

Nurses who understand the Muslim worldview and religious or cultural practices are better placed to provide person-centred care to Muslim patients without stereotyping

Cultural competence in nursing Muslim patients

In this article...

- › Muslim beliefs about health and illness
- › Use of traditional remedies
- › Pointers for culturally appropriate care

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Delivering high-quality care to Muslim patients involves having an awareness of the ramifications of the Islamic faith and Islamic beliefs. Nurses need to understand the implications of spiritual and cultural values for clinical practice. They should be aware of the need for modesty and privacy, the appropriate use of touch, dietary requirements and use of medications. This article reviews the key issues involved in delivering culturally competent care to Muslim patients.

Delivering high-quality care to Muslim patients means having an awareness of the Islamic faith and Islamic beliefs. With a growing Muslim population in many parts of the world – including 2.7 million Muslims in England and Wales (Office for National Statistics, 2011) and nearly 77,000 in Scotland (National Records of Scotland, 2011) – it is reasonable to assume that nurses frequently encounter Muslim patients in the healthcare system and are often their first point of contact. However, there is a great diversity of cultural, ethnic and linguistic groups within Muslim communities, each of which has its own cultural characteristics and world view of health and illness. This diversity means that caring for Muslim patients presents constant challenges to nurses and healthcare providers (Rassool, 2014a).

Diversity and homogeneity within Islam

The presence of the different groups of Muslims originating from South East Asia, the Indian subcontinent, Central Asian countries, the Middle East, the Horn of Africa, and North and West Africans varies depending on a wide range of factors, including:

- » Post-decolonisation migration patterns;
- » History of European labour markets;
- » Refugee flows (Amnesty International, 2012).

In the UK, there is also a significant number of British-born Muslims and those who have converted to Islam.

For many Muslims, Islamic practices dominate every aspect of their lives and behaviours but there are also acculturated Western-oriented Muslims – or “cultural Muslims” – who may or may not adhere strictly to the practices of Islam. In spite of this, there is some homogeneity within Muslim communities with regard to:

- » Health beliefs and practices;
- » Access to, and use of, healthcare;
- » Health risks;
- » Family dynamics;
- » Decision-making processes (Rassool, 2014a).

Having an understanding of these perspectives should inform health professionals’ efforts to achieve cultural competence and deliver care that is culturally sensitive (Rassool, 2014b). However, although nurses need some familiarity with Muslims’ rites of passage from birth to death, overly simplified summaries of Islam and health practices risk reinforcing stereotypes and prejudices (Rassool, 2014a). Individualised, holistic care can

5 key points

1 Having a basic understanding of the Muslim worldview will inform the delivery of care that is culturally sensitive

2 Muslims believe they should meet illness and death with patience, meditation and prayer

3 When caring for Muslim inpatients, their spiritual needs, privacy and modesty are paramount

4 It is important to discuss patients’ dietary requirements, including the need to avoid pork or medication that contains alcohol

5 In a life-threatening emergency, there are no restrictions on the treatment that can be provided to a Muslim patient



Nurses must have a solid understanding of a patient's culture, beliefs and traditions to be able to deliver effective, individualised, holistic care

only be achieved by understanding culture, beliefs and traditions, and a display of cultural competence.

Muslims' view of health and illness

From an Islamic perspective, health is defined as a state of physical, psychological, social and spiritual wellbeing and is viewed as one of the greatest blessings God has bestowed on humankind. The world view of Muslim patients incorporates the notion of receiving illness and death with patience, meditation and prayers (Rassool, 2000). Even non-practising Muslim patients generally call for spiritual or religious intervention when they are facing significant challenges.

Muslim patients understand that illness, suffering and dying are part of life and a test from God, and perceive illness as a trial from God by which one's sins are removed; it is:

- » An opportunity for spiritual reward;
- » A reminder to improve one's health;
- » A sign of personal failure to follow Islam's tenets.

Death is part of the journey to meet God (Lovering, 2014, 2008; Rassool, 2014c; 2000). Islam attaches great importance to health, so taking good care of one's own health is a religious duty.

There is widespread misunderstanding of Islamic beliefs and values, as well as a failure to recognise that Islamic faith is intertwined with the healthcare of Muslim patients. For some Muslims, spiritual values are the prime component of their health belief model and, as such, spiritual needs may take precedence over biopsychosocial needs (Lovering, 2014, 2008).

Religious beliefs and values also influence patients' notions of healing. A study examining the healthcare needs of American Muslims found that, in addition to prayer and supplicating to God, imams, family members, healthcare providers, friends and community members played important roles in the healing process (Padela et al, 2011).

Religio-cultural values

There is a misperception in Eurocentric literature about Islamic culture and Muslim culture. According to Philips (2007):

"Islamic culture represents the traditions and customs which evolve from day-to-day practice of people following the authentic teachings of Islam. In general, when various cultures of Muslims around the world are compared, the common features found in all countries and regions represent the core of Islamic culture, and the variations represent the basic features of Muslim cultures."

Indeed, Muslims are not a homogeneous group and different groups from different parts of the world will have varying cultures even though they share the same religious values and practices. However, their behaviour is often shaped by cultural practices that may not be in concordance with basic religious practices. Some of the cultural or pre-Islamic practices observed by Muslims are given an Islamic dimension even though they are not Islamic practices (Box 1). Generally, religious or Islamic practices have roots in the Qur'an and traditions – or *Sunnah*, the life and teachings of the Prophet Muhammad (Peace and Blessings be Upon Him) (Rassool, 2014c).

BOX 1. PRACTICES GIVEN AN ISLAMIC DIMENSION

The "evil eye" and jinn possession

When a baby is born into a Muslim family, relatives, friends and any person handling the baby is expected to say "*Masha Allah*" (what Allah wills) as a way to ward off evil. A softened date may be rubbed on the child's palate (*Tahneek*) following the traditions (*Sunnah*).

Belief in the "evil eye" is found in the Noble Qur'an based on the chapter Al-Falaq (The Daybreak), 113: 1-5. However, giving charms or amulets, such as blue beads, to shield the baby from the evil eye is a cultural, rather than Islamic, practice.

Sometimes, patients may express the feeling that they are possessed by spirits or "jinn", which is evidenced in the Qur'an and Islamic theology. This feeling may lead to both physical and psychological problems. However, it is important to be aware of the fact that not all mental health problems are associated with the evil eye, jinn possession or black magic.

Sometimes an imam who specialises in Ruqya (recitation or treatment against black magic) will be called to manage the problems or remove jinn. However, how Muslims respond to evil eye or jinn possession is a cultural, rather than Islamic, practice – that is, the blending of religious belief with cultural responses.

Many scholars agree that supplications to jinn (for example, in the form of prayers, or carrying amulets), or to anything or anyone else but Allah, is considered *shirk* (the worship of anything but Allah) – the greatest sin in Islam (Younis, 2013).

The family system

In Islam, the family system rather than the individual is the core of the community (*Ummah*), and is still based on the extended family structure. A harmonious social order is created by extended families that determine acts and behaviour, and bring the rights of the husband, wife, children, and relatives into a fine equilibrium (Rassool and Sange, 2014).

Whether Muslims live in "nuclear" units of parents and children, as extended families or separately, the extended family is usually consulted in all decisions. According to Halligan (2006), actions, decisions and judgments ought to be family

BOX 2. KOHL

Kohl is a dark eye-paint seen on Muslim women from the Indian subcontinent, North Africa and parts of West Africa and the Middle East. Some women apply kohl to their infants' eyes soon after birth to prevent the child from being cursed by the evil eye (Hardy et al, 2004).

However, some of the kohl on the market is contaminated with lead, which is highly toxic, and thus carries a risk of lead poisoning and lead intoxication, especially to children.

orientated and culturally derived. Cultural values have an impact on the assessment of patients' cultural needs, as well as on the planning and delivery of nursing care.

Traditional healing methods

Although not found in all Muslim cultures, the use of traditional healing methods and folk remedies is common among Muslims of varying cultural roots and some are based on Prophetic medicine (*Tibb al-Nabawi*). This healing tradition derives from passages in the Qur'an, *Hadith* (Prophetic traditions) and *Sunnah* (way of life) of the Prophet Muhammed; it includes the use of dates, fig, pomegranate, capers, fenugreek, aloe, chicory, indigo, senna, dill, mustard, olive and truffle. Muslims sometimes also use olive oil, honey, or *nigella sativa* seeds to prevent and treat certain ailments.

Olive oil

Olive oil is the main source of dietary fat in the Mediterranean diet, which is associated with a low death rate from cardiovascular diseases compared with other parts of the world. There is evidence to suggest that regular olive oil intake helps reduce inflammation, endothelial dysfunction, thrombosis and carbohydrate metabolism (Covas, 2007).

Nigella sativa

Nigella sativa seeds and oil have been traditionally used to:

- » Treat a variety of respiratory, stomach and intestinal complaints;
- » Improve kidney, liver, circulatory and immune system function, and health in general.

Honey

Honey has been recommended in the Qur'an and many Islamic medical texts for internal use and is widely used in folk

traditions. However, historically it has been used as a wound dressing, and two commercial brands of medical-grade honey (L-Mesitran and Medihoney) have European approval for burn treatment and wound care (Weber, 2014).

Many Muslim patients have diabetes and may use honey as a traditional remedy. A small study involving 48 patients found that honey can have beneficial effects on body weight and blood lipids, although cautious consumption by patients with diabetes is recommended as an increase in the hemoglobin A_{1c} levels was observed (Bahrami et al, 2009).

Cupping

Some Muslim communities use cupping (*hijama*), a popular folk remedy in the Middle East and among young Muslims in the UK, to treat a wide variety of disorders including migraine headache, jaundice, stomach ache, nausea, sprains, muscular pain and insomnia. One small scale study has suggested that cupping reduces pain in patients with headaches and back pain but the authors acknowledge the need for a large scale study (Hssanien et al, 2010).

Cautery

Al Kowi – cupping – has also traditionally been used in many cultures when conventional treatment has failed. It is used on a variety of ailments including eye problems, headache, mental illness, jaundice and even cancer. However, cautery should not be used without consulting an appropriate health professional about its safety.

Safety of traditional healing methods

Most folk medicines or substances are probably harmless but some may be unsafe; one example is kohl (Box 2).

Traditional and folk remedies do not necessarily replace modern biomedicine but they are often used in conjunction with Western medical care. Many patients use folk remedies that may not be considered to be medication as such, but may be contraindicated with specific prescribed medications.

Privacy and modesty

During hospitalisation, Muslim patients' modesty and privacy should be respected, and ideally, they should be cared for by a nurse of the same gender; this is particularly important in maternity or gynaecological care (Padela and Rodriguez del Pozo, 2011). Where gender-specific care is not possible, a male nurse caring for a female patient should always be joined by

a female staff member or one of the patient's adult relatives (Al-Shahri and Al-Khenaizan, 2005).

During clinical examinations or procedures, Muslim men and women may be reluctant to expose their bodies. The health professional should request permission before uncovering any part of the body, and this should be limited to the minimum that is necessary.

Touch – even shaking hands – is prohibited between members of the opposite sex, with the exception of immediate family members (Al-Musnad, 1996). Nurses should be aware of this to avoid causing unnecessary embarrassment – it is not uncommon for Muslim patients to decline shaking hands with health professionals of the opposite sex. However, touch is permissible when there is a valid reason for it, such as carrying out clinical examinations or procedures.

Eye contact is also an issue during healthcare encounters. A female patient avoiding eye contact with a male health professional should not be misinterpreted as lack of trust or a sign of rejection, but rather as a sign of modesty (Al-Shahri and Al-Khenaizan, 2005).

Where Muslims are being cared for in single rooms it is important to gain permission before entering the rooms (although this should be done for all patients to ensure their privacy and dignity).

Muslim inpatients may receive numerous visitors, as visiting the sick in hospital is an individual and community obligation according to Islamic teachings. Visitors may not adhere to official visiting times and the number of visitors can be overwhelming. Nurses should be sensitive when dealing with this situation, without compromising the safety and clinical care of other patients and their need for rest.

Dietary considerations

Islam has rules about the types of food that are permissible (*halal*) or prohibited (*haram*). The main prohibited foods are:

- » Pork and its by-products;
- » Alcohol;
- » Animal fats;
- » Meat that has not been slaughtered according to Islamic rites.

If hospital mealtimes clash with prayer times, alternative arrangements may be required (Picker Institute Europe, 2003). Many Muslims may refuse to eat hospital food if it is non-halal and may prefer to have meals brought from home. If this is not possible and halal food is not available, they should be given the option of having seafood, eggs, fruits and vegetables.

"I want to see sufficient provision of specialist nurses, with adequate value placed on their role"

Karen Sumpter ▶p24



Ramadan and fasting

Although some Muslim patients are excused for health reasons, many want to fast during Ramadan, including those with diabetes. The importance of monitoring blood sugars regularly should be enforced, especially if fasting patients take insulin. Pre-dawn and post-evening meals should be tailored, for example including carbohydrates that release energy slowly in the pre-dawn meal. The importance of "breaking the fast" should be emphasised if blood glucose levels fall, placing the individual at risk of a hypoglycaemic condition. Symptoms include feeling shaky, sweaty and disorientated. Some patients with type 1 diabetes may also experience hyperglycaemia and ketoacidosis in response to fasting (Diabetes UK, 2015). Diabetes UK offers information and advice for people with diabetes who plan to fast during Ramadan (www.diabetes.org.uk/ramadan).

A pre-fasting diabetes assessment is recommended so patients can be made aware of individual risks and strategies to minimise them, or even advised to refrain from full observance due to their health status. It is important for diabetes nurses to provide fasting-focused diabetes education to those with diabetes, given that structured education is well established in the management of diabetes (Hassanein, 2010).

Medication

While medications to treat the sick are permissible, it is forbidden (*haram*) to use prohibited products that are alcohol, gelatine or pork based. It may be possible to obtain gelatine-free alternatives such as antibiotic liquids, or capsules containing halal gelatine. Magnesium stearate (stearic acid) is used as an active ingredient in some tablets – this is forbidden when derived from an animal source.

In emergencies, this rule does not apply if an alternate drug is not available, but this should be explained to the patient. If the medication is absolutely necessary, Islam permits its use. A practical way of ensuring health professionals have enough information would be for the *British National Formulary* or other alternative to clearly indicate which preparations contain blood, animal and alcohol derivatives, and, where possible, suggest suitable alternatives (Gatrad et al, 2005). A list of acceptable and forbidden medications is available at bit.ly/MCGMedicines.

Other considerations

The left hand is considered unclean in many Muslim cultures. To avoid offence,

the following should be done using the right hand:

- » Feeding;
- » Medicine administration
- » Handing items to patients.

Conclusion

Caring for Muslim patients involves meeting their needs in the context of their own culture and beliefs. Islam does not only provide guidance in spiritual matters but also places considerable emphasis on health and prevention. Several Islamic beliefs will affect Muslim patients' attitudes and behaviour in hospital and community settings; it is important for nurses to have some understanding of these so they can offer culturally appropriate care.

It is important to be aware that the preservation of life overrides all of the guidelines; in emergency or life-threat-

ening situations, there are no restrictions of any kind on medication, treatment or preventative or nursing interventions. Muslims believe that cure comes solely from Allah, even if this is delivered via a health professional. When caring for a Muslim patient it is important to understand why certain acts are carried out, and why adherence or non-adherence to treatment may occur. **NT**

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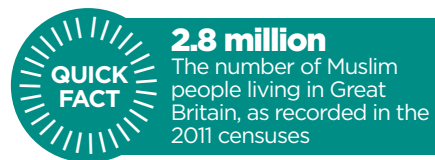
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