supported by care patterns and the key and general informant descriptors (Table 2).

**Theme One – Care is Uptete: To Get Ready To Go**

This theme was synthesized from four care patterns described by the informants. The care pattern, *Yup’ik EOLC is rooted in the belief that one’s current life serves as preparation for the next life*, was evident in descriptors extracted from the raw data. During interviews and informal/community gatherings, informants described getting ready for death as a process that includes “teaching,” “cleaning up,” “getting dressed,” and “departing.” One key informant described end-of-life teaching as “sharing important wisdoms or teachings with children or other family members.” Cleaning up was explained as “forgiving” and “unburdening” oneself from emotions to “protect oneself.” Because emotions and feelings can “cause a person to get stuck” between worlds, it is important to relinquish any “heaviness” that might weigh one down.

End-of-life preparations such as “laying out” or planning clothing, food, and after-death rituals were discussed as part of “getting dressed.” Key informants shared that younger people, out of respect, often follow instructions given by an elder, even though they do not understand what they are doing, or why. One key
informant shared a specific example of two girls whose auntie instructed them to wear a string around their waists and a hat for one year after their mother’s death. The girls were unclear about the reason for this ritual but noted that every time they bathed or the string wedged itself uncomfortably against their skin, they thought of their mother. Another key informant shared that while departures are hard, remembering helps ease the pain.

The second and third care patterns supporting theme one were *Yup’ik EOLC incorporates the beliefs that life is cyclical and reflects generational intraconnectedness among past, present, and future peoples*. All informants shared the belief that the connection between the past, present, and future is unbreakable. One key informant emphasized, “The past is not a burden—it brought
me to this path.” Another key informant shared, “Our ancestors are built into our bodies—they are our bone marrow, our parents are our bones, and the flesh is who we are now.”

The fourth care pattern supporting this theme was Yup’ik EOLC is reflected in preserving ancestors through traditional naming practices. Children, regardless of gender, are given the Yup’ik name of the deceased. Informants explained that the child personifies the name of the deceased. It was observed on several occasions that children were referred to as father, mother, auntie, or brother regardless of age or gender. Key informants shared that this practice continues the circle. A key informant noted, “Ancestors are built into our body systems; we are our ancestors, we are not separate.”

**Theme Two – Care is Ilakellriit: Community as Family**

This theme was advanced by three universal care patterns and two diverse non-care patterns derived from informant descriptors. The first care pattern was that Yup’ik EOLC is grounded in the belief that community is family and EOLC is preferred in the home or the home community context. During an initial exploratory visit to Bethel, the researcher observed that gatherings (i.e., marriages, birthday parties, feasts) were open to everyone. In fact, when one person was invited to an event, he or she often would bring several other people. In addition, people newly introduced during community events or gatherings often tried to make connections via common family members or villages. One key informant noted, “gatherings are great ways to reconnect” and “when we come together we make a village where we are.”

At end of life, the importance of community and family was described by one general informant as “families care for their loved ones despite no assistance—it is a responsibility.” For this population, blood relationships do not constitute family, community constitutes family. A key informant clarified this finding by adding, “our survival has always required family and community.”

The third care pattern supporting this theme was Yup’ik EOLC acknowledges the responsibility of the family and the community as integral facilitators in EOLC processes. One key informant recalled, “as a child, many people came after my mother died [and] they took care of me and my brothers, they took care of the house … now I go when there is a death, I leave work and I travel up the river and stay for as long as I am needed—it is what we must do to survive.”

Theme two’s raw data descriptors also uncovered its diversity. The non-caring patterns were described as care received away from the home community and care in artificial communities (healthcare facilities away from home and community). One key informant noted, “Families go to great lengths to learn how to care for a family member in order to ensure they can stay at home.” One informant described care away from home as “there are no traditional foods” and “I need to see the landscape I have known for an entire life.” One key informant stated, “many times I have heard how there are no choices in [hospital]” and “the threat of unwanted medical services looms.” A general informant stated that “hospitals are full of archaic rules like ‘no one under 13 allowed’—really?—dying people don’t know any children”? Another general informant added, “I believe EOLC is currently designed to meet medical standards of care and it has little or nothing to do with patient quality.”

**Theme 3 – Professional Care: To Do**

This theme was extrapolated from two universal and one diverse care patterns derived from informant descriptors. The first universal care pattern, that professional care for Yup’ik at end of life emphasizes action over words, was described by one key informant as “don’t try—do.” This proverb was confirmed and clarified by other key and general informants. One reflected on the care a family member received away from Bethel, “a nurse or a doctor [is] not [the] know
all or be all—but they need to be more than just there.” Key informants explained a central feature of Yup’ik culture: actions are held in much higher regard than words. Informants described times when nurses did not do what they said they would. Such lapses were noted, as the intention to do is less important than the actual doing.

The second universal care pattern was that professional care for Yup’ik at end of life is an ‘allowing presence.’ All key informants described death as part of life, as a “journey,” a “passage,” “the path to becoming.” An allowing presence is one that does not interfere with this process. A key informant noted that “[the] dying have heightened senses—they are alert to smells, sights, and people—they can feel people, nurses need to know this.”

This theme is more clearly understood by examining the one diverse pattern, non-caring for Yup’ik at end of life is uqamaite (to be heavy). Key informants described how healthcare providers’ emotions could bring “heaviness” to EOLC. An informant noted, “nurses need to listen to know, ask to know, listen to hear ... trying to please everyone makes care cold and unfeeling.” Several key informants added, “heaviness is heavy words too.” A key informant stated, “Doctors and nurses just say ‘we tried everything’ or ‘there is nothing we can do,’ then they start asking about restarting his heart if it stops.” Key informants noted that heaviness can “break the spirit.”

A general informant described feeling “… at a loss not knowing what [Yup’ik people] want, really want.” Another attempted to clarify this feeling, “I am a good nurse, I know my job, but not knowing sometimes what a person wants is frustrating. I will just sit and that seems to make [Yup’ik patients] happy or put them at ease, but I just feel like there is more, like I am missing something very important.” This sense of frustration was described often by general informants involved in direct patient care. Key informant data concerning heaviness was discussed with the general informants for confirmation and clarification and it was discovered that many had not considered the weight they might carry into a care interaction. One general informant noted, “can it really be that simple, how did I not know this—really?” Another general informant added, “I had a patient family member tell me ‘you look worried.’ I didn’t think anything about it … and went about with checking [intravenous] pumps, the vent [ventilator]. She didn’t speak to me much the rest of that shift—my actions obviously spoke louder than my words and I thought my actions showed great professional care.”

Discord between Western healthcare providers and Yup’ik healers was discovered in the care pattern descriptors that support theme three. Several key informants described themselves as traditional healers but added “we are underground.” When asked to clarify, the informant stated, “Not many white people are accepting of our traditional ways. Remember when the missionaries first came here, they told us that [traditional healing] was of the devil. So many stopped speaking of it or stopped practicing it for fear.” Key informants shared that they will visit when asked by family, but they do not identify themselves to healthcare providers as being a healer. A key informant noted, “I bring peace and healing. I know I won’t make someone well if they are dying. I cure the soul.”

The majority of general informants had heard about or known traditional healers in the Yup’ik community. One general informant stated, “Healers have come to visit, at first I didn’t know who they were, but I did notice a change sometimes in my patient. They were calmer or at ease.” Another added, “Sometimes someone will mention ‘we should suggest a healer visit.’ Seems to me it should be the patient asking, I don’t know.” All general informants agreed that traditional healers should be a part of EOLC for Yup’ik persons, “There’s a lot of value in adding patient preferences, EOLC should be about what the patient wants.”
This study discovered three themes supported by the predominant patterns and descriptors of EOLC for Yup’ik. The goal of ethnornursing research is to integrate the findings into nursing practice as action and decision modes and provide support for the development of culturally congruent palliative and EOLC programs for Yup’ik.

**Contribution to Nursing Theory**
This was the first study to explore EOLC among Yup’ik in community settings using the culture care theory and ethnornursing research method. This study further supports and develops the culture care theory through substantiation of four CCT assumptive premises, one established care construct, and the discovery of three new care constructs.

**Assumptive Premises**
The first assumptive premise of this study, care is essential to Yup’ik at end of life, is supported by the discovery of theme two and in the caring and non-caring patterns of theme three. For Yup’ik, community and family are essential for their EOLC. An equally important discovery supporting this assumptive premise is the effect of professional non-care as described by the key informants. The fact that general informants who provide direct patient care did not overtly know that Yup’ik value actions over words often caused frustration among these caregivers.

The second assumptive premise of this study (that end-of-life culture care expressions, meanings, patterns, and practices for Yup’ik are influenced by and embedded in worldview, cultural and social structure dimensions) is supported by theme one. Key informants described in detail what it means to get ready to go. The caring and non-caring care patterns of theme three support the third assumptive premise that every culture has generic (lay, folk, naturalistic; mainly *emic*) and usually some professional (*etic*) EOLC to be discovered and used for culturally congruent practices.

These findings promote exploration of community- and family-centered care practices, provision of traditional foods, acceptance of traditional healers, and the establishment of culturally congruent palliative and community-based hospice care for Yup’ik. These efforts also support the fourth assumptive premise regarding the identification of new, creative, and different therapeutic ways to help Yup’ik with EOLC.

**Care Constructs**
Care constructs reveal the roots of universal and diverse culture care knowledge inherent to a people. This study’s care constructs are shown in Table 3. The previously identified care construct that was abstracted from this study was *family involvement*. Three newly discovered care constructs were preparation, *community as family*, and *allowing presence*. This study’s *allowing presence* construct is associated with the idea of *allowing*, thereby differentiating it from the existing presence construct of *being with*. This study presents *community as family* as a new care construct. This construct is differentiated from the established care construct of *community awareness* as Yup’ik end-of-life culture care goes beyond community awareness to incorporate helping others unconditionally. For Yup’ik, community as family is exemplified by the belief that wherever they are, they are a village and a community. These new care constructs provide innovative insights into the universal epistemic roots of care and can help nurses understand how to provide culturally congruent EOLC for Yup’ik patients.

**Limitations**
Linguistic limitations are acknowledged in the translation of Yup’ik to English or English to Yup’ik as words may not exist which fully describe the expressions, meanings, patterns, and practices of end-of-life culture care for Yup’ik. This limitation was addressed through the confirmation of findings and meanings with the
gatekeeper and informants. Similarities among or between Yup’ik Eskimo, other Alaska Natives, or bush-dwelling peoples are anticipated. However, making an assumption of transferability could potentiate bias and stereotyping. Nevertheless, findings may be useful to nurses caring for people from similar cultural groups in addressing challenging transportation, weather, and provider resource obstacles.

**Implications for Nursing Practice**

The CCT translates research discoveries into nursing practice using its three nursing action and decisions modes: culture care preservation/maintenance, accommodation/negotiation, and repatterning/restructuring (Leininger, 2006). These care modes support Yup’ik end-of-life culture care by helping nurses make decisions and formulate actions that are culturally congruent (Table 4). Nurses caring for other populations at end of life also can use these actions and decisions as reminders to consider their patients’ culturally specific care needs.

Yup’ik value community as family at end of life. Actions and decisions that support the community as family are essential to Yup’ik EOLC. This is especially important when care conversations include persons who are not blood relatives but who are considered family by the patient. For Yup’ik, community has equal value as family. This finding supports similar study findings (Born, Greiner, Sylvia, Butler, & Ahluwalia, 2004; Maddalena, 2009; Quinn et al., 2012) that explored the familial influence at end

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**Table 3. Care Constructs**

<table>
<thead>
<tr>
<th>Established Care Constructs Substantiated</th>
<th>Family Involvement – Involves caring for persons despite minimal formal caregiver assistance, a sense of responsibility for providing such care, and a feeling of great dishonor when delegating such care.</th>
</tr>
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<tbody>
<tr>
<td>New Care Constructs Discovered and Confirmed</td>
<td>Community as Family – There is no delineation between family and community. The responsibilities of the deceased’s family members are divided and managed among community members, giving the family an opportunity to grieve.</td>
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<td></td>
<td>Preparation – End-of-life preparation is rooted in the Yup’ik belief that the current life is a preparation for the next life and involves distinct tasks that must be attended to prior to dying.</td>
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<td></td>
<td>Allowing Presence – An allowing presence is conscious and facilitating. It is open to listening, to the power of presence, and to the effects of personal burdens, stressors, or other negative influences.</td>
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**Table 4. Implications for Nursing Practice**

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<tr>
<th>Culture Care Preservation/Maintenance</th>
<th>Support the community as family</th>
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<tbody>
<tr>
<td></td>
<td>Support, facilitate, and encourage family and community involvement in end-of-life care</td>
</tr>
<tr>
<td>Culture Care Accommodation/Negotiation</td>
<td>Accommodate large gatherings and the serving of traditional foods</td>
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<td></td>
<td>Negotiate the aftercare ritual of “laying out”</td>
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<td></td>
<td>Accommodate the patient’s preference for traditional healing</td>
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<tr>
<td>Culture Care Repatterning/Restructuring</td>
<td>Recognize, repattern, and restructure “heavy” behaviors when providing end-of-life care</td>
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<td></td>
<td>Restructure end-of-life care to honor the patient’s desire to be in the home/community setting and receive care from family and community members</td>
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of life across cultures. For Yup’ik, community is given equal importance as family. Community members may be part of care conversations and decision-making, and desire to provide care. This knowledge supports care plans that accommodate the desire for large family gatherings, traditional foods, and family involvement with care. An important discovery in this study was the effect of an emotionally intrusive presence at end of life for Yup’ik. Previous studies also discovered (Chan & Kayser-Jones, 2005; McGrath & Phillips, 2008; Tulsky, 2005) the effect of the nurse’s presence at end of life: nurses need to be mindful that a heavy presence can negatively influence the end of life experience for Yup’ik.

**Implications for Health Policy**
Yup’ik people’s end-of-life needs are not being met to their satisfaction and their choices are limited by the availability of EOLC services. Findings from this study add to previous works (DeCourtney, Jones, Merriman, Heavener, & Branch, 2010; Baydala, Hampton, Kinunwa, Kinunwa, & Kinunwa, 2006; Hotson, McDonald, & Martin, 2004; McGrath & Phillips, 2008) and may be useful to researchers studying EOLC among other cultural groups, specifically bush-dwelling peoples. McGrath and Phillips (2008) identified similar geographic obstacles among Australian Aboriginals that negatively affected EOLC and recommended relocation for EOLC as an alternative to routine interventions. The provision of care, the decision-making process, and the available resources in bush locations severely complicate the end-of-life process for the patient, the family, and the community. More work is needed to discover innovative ways to address the lack of providers, medication logistics, and geographic obstacles that consistently plague the delivery of culturally congruent EOLC for bush-dwelling peoples.

**Implications for Nursing Education**
These findings add to the evolving body of transcultural knowledge. Nursing curricula may include these research findings in efforts to prepare future nurses to care for diverse cultures at end of life in a more culturally congruent manner. The classroom and clinical settings are the first place for students to explore their ethnocentrism. Nurses must be prepared for the environments in which they will interact with patients, families, and communities. Advocating for the examination of ethical dilemmas, biases, and prejudices was supported in previous works (Crawley, 2005; Hampton et al., 2010; Higginson, 2005). This study further supports study findings that explored the contextual experiences at end of life. The hospital and home environments offer the nurse unique challenges and opportunities to provide meaningful EOLC (Jenkins et al., 2005; McGrath & Phillips, 2008; Porock, Pollock, & Jurgens, 2009; Teno et al., 2004).

**Recommendations for Future Research**
This study’s gatekeepers and informants supported this study and its findings. One key informant commented, “Our elders will benefit from your work.” However, additional research is needed to examine the problems addressed previously, which continue to plague the delivery of culturally congruent EOLC for Yup’ik and other bush-dwelling peoples. Specifically, Alaska Natives could benefit from research about the care practices of traditional healers and ways to integrate traditional healing with Western medical practices.

**Conclusion**
This study uncovered existing end-of-life culture care expressions, meanings, patterns, and practices among Yup’ik in community settings in the Yukon-Kuskokwim Delta of Alaska. The knowledge discovered is but the tip of a very large iceberg. The assumptive premises of the theory held that, because Yup’ik’s end-of-life culture care meanings would be embedded in their worldview and social structure dimen-
sions, they must be uncovered in the naturalistic community setting. Culture care patterns and themes, extrapolated from the raw data, guided culturally congruent action and decision modes recommendations for nursing care. This study further supported the CCT and contributed to the body of transcultural nursing and EOLC knowledge. The study findings are useful to healthcare providers who care for Yup’ik and other bush-dwelling peoples at end of life.

References


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