5-12-2000

Evaluation of the Effectiveness of A Teaching Program on the Care Provided to Jewish Clients

Ilana Cood Withop
San Jose State University

Follow this and additional works at: https://scholarworks.sjsu.edu/etd_projects

Part of the [Other Nursing Commons](#)

Recommended Citation

Cood Withop, Ilana, "Evaluation of the Effectiveness of A Teaching Program on the Care Provided to Jewish Clients" (2000). *Master's Projects*. 842.

DOI: <https://doi.org/10.31979/etd.sr7e-9suc>

https://scholarworks.sjsu.edu/etd_projects/842

This Master's Project is brought to you for free and open access by the Master's Theses and Graduate Research at SJSU ScholarWorks. It has been accepted for inclusion in Master's Projects by an authorized administrator of SJSU ScholarWorks. For more information, please contact scholarworks@sjsu.edu.

**SAN JOSE STATE UNIVERSITY
SCHOOL OF NURSING**

**MASTER'S PROGRAM PROJECT OPTION (PLAN B)
PROJECT SIGNATURE FORM**

STUDENT NAME

Ilana Good

SEMESTER ENROLLED

Spring 2000

TITLE OF PROJECT

Evaluation of the Effectiveness
of a Teaching Program on the Care Provided
to Jewish Clients

The project and manuscript have been successfully completed and meet the standards of the School of Nursing at San Jose State University. The project demonstrates the application of professional knowledge, clinical expertise, and scholarly thinking. An abstract of the project and two copies of the manuscript are attached.

Journal of Transcultural Nursing

Juliet M. Corbin

ADVISOR SIGNATURE

5/12/2000

DATE

Gayle Cohen

ADVISOR SIGNATURE

5/12/2000

DATE

Please submit this form to the Graduate Coordinator. Attach the abstract, two copies of the manuscript, and documentation of submission to the journal.

Effectiveness of an Educational Program on the Care Provided to Jewish Clients

A study conducted by:

Ilana Cood Withop
Dr. Julie Corbin
Dr. Jayne Cohen

Abstract

The purpose of this qualitative evaluation study was to determine how an educational program provided to nursing students changed their perceptions of the care they provided to Jewish clients. A teaching program on Jewish beliefs and culture was given to ten baccalaureate nursing students who were providing care to Jewish older adults through one of the university's Academic Nurse Managed Centers. The teaching program was given early in the semester and students were interviewed four and eight weeks later to determine how the teaching program influenced their interactions with clients. Three major themes emerged from the interview data: a) increased sensitivity and insight, b), establishment of rapport, c) individualization. All of the students felt that the educational program was relevant to their future careers as nurses.

Abstract

The purpose of this qualitative evaluation study was to determine how an educational program provided to nursing students changed their perceptions of the care they provided to Jewish clients. A teaching program on Jewish beliefs and culture was given to ten baccalaureate nursing students who were providing care to Jewish older adults through one of the university's Academic Nurse Managed Centers. The teaching program was given early in the semester and students were interviewed four and eight weeks later to determine how the teaching program influenced their interactions with clients. Three major themes emerged from the interview data: a) increased sensitivity and insight, b), establishment of rapport, c) individualization. All of the students felt that the educational program was relevant to their future careers as nurses.

Evaluation of the Effectiveness of A Teaching Program on the Care Provided to Jewish Clients

Evaluation of the Effectiveness of A Teaching Program
on the Care Provided to Jewish Clients

*Ilana Cood Withop, RN, FNP, MS
School of Nursing
San Jose State University
One Washington Square, San Jose, CA 95192-0057

e-mail: [REDACTED]

Julie Corbin, DNSc, FNP
Lecturer
School of Nursing, San Jose Sate University
One Washington Square, San Jose, CA 95192-0057

e-mail: [REDACTED]

Jayne Cohen, DNSc, RNC, NP
Professor and Graduate Coordinator
School of Nursing, San Jose State University
One Washington Square, San Jose, CA 95129-0057

fax: [REDACTED]

e-mail: [REDACTED]

Evaluation of the Effectiveness of A Teaching Program on the Care Provided to Jewish Clients

This study evaluates the effectiveness of a teaching program, provides a brief overview of the relevant literature on the Jewish culture, and uses qualitative interview data for analysis and discussion of findings. Implications for nursing care are included.

Background

Culturally relevant nursing care has received much attention in nursing education and the literature in the last four decades. The goal of transcultural nursing is to provide culturally congruent, competent, and compassionate care (Leininger, 1976). Murphy and MacLeod-Clark (1993) found that the health needs of clients from different cultures are not always met because of a lack of knowledge, understanding, and awareness of unique cultural issues among professional nurses and other health care professionals. While there is much written about transcultural nursing much of it has been informational. Definitions and goals have been clearly defined, but few studies have resulted in the development of models for care. One exception is the study by Dobson (1989). She conducted a study in London on a home health care population, which resulted in the development of a model called Transcultural Reciprocity. In her model, Dobson defines the aim of transcultural health visiting to be that of establishing, sustaining and developing health visitor-client relationships based on the notion of reciprocity. Reciprocity is defined as an inter-cultural process rooted firmly in the reciprocation of cultural respect and understanding between health visitor and client (Dobson, 1989).

There is a considerable amount of literature on culturally based care and much of it pertains to the Jewish population. There is also a large body of literature that deals with the

importance of educating nurses to provide culturally based care. However, there is very little research on how education actually changes the delivery of nursing care. The goal of this research was to determine how an educational program changed a selected group of nurses' perception of the care they delivered to Jewish clients.

Review of Related Literature

Nurses Experience with Care

Murphy and Clark (1993), both professors in London, conducted an extensive study regarding nurses' experiences of caring for ethnic-minority clients. This study was conducted with 18 nurses working in areas with high minority populations. Focused interviews were conducted and the nurses talked freely about their experiences and feelings. From these interviews there emerged five categories relevant to nursing of ethnic-minority clients. The categories were: (a) issues related to communication; (b) issues related to the nurse-client relationship; (c) issues related to relatives, (d) issues related to nurses feelings of frustration, stress, and helplessness; and (e) issues related to a lack of knowledge about cultural differences. Murphy and Clark concluded by asserting the need for ethnic-centered education in nursing schools.

Spiritual Needs

Charnes and Moore (1992) examined the spiritual needs of Jewish patients. The authors examined the health and illness beliefs, daily rituals, diet, and end-of-life care of a selected population. The research determined that nursing care must take into account consideration of the dietary rules, maintenance of modesty, and the importance of family. They also stated that post-mortem care of the Jewish patient is individual and needs to be done in strict accordance

with Jewish law. Charnes and Moore concluded that an effective assessment of the spiritual domain can lead to nursing interventions that enhance the experience of hospitalization.

Organ Transplantation

Mayer (1997), a registered nurse, reviewed the Jewish perspective regarding organ transplantation. "The permissibility of organ donation hinges on the crucial question of death; in fact no consensus exists among members of the Orthodox Jewish community concerning the definition of death. Some accept that brain death is death; others do not" (Mayer, 1997, p.67). She states that Jewish medical ethics came about as a response to the practice of organ donation. It is also important to note that there are various patterns of observance in Judaism. The reform Jews, who have broken away from the Orthodox view, permit both the receiving and donating of organs without restriction. Judaism teaches that it is not allowable to sacrifice one life to save another, which would constitute murder. It also teaches that it is prohibited to derive benefit from the dead, desecrate or mutilate the body or delay the burial of the dead. Kidney and partial liver transplant are permitted because of the overriding consideration to save a life. Mayer concludes that organ donation cases need to be handled on an individual basis and that education about the religious aspects of organ donation belongs in nursing schools, medical schools, and hospitals.

End-of-life Decisions

Freedman (1996), a medical ethics expert, presented several extensive case studies on how Jewish children make end-of-life decisions for their incompetent parents. Freedman identified several conflicts between Jewish family members and the medical team. These included (a) conflicts over the goal of treatment; (b) the aggressiveness with which the goals should be pursued; and (c) who should decide. The author found that issues are surmountable if

the medical team takes into account the Fifth commandment. The Fifth commandment states that children have to honor their fathers and mothers by providing for their basic needs, including food and water. Thus issues concerning the withholding or discontinuing of life sustaining treatments can be very difficult decisions for Jewish children. Freedman concluded that there are numerous Jewish laws that can help the family make difficult decisions yet honor the context of the law. The author concluded that an understanding of Jewish beliefs and rituals could greatly enhance the relationship between the health care team and the family.

Schostak (1995), a Rabbi in a long-term facility, has examined the Jewish ethical guidelines for the resuscitation and artificial nutrition for the dying elderly. An age-old legal system, known as Halacha, governs every aspect of Jewish life. Halacha asserts that every Jewish life must be preserved. Jewish law states that every life-saving measure must be utilized to prolong life. According to Schostak the only exception to the rule includes unremitting pain and suffering. Schostak also examined the issues of commission and omission. The author found that the action of commission, such as withdrawal of life support, according to Jewish law is a more serious crime than the act of omission such as not providing tube feedings. In this article, the author describes Jewish rituals and beliefs and can serve as an excellent educational tool in any health care setting.

Hospice

Rosner (1993), a physician, contends that hospice is within the context of Jewish law and a favorable alternative for the dying patient. Jewish law requires that all medical interventions be implemented for the dying patient, but prohibits measures that prolong the act of dying. Rosner acknowledges that euthanasia and physician-assisted suicide are prohibited under any circumstance. According to Jewish law there is no time when food or water can be withheld from

the patient and the removal of life-sustaining machinery can only be done if it is certain that the act of dying, not interrupting life is shortened. All possible surgeries and experimental treatments should be attempted if life can be prolonged. Rosner concludes that hospice care fits within Jewish customs and laws' providing it prolongs life without prolonging despair. The author explained how hospice fits into Jewish end-of-life care. However, Rosner did not describe how many Jewish patients choose hospice as a form of care and how to approach the family regarding this decision.

Musgrave (1987), a clinical nurse specialist in oncology, looked at the ethical and legal implications of hospice care. Musgrave found that the ethical and legal considerations play a major role in nursing the terminally ill. "It is therefore important before setting up a hospice program to examine the legal rights of a patient in the particular culture, and how the predominate religious beliefs influence those rights" (Musgrave, 1987 p. 183). Musgrave points out two differing views on Jewish beliefs. One view is that living wills are not considered valid. The reason for this is that human beings do not have the right to self-determination questions pertaining to the body or to life and death. Musgrave concludes that active euthanasia is prohibited, and seen as an act of homicide. No act can be performed to inadvertently hasten death. The second view looks at good palliative care, not as artificially shortening life but as allowing the natural process to take place. This view implies that a patient should be able to decide to withdraw life support if it prolongs dying and not life. The author was rather ambitious in her goal; she showed two differing viewpoints but did not describe how to apply them in practice.

Method

A qualitative evaluative study was conducted to determine how an educational program on Jewish beliefs and culture changed nurses' perception of the care they delivered to Jewish clients. An educational program was presented early in the semester (Table 1) to a group of community health nursing students. The students then interacted freely with clients while providing care through the auspices of an Academic Nurse Managed Center. Interviews were conducted at four and eight weeks after the teaching program to determine students' perceptions of how the class influenced their delivery of care.

Design

After obtaining informed consent, students were provided with a one-hour class that included information on Judaism, Jewish values and beliefs, end-of life practices, Jewish traditions and Jewish holidays. The students were given a handout describing the goals and objectives for the class and a booklet that they could use as a resource guide throughout the semester (Table 2). At four and eight weeks after the class the students were interviewed. All interviews were conducted, transcribed, and analyzed by the author. The research took place in an Academic Nurse Managed Center (NMC). The NMC is located in an independent living facility for older adults. Major financing for the facility is provided by the Jewish Federation and about half of the residents are Jewish. Consent to use the facility was obtained from the Director of the NMC. Consent to use human subjects was provided by the University's Institutional Review Board (IRB). The fall semester was chosen as the time to conduct the investigation because during the fall there are many major Jewish holidays (viz., Rosh Hashanah, Yom Kippur, and Sukkot).

Data Collection

Students were recruited from a community health nursing clinical group. Students were told that participation in the study was voluntary and that refusal to participate would in no way jeopardize their participation in the clinical experience or their grade. Interviews were conducted at four and eight weeks after the teaching program in a private place at the clinical site. The interviews were conducted using a semi-structured interview guide. Students were encouraged to talk freely about their experiences and feelings while caring for Jewish clients and to expand upon any of the questions that were asked. During the interview the researcher took hand written notes. To protect the anonymity of participants, students were assigned a number and the data placed in respective folders with all identifying information removed. The folders were kept in a locked drawer.

Setting and Participants

Students working at the NMC function under the California Nursing Practice Act (1997). In the NMC, faculty and students do not take the place of the physician; rather they are adjuncts to care working closely with client's own physicians to provide primary, secondary, and tertiary preventive care. The clients are a group of older adults living in an independent living facility. Most clients are self-referred to the NMC and come to the center for a variety of services including blood pressure and glucose screening, health education and advice, medication management, chronic illness monitoring, and foot care. Since the students are in the facility only one day a week, they do not do Home Care or Hospice Care per se. However, they conduct home visits to assess clients and monitor well being, especially of the frail elderly. Students work closely with a social worker from Jewish Family Service to make referrals as needed. There is excellent rapport between students and clients and clients often come to the nurses to discuss

concerns about fasting during Jewish holidays and to talk about other dietary and religious issues.

The 10 participants were senior nursing students doing their community health rotation. This was their seventh semester in nursing school, the eighth semester being the last before graduation. All of the students had exposure to transcultural nursing issues during their nursing education, but none of that education focused specifically on the Jewish culture. The students represented a variety of cultures. One of the students was male, the other were female. Two students were of European background. The other eight students were Asian. One was Laotian, two were Vietnamese, and the other five were Filipino.

Data Analysis

Direct quotations are a basic source of raw data in qualitative inquiry, revealing respondents' depth of emotion, the ways they have organized their world, their thoughts about what is happening, their experiences and their basic perception (Patton, 1990). The raw data collected during this study was analyzed for themes. After the author had finished her analysis, the data was given to the instructor at the clinical facility, an expert in qualitative data analysis, who also analyzed the data for themes. The instructor identified similar themes. At first there were five themes. Later these five categories were collapsed to form three major themes.

Findings

In addition to the three themes that emerged from the study, context emerged as a significant influencing variable. The context in which the students provided care had a strong Jewish atmosphere. Though Jewish residents make up only half of the total population, the symbols, traditions and practices that denote the Jewish identity are present everywhere. There is a kosher kitchen, pictures on the walls denoting religious scenes, and attention given to religious

holidays. Around the time of holidays, residents often leave the facility for a few days to go to the homes of their children to celebrate. Yet the cultural element is subtle enough that it could be overlooked or glossed over unless one is sensitive to it. The teaching program increased students' awareness and sensitivity to what was going on beneath the surface of the facility. It gave visibility to religious practices and objects that before were not noticed by the students before the teaching. Previously they had no meaning. Now, that students understood they asked questions about what they saw and heard. Furthermore, students felt comfortable asking questions of their clients about the Jewish symbols in their homes because they recognized their significance. The Jewish clients, who ordinarily did not talk about such things, were delighted students took an interest and asked questions. They willingly shared additional information about their personal religious practices and traditions. These interactions reinforced what students learned in class, made it real to them because they could see that these cultural practices were part of person's everyday life. Characteristics of the students also entered into the context. Largely Asian, they had little knowledge about Jewish traditions or beliefs. Yet, because their own cultural practices and traditions were often unknown and/or misunderstood by others, they could relate to the need to have one's traditions and practices understood by others. This created a common bond and understanding between themselves and the clients. Then, when it came time for students to counsel clients about religious sensitive topics, such as fasting during holidays, clients were more willing to listen because they felt the advice was given with sensitivity and consideration of their personal beliefs.

Themes

Three themes that emerged from the study. They include: (a) an increase in sensitivity and insight; (b) the establishment of rapport; and (c) the need and ability to individualize care.

Increased Sensitivity and Insight

The students stated that they gained a new awareness of cultural differences and when these differences are significant. They said that they learned to understand and appreciate the concept of death and dying as it relates to Jewish customs. They realized why Jewish people had to be buried within a 24-hour period and the meaning behind the grieving process known as Shiva. They stated that they realized that concerns about death and dying are of foremost importance in a hospital setting, as compared to a home care environment because at home clients and their families can direct care. Whereas a hospital setting is more impersonal and culturally sensitive issues can be lost. The students also expressed that they gained a new understanding of Jewish cultural beliefs and the significance of religious symbols. The students were able to differentiate between the Sabbath candles and the Menorah used for Hanukah. They understood that cultural differences are not always relevant to providing nursing care, but they do become significant when they are important to Jewish clients especially during the holidays when certain dietary issues come into play. As one student said "I showed respect for his fasting on Yom Kippur and educated him regarding being able to drink during fasting if needed" (personal communication, Oct. 13, 1999).

Establishment of Rapport

The students reported that after the class they were more able to personalize their interactions with clients. Thus, they were more likely to develop rapport with clients and build long and meaningful relationships. A number of the students mentioned that they were also immigrants to this country and had to learn different customs, while maintaining their own customs. This brought a sense of personalization to the student-client interaction and helped both parties bond through mutual experiences. One student was assigned a newly arrived Russian

Jewish immigrant and despite the language barrier the student and client were able to communicate well. As the student put it “ We had a hard time communicating because of the language barrier but I could relate because I am in the same situation since I am also an immigrant and still learning the language” (personal communication, Oct. 13, 1999). Upon making a home visit the students would take in their surroundings and comment on the clients’ personal belongings and religious symbols. This enabled them to build a relationship based on mutual understanding and respect. As one students said, “Once she gained my trust we became like family” (personal communication, Oct. 13, 1999).

Individualization

The students stated that they now realized that there are many different levels of Judaism and no longer assumed that everyone practices at the same level. They understood the difference between being Orthodox and Reform, and were able to identify important differences. They were able to differentiate between different levels of belief and individualize their care appropriately. For example, they understood that the more religious Jewish clients were more like to fast on Yom Kippur and observe the rules of Shiva (mourning) and have different ways of paying respect to their loved ones. As one student discovered, “If I had a Jewish client I would ask them how they would like to do things according to their religion and go from there” (personal communication Dec.1, 1999).

Implications

All of the students felt that the class was worthwhile. It gave additional insight and meaning to the community health nursing clinical experience. The students expressed that the information was not only relevant to this clinical rotation, but was information that they could use throughout their nursing careers. All nurses must come to realize the importance of culturally

sensitive care. It is just as relevant to health care delivery as hands on nursing care, such as changing dressings and administering medications. Nurses must be able to look at clients as persons with cultural beliefs and traditions and not just as a diagnosis, then address those issues in the care of clients. Nurses do not need to have in-depth knowledge of different cultural beliefs and practices to be able to provide appropriate care. However, they must have sensitivity and a willingness to ask all patients (even those who are not ethnically different) about their beliefs and how they would like to be cared for. As one student put it, "After the class I remembered mostly the Jewish holidays and things made sense as to why things are kosher and why they are used...but mostly I don't feel stupid about asking them about their religion" (personal communication, Dec. 1, 1999). Nursing schools, hospitals, and all other facilities where nurses provide health care to clients should be encouraged to provide periodic educational programs about culturally relevant care. Periodic programs can help nurses maintain their sensitivity to cultural differences and practices and support clients need for such care in these days of high workloads and depersonalized care. Most new graduates begin their careers in hospital settings, where cultural and spiritual issues arise most often. If beginning nurses can learn to implement the concept of culturally competent care, then just imagine what they will be able to do when they are more experienced.

Limitations

There were several limitations to this study. One was the small sample size. Another was the supportive setting where students had an opportunity to see and experience what they were taught first hand. Students may have told the researcher what they thought she wanted to hear. Also, as with all qualitative studies there is the possibility of bias in interpreting the data.

Summary

This qualitative study demonstrated that a teaching program increased nursing students' sensitivity to Jewish cultural issues and practices and as a result altered the care that they provided to their Jewish clients. Offering a similar educational program, such as this one, to other professional nurses working in acute care and community-based settings will foster culturally relevant care. This is imperative in our expanding multicultural society.

References

- California Board of Registered Nursing. (1997). Nursing Practice Act: With rules and regulations. State of California, Department of Consumer Affairs.
- Charnes, L. S., & Moore, P.S. (1992). Meeting patients' spiritual needs: The Jewish perspective. Holistic Nursing Practice, 6, 64-72.
- Dobson, S. M. (1989). Conceptualizing for transcultural health visiting: The concept of transcultural reciprocity. Journal of Advanced Nursing, 14, 97-102.
- Freedman, B. (1996). Respectful services and reverent obedience: A Jewish view on making decisions for incompetent parents. Hastings Center Report, 31-37.
- Kolath, A. J. (1995). The Second Jewish Book of Why. New York: Jonathan David Publishers, Inc.
- Leininger, M. (1976). Transcultural nursing: A promising subfield of study for nurse educators and practitioners. Current practice in family centered community nursing. St. Louis: Mosby.
- Mayer, S. L. (1997). Thoughts on the Jewish perspective regarding organ transplantation. Journal of Transplant Coordination, 7 (2), 67-71.
- Murphy, K., & MacLeod-Clark, J. (1993). Nurses' experience of caring for ethnic-minority clients. Journal of Advanced Nursing, 18, 442-450.
- Musgrave, C. F. (1987). The ethical and legal considerations of hospice care. Cancer Nursing, 183-189.
- Patton, M. Q. (1990). Qualitative Evaluation and Research Methods (2nd Ed.). Newbury Park, CA: Sage Publications, Inc.

Rosner, F. (1993). Hospice, medical ethics and Jewish customs. The American Journal of Hospice and Palliative Care, 12, 6-10.

Schostak, Z. (1995). Jewish ethical guidelines for the resuscitation and artificial nutrition and hydration of the dying elderly. Journal of Medical Ethics, 20, 93-100.

Table 1

Class Goals and Objectives

Class goals:

To become
familiarized with the
basic Jewish
traditions.

To have a better
understanding of
Jewish holidays.

To appreciate the
importance of
Judaism to the
Jewish population.

Class objectives:

To be able to explain at least 3 Jewish traditions.

To be able to identify the significance of the 3 most
spiritual Jewish holidays.

To be able to appreciate at least 3 ways in which nurses can be
more culturally sensitive toward Jewish clients.

Table 2

Excerpts from the Student Booklet

Levels of Judaism:	<p>Not all-Jewish people practice the same level of Judaism.</p> <p>Through the years, Judaism has changed moving from the Ultra-orthodox movement to Reform.</p>
Key concepts in Judaism:	<p>Introduction-Judaism is more than a religion; it is a way of life. Jewish laws spell out what the conduct of the Jew should be from the moment they open their eyes in the morning until the moment their heads touch the pillow at night.</p> <p>Circumcision- all Jewish males are to be circumcised.</p> <p>Marriage- viewed as a sacred institution.</p> <p>Death and dying- the body of the deceased is not to be left alone, burial must take place within 24 hours, cremation and embalming are not permitted, euthanasia is illegal, prayer recital during mourning.</p> <p>Shiva- period of mourning that lasts for seven days.</p> <p>Dietary laws- Kosher vs. not Kosher.</p> <p>Objects and garb- skull cap, prayer shawl, and door ornament.</p> <p>Synagogue- house of prayer where the holly scrolls are kept.</p>
Jewish Holidays:	<p>The Sabbath- most important day in the Jewish calendar,</p>

celebrated every Friday night and lasts for 24 hours.

Passover- celebrates the escape of the Israelites from Egypt and lasts for 7 days.

The High Holidays- Rosh Hashanah (New Year) and Yom Kippur (Day of Atonement).

Chanukah- festival of lights and lasts for 8 days.

Sukkot- Harvest festival.

Nursing Techniques to Improve
Care to the Jewish Client:

Encourage and allow expression of religious beliefs.

Encourage and allow family participation in care.

Maintain dietary guidelines applicable to client's religious observance.

Be respectful of end-of-life practices.

Be respectful of the care of the dying or deceased.

Advocate for your Jewish client with the rest of the medical team.

Adapted from Kolath, A. J. (1995). The Second Jewish Book of Why. New York: Jonathan David Publishers, Inc.

Table 3

Research questions

Please describe your last experience with a Jewish client.

What cultural issues did you encounter in caring for your Jewish client?

Describe how you provided culturally appropriate care for your Jewish client.

Do you believe that the educational program influenced your care? If so, how? If not, why not?

How did you feel making decisions and carrying out care for this client?

What, if anything, would you do differently next time?