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Ensuring cultural sensitivity for Muslim patients in the Australian ICU: Considerations for care

Melissa J. Bloomer MN(HONS), MPET, MNP, RN*,
Abbas Al-Mutair MN, CCN Post Grad Dip, RN

Monash University, School of Nursing and Midwifery, PO Box 527, Frankston VIC 3199, Australia

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ABSTRACT

Australia is a diverse and multicultural nation, made up of a population with a predominant Christian faith. Islam, the second largest religion in the world, has demonstrated significant growth in Australia in the last decade. Coming from various countries of origin and cultural backgrounds, Muslim beliefs can range from what is considered 'traditional' to very 'liberal'.

It is neither possible nor practical for every intensive care clinician to have an intimate understanding of Islam and Muslim practices, and cultural variations amongst Muslims will mean that not all beliefs/practices will be applicable to all Muslims. However, being open and flexible in the way that care is provided and respectful of the needs of Muslim patients and their families is essential to providing culturally sensitive care.

This discussion paper aims to describe the Islamic faith in terms of Islamic teachings, beliefs and common practices, considering how this impacts upon the perception of illness, the family unit and how it functions, decision-making and care preferences, particularly at the end of life in the intensive care unit.

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Introduction

In Australia today, the population is diverse and multicultural, with migrants making up a large component of the population.[1] In 2011, more than one quarter of Australia's population were born overseas, and while the majority of the migrant population in Australia has historically come from Europe, the proportion of migrants coming from Asia and the subcontinent as well as other parts of the world in increasing steadily.[1] This diversity is reflected in the number of languages spoken and religions practiced. Christianity is the dominant faith in Australia with the latest Census results indicating that 61% of Australians identified as having a Christian faith, 7.2% of people identified with a non-Christian faith and 22.3% stating they had no religion.[1]

Worldwide, Islam is the fastest growing religion, accounting for 22% of the world's population.[2,3] Countries with the largest Muslim populations include Indonesia, Pakistan, Bangladesh, India, Turkey, Iran, Egypt and Nigeria.[2] In Australia, Islam has been evident for some time, but it was the shift in the government's migration policies in the 1970s that triggered an increase in the number of people in Australia following Islam.[2] Statistics from 2011 reveal that the proportion of people in Australia following Islam has increased by 69% in the decade up to 2011.[1,2]

With increasing cultural diversity, and more specifically as a result of the growth of Islam in Australia, there is a growing need for clinicians to ensure holistic care is provided that is also culturally congruent, particularly for those from minority or marginalised ethnic backgrounds.[4] This has been recognised by the Royal College of Nursing Australia and the Australian Nursing and Midwifery Board both of which promote that nursing care should respect the values and beliefs of various cultures,[5] be culturally inclusive, empowering and meaningful to various cultures; and, that it should meet the diverse needs of the Australian Community.[6]

The purpose of this discussion paper is to consider the cultural and religious perspective of Muslims in Australia, and how intensive care clinicians can provide culturally sensitive care for Muslim patients and their families in the intensive care unit (ICU). Before this is possible, a deeper understanding of Islam is essential.

Islam

The word Islam means "peace" and when it is used within the religious context it means the active submission to one God (called Allah in Arabic), who is believed to be the sole creator of the humankind and the universe. A Muslim believes in one God and

* Corresponding author. Tel.: +61 3 9904 4203.
E-mail addresses: melissa.bloomer@monash.edu (M.J. Bloomer), abbas.almutair@monash.edu (A. Al-Mutair).

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in Muhammad as the final messenger of God,[7] the life after death (hereafter) and resurrection of the body.[8] Muslims are divided into two major sects, the Sunni and Shi'a, and while there are some differences between the two sects in relation to interpretation, methodology and authoritative systems,[9] both sects share many commonalities in their religious and cultural beliefs and practices.

The teaching and laws of Islam are essentially derived from two sources, the Noble Qur'an (the Holy Book revealed to Allah's last messenger) and Sunnah (sayings, deeds and sanctions of the Prophet Mohammed).[10] According to these sources, there are five pillars of Islam, which are considered the foundations of Muslim faith,[10] detailed in Table 1.

The family in Islam

Islam focuses on every aspect of human lives, and the family unit is viewed as the foundation of Islamic society. Islam encourages gender equity, and men and women are considered complementary to each other,[11] and within the family unit, all family members have duties towards each other. For example, Islamic teachings dictate that parents are required to care for and educate their children, and similarly, children are expected to look after their parents as they age.[2] The mother in a Muslim family holds a particularly important position and in accordance with the Qur'an and Prophet Mohammed sayings, she must be honoured.[12]

Concept of illness in Islam

For Muslims, life is sacred because God is considered its origin and its destiny, and life is a divine trust and an opportunity for spiritual refinement.[8] Muslims therefore believe that illness is a test of person's faith in God, and a form of atonement for sins of the past.[12] Illness is viewed as an opportunity to enhance a person's spiritual connection, and as a result, the Muslim person will respond to illness with stoicism, become more engaged in prayer and reading the Qur'an, in remembrance of God and asking for forgiveness.

Muslims also believe that God is the ultimate healer of any physical and psychological illness, and that the illness itself and cure are at God's will.[3] They believe that death does not happen, except by God's permission,[13] and while saving a life and caring for someone is considered one of the highest imperatives in Islam.[8] Any treatment or care provided to the ill person are simply a means used to do God's will.[3]

Australian intensive care units (ICUs)

The Australian population is served by more than 140 general intensive care units (ICUs), which manage more than 119,000 admissions per year.[14] Patients in the ICU are often gravely ill, mortality rates are higher than most other care settings,[15] and as many as one in five patients die in the ICU.[16] While care of the ICU patient is complex and multifactorial, involving complex treatment plans and interventions, clinicians must remain ever cognisant that beyond the waveforms and technology, is an individual in the bed with not only physical needs, but also psychosocial, social, cultural and spiritual needs.[17] Holistic care is dependent on the nurse building positive working relationships with the patient and their families that allows for their specific needs to be incorporated into the care, interventions and treatment provided in the ICU.[17]

Ensuring care is sensitive to the varying cultural needs of patients is imperative in every clinical setting, but the nature of intensive care and the patient's critical illness creates a heightened need, and is dependent on nurses' attitudes, values and belief systems, particularly when it comes to providing holistic care for those who come from diverse or minority ethnic or cultural groups.[4] It is therefore important to consider the 'usual' practices in Australian ICUs and the impact these practices may have on the provision of culturally sensitive patient care.

Table 1
The five pillars of Islam.

1. Declaration of faith (Shahadtain in Arabic);
   There is no God but Allah, and Mohammad is the Messenger of Allah;
2. Prayer;
   Muslims are obligated to pray five times a day, and prayer is a combination of intellectual, meditation, spiritual and physical exercise, performed with physical cleanliness (ablution) and in a standing position facing Mecca (the Islamic holy city);
3. Charity (Zakat);
   Muslims must share their personal wealth with the poor and needy[7];
4. Fasting;
   Muslims fast during month of Ramadan from sunrise to sunset during this 30 day period, which is the ninth month of the Muslim lunar year; and
5. Pilgrimage (Hajj);
   At least once in every Muslim person's life span this must occur, if they are physically and financially able.

The challenges

Model of care delivery

Typically, the Australian ICU nurse spends more time at the patient's bedside than any clinician.[18] The way that the ICU nurse provides care is influenced by several factors including the ICU's model of care delivery and the nurse's personal philosophy of caring for the patient and the family.[17,19] Family-centred care, an approach to care that is common to Australian ICUs, is founded on respect and partnership amongst patients, families and clinicians[17] and is essential when the patient is unable to participate in care decisions as a result of their illness.

For the Islamic patient, maintaining a family-centred approach, where the family is included in aspects of care planning is of high importance as it recognises the importance of the family unit.[20] In this way, the trend for Australian ICUs to focus on family-centred care is not in contrast with the needs of the Islamic patient and their family, however, ensuring care is perceived in this way can still be problematic. This is because effective family-centred care is also reliant on establishing rapport and open effective communication between families and clinicians.[17,21] Where language and cultural differences exist, effective communication can be difficult impeding the establishment of rapport. Communication can be further hampered when, for some Muslim women, they are required to cover their faces and heads.[22] For some Muslims, their beliefs also stipulate that a male member of the family is designated as the family spokesperson, even if he is not the direct next-of-kin, mediating the communication between clinicians and any female family members.[10] The right or power to make or contribute to decisions is also often allocated to a male family member above all others, and in-keeping with Islamic practices, this nominated 'decision-maker' may even hold more influence in decision-making than the patient, a practice in discordance with usual Australian beliefs. For others, decision-making is considered to be the right of the whole family,[10] and clinicians should liaise with the family spokesperson in order to determine their particular beliefs.

The nature of caring

Caring for an Islamic patient in itself can be difficult if the nurse is unfamiliar with what is culturally unacceptable. In Australian ICUs, like many other Western care settings, physical touch is considered integral to caring and the nurse–patient relationship.[23] It is used as a way of providing comfort to a patient and/or the family

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