

## **Amish Clients: Providing Culturally Competent Spiritual Care**

### **What Is Providing Culturally Competent Spiritual Care to Amish Clients?**

- › The term *cultural competence* (also known as *cultural responsiveness*, *cultural awareness*, and *cultural sensitivity*) refers to a person's ability to interact effectively with persons of cultures different from his or her own. With regard to health and mental healthcare, cultural competence is a set of behaviors and attitudes held by clinicians that allows them to communicate effectively with clients of various cultural backgrounds and to plan for and provide care that is appropriate to the culture and to the person
- *What*: Providing culturally competent spiritual care for Amish clients in a health or mental healthcare setting refers to performing supportive strategies that promote the client's ability to maintain his or her spiritual beliefs and practices while receiving care. Spirituality is recognized as a vital component of emotional and physical health. Culturally competent care performed in support of Amish clients' spiritual needs is holistic and incorporates the client's cultural beliefs, attitudes, and traditions when planning and providing care
  - *How*: Culturally competent spiritual care is based on information from client/family interviews; completed questionnaires, if available; and facility/agency protocols specific to culturally competent spiritual care of the Amish client. Culturally competent spiritual care can involve supporting the client and family members in performing religious activities such as reading biblical passages aloud or performing spiritual meditation, arranging visits by folk healers or other spiritual leaders, and communicating information about Amish spiritual beliefs to other healthcare providers. Culturally competent care of Amish clients can also involve pain management, use of a professional medical interpreter, and making telephone calls for the family as needed
  - *Where*: Culturally competent care performed in support of Amish clients' spirituality can be provided to Amish clients in any health or mental healthcare setting, including inpatient, outpatient, and home-care settings
  - *Who*: Culturally competent care performed in support of Amish clients' spirituality can be provided to Amish clients by all appropriately trained health and mental healthcare clinicians, unlicensed clinical staff members (e.g., nurses' aides), and unlicensed nonclinical staff members (e.g., clerical staff). It is appropriate for family members to be present, if desired by the client, because family members can provide essential information regarding Amish cultural and spiritual beliefs, attitudes, and traditions

### **What Is the Desired Outcome of Providing Culturally Competent Spiritual Care to Amish Clients?**

- › The desired outcome of providing culturally competent spiritual care for Amish clients is that the Amish client will
- understand what to expect, experience reduced anxiety, and become comfortable participating in and adhering to the individualized plan of care involving culturally competent spiritual care

#### **Authors**

**Jessica Therivel, LMSW-IPR**

Cinahl Information Systems, Glendale, CA

**Nathalie Smith, RN, MSN, CNP**

Cinahl Information Systems, Glendale, CA

#### **Reviewers**

**Lynn B. Cooper, D. Criminology**

Cinahl Information Systems, Glendale, CA

**Chris Bates, MA, MSW**

Cinahl Information Systems, Glendale, CA

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- feel supported and satisfied with the spiritual care received and when asked state that the care provided appropriately incorporated Amish cultural and spiritual beliefs, attitudes, and traditions
- feel empowered to engage in the decision-making process
- develop trust in the healthcare/mental health team

## **Why Is Providing Culturally Competent Spiritual Care to Amish Clients Important?**

- › Providing culturally competent spiritual care for Amish clients is important because it
  - promotes clear communication and effective interaction between the Amish client and the healthcare team or mental health clinician
  - allows for planning and delivery of appropriate, individualized, and effective spiritual care of the Amish client
  - creates a supportive and comforting environment in which the client can continue practicing his or her spiritual traditions, which can reduce anxiety related to the need for inpatient, outpatient, or community medical or psychological care
  - promotes positive social worker/client experiences that can help to remove the barriers to utilization of healthcare services

## **Facts and Figures**

- › Approximately 330,270 Amish persons live in 31 states in the United States and in 3 Canadian provinces. Nearly two thirds of the Amish population lives in Pennsylvania, Ohio, and Indiana. In 2015 the New Order Amish established settlements in Bolivia and Argentina (Young Center for Anabaptist and Pietist Studies, 2018)
- › The Amish population doubles in size approximately every 20 years, largely due to its relatively high birth rate of 5 children per family and because 80%–90% of Amish children choose to remain in their home communities as adults (Young Center for Anabaptist and Pietist Studies, 2018)
- › Few evidence-based studies have been conducted regarding spiritual practices of the Amish
  - The following results were found by researchers who conducted a survey of 91 Amish women and 43 Amish men. The researchers defined spiritual practices as those that can serve as protective resources for personal well-being (Sharpnack et al., 2010)
    - All respondents read spiritual material (e.g., the Bible) regularly as a spiritual practice. Family activities were enjoyed for spiritual purposes by 97% of respondents
    - Helping others was a spiritual practice reported by 98% of respondents and solitary prayer or prayer with others was performed by 97%
    - Relaxation was a spiritual practice cited by 85% of respondents and recalling positive memories was a spiritual practice used by 75%
    - Eighty-six percent of respondents engaged in physical activity as a spiritual practice and spiritual meditation was used by 44%
    - Nineteen percent of respondents sang or listened to music as a spiritual practice
    - Very few (4%) Amish reported performing yoga as a spiritual practice
  - In the same study, investigators found high levels of spiritual self-transcendence and spiritual well-being using two clinically validated questionnaires designed to measure these two qualities. Spiritual self-transcendence was defined in the questionnaires as the ability to transcend one's personal needs and desires by connecting with other persons and/or a spiritual entity (e.g., God). Spiritual well-being was defined as having a sense of spiritual meaning, purpose, or power that enhances one's subjective sense of well-being. The researchers concluded that nurses should attend to both the spiritual and physical aspects of care in providing holistic nursing care to Amish individuals (Sharpnack et al., 2011)

## **What You Need to Know Before Providing Culturally Competent Spiritual Care to Amish Clients**

- › Cultural competence is an essential aspect of social work practice because social workers care for clients and families of many different cultural backgrounds. Social workers should have knowledge of the cultural beliefs, attitudes, and traditions of the clients and families they provide care for in order to communicate effectively and plan and provide appropriate, individualized client care
- › Information about Amish beliefs, attitudes, and traditions related to spirituality can be obtained by asking the client/family for this information. Relevant cultural background information also can be obtained by asking the family to complete a written questionnaire in the appropriate language and at the appropriate literacy level, if available. This information is then used as a basis for planning client-care strategies (Hansen & Andrews, 2016)

- › The following cultural and spiritual beliefs, attitudes, and traditions are common among Amish populations (Young Center, 2018; Hansen & Andrews, 2016)
  - General Amish cultural and spiritual beliefs, attitudes, and traditions (Hansen & Andrews, 2016)
    - The Amish have a unique lifestyle that focuses on simplicity, self-sufficiency, a strong work ethic, and humility, with biblical teachings and collective community traditions (*Ordnung*) providing their central cultural beliefs. Their guiding principle is *Gelassenheit*, which refers to submission to the will of God and to the collective will of the Amish community. The Amish may practice *Meidung*, or shunning, of members who violate the rules of *Ordnung*
    - The Amish maintain separateness and distinctness from the modern world, believing that dependence on it can lead to straying from *Gelassenheit*. They dress and live simply and avoid using modern technology (e.g., they do not usually drive cars and some do not use telephones or electricity). Several Amish communities follow less restrictive practices, however, including the New Order and the New–New Order Amish, and some Mennonites, who use automobiles, electricity, and telephones. Contrary to widespread belief, the Amish are not opposed to using technology but choose to maintain separateness from modern culture by using technology sparingly to maintain the Amish culture and heritage and be sure that Amish values are passed from one generation to the next
    - As adults, usually in their early 20s, the Amish make a choice to be baptized and join the church and community after a period of *Rumspringa*, or “running around.” Starting at age 16, adolescents are permitted to experiment in the world outside of the Amish community; some drink alcohol, smoke marijuana or tobacco, drive cars, and may not participate in prayer and worship services. The tradition of *Rumspringa* is not formally sanctioned by Amish communities but is accepted informally as a way for Amish youth to learn about and explore other lifestyles. More than 85% of Amish children ultimately join the Amish community as young adults (Young Center, 2018)
    - Most Amish do not believe that to avoid mental health issues an individual has only to live a good, Christian, Amish life. They recognize that even among the most devout followers, mental health issues can develop
    - The Amish are multilingual. Their first language, “Deutsch” or “Pennsylvania Dutch” (i.e., a dialect of the German language), is primarily a spoken language used in conversation with other Amish persons. English is the language of instruction in Amish schools and is used for written materials or when speaking to non-Amish persons, who are referred to as “the English” and “Englishers.” A third language, Amish High German, may be used for certain religious functions. Interpreters may be necessary for some Amish clients because young children may have only rudimentary skill in speaking and understanding English and some Amish persons revert to using Deutsch when under stress (e.g., during hospitalization)
    - The Amish typically complete 8 years of schooling, often in an Amish schoolhouse. Amish beliefs and traditions do not support pursuing higher education, and in 1972 Amish children in the United States were legally exempted from compulsory schooling beyond the eighth grade (Wisconsin v. Yoder, n.d.). Health literacy is limited among many Amish adults in part due to their limited formal education
    - The most influential and trusted healthcare professional in the Amish community is the local herbal healer, who is looked to as an important source of information about maintaining health and preventing disease. It is important to collaborate with herbal healers when providing spiritual care and other interventions for the Amish
    - The Amish divide into fellowships that consist of geographical or congregational districts. These fellowships are independent and may have cultural norms that are unique to each. The social worker needs to be aware of this potential for differences when assessing an Amish client/family and not make assumptions based on past experiences with Amish persons
  - Amish cultural and spiritual beliefs, attitudes, and traditions that relate specifically to providing culturally competent spiritual care include the following:
    - The Amish believe in a supreme, benevolent God who is all-powerful and all-knowing, who created the world and maintains control over it, and who guides human endeavors and fate in ways that often are beyond human understanding. This belief in a loving God who is in control of all aspects of life allows for a sense of transcendence of life’s difficulties in anticipation of a destiny designed for each individual
    - Prayer and discussions with others and with religious leaders (e.g., ministers and bishops) are practiced to help understand and solve some problems; other problems are believed to be beyond the realm of human understanding and need to be solved by God rather than man
    - Religious services are held in community members’ homes; the Amish do not have church halls or buildings. Services rotate among the church members’ homes. There are no altars, organs, candles, robes, etc. Men and women sit separately for the service. There is no formal Sunday school or separate services for children
    - Sunday is considered a holy day, and Amish do not typically work (other than caring for animals) or use money on Sundays

- Decision-making power within Amish communities is patriarchal and hierarchal; men are the formal decision-makers in each family, and community religious leaders (e.g., ministers and bishops) often are consulted regarding complex decisions (e.g., some healthcare decisions). Ministers and bishops are chosen by lot in a process designed to promote the expression of God’s will; those chosen hold their positions for life
- The Amish express the essential value of *Demut* (i.e., humility) by dressing modestly and through various subtle strategies, including practicing a gentle handshake and exhibiting restraint during laughter. Amish generally avoid taking credit for achievement and credit God for personal and community accomplishments
- The Amish are taught from a young age that problems are obstacles to be overcome rather than events to be questioned. Amish focus on creatively solving problems that arise rather than lamenting the reasons for problems
- The Amish are encouraged to live in the present rather than worry about what might happen in the future or what has occurred in the past, which provides the foundation for acceptance of physical and emotional challenges that develop throughout the course of life
- The Amish cultural value of humility is expressed in the following ways that affect healthcare:
  - Although the Amish are not averse to the use of sophisticated medical technology (e.g., tissue transplants), their emphasis on communal instead of individual well-being means that undergoing an expensive procedure may be rejected because it places excessive financial burden on the Amish community
  - The Amish often reject the use of extraordinary lifesaving measures because such measures are viewed as an attempt to usurp the will of God
  - Complaints about illness (e.g., expressions of pain or complaints about physical limitations) are not typically made by Amish persons, who desire to avoid the appearance of complaining about God’s will
- › Necessary social work knowledge prior to providing CC spiritual care for Amish clients includes the following:
  - Principles of effective communication with clients/family members
  - Principles of standard spiritual care of clients
- › Preliminary steps that should be performed before providing culturally competent spiritual care of Amish clients include the following:
  - Review the facility/unit/agency protocol for providing culturally competent spiritual care for Amish clients, if one is available
  - Review the treating clinician’s orders relating to providing culturally competent spiritual care
  - Verify completion of facility/agency informed-consent documents
    - Typically, the general consent for treatment executed by clients at the outset of admission to a healthcare facility or the beginning of mental health treatment includes standard provisions that encompass providing CC spiritual care for Amish clients
  - Review the client’s history/record for information about the client’s cultural and spiritual beliefs, attitudes, and traditions related to health and mental healthcare
  - Gather the following supplies:
    - If available but not completed during the admission process, a facility-/agency-approved questionnaire, written at an eighth-grade literacy level, for assessing the client’s/family’s cultural and spiritual beliefs, attitudes, and traditions related to health and mental healthcare

## **Written information, if available, to reinforce verbal education Social Work Responsibilities With Regard to Providing Culturally Competent Spiritual Care to Amish Clients**

- › Assess/verify the cultural identity and cultural beliefs, attitudes, and traditions of the client/family
  - If a written questionnaire has been completed, initiate a discussion to verify and enhance the individualized client/family member input
  - If a written questionnaire is available and not yet completed, provide the client/family with the tool and assist in its completion, as appropriate
  - If a written questionnaire is not available, initiate a discussion of cultural and spiritual issues that affect health and mental healthcare by asking questions about preferences, including the following:
    - How do the client and his/her family express their spirituality (e.g., reading the Bible aloud with family members, meditating, praying privately)?
    - What can the clinician do to support the client and family in practicing usual spiritual traditions and meeting their spiritual needs while the client is receiving care?

- › Develop an awareness of your own cultural values, beliefs, and biases, and develop knowledge about the histories, traditions, and values of your clients. Adopt treatment methodologies that reflect the cultural needs of the client
- › Complete informed consents for client, client's family members, healthcare providers, and members of support network
  - Typically, the general consent for treatment executed by clients at the onset of treatment for social services includes standard provisions that encompass providing culturally competent care to Amish clients
- › To obtain accurate and pertinent assessment information from the client, a social worker should express genuine and nonjudgmental interest in the client's health and history
- › Arrange for spiritual activities to be performed as desired by the client/family and according to facility/agency protocols. For example, arrange for the client to stay in a private room in the inpatient healthcare setting to allow him/her to read the Bible and other chosen literature aloud with spiritual leaders and family members
  - Follow facility/agency protocols to arrange access for the client's minister, bishop, and/or herbal healer according to the client's and/or family members' wishes
  - If needed, assist with telephone communication with spiritual leaders, family members, and others in the Amish community regarding visitation and spiritual activities at the client's bedside
- › Based on individualized client/family member input, create a care environment that promotes relaxation and spiritual reflection by promoting physical comfort (e.g., pain management) and eliminating noise and other distractions (e.g., close the door to the client's room if appropriate, dim the lights, arrange medical care to avoid interrupting the client's spiritual activities whenever possible, speak softly when entering the client's room)
- › Discuss the client's spiritual beliefs and desires with other team members if given permission by the client to be sure the client's preferences are understood and respected
  - Collaborate with the facility's education department team to create a series of educational sessions for clinicians and other facility staff members about providing spiritual care to the Amish, including interventions that can be used to appropriately support Amish clients in maintaining their spiritual traditions while receiving medical care
- › Document providing culturally competent spiritual care in the client's record, including the following:
  - Date and time the culturally competent spiritual care was performed
  - Description of client/family member desires for following spiritual traditions and the specific culturally competent spiritual care performed
  - Details of arrangements made for visitation of Amish spiritual leaders, if applicable
  - Client/family member response to the spiritual care performed
  - Any unexpected events or outcomes, interventions performed, and whether or not the treating clinician was notified
  - All client/family member education, including topics presented, response to education provided, need for follow-up education, barriers to communication, and/or techniques that promoted successful communication

## **Other Interventions That May Be Necessary Before, During, or After Providing Culturally Competent Spiritual Care to Amish Clients**

If available, written assessment of client satisfaction with spiritual care performed is requested using a questionnaire to evaluate the degree to which the care that was provided reflected and incorporated cultural and spiritual beliefs, attitudes, and traditions. Results of the questionnaire can be used to revise facility protocols for providing culturally competent spiritual care of Amish clients, as appropriate.

## **What Social Work Models Are Used in Providing Culturally Competent Spiritual Care to Amish Clients?**

- › Social workers should practice with awareness of and adherence to the social work principles of respect for human rights and human dignity, social justice, and professional conduct as described in the International Federation of Social Workers (IFSW) Statement of Ethical Principles, as well as the national code of ethics that applies in the country in which they practice. (IFSW, 2018) For example, in the United States, social workers should adhere to the National Association of Social Workers (NASW) Code of Ethics core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. They should become knowledgeable of the NASW ethical standards as they apply to providing culturally competent care to Amish clients and practice accordingly (NASW, 2015)
- › Social workers can use any model of practice that they would normally use with clients if they make the proper adjustments to also follow a cultural competence model
- › The cultural competence model put forth as an NASW standard of practice should be utilized by all social workers. It consists of the following:

- The social worker will develop understanding of his or her own personal beliefs and be aware of where his or her values, biases, and assumptions may conflict with those of the client
- The social worker will have and continue to work to develop cross-cultural knowledge
- The social worker will use skills, techniques, and approaches that show understanding of the culture of the client he or she is working with
- The social worker will be knowledgeable about community resources available to his or her diverse clients
- The social worker will empower and advocate for his or her client when appropriate

## Red Flags

- › Herbal remedies and other complementary and/or alternative medical interventions are widely used among the Amish (Reiter et al., 2009). If the client is taking herbal or nutritional supplements, immediately contact the treating clinician so he/she can assess for potential interactions between these agents and prescribed medications
- › If the client requires an interpreter, arrange for the services of a professional medical interpreter to protect client privacy. If a family member acts as interpreter, his/her knowledge of confidential medical information can violate the client's legal right to privacy of healthcare information

## What Do I Need to Teach the Client/Client's Family?

- › Provide the following information using a professional medical interpreter, if appropriate:
  - Educate the client/family members about what to expect during and after receiving culturally competent spiritual care. Encourage questions
  - Provide detailed information regarding arrangements for visitation of an Amish spiritual leader
  - Explain how to contact the treating clinician after discharge to home if questions or problems arise
  - Provide written information, if available and as appropriate, to reinforce verbal education
  - Encourage the client/family to adhere to scheduled follow-up/clinician visits and diagnostic tests; if known, provide written instructions with dates and times of scheduled appointments

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