Japanese health beliefs and practices essay

Kristin Santiago Cal State University, Dominguez Hills School of Nursing Concepts of Professional Nursing Practice BSN 306, Section18 Caole A. Shea, PhD, RN, FAAN Novemeber 4, 2012 Japanese Health Beliefs and Practices As the Japanese began migrating to the United States in 1885, throughout the decades, the cultural integration and assimilation of the western culture has been embedded into the Japanese Americans. Early traditional Japanese immigrants are called Issei and the second-generation Japanese Americans who were born and educated in the U. S. re called Nisei (Lipson & Dibble, 2008). Health beliefs and practices vary among the different generation of the Japanese, however, many of their viewpoints and attitudes are rooted from their Japanese background. To better care for Japanese elders effectively, it is significant that health care providers have knowledge regarding “ historical experiences of the cohort of elders” and traditional Japanese beliefs and practices (Tanabe, 1990). This paper will discuss the influence of culture on the way a father of a Nisei Japanese individual’s experiences and how they cope and manage an acute myocardial infarction.

The parents of a second-generation Nisei arrived into the U. S. on vacation in visiting their two children, son and daughter, living in Southern California. The parents were on vacation here for two months. The father was 72 years old and the mother 70 years of age. I interviewed the only son of the parents because the elder Japanese parents spoke very little English. During the end of their first month of vacation in the U. S. , the father, father Aoyagi, began developing symptoms such as headaches, fatigue, weakness, increasing feelings of anxiety from time to time, and indigestion.

At first, father Aoyagi related the symptoms to not being in his own home environment in Japan, California pollution and the way Japanese Americans prepare their food was too salty. Father Aoyagi requested for his children to purchase herbs from the Asian market. Some of these herbs included ashitaba, dokudani, genoshouko, kudzu, kuko and some others. Each herb were of different use but were used mainly to help with indigestion, detox from the pollution, weakness, and ciruculation.

After several days, father Aoyagi began to feel a little better but the anxiety and headaches seemed to continue. During the first week of the second month, father Aoyagi's symptoms returned with added tingling in hands and tongue, intermittent pain in chest, and increased levels of anxiety. Father Aoyagi blamed the symptoms on being home sick, the unclean food preparation, stresses of not attending to his responsibilities back in Japan which caused him to smoke more, and mainly his anxiety from his stress.

Mother Aoyagi requested the son to take his father to an acupuncturist for relaxation, restoration of energy flow, increase of circulation, and to alleviate the numbness and tingling. The son took father Aoyagi to a well known acupuncturist in the Japanese community and there, acupuncture and moxibustion was performed on his father. There are many forms of moxibustion, however, the type executed on father Aoyagi used was the medicinal application moxibustion that does not result in blistering.

Moxibustion is an external heat therapy used over acumoxa points which mainly requires the use of mugwort commonly, but other herbs can also be used (Wilcox, 2008). For father Aoyagi, the acupuncturist used acupuncture

and moxibustion in combination by applying the herbal ingredients paste onto the acupuncture needles. No blisters or scars were noted on the father Aoyagi so a mild form of heat must have been utilized. The acupuncturist did not inquire about the patient’s home western medications prior to the process because it did not effect the procedure, nor did father Aoyagi offer the information.

Herbal therapy, acupuncture, moxibustion, and shiatsu were very common to the Aoyagi family for home remedies taught to them from their ancestors and passed down through generations. These therapies were also very common in the Japanese culture. Father Aoyagi felt better for the next two days and the mother and daughter cared for him, cooked for him, and massaged him at home in a quiet, calm, clean environment. Three days after the acupuncture and moxibustion, the father’s symptoms returned and worsened, some of which he attributed to not being able to seek his own acupuncturist at home in Japan.

He experienced headache, sudden chest pressure and pain as if someone was sitting on his chest, tingling and pain in his left arm and neck, palpitations, sweating, and nausea. At this point, the Aoyagi family, together decided to take their father into the hospital. Upon arrival to the emergency department at the hospital facility I work for, based on father Aoyagi’s symptoms, vitals were taken, labs were drawn, 12 lead EKG was done, MONA was initiated and the patient was made as comfortable as possible. A brief history was taken.

The patient was a 72 years old Japanese native male, 5’4” in height, weighed 84kg, with a good muscular tone, slightly protruding abdomen, appeared much younger than his age, and very clean in appereance. The patient has a long history of smoking about half a pack to a whole pack per day for 40 years, hypertension, slightly controlled diabetes mellitus type II, hyperlipidemia, and possible family history of CHD. His diet was of a traditional Japanese, high in seafood, rice, vegetables, noodles, fruits, and tofu. Patient Aoyagi was a business man his whole life and after retirement cared for his large garden at home.

His exercise consisted of working his garden all day where he grew vegetables, fruits, flowers, herbs, and many other plants. The patient was a decently wealthy man and had others working for him in his garden but enjoyed performing many of the duties himself. He was a independent man who enjoyed the ability to care for his family and self financially. His wife cared for the home by cooking and cleaning. The Aoyagi parents associated themselves as Shinto/Buddist but mainly just participated in some of the faith but did not fully based their lives around the religion.

Consent was requested of the patient, father Aoyagi, for further diagnostic tests and procedures for a coronary angioplasty with possible stent placement to determine the extent of ischemia and possible treatment. The family as a whole discussed the procedure and decided as a family to approve consent for the procedure. The mother and father appointed the son to make all the decisions in his father’s health care, with the discussion and opinions of the whole family that was present. The family also requested to

provide direct health care information to him and not directly to his father, the patient.

The patient underwent the procedure with stent placement and I admitted the patient into the ICU. As the primary nurse, I spoke with the son and the family about the patient’s history, personal history, lifestyle in Japan, and present lifestyle here in the U. S. while on vacation. The patient had an extensive history of cardiac issues that were better controlled in his own environment in Japan. Upon arrival to the U. S. , is when his cardiac issues developed a drastic decline. It was not his first time in the U. S. but due to his age and his health history, this trip to the U.

S. developed a decline in his health status. It was very difficult for mother Aoyagi and father Aoyagi to understand the full concept of the western medicine process but with the help of their son, a business man, and their daughter, student nurse, they were able to understand and accept the practices of western medicine. During my initial database of questions required with all new admissions, I discovered the families primary concerns were of the overall health of their father, who was the head of their family, which was common with most traditional Japanese families.

I asked about events that occurred prior to the patient’s arrival to the hospital, which lead to the conversation of other treatments and home remedies that were tried prior to seeking western medicine. The parents did not seem enthusiastic about the discussion but the daughter and son were aware that it was imperative that this information was significant and could affect the current health care treatment being provided due to possible

medication interactions with different herbs. The medical physicians explained most of the health care concerns, procedures to the son and daughter and they translated to the mother.

When more technical description was needed, interpreters were provided. The medical physicians inquired about the home remedies that were possibly used but did not seem to become an issue after the list of herbs used were provided. The physicians did not incorporate the herbs into the patient’s current health plan. The acupuncture and moxibustion was also described to the physicians but they did not seem concerned about those remedies to affect the current health state. The Aoyagi family was also concerned about the visiting hours of every other hour and two people at a time.

Exceptions were made when feasible regarding visitation and the wife and daughter alternated spending the night in the room with the patient, and the wife, son, and daughter alternated throughout the day. The family was not satisfied with the time spent with the physicians and constantly requested to speak to the doctors at least twice a day. They were mostly satisfied and impressed with some of the nursing staff and not so impressed by others. Education of the primary illness and the patient’s other co-morbidities were provided and performed to the son, daughter, and wife.

Verbal understanding was provided. Advice that the patient and his family may give to nurses and other health care providers to improve care for patients of their same culture would be the better understanding of the Japanese cultures beliefs and practices. Some recommendations to improve care for the Japanese culture with this illness are to understand Japanese

communication styles, verbal and non verbal, such as tone of voice, eye contact, personal space, gestures, privacy, touch, and modesty.

A soft, polite tone of voice, avoidance of direct eye contact with elders or authority figures, use of both hands when taking something from their hands, maintain privacy when family conversations occurring or daily hygiene and dressing occurring, and decrease in touch unless necessary (Lipson & Dibble, 2008). The understanding of family dynamics in the Japanese may also be helpful when caring for a patient from this ethnic group. Japanese tend to not see themselves as individuals but as a member of family groups. They may request for information to be given to the family members and not directly to the patient to prevent more stress.

The Japanese control their emotions very well and if you respect the hierarchy of their family and culture dynamics, they may enlist trust in the healthcare provider and adhere to their requests (Galanti, 2008). The Japanese culture has evolved greatly over the decades, along with their health care beliefs and practices. They are more open and accepting of western medicine practice More of western medicine has been introduced and being practiced in Japan throughout the different eras so western medicine is not completely foreign and obsolete in the Japanese culture.

More advanced techniques and the positive outcomes from these advanced techniques have improved the trust that the Japanese culture resides in western medicine practice. Ancient traditional beliefs and practices, however, have not been obliterated from the Japanese culture. Many of the Issei and Nisei Japanese immigrants continue to entrust in their traditional

Kampo medicine of herbal therapy, acupuncture, moxibustion, and shiatsu as home remedy treatments to prevent, improve, or cure an illness. Understanding the Japanese culture and being culturally sensitive and competent in their health beliefs and practices will improve and gain trust in the Japanese culture in western medicine practices.

References Galanti, G. (2008). Traditional medicine: Practices and perspectives. Caring for patients from different cultures. (4 ed. , pp. 24-25). Philadelphia, PA: University of Pennsylvania Press. Lipson, J. G. & Dibble, S. L. (Eds.). (2005). Culture and clinical care. San Francisco, CA: UCSF Nursing Press. Tanabe, M. , K. (1990). Health and health care of Japanese American elders. Retrieved from http://www. stanford. edu/group/ethnoger/japanese. html Wilcox, L. , (2008). Heavenly moxibustion and medical application moxibustion. Journal of Chinese Medicine, (88), 27-35. Grading Criteria – Option 2 Health Beliefs & Practices| Points| Description of Illness and Person’s Beliefs & Behavior (15 pts)| | Critical Analysis (15 pts)| | Recommendations (10 pts) | | Writing Style (5 pts)| | APA Manual Style (5 pts)| | Total Points (50) | |