

Story Telling and First Nations Narratives:



Facilitating Teaching and Learning Opportunities about Tuberculosis in British Columbia, Canada

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Presentation overview

- Tuberculosis Services for Aboriginal Communities
- First Nations & Tuberculosis
- Stories – Research & Cultural Context
- TB Stories Tapestry Project
- Future directions for stories
- Questions

DEFINITION OF ABORIGINAL PEOPLES

- The Canadian Constitution recognizes three groups of “Aboriginal” People; **Indian, Métis and Inuit**. These are three separate peoples with unique heritages, languages, cultural practices, customs and beliefs
- The term “First Nations” (FN) refers to “Registered Status Indian” Peoples of Canada

Source: Indian and Northern Affairs Canada
<http://www.ainc-inac.gc.ca/ap/tln-eng.asp>



TB Services for Aboriginal Communities (TBSAC)

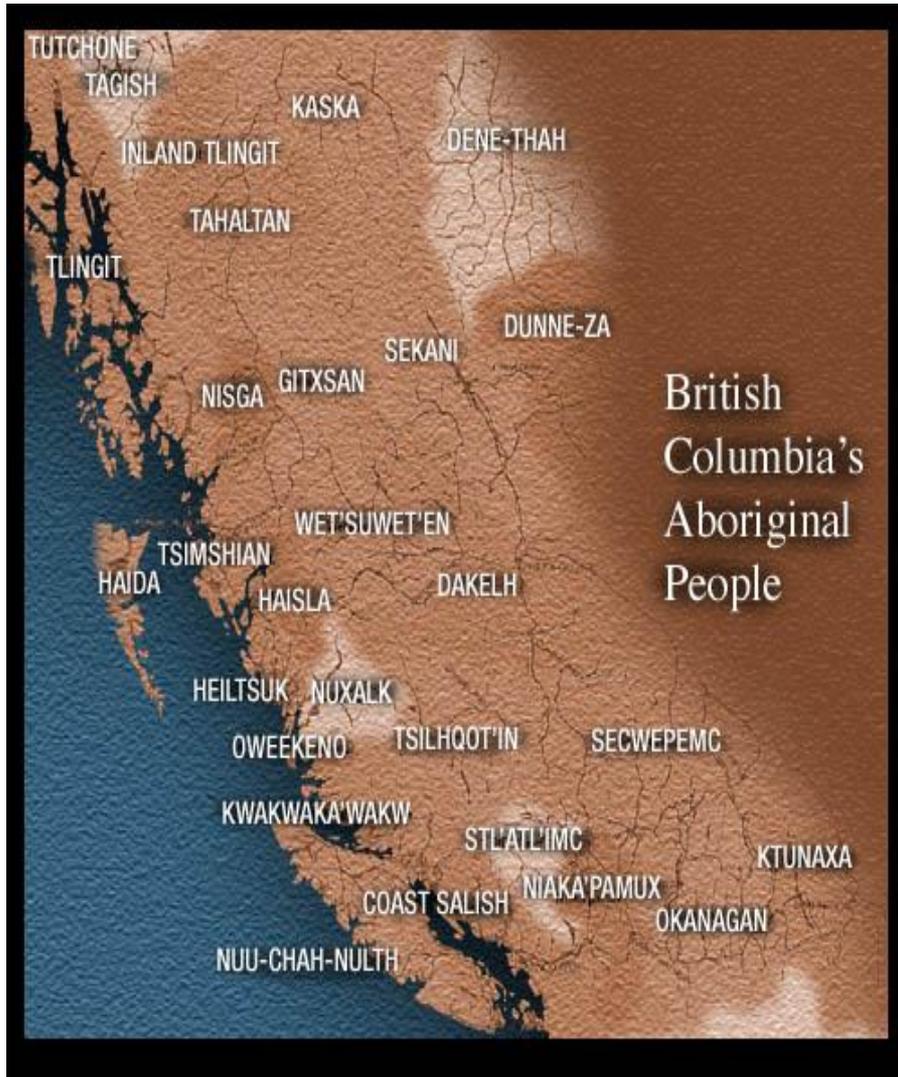
- Through a contractual relationship with First Nations Health Authority (FNHA), TBSAC provides all TB related care, case-management , surveillance and training/education with First Nations on-reserve communities in British Columbia



203 FIRST NATIONS COMMUNITIES



Aboriginal People of BC



- The province of British Columbia population is approx. 3,878,000 (2006)
- Total Aboriginal Population for BC in 2006 was nearly 200,000 (Stats Canada Census 2006).
- Home to more than 30 First Nations languages, the largest concentration of traditional languages in Canada. (First Peoples Language Map, 2013)

TB Case Rates for FN of British Columbia 2003-2011

Figure 10. Active TB disease rates for First Nations peoples on and off reserve in BC, 2003 to 2011.



* Unknown Residence - has no on reserve status listed

Rates based on First Nations population estimates from Aboriginal Affairs and Northern Development Canada (AANDC)

TB History and Aboriginal Peoples

- TB historically decimated a large proportion of Indigenous peoples in BC and across Canada, with this tragedy came distinct perceptions, attitudes and beliefs about TB
- Sanatorium era
- Segregated health care system
- Residential Schools



TB 101: A Workshop for Nurses

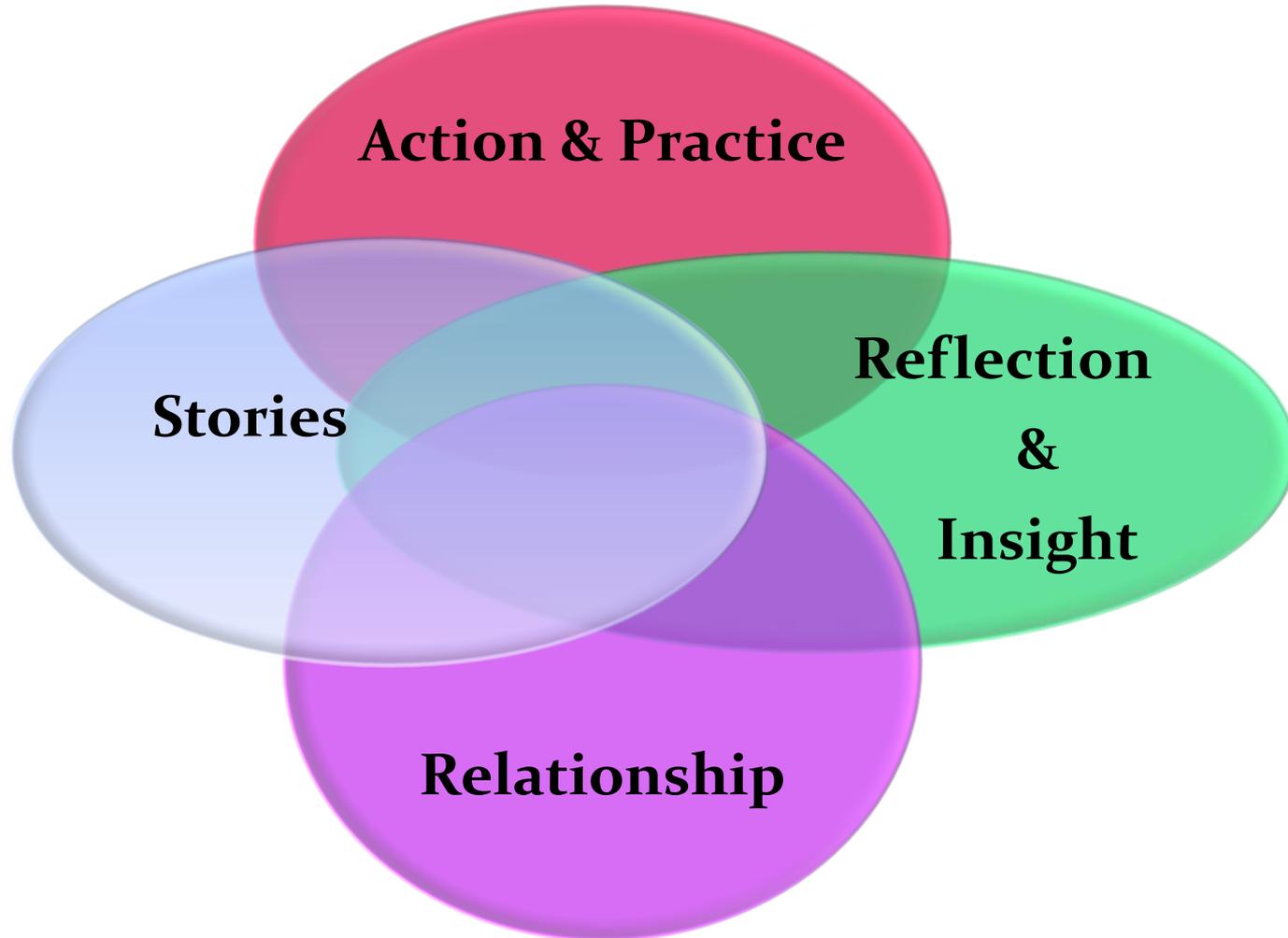
- Aboriginal Peoples of British Columbia
- Historical TB events
- Treatment & Management of TB
- Community Screening Recommendations
- DOT/TB Programming
- Contact Investigation
- Clinical skills component
- Reporting/Documentation
- Resources



*Story telling is for another as much
as it is for one self...*



Stories Connect Us



How One First Nations Community Shared Stories...



Story Telling: Traditional Context

STORY	PURPOSE
Creation Stories	Establish origin, life cycles, values, survival, purpose
Healing Stories	Give voice, acknowledge past and present, can mend the spirit, strengthen and empower, connect, recover
Humour Stories	Entertain, captivate, coping mechanisms
Education Stories	Teach etiquette (how to be), lessons, morals,
History Stories	Illustrate physical past, preservation of significant events

Telling our stories



Coqualeetza has stories...

**Was first an
Industrial Indian
Residential School in
operation in 1890.**

**It then closed its
doors and became
the TB Sanatorium
hospital operating
from 1941 – 1969.**



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Story Tapestry Beginnings...

- We have always heard at least one story on our community visits when TB screening and sometimes we would share these in TB 101 classroom setting.
- We noticed on evaluation of our TB 101 education sessions that Nurses enjoyed listening to the casual “stories” we would interject throughout the history section. They learned more and engaged more!
- We began to look at our current teaching deliverables and feedback & opportunities with Community Health Nurses (new to working with First Nations Peoples).
- Idea - how could we formalize our teaching plans using stories more effectively and share these stories in a meaningful way?

Creating the Story Tapestry

- Dialogue about TB in communities – Call out
- Dialogue about messages and what story-tellers wanted to share, what matters!
- Acquiring consent and respect for educational use of stories (confidentiality)
- Creating safe spaces and **relationships**
- Incentives (story-teller) – gift card
- Stories collected as narratives, digitally recorded, photographs (40+)

Living Stories...



Giving a voice to an experience that medicine cannot describe...

Various laminated stories are left on each table for the student nurses to use for critical reflection. Findings, relevant practice issues and challenges and solutions are then discussed in the larger group.



TB Stories Shared...Aboriginal Perspectives

"I had to take the medication for a long time. I was a kid then, and I remember they used to give me the pills at the school...it was really hard because the other kids wanted to know why I had to leave the classroom and had to take pills, and what was this disease?...I didn't know anything about TB at that time...and I felt ashamed about it...called a dirty little Indian because I had a disease...kids were mean...it was really hard. I'm okay now, of course we know more about TB today, so awareness and education is important! But that was a hard experience at the time for me".

*Reflections:

1. What are some consequences of this experience with TB for this individual?
2. Today, how could health care providers improve this situation?

**These stories tell us
how people change
and reconstruct
their life map...**



TB Stories Shared...Aboriginal Perspectives

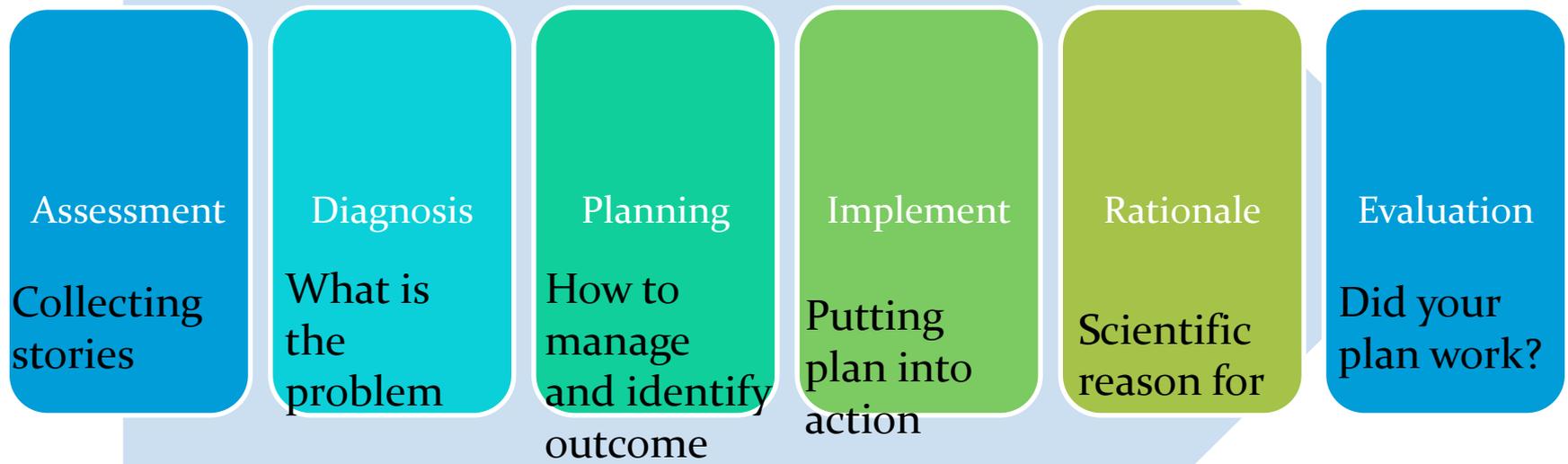
“I know how TB is; I was in the Coqualeetza when I was younger. To this day I cringe when I am around people who are coughing...it scares me. That is why I became like a recluse, I didn’t want to go out into public places...I am a bit better about it today, but I spent many years at home...”

***Reflection:**

- 1. How has this TB experience affected this individual? What are some of the consequences for this individual?**

- 2. How can we improve understanding and decrease stigma of TB in communities?**

The Nursing Process through TB Stories



Messages from the Nursing Field



- “looking back now, the care I provided at some points were more task oriented than patient centered...I provided for physical care, but did not sufficiently address patient’s complex needs in a holistic or proactive way”
- “some providers exercise control by remaining task oriented, placing the disease first and the patient second, being task oriented is one way that health care professionals manage the tension of providing care”

Wittenberg-Lyles, E., et. al. The Palliative Power of Story-Telling: Using Published Narratives as a Teaching Tool in End of Life Care. *Journal of Hospice and Palliative Nursing*. 2007; 9(4): 198-205

Nurse Outcomes...

- “realizing how much more work around trauma needs to be done/offered in the community”
- “definitely increased awareness on the whole picture of how it can affect one’s life...including generations!”
- “I will put more thought into how I present treatment and diagnostic options”
- “being present in the moment can make a huge difference for my patients”
- “not to look at things cut and dry”
- “I feel I am better equipped to relate with client experiences now”
- “True stories demand to be considered, thought about and remembered”

Story Telling Transformations



Future Stories...Next Steps

- It is anticipated that further use of these stories and the experiences of nurses and patients will happen in a formal research capacity.
- Through research, more recognition of Indigenous methods of knowledge transfer in storytelling is deserved and needed.
- Focus on next steps to bring story tapestry project along with nurses feedback/evaluation of learning with stories back to community for review.
- For now, we treasure our stories and help our fellow colleagues learn and grow, as well as honour our story-tellers!

QUESTIONS



“There is reciprocity in story-telling. I have learned that people tell their stories to make sense of their suffering, when they turn their disease into stories, they also find healing and transformation...”

(Arthur Frank – The Wounded Story Teller) Body, Illness and Ethics 2013)

References

- Wittenberg-Lyles, E., et. al. The Palliative Power of Story-Telling: Using Published Narratives as a Teaching Tool in End of Life Care. *Journal of Hospice and Palliative Nursing*. 2007; 9(4): 198-205
- Narratives and Stories in Adult Teaching and Learning. Educational Resources Information Centre Digest. Marsha Rossiter, 2002.
- Lewis, W., Labonte, R. & Obrien, M. (2003) Empowering social action through narratives and identity of culture. *Health Promotion International*. Vol.18(1).
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