

Cultural Care of Ashkenazi Jews

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Nurses regularly encounter a diverse patient population and “because of the escalating multicultural society in the US, transcultural nursing is a vital constituent of nursing care” (Maier-Lorentz, 2008). Health care and people are, by nature; complicated. Both are built upon foundations that have been shaped by a myriad of factors and are evolving. This can make caring for people within the health care setting a challenge. Managing those complexities requires a nurse to take a holistic approach when applying care to individuals; this involves considering a person’s physical, mental, social, and cultural status. A good nurse recognizes that she must “step outside of [her] biases and accept that others bring a different set of values and priorities to the health care setting” (Touhy & Jett, 2020, p. 45).

Jewish Culture in the Healthcare Setting

As a rabbi, I used to come to the hospital almost every day, but I always went home after praying over sick patients who needed my service. Now I have been here for two nights. My body is very ill, and it is my responsibility to get help because my body is my temple. I want to be a good guardian of my temple so that I have a long life (Jotkowitz, 2005). I have been sleeping a lot, I try to pray because it is customary to pray at least three times per day (Renard, 2004, p.119). The nurses are always putting me back in bed, even when I haven’t finished praying.

The nurses and doctor seem kind but there are so many different ones coming and going. They wake me to eat and drink, but I push the meal tray away because I am waiting on my sister to bring me food from the deli to be kosher. It is essential that I know how the food I put into my body is prepared (Renard, 2004, p. 121). They continue to place meals in front of me until they get cold and are replaced by the next. I can tell they are frustrated by my refusal to eat here but I

cannot explain my diet to them because none of them speak Yiddish or Hebrew. This is a small hospital and very far away from my community.

When I came to the hospital three days ago, I was greatly disappointed because I was supposed to be going on a trip. I have only made the pilgrimage to Jerusalem one other time in my life and it was very special to me (Renard, 2004, p. 120). I carry a photo of that time with me and I share it with the nurses even though they don't understand why I am showing it to them. They smile and nod politely as they check all the tubes connected to me and give me more medicine.

Nursing Modifications

Nurses are in a unique position to make adjustments that accommodate the varying cultures of people seeking health care. Maier-Lorentz suggests that “having knowledge of the patient’s cultural perspective enables the nurse to provide more effective and appropriate care” (2008). In this scenario, the nurse is limited in her ability to address all needs of the patient due to the language barrier. Being that this is a rural hospital, accessing an in-person translator for Yiddish or Hebrew may be an obstacle. A large-scale modification would be to implement telecommunication services that accomplish that goal.

Once a translator is secured, a way to demonstrate cultural sensitivity is to ask the patient about their actions so that modifications can be made. Why are they getting out of bed all the time? Why are they not eating the food you offer them? These open-ended questions allow the nurse to learn about the patient and create and apply appropriate care interventions. Once the nurse learns that the rabbi’s food must be specially prepared, she can stop offering him hospital food and place an order from a Jewish deli. Likewise, when the nurse learns that Jewish rabbis

pray thrice daily, she can assist him to a preferred position and/or direction which allows him to partake in that ritual.

Another modification that would benefit the rabbi would be to keep the nursing staff consistent. “The process of obtaining cultural knowledge involves engaging in continuous encounters” (Campinha-Bacote, 2011, p.44). This suggests that with each encounter, the nurse will “acquire more knowledge that will allow her to validate, refine, or modify her existing beliefs about this member of this cultural group. . .” (Campinha-Bacote, 2011, p. 44). If staff is changing all the time the number of encounters decreases and the opportunity for a particular nurse to learn about the rabbi’s culture is missed.

Reflection

People are not defined simply by their ailment(s), but are the sum of their parts; it is imperative that nurses recognize the value of culture in each person’s life. Campinha-Bacote makes an important distinction when defining cultural construct as “the motivation of the healthcare professional to ‘want to’ engage in the process of becoming culturally competent, not the ‘have to’” (2011, p. 45). I learned from this assignment that becoming a good nurse requires continuing education, but paramount to that is the desire to learn. Touhy and Jett suggest a progression from good to great nursing as “the culturally proficient nurse[’s ability to] move smoothly between two worlds for the promotion of health and . . . healthy aging” (2020, p. 50). This shift from mere competence to cultural proficiency allows for broader and better patient care.

References

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