

N432 Culture Report

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The Amish are Anabaptist/Protestant people from Switzerland who came to the US for religious freedom. There is a large concentration of Amish found in Pennsylvania, Ohio, Indiana, and Illinois. The largest Amish community is in Arthur, Illinois (Crozier, 2020).

The Amish put God first, living humbly and for God. They live a simple life, work hard, grow food on their land, prepare meals at home, avoid modern conveniences such as electricity, social media, and cars, and stick primarily to their community (Weller, 2017).

The males primarily farm or work as blacksmiths or carpenters in the Amish community. The women are responsible for teaching and caring for the children and the home, doing all of the shopping, cooking, making clothing, helping their husbands, and caring for the elderly. The husband is the head of the household, but the husband consults with the wife when making decisions. They strongly value community leaders' opinions and advice and consult with their respected elders in the Amish community (Weller, 2017). In public, the wife maintains a role of submission to her husband (Anderson & Potts, 2020).

Amish seek information and guidance from within their community and will use alternative forms of medication, such as supplements, herbs, folk medicine, reflexology, and spiritual beliefs and practices for their healthcare needs (Anderson & Potts, 2020). The Amish believe God is the ultimate healer, and although it is not against the bible, they tend to avoid modern medicine as much as possible due to distrust of the government and pharmaceutical companies, and they do not use health insurance (Anderson & Potts, 2020). When modern medicine is necessary for surgeries, obstetrical care, specialists, or general practitioners, the Amish will seek the care needed (Anderson & Potts, 2020). Establishing trust and respect is very important to the Amish; maintaining proper distance and avoiding touch beyond a handshake is acceptable when interacting with a healthcare provider, especially with the opposite sex

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(Anderson & Potts, 2020). Amish patients tend to be quiet, stoic, speak slowly, avoid eye contact and maintain modesty at all times (Anderson & Potts, 2020). The Amish, or "Plain People," come from communities made up of few immigrants and a small gene pool which makes them more at risk for genetic diseases (Weller, 2017). They do not believe in birth control or abortion, and most have an average of 8 children (Weller, 2017).

When it comes to prenatal care, Amish women seek prenatal care less than non-Amish women (Weller, 2017). Birth practices are personal preference and can differ between groups, but they primarily choose at-home births, midwives, or Amish birthing centers over a hospital birth (Weller, 2017). The only people present during labor and birth are the father, maternal grandmother, and necessary medical providers (Anderson & Potts, 2020). Amish women do not believe in pain relief and prefer an all-natural birth, and it is the expectation that they give birth silently so they can reflect on the gift of life (Bailey, 2018). The low birth weight and infant mortality rates between Amish and non-Amish are similar (Weller, 2017). Breastfeeding is common among Amish mothers because it is not only good for the baby, but it acts as a form of birth control to help space out her pregnancies (Bailey, 2018). This nursing student could not find any special diets mentioned for pregnant or postnatal women. The regular diet of Amish people comes from foods grown on their lands, such as fruits and vegetables, but includes high fat and high carbohydrate foods such as potatoes, noodles, pastries, dairy products, eggs, meat, soups, and foods they have canned (McConnell & Loveless, 2018). Good health comes from God, which means they can be productive, work hard, and remain physically solid and active instead of poor health, which equals failure (Weller, 2017). The Amish are less inclined to use significant life support measures as they look at the overall impact of the group rather than just the individual and believe that quality of life is more important than longevity (Weller, 2017).

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When caring for the elderly, the Amish will choose home care over nursing homes or other institutions. Advanced practice nurses will visit the home when needed (Anderson & Potts, 2020). The preference is to die at home (Anderson & Potts, 2020). The psychological, social, and physical care the Amish provide within their community contributes to Amish living longer than non-Amish even though they use hospitals less than non-Amish (Anderson & Potts, 2020).

When caring for the Amish patient, it is essential to maintain space and limit physical touch (Anderson & Potts, 2020). Remember that the Amish like to maintain control of and provide care for their own. Maintaining a quiet, stoic demeanor and avoiding eye contact are common among Amish patients (Anderson & Potts, 2020). Family and community involvement is an essential part of healing and wellbeing for the Amish patient.

References

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