

Nursing care for indigenous peoples in health services: a scoping protocol

Cuidado de enfermagem aos povos indígenas nos serviços de saúde: protocolo de revisão de escopo

Cuidados de enfermería para los pueblos indígenas en los servicios de salud: un protocolo de alcance

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RESUMO

Objetivo: mapear o cuidado de enfermagem prestado pelo enfermeiro aos povos indígenas nos serviços de saúde. **Método:** Trata-se de um protocolo de revisão de escopo, estruturado pelas recomendações do Instituto Joanna Briggs, utilizando as bases de dados CINAHL, Web of Science, Scopus, Pubmed, LILACS, BDENF, Catálogo de teses e dissertações do Brasil e google acadêmico. Os dados serão coletados entre maio e junho de 2025. A revisão incluirá estudos de abordagem quantitativa, qualitativa e mista. A busca nas bases de dados e seleção dos estudos será realizada por dois revisores de forma independente, seguindo os critérios de inclusão e checados por um terceiro em casos de inconsistência nos resultados parciais, que será resolvida por consenso entre os três revisores. Os dados serão apresentados em forma narrativa, assim como, por meio de quadros e fluxogramas.

Descritores: Povos indígenas; Saúde de populações indígenas; Cuidados de Enfermagem; Serviços de Saúde do indígena.

ABSTRACT

Objective: To map the nursing care provided by nurses to indigenous peoples in health services. **Method:** This is a scoping review protocol, structured by the recommendations of the Joanna Briggs Institute, using the databases CINAHL, Web of Science, Scopus, Pubmed, LILACS, BDENF, Catálogo de teses e dissertações - CAPES do Brasil and google academic. Data will be collected between May and June 2025. The review will include studies with a quantitative, qualitative and mixed approach. The search of the databases and the selection of studies will be carried out by two reviewers independently, following the inclusion criteria and checked by a third in cases of inconsistency in the partial results, which will be resolved by consensus between the three reviewers. The data will be presented in narrative form, as well as in tables and flowcharts.

Descriptors: Indigenous Peoples; Health of Indigenous Peoples; Nursing Care; Health Services, Indigenous.

RESUMEN

Objetivo: Mapear los cuidados de enfermería prestados por enfermeros a los pueblos indígenas en los servicios de salud. **Método:** Se trata de un protocolo de revisión de alcance, estructurado de acuerdo con las recomendaciones del Instituto Joanna Briggs, utilizando las bases de datos CINAHL, Web of Science, Scopus, Pubmed, LILACS, BDENF, Catálogo CAPES de Tesis y Disertaciones en Brasil y Google Scholar. Los datos se recogerán entre mayo y junio de 2025. La revisión incluirá estudios cuantitativos, cualitativos y de métodos mixtos. La búsqueda en las bases de datos y la selección de los estudios serán realizadas por dos revisores de forma independiente, siguiendo los criterios de inclusión y verificados por un tercero en los casos de inconsistencia en los resultados parciales, que serán resueltos por consenso entre los tres revisores. Los datos se presentarán en forma narrativa, así como en tablas y diagramas de flujo.

Descriptores: Pueblos Indígenas; Salud de Poblaciones Indígenas; Atención de Enfermería; Servicios de Salud del Indígena.

Introduction

The terminology used to identify Indigenous peoples varies according to the country of origin and the context in which they live. In Australia, they are referred to as Aboriginal; in Canada and the United States, as First Nations or Native peoples; while in other countries they may be called autochthonous, primitive, traditional, native, or tribal peoples. Even within the same country, non-standardized terms are still commonly used.

For this review, the term Indigenous peoples will be used, defined as: “distinct social and cultural groups who share collective ancestral ties to the lands and natural resources where they live, occupy, or from which they have been displaced”

(1).

There are different estimates regarding the number of people who self-identify as Indigenous worldwide. Approximately 476 million Indigenous people speak more than 4,000 languages, representing 6% of the global population, and 19% of them are among the world’s poorest populations. Regarding life expectancy, evidence shows that Indigenous peoples’ life expectancy can be up to 20 years lower than that of non-Indigenous populations (1). In Latin America, according to the 2015 United Nations (UN) synthesis report (2), the Indigenous population totaled 45 million people in 2010. Of these, 17 million lived in Mexico and 7 million in Peru. In the Brazilian context, the Indigenous population comprises 1,693,535 people who self-identify as Indigenous (3).

A study revealed significant disparities in the Human Development Index (HDI) between the self-declared white population and Indigenous peoples in Brazil. While white individuals present an HDI of 0.845, classified as high according to UN standards, Indigenous peoples record an HDI of 0.683. This value is considered medium-low and places the Indigenous community in a situation comparable to countries such as Indonesia and Equatorial Guinea, revealing major challenges to achieving an adequate level of human development (4).

Throughout history, Indigenous peoples have faced and continue to face situations of social and economic vulnerability, exploitation, and injustice. In the field of health, these situations range from difficulty in accessing healthcare services to the provision of services by professionals who are unprepared to work in intercultural contexts (5).

The right to health for Indigenous peoples is recognized and legitimized in both international and national documents, such as the International Labour Organization (ILO) Convention No. 169 on Indigenous and Tribal Peoples, adopted in June 1989 (6); the United Nations Declaration on the Rights of Indigenous Peoples (2007) (7); the American Convention on Human Rights (ratified by Brazil in 1992) and the American Declaration of the Rights and Duties of Man (8), as well as other Human Rights Treaties in a broader sense. In Brazil, the 1988 Federal Constitution (9) represented a major advance in guaranteeing Indigenous peoples’ right to health.

Regarding healthcare services for Indigenous populations worldwide, a study conducted by the National Association of Social Policy Development Career (ANDEPS), related to international experiences in responding to COVID-19, identified the existence of specific services in several countries, such as Guatemala, Canada, Mexico, Peru, Brazil, Australia, and New Zealand. It also found that each country organizes different strategies for providing care to these peoples. In general, a healthcare model guided by Primary Health Care (PHC), with practices centered on traditional medicine, is observed (10).

In some countries, such as Brazil, Indigenous peoples are covered by a health sub-system integrated into the official healthcare system, whose model of care is also based on Primary Health Care (PHC). Health actions are carried out by a multidisciplinary team, including nurses ⁽¹¹⁾. To develop their practices, nurses must consider cultural, social, historical, economic, and political aspects that influence how care is organized and, consequently, how health practices and interventions are provided ⁽¹²⁾.

The National Policy for the Health Care of Indigenous Peoples (PNASPI) establishes that Indigenous peoples are entitled to comprehensive health care and recommends that social, cultural, geographic, historical, and political diversity be taken into account in health care. This approach aims to overcome the conditions that make Indigenous peoples more vulnerable to health problems ⁽¹¹⁾. However, many challenges remain to be addressed to meet these populations' health needs, since care is still fragmented and discontinuous. There is a need to build intercultural dialogues and to articulate different systems of knowledge, in addition to difficulties in retaining healthcare professionals and low levels of social participation ⁽¹³⁾.

Nurses possess essential skills and competencies that enable them to intervene effectively in health problems according to the complexity of care, thus promoting comprehensiveness and humanization in health services ⁽¹⁴⁾. The work of nurses in Indigenous health is permeated by challenges that extend across geographic, epidemiological, and cultural dimensions ⁽¹²⁾. Therefore, nursing care for Indigenous peoples requires an understanding of these challenges, as well as mastery of culturally sensitive theoretical foundations, whether originating from within or outside the profession.

Given its complexity, in this review, nursing care is understood as the set of practices (actions and interventions) performed by nurses aimed at disease prevention, and the maintenance, rehabilitation, and promotion of health ⁽¹⁵⁾.

Among the roles established and carried out by nurses, the competent and scientific documentation of their activities makes their practice both visible and essential. The documentation of nursing practices dates back to the origins of modern nursing, when nurses regarded record-keeping as a fundamental part of professional practice. It is recognized as one of the key methods for assessing how nursing practices are being implemented ⁽¹⁶⁾. Thus, identifying nursing care practices provided to Indigenous peoples may support the development of more appropriate documentation.

An unsystematic and preliminary search was conducted in the *International Prospective Register of Systematic Reviews (PROSPERO)*, *Medical Literature Analysis and Retrieval System Online (MEDLINE)*, *Cochrane Database of Systematic Reviews*, and *Joanna Briggs Institute (JBI) Evidence Synthesis*, and no systematic or scoping reviews in progress, completed, or recently updated on the topic of interest were identified.

Therefore, this study aims to map the nursing care provided by nurses to Indigenous peoples within health services.

Method

This is a scoping review protocol, which will be conducted according to the methodological framework and recommendations for scoping reviews proposed by the Joanna Briggs Institute (JBI) ⁽¹⁷⁾. A scoping review synthesizes evidence by systematically identifying and mapping the available evidence produced on a "specific topic, field, concept, or question." This type of research encompasses

various sources and includes primary research, reviews, and non-empirical evidence both within and beyond specific contexts⁽¹⁷⁾.

The methodological approach aims to provide a comprehensive and open view of the information available on the topic under investigation, enabling a holistic and inclusive understanding of the evidence landscape. This type of review can clarify concepts or definitions found in the literature, as well as identify characteristics or factors related to them, including those pertaining to methodological research⁽¹⁷⁾. The findings of this review will be reported following the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Extension for Scoping Reviews*⁽¹⁸⁾.

The protocol for this review was evaluated by the central team of the “Brazilian Centre for Evidence-Based Health Care: JBI Centre of Excellence (JBI Brazil)”. After evaluation, the protocol was registered in the *Open Science Framework (OSF)* platform, with the assigned DOI:<https://doi.org/10.17605/OSF.IO/YP69C>; identifier: <https://osf.io/yp69c>.

Review Question

The review question followed the methodology proposed by the JBI, based on the PCC acronym (P = Population; C = Concept; C = Context), and was formulated as follows: What are the direct and indirect nursing care actions and interventions aimed at disease prevention, maintenance, rehabilitation, and health promotion provided by nurses to Indigenous peoples in health services?

Population

This review will include studies involving Indigenous peoples of different age groups who receive care in health services provided by professional nurses holding a university degree in Nursing and registered according to the legislation of the country where the study was conducted.

For international identification purposes, the different nomenclatures used across countries to refer to Indigenous peoples will be considered.

Primary studies from published literature and grey literature will be included, with no restriction on language or year of publication, as long as they address nursing care provided to Indigenous peoples in various health service settings.

Concept

This review will consider studies that describe the care, practices, and interventions developed by nurses throughout the different stages of the Nursing Process for Indigenous peoples, including initial assessment, nursing diagnosis, care planning, nursing interventions, and evaluation of nursing outcomes.

The concept of interest in this study is care. The term is understood as all acts of assistance, support, or cooperation for or by an individual or group, with the purpose of meeting evident or anticipated needs and improving the living conditions of the individual, family, or group. The definition of care adopted in this protocol encompasses actions and/or interventions directed toward the well-being and support of individuals, families, or groups in present or future situations, emphasizing its importance as a fundamental element for the enhancement of the human condition⁽¹⁹⁾. For this review, care will include direct and indirect nursing

care actions and interventions aimed at the prevention of diseases, and the maintenance, recovery, and promotion of health.

Context

The context will include health services at different levels of care – primary (community, home, primary health units, and local health systems targeting Indigenous peoples), secondary, and tertiary (specialty outpatient clinics, inpatient units, and intensive care units). Eligible studies will not be limited by geographical location or language.

Types of Sources

This scoping review will include studies with quantitative, qualitative, or mixed-methods approaches. Specifically, it will include randomized controlled trials, non-randomized controlled trials, controlled before-and-after studies, case series, interrupted time series, and ecological studies. Analytical observational studies will also be considered, including prospective and retrospective cohort studies, and analytical cross-sectional studies, as well as qualitative studies, not limited to phenomenology, grounded theory, ethnography, or action research. Additionally, systematic reviews and grey literature will be included, such as theses, dissertations, full papers from conference proceedings, government documents, book chapters, and opinion articles.

Search Strategy

The databases *Web of Science* and *Scopus* (accessed via the Brazilian CAPES Health Professional Development Portal), PubMed, Latin American and Caribbean Health Sciences Literature (LILACS), Nursing Database (BDENF), and CINAHL (EBSCO) will be consulted, along with additional grey literature sources, including the Brazilian Digital Library of Theses and Dissertations (BDTD), CAPES Thesis and Dissertation Catalog - Brazil, and Google Scholar. Finally, the reference lists of all articles and/or documents eligible for inclusion in the review will be examined to identify any additional studies that may not have been captured in the initial search. No time limit will be applied to the search. The detailed strategy is described in Table 1.

Table 1 - Search strategies used in the databases consulted, Manaus, AM - 2025.

Databases consulted	Search strategies used
BDENF	("Povos indígenas" OR "pueblos indígenas" OR "indigenous people" OR "tribe*" OR "natives" OR "Aboriginal Populations" OR "Aboriginal Population" OR "Autochthonous Populations" OR "Indigenous Populations" OR "Indigenous Population" OR "Urban Indigenous Population" OR "Native Tribes" OR "aboriginal*" OR "Indigenous Organizations" OR "Aboriginal Organizations" OR "Organizations of Indigenous Peoples" OR "Indigenous Organization" OR "Autochthonous Peoples" OR "Indigenous Peoples" OR "Native Peoples" OR "Indigenous Peasants" OR "Autochthonous

	Communities" OR "Indigenous Communities" OR "Guarani Indigenous" OR indigenous OR "Guarani Indigenous Peoples" OR "Guarani Indian" OR "Tupi Indian" OR "Aboriginal People" OR "Guarani People" OR "Tupi People" OR "Aboriginal Peoples" OR "Native Peoples" OR tapeba*) AND (mj:("Indigenous Health" OR "Indigenous Health Services" OR "Nursing Care")) AND db:("BDENF") AND instance:"lilacsplus"=77
LILACS	("Indigenous Peoples" OR "pueblos indígenas" OR "indigenous people" OR tribe* OR natives OR "Aboriginal Populations" OR "Aboriginal Population" OR "Autochthonous Populations" OR "Indigenous Populations" OR "Indigenous Population" OR "Urban Indigenous Population" OR "Native Tribes" OR aboriginal* OR "Indigenous Organizations" OR "Aboriginal Organizations" OR "Organizations of Indigenous Peoples" OR "Indigenous Organization" OR "Autochthonous Peoples" OR "Indigenous Peoples" OR "Native Peoples" OR "Indigenous Peasants" OR "Autochthonous Communities" OR "Indigenous Communities" OR "Guarani Indigenous" OR indigenous OR "Guarani Indigenous Peoples" OR "Guarani Indian" OR "Tupi Indian" OR "Aboriginal People" OR "Guarani People" OR "Tupi People" OR "Aboriginal Peoples" OR "Native Peoples" OR tapeba*) AND (mj:("Indigenous Health Services" OR "Nursing Care")) AND db:("LILACS") AND instance:"lilacsplus"= 146
CINAHL (Ebsco)	S1= (MH "Indigenous Health") OR TI "Indigenous Health" OR AB "Indigenous Health" OR SU "Indigenous Health" AND S2 = (MH "Nursing Care") OR TI ("nursing care" OR "nursing interventions") OR AB ("nursing care" OR "nursing interventions") OR SU ("nursing care" OR "nursing interventions ") = 32
MEDLINE (PUBMED)	("Indigenous Peoples"[Mesh] OR Indigenous People OR Indigenous Peoples OR First Nation Peoples OR First Nation People OR Native Peoples OR Native Population OR Indigenous Populations OR Indigenous Tribes) OR ("Health Services, Indigenous"[Mesh] OR Indigenous Health Services OR Health Services for Indigenous OR Health Indigenous Services) AND ("Nursing Care"[Mesh] OR "nursing care"[tw]) AND ("Health Services"[Mesh] OR "healthcare services" OR "health care services ") = 131
SCOPUS (Elsevier)	TITLE-ABS-KEY ("indigenous people" AND nursing) = 333
Web of Science	(All Fields) ("indigenous people" AND nursing) = 357
	Literatura Cinzenta
BDTD	(Brazilian Digital Library of Theses and Dissertations) (All fields: ("Indigenous Peoples" OR "pueblos indígenas" OR

	"indigenous people" OR tribe* OR natives OR "Aboriginal Populations" OR "Aboriginal Population" OR "Autochthonous Populations" OR "Indigenous Populations" OR "Indigenous Population" OR "Urban Indigenous Population" OR "Native Tribes" OR aboriginal* OR "Indigenous Organizations" OR "Aboriginal Organizations" OR "Organizations of Indigenous Peoples" OR "Indigenous Organization" OR "Autochthonous Peoples" OR "Indigenous Peoples" OR "Native Peoples" OR "Indigenous Peasants" OR "Autochthonous Communities" OR "Indigenous Communities" OR "Guarani Indigenous" OR indigenous OR "Guarani Indigenous Peoples" OR "Guarani Indian" OR "Tupi Indian" OR "Aboriginal People" OR "Guarani People" OR "Tupi People" OR "Aboriginal Peoples" OR "Native Peoples" OR tapeba*) AND All fields: (nursing OR "Nursing Care ") = 108
CAPES Theses and Dissertations Catalog (Brazil)	"Indigenous Population" AND Nursing = 64
Google Scholar	"indigenous peoples" AND "nursing care " = 306
Search updated on March 7, 2025, in English, with no restriction regarding date or study type.	

Evidence Selection

All identified references will be collected and stored in folders using EndNote reference manager, version 20 (*Clarivate Analytics, PA, USA*), and duplicates will be removed. After conducting a pilot test, the titles and abstracts will be independently screened by two or more reviewers to assess the relevance of the studies for inclusion. Potentially relevant sources will be retrieved in full, and their citation details will be entered into the JBI System for the *Unified Management, Assessment and Review of Information (JBI SUMARI)*⁽²⁰⁾.

A thorough analysis of the full texts of the selected articles and documents will be conducted independently by two or more reviewers. Justifications for the exclusion of evidence sources will be recorded in as much detail as possible and presented in the scoping review. In case of disagreement between reviewers at any stage of the study selection process, discrepancies will be resolved by consensus, or, if consensus cannot be reached, by a third reviewer.

This rigorous process ensures a robust approach to evaluating and selecting sources of evidence, thereby enhancing the quality and reliability of the review results. The study inclusion process and results will be fully presented in the final scoping review manuscript, following the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) guidelines⁽²¹⁾. A PRISMA flow diagram will be developed to provide a transparent visual representation of the study selection process, facilitating the understanding and assessment of the methodological approach used in the review.

Data Extraction

Data from the included documents will be extracted independently by two reviewers. The reviewers will use a specifically developed instrument for data collection. The extracted data will include specific characteristics of Indigenous peoples, the concept addressed, the research context, the methods employed, and key findings relevant to the main research question.

The preliminary data extraction instrument was developed based on the JBI Data Extraction Tool⁽²²⁾ and adapted as shown in Table 2. If necessary, the instrument will be modified or revised during the data extraction process for each included source of evidence. All modifications will be thoroughly documented, with appropriate justification, and presented in the final manuscript.

Any disagreements between reviewers will be addressed through discussion and resolved by consensus. If consensus cannot be reached, a third reviewer will participate in the decision-making to ensure accuracy and consistency in the data extraction process. Authors of the selected articles or documents will be contacted to request missing or additional data when necessary.

Table 2 – Data Extraction Instrument, Manaus, AM, Brazil, 2025.

Study Identification							
Author	Title	Year	Country of Study	Language	Objective	Study Type	Data Collection Instrument
Participants							
Sample size or number of participants - ethnicity included				Study/service location			
Main Results							
Steps of the Nursing Process (actions and interventions)							
Disease Prevention				Health Recovery		Health Maintenance and Promotion	
Conclusion							

Data Analysis and Presentation

Data analysis will involve narrative summaries, tables, and illustrative figures. Descriptions of the included records will be summarized narratively based on record or study characteristics, such as type of record (e.g., study, policy, guideline), year of publication, study objective, and identified nursing care practices, which will be classified according to the steps of the nursing process in disease prevention, recovery, maintenance, and health promotion.

This narrative summary will be complemented by a table presenting the characteristics of the included studies. A bubble chart or similar visual will be used to map and present the trajectory of development, evaluation, or implementation of nursing care by year.

A color-coded bar chart will be employed to map the study design or the type of care origin report, presenting the number of sources and any differences among them.

Care components will be mapped to clinical conditions in a tabular format to illustrate any overlap of components across categories. Finally, for studies reporting nursing care, the measured outcomes will be tabulated. Mapping study types and reported outcomes will help identify the need for future quantitative, qualitative, or mixed-methods studies.

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