

Cultural impact of Islam on the future directions of nurse education

Aru Narayanasamy and Ahmed Andrews

In this paper the cultural impact of Islam on the future directions of nurse education is considered. In so doing, Islam is demonstrated as a living and growing religion, transcending almost all races and cultures in many parts of the globe. The historical review of Islam suggests its pervasive impact on almost all aspects of life: affecting both the East and West. In spite of an unjustified negative portrayal of Islam, it continues to grow at what is sometimes perceived as an unprecedented rate, having, it is estimated, one-billion followers, i.e one-fifth of the world's population. This signals the need for nurse education to take on board curriculum measures to incorporate spiritual and cultural dimensions in the care of Muslim patients. Therefore, curriculum strategies are identified for putting into action educational programmes that address the needs of Muslims. © 2000 Harcourt Publishers Ltd

Aru Narayanasamy
BA, MSc, RGN,
RMN, Cert Ed,
Course
Coordinator/Hon.
Nurse Advisor in
Transcultural
Health Care,
University of
Nottingham,
Faculty of
Medicine & Health
Sciences, School of
Nursing
(Undergraduate
Division), A Floor,
Queens Medical
Centre,
Nottingham NG7
2UH, UK. **Ahmed
Andrews** BA,
Lecturer in
Religious
Studies/Programme
Leader for BA in
Religious, Social
and Cultural
Studies, University
of Derby, School of
Education and
Social Science,
Mickleover, Derby
DE3 5GX, UK

Introduction

The mention of Islam may conjure up in some people's minds images of Rushdie's Fatwas, Fundamentalism and Jihad, but this paper gives a different version for the future direction of nurse education. Islam is a living religion with, it is estimated, one-billion followers (Muslims) worldwide. Moreover, in spite of the overstated phenomenon of global secularization, it is claimed that this religion is growing at an unprecedented rate. There are Muslim communities in more than 120 countries, the largest being in Indonesia (Anderson 1988). In the UK there are estimated to be between one and two million Muslims¹, mainly originating from the Indian Sub-continent or from Arab origins, (Neuberger 1992). There is also a significant number of English, Welsh and Scots converts to Islam.

Islam has made a global impact, and its claim to transcend racial and cultural identity, makes it in a sense a pluralistic religion. It is argued,

therefore, that the cultural impact of Islam will be much more significant to nurse education in the 21st century than ever before. Nurse education needs to rise to this challenge by stepping up measures to improve teaching related to the cultural and spiritual dimensions of care of Muslim patients. The available literature in the later part of last century painted a bleak picture about nurse education and its curriculum approach to the cultural and spiritual dimension. Various research studies in the UK and the USA consistently suggested that nursing knowledge and skills related to spiritual care are impoverished because of poor role preparation in

¹In the absence of religious question in the UK census, it is difficult to determine the size of any religious community. Peach and Gunther (1995), estimate that there are 1 000 000 Muslims in the UK, while Anwar (1993) puts the figure at 1 500 000. Both base these estimates on extrapolations from data taken in response to the Ethnic question in the 1992 UK census.

this area of care (Highfield & Carson 1983, Clifford & Cruca 1987, Ross 1995, 1996, Chadwick 1973, Simsen 1986, Harrison & Burnard 1993, Piles 1986, Narayanasamy 1993, 1995).

The emerging literature on nursing and health care attempts to provide some definitions of spirituality. Such literature describes spirituality or spiritual life as:

- The essence or life principle of person (Colliton 1981)
- A sacred journey (Mische 1982)
- The experience of the radical truth of things (Legere 1984)
- Giving meaning and purpose (Burnard 1990, Legere 1984)
- A life relationship or a sense of connection with mystery, a Higher Power, God or universe (Bradshaw 1994, Granstrom 1985)
- A belief that relates a person to the world (Soeken & Carson 1987).

Narayanasamy (1999a, p 275) defines spirituality as follows:

Spirituality is rooted in an awareness which is part of the biological make up of the human species. Spirituality is therefore present in all individuals and it may manifest as inner peace and strength derived from perceived relationship with a Transcendent God/an Ultimate Reality, or whatever an individual values as supreme. The spiritual dimension evokes feelings which demonstrate the existence of love, faith, hope, trust, awe, and inspirations; therein providing meaning and a reason for existence. It comes into focus particularly when an individual faces emotional stress, physical illness or death.

There is evidence to suggest that spiritual distress is commonly experienced during illness where the body is affected by disease or pathological abnormalities or ill health (Murray & Zentner 1989). The spiritual dimensions of individuals lives can be significant; spirituality is expressed in a variety of forms and some individuals find that their religion acts as a medium for expressing it. In this respect Muslims who are affected by ill health may find that their spiritual beliefs and practices can be a source of comfort in alleviating their spiritual distress. Muslim spirituality sees a wholeness between the body, mind and spirit, hence Muslims (mostly)

believe in the resurrection of the physical body as well as the spirit. This leads to a holistic view of medical care. Therefore, a sensitive health-care approach that aims to meet the spiritual needs of Muslim patients may go a long way towards helping them achieve spiritual comfort during crisis such as illness. However, as seen earlier, the literature suggests that nurses often struggle to meet the spiritual needs of patients because of poor role preparation in the area of spiritual care.

Likewise, with respect to the cultural dimensions of care, the literature highlights the concern that cultural health care needs of minority ethnic groups in the UK are not adequately met (Ahmad 1993, Thomas 1994, Rassol 1995, Gerrish et al. 1996, Fletcher 1997).

It is suggested that the majority of nursing care is delivered from the value position of the carer which may be based on his/her dominant culture (Narayanasamy 1999b, Stokes 1991). This process of occupational socialization in nursing requires students of nursing and nurses to adapt and internalize values of the dominant culture.

Therefore, it can be assumed that nursing is embedded in a specific culture that pervades all aspects of care and practice. Stokes (1991) claims that '... nursing is not culturally free but culturally determined and if this is not recognized or understood then nurses become guilty of gross ethnocentrism.'

It appears, therefore, that nurse education has much scope for improving its provision for the teaching of cultural and spiritual dimensions of care. There is an added problem related to the inadequacies of spiritual and cultural education in nursing, this being that much of nursing and nurse education in the global sense is modelled on the UK system, which has a Christian heritage. Although the UK is regarded as a secular society, the majority of nurses working in UK hospitals have been reared in a culture permeated with Christian traditions and values (Narayanasamy 1999a). A significant number of people requiring health care in the UK, and in the global context require not only attention to their cultural needs but also to their spiritual needs as Muslims. However, in order to provide satisfactory health care, nurses and other health carers require knowledge, attitudes and skills to meet the cultural and spiritual needs of Muslim patients; Nurse education should play a significant role in preparing nurses to meet these needs. Nurse

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات