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Voices of Native Hawaiian *Kupuna* (Elders) Living With Chronic Illness: “Knowing Who I Am”

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Abstract

Health disparities among Native Hawaiian *kupuna* (elders) continues to be a major health issue. The purpose of this study was to explore the meanings, experiences and perceptions of care of Native Hawaiian *kupuna* in Hawaii who live with chronic illness. A qualitative design was used with in-depth interviews conducted with 15 Native Hawaiian *kupuna* and five Native Hawaiian health care providers. Study themes that emerged were the importance of knowing and respecting the Hawaiian culture, the difficulties of living in two worlds, knowing how to speak from the heart, and the need to learn from each other. Findings revealed that integrating knowledge and understanding of Hawaiian cultural values and perspectives are essential in designing culturally competent approaches that promote the health and well-being of Native Hawaiian *kupuna* with chronic illnesses.

Keywords

Native Hawaiian elders, chronic illness, transcultural nursing, cultural competency, qualitative research

E malama I na mea waiwai o na kupuna
(Cherish the wisdom of our ancestors)

—Traditional Hawaiian proverb (*Pukui*)

Providing culturally competent care to an increasingly older population who live with chronic illness is a critical issue in the United States today. Not only will the number of older adults or elders continue to dramatically increase over the next decades, four fifths of them will experience one or more chronic illnesses (U.S. Census Bureau, 2000). At the same time, ethnic minority persons constitute the fastest growing segment of the older population. By 2030, there is a projected increase of 217% for ethnic minority older adults, compared with 81% for White older adults (Department of Health and Human Services Administration on Health, 2006). These significant changes in demographics are compounded by the fact that elder persons of ethnic minorities suffer disproportionately greater morbidity and mortality related to chronic illnesses than their White counterparts (Agency for Healthcare Research & Quality, 2005).

In Hawaii, not only are older adults growing faster than the older population nationally (State of Hawaii, 2006), health indicators continue to reflect an older Native Hawaiian population with more negative health outcomes than any other ethnic group in the state (Alu Like, 2005; State of Hawaii, 2003). Of major concern is also the realization that Native Hawaiian elders (*kupuna*) have significantly higher rates of mortality, disability, and chronic illness than other

older adults in Hawaii. Although culturally competent care is generally believed to be an important factor leading to improved health outcomes (Fortier & Bishop, 2004; National Institutes of Health, 2002), research remains limited on the personal health care experiences and perspectives of Native Hawaiian *kupuna* that are necessary in order to design improved models of care. This limitation raises considerable concern about the ability of the health care delivery system to meet the unique needs of this population (Choy, Mokuau, Braun, & Browne, 2008; Davis & Magilvy, 2000).

Review of Related Literature

Native Hawaiians are defined as the indigenous people of Hawaii or all persons of Hawaiian ancestry regardless of blood quantum (State of Hawaii, 2005). According to the U.S. Census Bureau (2006), there are 449,055 Native Hawaiians in the United States, with 262,112 or 60% in the state of Hawaii alone. From what was once known to be a people of more than 300,000 Native Hawaiians when foreign visitors came to Hawaii in the late 18th century, less than 5,000 full-blooded Native Hawaiians in the nation currently remain (State of Hawaii, 2002).

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As a group, Hawaii's older population is growing significantly faster than their counterparts in the rest of the United States (State of Hawaii, 2006). Between 1990 and 2000, adults aged 65 years and older in the state increased 19%, compared with a 9% increase in the nation's older population. Projections indicate that by 2020, one in four individuals or 26% of Hawaii's population will be aged 65 years or older (U.S. Census Bureau, 2000), with approximately 30% of those being Native Hawaiian (Alu Like, 2005).

Native Hawaiians experience significant disparities in health outcomes when compared with all major ethnic groups in Hawaii, including the lowest life expectancy and the poorest health indicators (Blaisdell, 1993; State of Hawaii, 2003). In addition, chronic conditions are more prevalent in the older Native Hawaiian population than in the general older adult population (State of Hawaii, 2003, 2006). Despite the passage of the Native Hawaiian Health Care Improvement Act of 1988, which prompted new programs and services that are more culturally responsive, Native Hawaiians continue to experience high rates of chronic illness and disability that place the Native Hawaiian *kupuna* at increased risk for functional impairment, medical complications, and loss of independence. For example, Native Hawaiian males have the highest incidence rates for lung and bronchus cancer, whereas Native Hawaiian females have the highest incidence rates for breast cancer when compared with other major ethnic groups in Hawaii (American Cancer Society, 2004). Furthermore, Native Hawaiians have a higher prevalence rate of diabetes, asthma, and respiratory conditions when compared with other ethnic populations in the state (Broad & Allison, 2002; State of Hawaii, 2003). Higher rates of mortality and disability related to coronary heart disease and certain cancers are seen among Native Hawaiians when compared with other groups in Hawaii (State of Hawaii, 2005). Risk factors that lead to illness, disability, and premature death, including sedentary lifestyles, obesity, hypertension, smoking, and drinking, are also of higher proportions in the Native Hawaiian population (State of Hawaii, 2005).

In 1991, the Office of Hawaiian Health declared a serious health crisis for Native Hawaiians living in the state. Their work revealed the extremely poor health status of Native Hawaiians, including not only their vulnerability to major chronic diseases but also their underrepresentation in preventive care, health promotion/education, and screening activities (Nguyen & Salvail, 2003; State of Hawaii, 2003, 2005). Although efforts have been made to develop programs and services that are designed to be more culturally responsive, high rates of chronic illness and the overall poor health of the Native Hawaiian people living in Hawaii persist.

Significant health barriers have been identified as contributing to the high incidence of chronic conditions and poor health outcomes of Native Hawaiians. As a group, Native Hawaiians are socioeconomically disadvantaged and underserved (Blaisdell, 1993; Mokuau, Browne, & Braun, 1998). Other major health barriers resulting in low utilization of health services

have been identified as conflicts in cultural values, lack of cultural sensitivity of health care providers, distrust of Western medical practices, limited access to health care, lack of prevention and education programs to effectively disseminate information and treatment, poor diet, lack of exercise, and inadequate understanding of Western health care delivery (Braun, Mokuau, Hunt, Kaanoi, & Gotay, 2002; Broad & Allison, 2002).

A history of political and social domination by foreign cultures that profoundly affected Hawaiian culture has also contributed to the continued poor health of Native Hawaiians seen in modern times. The arrival of Captain Cook in 1778 was followed by the introduction of infectious diseases that caused a massive decrease in the Hawaiian population, originally an independent kingdom of self-sufficient and self-governed people. Dynamic losses including dispossession of their lands, seizure of the Hawaiian monarchy in 1893, and decades of racism, exploitation, and oppression mark a history of turbulent change. Like other indigenous people, Native Hawaiians became a minority in their own lands. An explanation in the literature is that cultural changes and modernization led to stresses that have overshadowed a once proud and prosperous culture (Choy et al., 2008; Cook, Withy, & Tarallo-Jensen, 2003).

Research is needed to address health care barriers, chronic disease management needs, and health care utilization and interactions that affect the health status of Native Hawaiian *kupuna* living in Hawaii. Native Hawaiian traditions and cultural caring practices within the context of living with chronic illness, especially from the perspective of Native Hawaiian elders, needs to be explored to develop systems of care that are more culturally competent.

Purpose

The purpose of this study was to describe the meanings, experiences, and perceptions of care of Native Hawaiian *kupuna* living with chronic illness who reside in Hawaii. The goal of the study was to provide greater understanding and insight about the caring needs of Native Hawaiian *kupuna* in order to help guide nurses in education and practice in providing culturally competent care to this vulnerable population.

Theoretical Perspective

Leininger's theory of Culture Care Diversity and Universality provided the theoretical framework for this study (Leininger & McFarland, 2006). The theory was selected to guide the design and analysis of the study because it provides a comprehensive and holistic means to discover and understand cultural values, meanings, patterns, and expressions of care of different cultures. This theory helps guide interview questions and study analysis by providing focus on the way in which the contextual features of ethnohistory, environment, language, social and political factors, and generic (folk) and professional health systems of care influence health and

Table 1. Demographics of Study Key Informants (*N* = 15)

| Informant | Gender | Age | Ethnicity ^a | Education | Marital Status | Occupation | Chronic Illnesses | Interview Site |
|-----------|--------|-----|------------------------|---------------|----------------|----------------------------|--------------------------|------------------|
| K01 | Male | 85 | 50% | No formal | Married | Farmer ^b | Heart disease | Community clinic |
| K02 | Female | 68 | 25% | High school | Widowed | Homemaker | Heart disease, arthritis | Senior center |
| K03 | Female | 71 | 50% | High school | Widowed | Homemaker | Diabetes, emphysema | Senior center |
| K04 | Male | 67 | 50% | High school | Married | Construction ^b | Heart disease, diabetes | Home |
| K05 | Female | 66 | 50% | High school | Married | Secretary ^b | Osteoporosis, diabetes | Home |
| K06 | Female | 64 | 50% | Some graduate | Widowed | Chef ^b | Cancer, diabetes | Home |
| K07 | Male | 62 | 50% | High school | Married | Reverend | Heart disease | Church |
| K08 | Female | 78 | 100% | High school | Widowed | Bookkeeper ^b | Diabetes, asthma | Home |
| K09 | Female | 60 | 100% | High school | Married | Service | Arthritis | Home |
| K10 | Female | 87 | 50% | High school | Widowed | Librarian ^b | Diabetes | Senior center |
| K11 | Male | 70 | 50% | High school | Widowed | Construction ^b | Hansen's disease | Home |
| K12 | Male | 93 | 50% | High school | Widowed | Reverend | Heart disease, arthritis | Church |
| K13 | Female | 71 | 50% | High school | Married | Homemaker | Diabetes | Senior center |
| K14 | Female | 81 | 50% | High school | Widowed | Homemaker | Cancer | Home |
| K15 | Male | 79 | 50% | Some graduate | Married | Civil servant ^b | Cancer, diabetes | Home |

a. Percentage Hawaiian blood.

b. Retired.

culture care. A major component of Leininger's theory is a model called the Sunrise Enabler, developed to depict the interrelated dimensions of worldview, culture, and social structure, which include technological, religious, philosophical, economic, educational, kinship, social, and political factors. These factors influence care behaviors and patterns and underlie how care is experienced and expressed. In using this model, the nurse acts as a liaison and advocate in bridging generic cultural practices and professional care systems to guide nursing actions to benefits the client's health. According to Leininger, culturally congruent care is the goal of nursing (Leininger & McFarland, 2006).

Method

A qualitative research design using Leininger's ethnonursing method was employed. The ethnonursing method is a naturalistic and largely open discovery method in which the researcher uses a process through which participants can reflect on their experiences and share their meanings about nursing phenomena (Leininger & McFarland, 2006). The ethnonursing method made it possible to uncover/explicate cultural values and caring perspectives of the study participants. Use of the method included using the Sunrise Enabler model, key and general informant interviews, participant observation, and field notes. Photography complemented the naturalistic aspects of the field study.

Study Informants

A total of 20 informants participated in this study. Fifteen key informants and five general informants were approached and agreed to be interviewed. Older adult or elder was defined as more than 60 years of age, a definition commonly used by

gerontologists. Key informants were purposefully selected according to specific selection criteria: (a) self-identified as Native Hawaiian (full or part Hawaiian), (b) 60 years of age or older, (c) living in Hawaii, (d) noninstitutionalized, (e) managing one or more chronic illness, and (g) willing to participate in the study. Of the 15 key informants, seven were male and eight were female. Ages ranged from 60 to 93 years, with an average age of 74.6 years. All informants self-identified as being Native Hawaiian (full or part Hawaiian), and all were born and spent most of their lives in Hawaii. The majority of the key informants was married and had earned a high school diploma. All key informants were living with at least two chronic conditions with varying acuity levels, including heart disease (hypertension, heart attack, and/or stroke), diabetes, arthritis, asthma, osteoporosis, and cancer. Among the most frequently occurring conditions were diabetes and heart disease. Table 1 summarizes the demographic data of key informants in this study.

Five general informants were interviewed. The selection criteria were the following: (a) self-identified as Native Hawaiian (full or part Hawaiian), (b) living in Hawaii, (c) experience in the health care field caring for the Native Hawaiian population, and (d) willing to share their ideas and perspectives. All general informants self-identified as Native Hawaiian with ages ranging from 40 to 60 years. One had a high school diploma, one an associate's degree, and three had graduate degrees. Health occupations included two nursing faculty, a health care manager, a clinic outreach worker, and a Native Hawaiian healer.

Setting and Data Collection

University institutional review board approval was obtained, and written informed consent was obtained from each

informant. Data collection occurred throughout one of the eight major islands in Hawaii over a period of 8 months. Access to key informants was obtained through introductions from Native Hawaiian health providers. Secondary informants were individuals known to the researcher through professional contacts. During the field work, observation–participation–reflection was used to systematically collect data. All informants were given their choice for the interview site based on where they would be most comfortable and/or their convenience. Thus, all data were collected by the researcher in different contextual settings including homes, churches, community centers, and schools. As some settings had other people and activities in the same general area, confidentiality and privacy was maintained as much as possible by selection of a private room or space inside or outside the facility or home. The researcher began by observing the environmental context when key informants choose to be interviewed. In these settings, the researcher observed many aspects portraying aspects of the Hawaiian culture such as flowers and plants, photographs, Hawaiian paintings, Hawaiian food, and Hawaiian musical instruments and quilts. The researcher also observed key informants in daily life activities, such as caring for grandchildren, cooking, and interacting with family members. In addition, the researcher had the opportunity to attend a Hawaiian church that one *kupuna* attended, a Native Hawaiian healer where a *kupuna* had a Hawaiian massage (*lomi lomi*), a senior center where the researcher engaged in activities with two *kupuna*, and a community clinic where the researcher observed a *kupuna's* visit with a nurse practitioner. Field notes were used to record observations and experiences and to document researcher feelings, reflections, and perceptions. These field notes were later typed for the purpose of analysis. Throughout the data collection process, the researcher paid attention to using an unobtrusive approach and putting any preconceptions and personal values in abeyance.

Interviews were nonstructured, open-ended, lasted 30 to 60 minutes each, and conducted in the English language. Interviews were audio-taped with the signed permission of informants and transcribed verbatim by a transcriber. Anonymity was assured by using code names. Five key informants and all general informants gave permission to tape record the interviews. Additional data were recorded by hand. All key informants were interviewed at least once. Seven key informants were interviewed a second time either at the initial interview site for 15 to 30 minutes, or if more convenient for the informant, by telephone to clarify meanings and validate findings.

Interview questions for key informants addressed their personal views of their health care experiences and the meaning of care. The researcher asked questions such as the following: (a) Tell me what it's like being a Native Hawaiian *kupuna* who is trying to manage living with chronic illness? (b) What are the biggest issues or concerns for you in receiving health care? (c) What does care mean to you? (d) How would you describe a caring nurse and a noncaring nurse? Interview questions for

general informants included questions such as the following: (a) What are your experiences of observing and/or providing care for the Hawaiian *kupuna*? (b) What is a caring nurse? (c) What recommendations do you have to improve the care of the Hawaiian *kupuna* with chronic illness?

Photography was used to enhance descriptions and understanding of Hawaiian cultural values and lifeways. Pictures were taken of people, events, places, or objects to shed light on the environmental contexts in which key informants lived and to facilitate and stimulate discussions with key informants in order to provide additional insight about the culture and the phenomenon of study. As a gesture of gratitude for their participation, the researcher offered key informants copies of the photographs and personal photos that were taken.

Data Analysis

Data were analyzed by the researcher after each interview, augmented with data from field observations, field notes, and photography. Leininger's Phases of Qualitative Data Analysis were used to analyze the data in a systematic way (Leininger & McFarland, 2006). Phase 1 included observations and identification of environmental contextual meanings. Phase 2 focused on the study of recurrent descriptors and coding. In Phase 3, the researcher identified patterns and meanings in context, paying close attention to saturation of data and consistency of care patterns. The final phase of analysis (Phase 4) included synthesizing themes and making recommendations. Throughout the analysis, attention was given to criteria for maintaining credibility, confirmability, meaning in context, recurrent patterning, saturation, and transferability (Leininger & McFarland, 2006). To ensure reliability and validity of study findings, the researcher created an audit trail, spent many hours listening to interview tapes, reread and compared data, reflected on findings, analyzed recurrent patterns to discover saturation ideas, and repeatedly confirmed accuracy of data with informants.

Findings

Four major themes emerged from the data analysis. A description of each theme is provided, supported by patterns and descriptors from interview data.

Theme 1: Knowing and Respecting the Hawaiian Culture

The care pattern of understanding health within the context of Hawaiian culture was frequently stressed by both key and general informants. Stories and expressions of health and caring by the majority of informants revealed particular emphasis on the Hawaiian values of *pono*, *mana*, *'ohana*, and *ha'aha'a*.

Pono was explained by one *kupuna* as a being in balance with mind, body, and spirit and essential to living a healthy

life. He reflected that “living in *pono* creates health and peace” (Key Informant 7). Other informant descriptors of *pono* included “living in righteousness,” “proper,” “making things right,” and “doing the right thing.” Native Hawaiians believe that it is important to live in harmony or have a *pono* relationship with others, the environment, spiritual ancestors, and gods (Pukui, Haertig, & Lee, 1972).

Mana is a Hawaiian value that was defined by several informants as “divine force,” “personal power,” and “spirit.” *Mana* has also been discussed around the concept of power—not the imposing of will on others but a quality of leadership and strength (Pukui et al., 1972) and spirituality or energy that is in all things, animate and inanimate (Rezentes, 1996). Several general informants described its importance in relation to *pono* and health. One Hawaiian nurse explained that loss of health is a loss of a spiritual base (*mana*) resulting in a loss of harmony or balance (*pono*). Therefore, being healthy requires *mana* to live a life of *pono*.

‘*Ohana*, or family, was considered by all informants as the focus of Hawaiian life and essential to Hawaiian health and well-being. Several informants explained that the ‘*ohana* was fundamentally one of the relationships that encompassed extended families as well as ancestors and spiritual family members or ancestor gods. Several general informants talked about the valued roles of *kupuna* as teachers of the culture and guiders in family matters. *Kupuna* all felt a great responsibility toward their ‘*ohana*. Remarks such as “You must care for all your family” and “The family comes first” revealed this deep sense of commitment. *Kupuna* relied on their ‘*ohana* for support and care when they were ill or needed help. All *kupuna* wanted to be cared for at home by family and friends. Significant value was placed on this care giving. According to one *kupuna*,

You can’t predict anything. I feel good one day and then am very sick the next. Sometimes I want to give up. But then I think about my ‘*ohana* and know that they will help take care of me and then I can keep on going. (Key Informant 8)

The importance of humility or *Ha’aha’a* was described by several informants as behavior that was not arrogant, boastful, or dominating. Several *kupuna* felt that humility was a trait that was lacking in the Western world and led to self-centeredness and attitudes that were isolating from the Hawaiian way of thinking. One *kupuna* remarked,

Hawaiians don’t think the same way. We don’t like conflict and competition. Getting along is important to us . . . when people speak to us in a strong and nonrespectful way, we feel embarrassed or afraid . . . we are a shy and humble people. (Key Informant 5)

The second care pattern, health is how one lives life, gave substance to viewing health as holistic with interconnected

relationships that was pervasive in the lives of *kupuna*. One key informant commented, “Health reflects a balanced relationship between man, physical environment, and gods” (Key Informant 14). Several general informants stressed the understanding that health and illness cannot be viewed separately in traditional Hawaiian thought. Rather, health is a circular type of thinking where everything is interconnected with a spiritual unity between the individual and the environment. This general sense of connectedness was summarized by one *kupuna* who said, “Who we are in this world is connected to the land, our ancestors, family, and a higher power” (Key Informant 6).

Theme 2: Living in Two Worlds

Care as understanding how difficult it is to live in two worlds underscored feelings of cultural conflict that was felt by many key informants. Comments such as “The medical system has their own sense of healing than the Hawaiian way,” “There is too much information,” and “The homework they give is too hard” reflected the first care pattern of feeling overwhelmed when trying to relate with the formal health care system. Although a number of *kupuna* were generally satisfied with the care they received from nurses, most talked about the limitations of professional health care and usually made boundaries for its use. *Kupuna* typically turned to their ‘*ohana* first for health care advice. A number of *kupuna* were also actively engaged in seeking Hawaiian healing practices, such as *Ho’oponopono* (Hawaiian family healing practice), *la’au lapa’au* (herbal medicine), and *lomilomi* (Hawaiian massage). Resisting Western health care as much as possible was a common feeling. There was an overall feeling that the professional health system was often confusing, too complex, and consisted of expectations they could not understand or meet. “I don’t go to the doctors unless I really have to” was a typical response. Frustrated by his care, one *kupuna* remarked,

They keep telling us the same thing . . . that we have to follow a diet and change everything. We won’t listen if you say “quit.” Instead, you should say to eat a little less . . . or maybe a little more of this in its place. (Key Informant 7)

A second care pattern was learning how to survive. A pattern of struggling to live within a dominant Western culture was revealed throughout a number of informants’ stories. It was generally felt that there was too much emphasis on money in today’s world. One Hawaiian *kupuna* declared, “The world circulates around money rather than what comes from the heart. We are in a push-button world” (Key Informant 11). Another *kupuna* stated,

Our food sources have been corrupted by sewer treatment plants. Our sources of water for planting have been taken away. It’s harder to grow taro because we cannot get the water . . . it’s difficult to get Hawaiian

herbs because the land has been sold. It's just easier to give up and go to McDonald's. (Key Informant 1)

Living life at the margins reflected a third care pattern of trying to navigate between two worlds. Comments such as "They tell us what to do" and "They don't listen to us" illuminated feelings of vulnerability and struggle as *kupuna* tried to manage chronic illness and bridge Hawaiian and Western worlds. One *kupuna* remarked, "I try to figure things out and be strong so I can live in the white world but it's hard to think like them" (Key Informant 7). Another commented, "They don't ask me because they think I'm not too smart" (Key Informant 1).

Theme 3: Speaking From the Heart

A sense of "speaking from the heart" was a care pattern that was revealed as critical to building a trusting relationship with the *kupuna*. The ability of a health provider to convey "speaking from the heart" had a tremendous impact on how *kupuna* perceived caring. Having a humble approach, showing respect, establishing a personal connection, being personal and friendly, smiling, and demonstrating concern and a sincere desire to know the *kupuna* and his/her 'ohana was considered caring. Positive and friendly facial expressions, gestures, body movements, and taking the time to sit down and listen "with a humble and open heart" was considered essential. "The mind has to work with the heart. If your mind is not right, then your heart is not right" stated one *kupuna* (Key Informant 9). Another *kupuna* commented, "When you speak—speak from the heart. The heart feeds the body; it feeds the soul. It is healing" (Key Informant 12). One *kupuna* explained it this way:

I look the nurses in the eyes when they come in and I can tell in one minute if they are interested in caring for me . . . of if they there for the paycheck . . . and then I know if it comes from the heart and if I want to talk to them. (Key Informant 1)

A second care pattern revealed the importance of "talking story," described by one general informant as a personal style of communicating through storytelling and informal sharing. One general informant talked about the importance of "talk story" as a way to hear how the *kupuna* and 'ohana are feeling and be part of them—not of them but part of them—so that they will understand and better accept care. Informants felt that "talking story" helped create an atmosphere of mutual respect and common ground as people got to know one another. As one *kupuna* emphasized, "Talk story helps to open the door" (Key Informant 5).

Theme 4: Learning From Each Other

Care as learning from each other reflected the importance of moving forward in a world where cultures live side by side

with cultural differences and conflict. The care pattern of respecting what each has to offer by linking traditional care with professional care was central to this theme. There was a strong perception among both key and general informants that Hawaiian cultural values and thoughts were not typically valued by the professional health care system as much as Western methods of healing. One *kupuna's* comment "They want you to be Western all the way" (Key Informant 7) reflected the sense of feeling unimportant and vulnerable. At the same time, a number of *kupuna* expressed hope for better relationships with the professional health system in the future—one in which there was equal respect. One *kupuna* summarized these feelings by saying,

Hawaiian culture taught me to be humble and to forgive and how to listen and hear what people have to say. White man's culture taught me education and how to get ahead. But I believe there is a time and place for everything. We need to live together and trust each other. People are not going to heal or be healthy if you don't care about each other. The bottom line is dignity and compassion. That crosses all cultures. (Key Informant 6)

Discussion

Findings from this study indicate that Native Hawaiian *kupuna's* perceptions of care while living with chronic illness is embedded with cultural meanings of life itself. Living with chronic illness was described as a relational journey within the context of Hawaiian cultural values and beliefs. For Native Hawaiian *kupuna*, this relationship was primarily a spiritual one that reflected interconnected relationships with self, others, the environment, spirits, and gods. A rich abundance of Hawaiian cultural values permeated study findings. In this study, informants placed particular emphasis on the Hawaiian values of *pono* (harmony, doing right), *mana* (strength, energy, spirituality), 'ohana (extended family) and *ha'aha'a* (humility and respect).

From the perspective of Native Hawaiian *kupuna*, being cared for meant more than just receiving prescriptions or having treatments. They wanted to be considered in their wholeness, by competent professionals who genuinely cared about them and their 'ohana. When *kupuna* spoke positively about their experience with the formal health care system, it was because they felt that had been treated as people who were valued rather than cases. They were clearly aware of encounters where health care professionals were truly listening to them. Especially important were times when providers took the necessary time to make a personal connection, "talk story," listen, respond in a caring way, and provide an environment that was warm, friendly, and respectful of their opinions and choices. For Native Hawaiian *kupuna*, a relationship that was personal, kind, and compassionate was the key in building trust.

Table 2. Implications for Care of Native Hawaiian Elders (*Kupuna*) Living With Chronic Illness

| Culture Care Modalities ^a | Relevance to Hawaiian Elder Care | Suggestions for Practice |
|---|--|--|
| Preservation or maintenance | <i>Kupuna</i> want nurses to respect their cultural heritage, genealogy, and values. | Become knowledgeable about Hawaiian history, cultural values, and healing practices. Express a sincere interest in the <i>kupuna's</i> genealogy. Honor their past. Understand the Hawaiian worldview and its basis in spiritual explanations of life, health, and healing. Maintain a holistic perspective and approach. Don't treat physical complaints as separate entities. Promote feelings of pride in the Hawaiian culture. Recognize Hawaiian values and beliefs as strengths and build on these strengths. |
| | <i>Kupuna</i> want nurses to be interested in their <i>'ohana</i> . | Preserve the <i>'ohana</i> and extended family networks. Ask about their health and well-being. Include the <i>'ohana</i> in decision making and care. |
| Culture care accommodation or negotiation | <i>Kupuna</i> want care that includes Hawaiian foods and healing practices. | Integrate professional and traditional methods of healing. Discuss the value of each. Negotiate the use of Hawaiian foods and herbal remedies. Include traditional Hawaiian healers into care. |
| | <i>Kupuna</i> want to know their voices are heard. | Find out what is the most important thing to the <i>kupuna</i> and ask how you can help. Ask the <i>kupuna</i> what he/she would like to do. Take extra time to sit down and listen. |
| | <i>Kupuna</i> want care that is friendly, personal, and caring. | Walk in with humility and a gentler manner. Smile. Be warm and welcoming. Don't be overly direct or assertive. Maintain an atmosphere of dignity and respect. Learn some Hawaiian words and phrases. Be able to "talk story." Find a common ground. Establish a personal connection. Don't dictate what should be done. |
| | <i>Kupuna</i> want information that is not rushed and is easy to understand. | Keep the work simple. Break into small steps. Use storytelling and pictures. Take time to walk through information slowly. Refrain from medical jargon and terminology. |
| Repatterning or restructuring | <i>Kupuna</i> want care in environments that feel comfortable and safe. | Provide care outside clinical environments such as in the home, community center, or outside. Restructure scheduling hours to be more flexible. |
| | <i>Kupuna</i> want a health care system that reflects their cultural values and choices. | Establish community networks to develop programs that are built on Hawaiian cultural values and strengths. Develop programs and services that support the care giving needs of the <i>'ohana</i> . Assist other nurses in learning about the Hawaiian culture and culturally sensitive care. Integrate Hawaiian culture care into schools of nursing. Advocate for affordable and accessible programs that support chronic disease management. |

a. From Leininger and McFarland (2006).

Previous research confirms the importance of relationships and Hawaiian cultural values in promoting health as revealed by this study (Browne, Mokuau, Braun, & Choy, 2008; Mokuau et al., 1998; Oneha, 2000). Study results support barriers to health care as identified in previous studies (Braun et al., 2002; Broad & Allison, 2002, Oneha, 2000). Findings also substantiate Leininger's Culture Care Theory and the importance of being an advocate and liaison in bridging

traditional cultural practices and professional care systems into effective culture care.

Findings from this study must be drawn with consideration to the small sample size. Interviews were conducted on one island in Hawaii and may not be geographically representative of all Hawaiian *kupuna* that reside on the eight major islands within the state. Several general informants cautioned that there may be different responses related to

degrees of integration with American “mainstream” culture. In addition, there may be differences between Native Hawaiians that live in mountain, rural, or suburban communities. However, study informants did provide information about what constitutes caring interventions from the perspective of Native Hawaiian *kupuna* and Native Hawaiian health care providers.

Finally, recommendations are offered for transcultural nursing research. Future research is needed that represents a larger sample of Native Hawaiian *kupuna* living throughout the state or within specific Native Hawaiian communities. In addition, research is needed about how the experiences of Native Hawaiian *kupuna* affect health care choices, the different roles of Native Hawaiian elders as they age, and specific family responsibilities in elder care.

Implications for Practice

According to Leininger and McFarland (2006), three predictive modes of culture care can be used to guide nursing decisions to achieve care that is culturally congruent: (a) culture care preservation or maintenance refers to assistive, facilitative, and/or supportive actions that help people retain their values in order to maintain health and well-being; (b) culture care accommodation or negotiation are actions that assist, facilitate, or enable professional actions that help people to adapt to or negotiate with others for satisfying health outcomes; and (c) culture care repatterning or restructuring is required when decisions and actions that help people change or modify their lifeways for different health care patterns that are beneficial are mutually desired. These modes are discussed within the context of study findings in Table 2.

Summary

This study contributes to understanding the meaning, expressions, and perceptions of care for Native Hawaiian *kupuna* living with chronic illness in the state of Hawaii. Results revealed the importance of understanding this experience within the context of Hawaiian history and cultural values and health practices. Nurses are uniquely positioned to use study findings in nursing practice and education to design culturally competent nursing interventions that honors the rich heritage of Native Hawaiians. By recognizing cultural beliefs as strengths and integrating Hawaiian cultural values and perspectives into care, the health and well-being of Native Hawaiian *kupuna* living with chronic illnesses can be improved.

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Declaration of Conflicts of Interest

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