

Bachelor's thesis
Degree programme
Nursing
2013

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AGUIDE FOR CARING MUSLIM PATIENT



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Nursing and caring for patient's are interrelated phenomenon, yet it has a processes and ways of conveying among different cultures and religions. In the process of patient caring in diverse community, it is necessary to avoid stereotyping, generalizing patients and use of assumption, even though they are from the same community. Likewise nurses should utilize evidence based knowledge from the latest transcultural nursing reseachs, thus to improve patients' health and well being. Studies highlighted that religious values and cultural practices of any community influences their perception about health and illnesses. Therefore, nurse should consider patient's cultural and religious values, in order to create mutual understanding in the processe of delivering holistic care. In one study conected between 2000 and 2002, participants were aske about their satisfaction concerning the holistic care that was provided to them, so they replied that through holistic care their anxiety and pain was reduced by (40%) and (34%), feeling of relaxation and sleep was improved by (70%) and (34%), and learned new teqniques to copy withpain. (Newshan 2004, 172.)

Muslims belief in Allah and prophet Mohammed As the seal of prophet hood. According to Sharia Muslims perform five daily prayers, fast during the month of Ramadan, give charity and go to Mecca for pilgrimage. In this paper it will be highlighted the impotence of gender interaction, opposite sex, physical contects, dress, diet and family planning. The material applied to produce this work are from reliable sources, such as EBSCO, MADLINE and SIECENCE DIRECT. I have also used the help of Muslim leaders from Helsinki and that of school teachers.

The purpose of this project is to develop a guide for health care professionals. The guide will provide knowledge about the basic Islamic principle, and equip health care providers the recommended cultural sensitivities that need to be attuned when caring for Muslim patient. The guide will be written in English and Finnish, thereafter it will be placed in Hoitonetti web page. The web page provides useful health information for health care professionals. www.hoitonetti.fi

The aim is to promote the relationship between Muslim patients and caregivers, inorderto enhance health outcome of Muslim patient.

KEYWORDS:

Guide, Health, Sensitive cultures, Muslim, Cultural diversity, Multicultural and Immigrants.

OPINNÄYTETYÖ (AMK) | TIIVISTELMÄ
TURUN AMMATTIKORKEAKOULU

Koulutusohjelman nimi | Suuntautumisvaihtoehdon nimi

Opinnäytetyön valmistumisajankohta | Sivumäärä

Ohjaaja(t)

Tekijä(t)

OPINNÄYTETYÖN NIMI

ASIASANAT:

Kirjoita tekstiä napsauttamalla tätä.

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LIST OF ABBREVIATIONS (OR) SYMBOLS

UNAIDS	United Nations programmer for human immunodeficiency virus/Acquired Immune Deficiency Syndrome
GP	General Practitioner
WHO	world health organization
STDs	Sexual transmitted diseases
DM	Diabetes Mellitus

1 INTRODUCTION

Australian study by Wehbe-Alamah (2008) indicated Islam as the second largest religion in the world, comprising more than 1.5 billion which is one fifth of the world population. It is estimated the world muslim population to reach over 2 billion in the year 2030. One of the reasons is because fertility rate in muslim population is high. Largest Muslim population 62.1% is in asia-pacific and only 19.6% of Muslim population is from Middle East and North African countries. One study that was conducted in Australia highlights that approximately 15 million Muslims are living in Europe (Aziz & Abdul Rashid 2001, 7; Wehbe Alamah 2008, 83-84). In 2030 European countries such as France And Belgium are estimated to reach 10% Muslim. Sweden will be nearly below that level, at 9.9 percent. (Richard 2011; Ott 2003, 227.)

Muslims has grown from 1000 to nearly 50 000 in Finland. Historically, Muslims immigrated to Finland during the beginning of 19th century. Tatars established first Islamic organization in Finland, the Islamic congregation of Finland and Mosque in Jervanaap (Rajamaki 2009; Prakash 2009, 35). Over the last two decades waves of immigrants have arrived in Finland, mainly from Somalia, Iran, Iraq Afganistan and former Yugoslavia. (martikainen 2004, 166.)

Aformentioned figures are expected to increase of the economic difficulties in the world, people looking for better living condition and the wars and unrest in Muslim countries, for example Somalia, Iraq, Iran, Afganistan and the Arab uprising of 2011, which going on today in Egypt and Syria. Statistic of Finland shows the increasing number of Muslim population by language. The largest comprising groups are Somali speaking community 14,045 following Arabic speaking community 11,252 and Albanian speaking community 7, 408 (see table 1). Those Muslim communities established religious teaching centers and prayer rooms, in order to keep their language, religion and cultural values (Rajamaki 2009; www.stat.fi, 2010-2011.) Among the main prayer rooms are located in Pasila, Itakeskus, Munkkiniemi and Kampi (see table 2).

Table 1. Population sorted by language from 2010-2011

Languages	Population 2010	Population 2011
Somali	12,985	14,045
Arabic	10,415	11,252
Albanian	7,113	7,408
Turkish	5,374	5,720
Persian	5,020	5,593
Total	40,907	44,018

Despite growing multiculturalism in Finland, conflicts in health care settings have increased for many reasons including cultural and religious differences among patients and health care providers. For example Muslims pray five times a day and visit their hospitalized family member or friend in groups. In another example, Finns are silent or less open in terms of communicating than the Somali community who are described to be more open in their communication style. (Filio et al. 2012, 330.) According to Martikainen Finns have positive outlook towards the Lutheran and orthodox churches, and feelings are neutral towards Catholics and Pentacostalists, whereas nearly half of Finns are suspicious about Islam (Martikainen 2004, 166-167). In another study, that investigates discrimination and racially motivated crimes from the 27 EU's member states, nearly half of the Muslim community in Finland say they have experienced discrimination in health care centers. Yet little has been reported because of lack of trust in authorities. (Prakash 2009, 5.)

Prior studies have confirmed that there is need for more for intergration between Muslim communities and the Finnish people so that people will have respect for their cultural and religious differences. Although Islam is a worldwide religion, yet study conducted in Australia suggested that the nurses in their country know little about Islam and the need of Muslim patient. Therefore it is important to highlight the basic principles of Islam, in order to improve health needs of Muslim patient. A merican Holistic Nursing Association says, that in holistic nursing it is vital to promote client's positive lifestyle modification

concerning body, mind and spirit. Ideally, nurses should strive to deliver holistic care to all patients regardless of their race, color, culture and religious differences. Basically, one cannot achieve or deliver holistic care while stereotyping and not being aware of own culture that of the patient. (Newshan 2004, 168-169; Starr 2011, 58.)

2 AIM AND PURPOSE

The purpose of this project is to develop a guide for health care professionals, when providing holistic care to Muslim patients. The aim is to promote the relationship between Muslim patient and health care providers, hence increasing the health outcome of Muslim patients.

3 ISLAM AND HEALTH ISSUES

Islam means total surrender and submission to the will of Allah. Muslims are followers of Islam and their duty is to practice the holy Quran and the Sunna of prophet Mohammed according to the understanding of the companion of the prophet. Islam says that Allah has created the world and sent revelations to different prophetes, from the time of Prophet Adam until Prophet Mohammed. Muslims believe the Quran as the word of Allah and the final book revealed to the Prophet Mohamed. Islam also regards Prophet Mohamed as the seal of Prophet hood. (Ott 2003, 227.) Muslims emulate prophet Mohamed's lifestyle, they try to follow his traditions by following the holy Quran and Sunnah. (Wehbb –Alamah 2008, 86.)

Sharia is an Islamic law that rules Muslims life matters. It is also a system of religious law that cannot be changed in order to meet certain groups ideology. However, people can misunderstand, mistranslate and transfer wrongly Quran vesssa and prophetic narrations in order to fit their needs. The Prophet warned his companions and his followers who will come after him from such misleading groups. Abu Saeed Khudri and Anas report “that the prophet (SAWS) sated: ‘My Ummah is destined to differ and be divided”. So a group will rise whose talks will sound very good but their character will be misleading. They will read the Quran but it will not descend below their throats (meaning they will not understand its meaning). They will leave deen (religion of islam) just as an arrow pierces and goes right through the prey. They will not return to Islam. They are the worst of creation because of their nature and constitution. (Muhammad 1991; Reported in Fathul-bari.)

This system of law guides Muslims towards the tradition and norms of prophet Mohammed. P adela (2007) identifies sharia or Islami law on four fundamental roots. The first and the most important is the Holy Quran (the word of Allah) followed the Hadith (prophetic narrations), Ijma which is what most of Muslim scholars have agreed upon (Ulamaa-Al ummah). The Qiyas which is comparing and reasoning within the Quran and the Hadith is the fourth and last source of Islamic law. For instant Cigarette is forbidden because of spending money that

will result in long time health problem. Besides, in Islam one has no right to cause harm or spending money on harmful substances. For centuries Sharia has governed Muslims' way of life, such as social life, marriage, divorce, economy, education, health and so many more. Muslims believe that sharia has been protected through chains of transmission between Muslim scholars. (Mohammadi et al. 2007, 311; Padela 2007, 170-176.)

Islamic faith is based on believing God as the creator of the world and everything in it and so many more that humans do not know. Thereafter, God sent prophets with scriptures such as Torah, Injeel, Zabur and Furqan to Moses, Jesus, David and Mohammed (Gulam 2003,2-3). In the Quran and the Hadith was discuss both voluntary and involuntrary duties required from Muslims, for example diet, exercise, praying, modesty and hygiene etc. (IbnaIqay'em 2003, 218,313-314; Ott 2003, 227-228; Padela 2007, 175-176.)

3.1 Salah

“God Almighty is himself pure and likes purity, God himself is clean and likes cleanliness.” It is compulsory upon Muslims to wash thoroughly their private parties after toileting. Muslims are highly encouraged to take abath at least once a week and wear clean clothes before coming for a prayer. Wudu (ablution) is performed nearly five times a day before prayer. Act of Wudu consists of washing face including nasal abd oral cavities, for-arm and feet. On the other hand Tayammum can replace the Wudu in some cases during shortage of water, when person is sick and cannot use water and during difficulties. After completing above mentioned rituals one can stand for prayer. (Aziz & Gatrad 2001, 20; Muhammad 1991, 35-36, 64-65.)

“Indeed, prayer has been decreed upon the believers a decree of specified times” (Surat An-Nisa verse 103). The second pillar of Islam is Salah, it is the back bone of Islam and it differentiates a believer from non believer. Salah is compulsory upon all muslims. It is performed five times aday and in a specific time. Besides Salah is not obligatory upon mentally ill people, children before the age of puberty and also woman in her monthly period. However children are

told to practice Salah when they are seven years. On the other hand, Muslims are expected to pray all times including when traveling, sick or in fear. (Aziz & Gatrad 2001, 20-21; Gulam 2003, 2-3.)

This is because in Islam a person is not expected to do more than what he or she does not possess. Although, Salah is performed while standing, however if one cannot stand he should sit, lie down or even pray from his heart. Islam teaches that Salah is the first thing to be looked in the day of resurrection, if it is approved all other duties will be accepted and if rejected others will be rejected. Therefore, Muslim patient should pray with concentration and devotion and they shouldn't be interrupted during prayer. (Mohammadi et al. 2007. 312: Wehbe-Alamah 2—8, 94.) Prayer time may vary from 5-10 minutes and can be offered the following times.

Prayer times

- Fajr from daybreak one and half to two hours before sunrise
- Dhuhr from midday before noon
- Asr from afternoon till before sunset
- Maqrib only sunset
- Isha evening about one and half hours after sunset till midnight. (Aziz & Gatrad 2001, 20.)

Ramadan is the third pillar of Islam and in the ninth month of the Islamic calendar. “ O you who believed decreed upon you is fasting as it was decreed upon those before you that you may become righteous” (Surat-al bakharah verse 183). Muslims around the world fast during the day and perform voluntary prayers in the evening. Research conducted in UK, during group discussion participants had highlighted the month of Ramadan as the most important month and they also said it is time to worship more than any other month. (Pathy 2011, 47; Peterson et al. 2012, 41.) This is because Ramadan is time for absolute worship such as reading Quran adopting good behavior and giving charity. During Ramadan Muslims abstain from food, drink and sexual intercourse before sunset until dawn (Peterson et al. 2012, 41). Sawm or fasting

during Ramadan is obligatory upon all muslims. (Aziz & Gatrad 2001, 21-23.) Besides some people are exempted from fasting. Such individuals are travelers, woman her monthly period or brastfeeding, mentally ill patients, children before puberty age (15) and patients with acute or chronic diseases. (Aziz & gatrad 2001, 74-76; Pathy et al. 2011, 47-51.)

Zakah is an act of worship. It means purification and it is compulsory upon wealth muslims. They pay minimum of 2.5% from their savings once a year when their saving is equivalent 85 grams of pure gold. This is entirely for the poor and needy individuals, starting from family members. (Gulam 2003, 2.) Sadaqa is practiced voluntarily and it is charity given to those in need as it has been encouraged in Islam. When a person gives charity for the sake of Allah that individual will gain the blessing of Allah. Therefore, people give more charity during difficulties so they may gain the blessing of allah and recover. (Aziz & gatrad 2001, 20; Warren, 2012, 14-18.)research conducted by Waris Qidwai and her colleagues presented that 85% of participants gave Sadaqa for healing purposes and 84.8% believe that charity heals diseases. Whereas 97.5% of the studied population would compine medications with charity. Islam encourages feed poor, traveler and the needy food that is in good quality (Qidwai et al, 2010, 118).

3.2 Holidays

In Islamic countries Fridays are regarded as the holiday of the week, such countries are Saudi Arabia, Egypt, Sudan and Somalia and many more. On midday Muslim males are expected to go for Friday prayers, the purpose for this is to bring them together as acommunity, and also to give Friday lectures by the imam, in order to correct mistakes happened during the week. Females are allowed to come for Friday prayers but it is not compulsory upon them as it is for males. However, Eid prayers male, female and children are expected to attend and the prayer is recommended to perform in open ground. In Eid day family members visit each other and give gifts to each other particularly to children. (Aassim et al, 2011, 11 Rashid 1988, 4-6.)

After Ramadan Muslims around the world start to celebrate Eid Al Fitri, in this Eid Muslims start to give charity days before Eid until the Eid prayer. Thereafter, Muslims gather early in the morning to pray the Eid prayer and ask Allah to accept their fasting and prayers during the Ramadan month. In this day friends and families come together to eat more than ever. Muslim immigrants tend to call their families, relatives and friends back home, to greet them and say Eid Mubarak (blessed Eid); it is a day of more joy and happiness. (Aziz & Gatrad 2001, 21; Rashid 1988, 4-5.)

Approximately two months and ten days after Ramadan, Muslims who are financially capable and physically and mentally fit start to travel to Mecca to perform their pilgrimage and ask Allah to forgive their sins. The king and the commoners, rich and poor will stand together united all asking for God's mercy and forgiveness. Just before the end of Hajj Muslims around the world prepare for Eid festival. Eid al-Adha Muslims once again remember the sacrifice that Prophet Ibrahim made. Allah tested and commanded him to slaughter his son Ismail. As Prophet Ibrahim attended to slaughter his son Ismail, God ordered a sheep to replace Prophet Ismail and said Ibrahim's sacrifice is accepted and that there is no need to kill Ismail. Therefore, Muslims slaughter animals and feed poor people and those in need. Slaughtered animals will be divided into three equal parts, one part will be given to the poor people and the second for friends and the last one remains for the family. (Rashid 1988, 17-21, 30-32.)

3.3 Health matters

Abu Huraira narrated: the Prophet said "there is no disease that Allah created, except that Allah has also created its treatment" (Aziz & Gatrad 2001, 34; Ibn al-Qayyim 2003, 18). In another narration the Prophet said "Healing is in three things: Gulp of honey, Cupping, and branding with fire (Cauterization)." But I forbid my followers to use cauterization branding with fire." For example, Muslims apply cupping on two jugular veins and the lower back in order to ease ailments of forehead, eye, ear, nose and throat etc. Therefore, taking care of one's health is crucial in Islam. Muslims in general are not allowed to use

medications that contain Haram substances like pork. However, in Islam necessity allows forbidden things, and that is way muslim scholars say patients can use such medications when no any other medications are available and if recovery is not possible with out the medication.(Iblaqay'em 2003, 42-46, 64-70, 77, 186-190.)

Islamic teaching promote health attitudes such as abstaining from alcohol, drugs, homosexuality and unhealthy eating. Today, it is scientifically proven that many diseases such as liver, heart, respiratory failures are associated with excessive drinking, smoking and abuse of drugs. Moreover, WHO reported homosexuality and having various sex partners are associated with sexual transmitted diseases, today STDS cause big problems in many developing countries in the world. (Cohen 2007; Ibnalqay'em 2003 330-332; Wehbe-Alamah 2008, 87-88.)

Muslims believe that Allah almighty is the one who gives life and take it away and also gives health and takes it away. Muslims usually do not regard suffering and illnesses as a punishment from God. Instead they see as forgiveness from god and spiritual reward and that is if patience has been maintained during difficulties. Muslims believe in Allah And seek help from allahby praying and giving charity to those inneed regardless of their race, religion or culture.(Aasim et al. 2011, 12; Wehbe-Alamah 2008, 87.)

Treatment options that are available to muslim patient include spiritual healing and modern treatment. The best spiritual healing is the Holy Quran it provides meaning to this life and peace of mind. Study confirmed those muslim patients who pray regularly are happier and healthier than those praying only sometimes. Muslims believe that Allah the Quran is the words of Allah, Hence reading or listening to it will provide them health recover. (Farideh 2010, 93.)according ro research conducted by Raiya, (2008) Muslims coping strategies when facing general stressors are either positive or negative. The positive methods include carrying out more righteous deeds and improve connection with God. On the other hand thee negative way is feeling of guiltiness and been punished that

allah did not answer their supplication, so they need to improve their contact with God. (Raiya 2008, 299-300)

In a study by Treloar, nearly 97% of nurses participated in that stated the significance of patient's spiritual assessment. Some patients find hope and courage through spiritual beliefs that empowers their feelings and providers meaning to life. Today Muslims in so many countries use the Quran to treat mentally ill patients. According to Aishas's study the Quran empowers patient's spiritual well being and increase their faith in Allah (Hamdan 2007, 96-98). Notability, The prophet discussed spiritual treatment for depression,

Sadness, grief and evil eye, which is regarded as the only thing that precedes predestination " evil eye is true, the person who touches others with evil eye should perform ablution and the person who was touched should take bath." Secondly spiritual treatment is specific supplications narrated from the prophet. Therefore, both the Quran and the prophetic supplications are recited upon the patients by any other muslim or by the patient him self. (Ibnalqayem 2003, 198, 203-204, 206, 246-248, Treloar 2000, 281-282.)

Use of holy water called Zamzam, honey and black seed are considered to heal diseases. Abu Huraira narrated from prophet Mohamed saying " in the black seed is healing for every disease except death." The prophet also used other methods to promote individual's health. For instant, the prophet encouraged his followers to maintain hygiene, health diet, Sawm and male circumcision which are old rituals of muslims. (Aasim et al. 2011, 6; Dreain et al. 2006, 4; Ibnalqayem 2003, 27-30, 301.)

Circumcision is the removal of some of the excess foreskin from the penis. Foreskin is more likely to collect urine and dirties causing infection. According to world health organization (WHO) male circumcision lowers the risk of HIV by 60% in heterosexual couples. In the year 2007 WHO and United Nations programme for Human Immunodeficiency virus/ Acquired Immune Deficiency Syndrome (UNAIDS) approved male circumcision as an effective intervention for the prevention of heterosexually acquired HIV infection in men. Research

shows that greater foreskin the higher risk of HIV infection. In another study findings show high prevalence of HIV in man with penile wetness when compared to dry penis. (Cohen 2007, 1; Farrell et al. 2006, 69.)

Male circumcision is highly encouraged in Islam, this is because Muslims should be clean before prayer, and urine must be thoroughly cleaned. The act of circumcision was stated in the Quran, but it was practiced by Prophet Muhammad. The prophet mentioned “ five are the acts fitrah or norms: circumcision, clipping or shaving their the pubes, cutting the nails, plucking or shaving the auxiliary hair and clipping moustache.” Generally, circumcision has been practiced in Islamic world for centuries, but the baseline of sharia law is to preserve health not to cause health problems. (Drain et al. 2006, 3-4; Reported in Fathul-bari.) Female circumcision or genital mutilation has been practiced in Islamic countries in order to perceive traditional and cultural norms. However, genital mutilation is against Islamic teachings. Since the objectives of Islam is to relieve pain and suffering and to restore health and well being. (Al-utheimeen 2006; Ott 2003, 228.)

4 CULTURAL ASPECT IN CARING MUSLIM PATIENT

According to Madeleine Leininger the goal of nursing is to serve people in health and illness. These nursing objectives can be reached when care providers are aware of their own culture and the patient's cultural practices and values. Madeleine Leininger and Jean Watson have identified caring as "the essence and unifying domain of nursing". Leininger said "caring is important for the human growth, development and survival and it has helped human beings through cultural evolution". Priscilla (2012) agrees that despite human caring being a universal phenomenon yet it has different processes and ways of conveying among different cultures. (Priscilla 2012, 3; Wehbe-Alamaha 2008, 314.) Therefore, in order to deliver care holistically in all cultures it is necessary to assess patient's culture and religious values (Mohammadi 2007, 314).

Individuals belong to certain communities, so they learn ways to adapt to the world around them from their community. Therefore, their cultural norms and standards influence all aspects of their life, including health and illnesses. For example, some of the things that shape people's cultural structure include economics, education, culture, and religion. (Mohammadi 2007, 311; Pesquera et al. 2008, 114-115.) All the above-mentioned statements have an impact on individual's beliefs about health and illnesses. For example, Mexican-Americans believe that staring or envying a child or infant can cause illnesses of such child or infant. Saudi Arabians see the left hand as unclean and they may not accept medications from the left hand, and also they will expect if a doctor says a patient will die from cancer. Because they believe that Allah alone knows when a person shall die. (Aasim et al. 2011, 12.) Conversely, some cultures see health as a blessing, reward, or gift from God and on the other hand illness is seen as a punishment or ownership from God. (Andrews & Boyle 1995, 23, 39-43.)

Religious institutions and leaders have a role to play in meeting human needs for those who believe. Consequently, religion has influenced health issues, such as food, modesty, and type of treatment permissible to such believers. According to Leininger, as people move around the world they

encounter new cultures, religions and norms that may contradict their own cultural values and religious beliefs. This cultural diversity will grow on, causing cultural clashes and potentially endangering patient's health and well-being. (Aasim et al. 2011, 16; Hasnain et al. 2011, 74; Leininger 1996, 76.)

According to IOM report minority groups are more likely to receive lower health care than the majority groups. Basically, minorities tend to seek help differently and they are more likely to refuse recommended services. (Aasim et al. 2011, 6; Pesquera et al 2008, 114-115.) Leininger states, health care providers should be open and have desire to learn different cultures from patients and their families. Research by Aasim et al, participants wished their health care providers to know something about their faith and culture practices. Nurse should learn to assess patient's cultural values and promote patient-centered care, in order to develop trust and mutual understanding with their patients. (Aasim et al. 2011, 14; Leininger 1992, 8; 1996, 78.)

Leininger defined cultural competency as "the act whereby a health care professional develops an awareness of one's existence, sensation, thoughts, and environment without letting these factors have undue effect on those for whom care is provided." Cultural sensitiveness and awareness are part of cultural competency needed to be practiced and understood. Cultural competence is a process of respect for cultural values and religious beliefs, skill and knowledge that need to be practiced by care providers. So nurse should individualize each patient regardless of their ethnic group and culture. Care provider can ask questions regarding patient's culture and religion. (see table 2) (Hasnain et al. 2011, 79; Leininger 1996, 78; Pesquera et al. 2008, 118.)

Table 2. Patient assessment

What is the ethnic background of my patient
What are the differences of health belief and seeking behaviours between the majority of the population and the minorities (my patient)
Is there anything cultural or religious practice concerning health that challenges my personal values and beliefs
Is there any language barriers
Can I promote holistic care during cultural clashes

Trans-cultural conflicts can be reduced through delivering holistic care. Caring is essential part of nursing and it should be practiced equally among patients regardless of their culture and religious background. Leininger (1993) caring is a phenomenon that reflect assistive, enabling, supportive mode to help an individual or group with evidence or anticipated needs to maintain, improve, or ease human condition. (Andrews & Boyle 1995, 39-42, 332.)

Muslims are not homogeneous group; they have different norms and traditions. In addition, some of them may not follow Islam appropriately. Therefore, their behaviours and obedience to Islamic law may differ in day life. For that reason, it is important to individualize each person when carrying initial assessment in health care settings. Giger & Davidhizar (1999) stressed the importance of avoiding stereotypes, particularly when caring for a patient of a minority groups. (Giger & Davidhizar 1999, 227; Muhammadi 2007, 313-334; Starr 2011, 58.)

Muslims believe in Allah (God) and maintain the five pillars of Islam. Moreover, Muslims eat Halal products and abstain from Haram products or substance whether it is food, drink or medications that are added to such substances. Moreover, Islam teaches both male and female to practice modesty and forbids physical contacts such as touching and hand shake of opposite sex. In Islam hygiene is a pathway to Salah, and if Salah is approved other deeds will also be

accepted. (Aasim et al. 2011, 15; Hasnain et al. 2011, 74; Wehbe-Alaham 2008, 88-89.)

Muslims gather on Friday prayers and celebrate on Eid days. This religious practice is very less common in Finland. It is with highlighting that doctor's appointment for muslim patient in Eid day maybe similar as making an appointment in christmas day for Christian patient. However, if it is an absolute to make general practitioners (GP) appointment in Eid day and cannot be postponed, it is necessary for patients to know the significance of coming to the health care center. That patient will not miss his or her appointment. Likewise, Friday prayers in the Mosque are obligatory upon muslim males and the prayer is performed during midday. Thus, men prefer to have their appointment in the morning rather than midday. (Rashid 1988, 4-9.)

4.1 Hygiene

Muslim family is based on ties of kinship. The extended family members and even friends have a role to play when it comes to caring for sick relative at home or in a hospital including bathing, toileting and moral support. Islam encourages in supporting ill patients and one will gain the blessing of Allah in doing so. Maintaining good hygiene in all times including physical and oral hygiene is one of the basic aspects of Islam. The prophet said that cleanness is half of faith. According to Islamic teaching one should wash his or her hands after getting up from sleep and before meals. Muslims wash their private parts with water after urinating or defecating. (Aziz & Gatrad 2001, 20; Aasim et al. 2011, 13; Downey & Lloyd 2008, 35-36.)

Having hospitalized Muslim patient will require some knowledge about Islam. Caring and supporting patients are the routine in hospital wards, nevertheless muslim patient may want spouse or close family member of same sex like brother, sister, uncle, aunt and so on to help them during toileting and bathing. However, if patient have no close relatives, it is highly encouraged to have a care provider of same sex when options are in place. During bathing privacy should be maintained, and patient should not be uncovered except the part being

washed. It is also important to inform patients about the process and what to expect, so patient will be able to participate. Leininger (2002) states, about family roles during patient hospitalization, attention of these important factors caring from families and friends should be expected and recognized.(Aasim et al. 2011, 13; Leininger & Mcfarlad 2002, 306, 308; Muhammad 1991, 55-56.)

In Mexican-American culture, female and male patients show feeling of embarrassment, modesty and threat during genital examination. Muslim patients also show similar feelings when it comes to physical examination. For instant, patient catheterization, palpation and genital examination will make Muslim patient feel shy and embarrassed, because of bodybeing exposed to opposite sex caregiver. Patient education will not only promote freedom from emarrasment, agitation and stress that comes with all clinical procedures,But it will also improve nurse-patient-relationship and cooperation.In the process nurse should consider patient's dignity and privacy so that other staff, visits and patients are kept away. Muslim woman may wish to have her husband or other close family members (Giger & devidhizar 1999, 208; Leininge & Mcfarlad 2002, 305.)

Another important aspect in Islam is oral hygiene. In one occasion the prophet highlighted oral care saying "If I had not found it hard for my followers, I would have ordered them to clean their teeth for every prayer." He also said "whoever eats should pick bits and pieces from in between his teeth." This shows the important of maintaining oral hygiene in Islam and how the prophet encourages his people to keep up oral hygiene. Thus Muslim patient may appreciate nurses help in maintaining those rituals. In addition, many research studies have agreed that nurses should have some understanding regarding assigned patients cultural needs. This will build trustful atmosphere between nurse and patient. Hence improving health quality and patient satisfaction. (Downey & Lloyd 2008, 35-36; Reported in Fathul-bari.)

Diet is one of the challenges that many Muslims are facing in hospital wards in many western countries including Finland. Majority of Finnis are Christian, and they are slaughtering system is not similar to the Islamic way of slaughtering.

Moreover, pork is one of the Finnish diets, which is forbidden in Islam. Muslims talk about Halal and Haram food. Halal food are slaughtered according to Islamic law, Seafood and vegetables of all kind are also permitted. Haram food are unlawful foods and drinks in Islam, such as eating from dead meat, pork meat, domestic animals that are not slaughtered in Islamic way, alcohol and blood. The prophet supported health eating habits saying “No human ever filled a vessel worse than the stomach. stomach should be divided into three portions, one for food, one for drink and one for breath.” (Aasmi et al. 2011, 16; Mohammadi 2007, 312; Reported in Fathul-bari.)

Fasting may cause complications for patients with chronic diseases such as Diabetes and Blood Pressure. UK study by Warren (2012) exemplify the incidence of diabetes patients fasting during Ramadan, nearly 43% of type one and 79% of type two diabetes fast, although they are excused from fasting. The risk of hyperglycaemia and hypoglycaemia increases depending on the method of controlling balanced diet and exercise or Medications like Metformin. In one study patient on metformin 500mg three times a day was observed during Ramadan. The dose was changed to 1000mg at sunset when he breaks his fasting and 500mg at dawn when fasting starts. The patient has completed his fasting but he was exhausted and had less sleep, consequently losing 3kg weight. However, patient’s HbA1c was better than before. (Warren 2012, 14-18.) Fasting in Finland can be challenging during summer as day expands, thus early education is important for Muslim patients as the month of Ramadan approaches. (Aziz & Gatrad 2001, 77-80; Peterson et al. 2012, 46.)

It is essential to assess patient’s understanding about their diseases, build an environment that invites patient to freely express their thoughts and religious barriers. When discussing with patient it is crucial to avoid the use of medical terminology, so that nurses will not run the meeting with questions and comments that are not clear to the patient. This may hurt patient’s feelings and lead to one way talk instead of having discussion and feedbacks. As a result important information may be missed and health care provider may record inaccurate guidelines that can lead to misunderstanding and cultural conflict.

Leininger highlighted the importance of of cultural assessment related to dietary needs. (Leininger & Mcfarlad 2002, 307; Pesquera et al. 2008, 116; Peterson et al. 2012, 41-42.)

Rasearch by Peterson et al (2012) has stressed the significance of understanding Muslim patients' cultural and religious beliefs concerning Ramadan. In the same study subjects stated that health care providers were not listening to them but instead they were telling them what to do and expecting them to follow the guidelines. As a result all subjects agreed not discuss with their GP about controlling their diabetes during Ramadan, because they would increase their stress and not explain why they wouldn't choose to fast. Participants in this study have emphasised on how diabetes will affect fasting rather than how fasting can affect their diabetes. (Peterson et al. 2012, 41-42, 45.)

4.2 Physical Examination

In Islamic law male and female interaction is limited to family members. Hence unnecessary physical contact, like hand shake or touch of opposite sex is prohibited from Muslims. Likewise study says, some Orthodox Jewish will npt shake hands with opposite sex and some other cultures may prevent eye contacts. Mexican-American woman practice extreme modesty and they show resistance when it comes to physical examination by male GP or nurse. This religious beliefs shape individuals attitude, so nurses should value their patient's religious background and assess patient's spiritual needs and beliefs. Besides, people vary in how they follow Islam. For example some Muslims may shake hands with opposite sex, drink alcohol while others don't. (Giger & Devidhizar 1999, 513; Halligan 2005, 1568; Pesquera et al. 2008, 117.) Generally, Muslim man prefers to be examined by male GP or nurse, likewise Muslim woman wish to have nurse or GP of the same sex, particularly during genital and breast examinations. Although Islam forbids physical contact, there are some exceptions including the absence of care provider of the same sex. (Aasim et al. 2011, 8; Andrews &Boyle 1995, 69, 342; Underwood et al. 1999, 286.)

In one study it was identified that caregivers are doubtful whether Muslim female patients are open to discuss about reproductive health. This perception should be eliminated in order to promote interaction between nurse and patient. In another study Muslim female were asked about their care, it was noticed openness and willingness to talk about sensitive issues including sexual health. (Hasnain et al. 2011, 80.) Underwood et al (1999) highlighted why Muslim woman would resist to participate breast cancer examination program, because of the structure and the manner of the program is not considering Muslim woman's cultural and religious values (Underwood et al. 1999, 286).

In Islam necessity allows forbidden thing, so if there are no options to have same sex of care provider as the patient. Some study suggested it may be wise to have female patient and her husband during pelvic examination. This is because the messenger of Allah said: No man or woman should be alone together if they can get married under Islamic law. (Underwood et al. 1999, 288-290.) So during physical examination it is necessary to promote flexibility whenever possible and employ techniques that reduce stress and anxiety, such as talking to the patient about the procedure, involving them and clarifying all aspects prior to the examination. (Underwood et al. 1999, 286; Wehbe-Alamah 2008, 89.)

Dress is part of religious identity of Muslims. The significance of covering one's body was mentioned in the Quran and the prophet clarified to his followers. Allah said: "Oh prophet! Tell your wives and daughters and all believing women, that they should draw over themselves their Jilbab (cloaks). This will be more conducive to their being recognized (as decent women) and not annoyed. But God is indeed much forgiving, a dispenser of grace." (Akou 2007, 404; Sura Al-ahzab, verse 59.)

Muslim women use a dress that is not tight to cover their body. During hospitalization Muslim female will like to observe Hijab when possible. However, if the size of the hospital gown is short, it may insult Muslim patients' cultural and religious practice. Short gowns may also limit patient's movement in the ward, whereas longer gown will possibly boost patient's feeling and comfort.

Nevertheless, There are times when it is necessary to wear an open surgical gown, for example when patient is waiting to surgery, in such circumstances Islam allows and also whenever is must to wear the hospital gown. (Mohammadi 2007, 313; Pesquera et al. 2008, 117.) Proper explanation with mutual understanding will also minimize patient's tesion. For some patient they prefer door to be closed and nurses to knock the door and wait so that patient will have time to cover. For patients who require privacy, it is utmost important to uncover only the part to be examined and cover other body parts. (Wehbe-Alamah 2008, 89; Pesquera et al. 2008, 117.)

Abortion is an unlawful practice and it is forbidden in Islam. The Holy Quran says: "And kill not your children for fear of poverty. We shall provide for them as well as for you. Surely, the killing of them is a great sin." (Sura Al-isra, verse 31.) Nonetheless, there are exceptions depending on the circumstance. For instant, abortion is permitted when the mothers' life is in high risk, this is agreed among muslim scholars and it is the fundamental reason why abortion is allowed in Islam. In the Quran the stages of human development is explained: "We sreated man of an extraction of clay, then we set him a drop in a safe lodging, then we created of the drop a clot, then we created of the clot a tissue, then we created of the tissue bones, then covered the bones in flash thereafter we produced it an another creature. So blessed be God, the best of creators." (Sura Mu'minun verse 12-14.) But Muslim scholars hold different opinion on whether abortion could be permitted for any other reason and to ahwt stage of the pregnancy should abortion be allowed. Moreover, today Muslim scholars regard abortion as wrong doing, other than when saving mother's life. (Wehba-Alamah 2008, 90.)

Contraceptives that are harmful and prevent children eternally is regarded as unlawful is Islam. Besides, Muslims have used birth control methods for centuries, the earliest was breast feeding and withdrawal method. The two methods were used during the time of Prophet mohammed, and many Hadiths was narrated from his on this issue. Today, there are new ways to prevent pregnancy, Muslim scholars permit some of them such as condoms,

intrauterine device, nuvairing and some birth control pills. (Wehbe-Almaha 2008, 90.)

However, it is not permitted to use medications that prevent children for ever or removing part of the reproductive organs unless it is done for medical reasons. Moreover, Muslim scholars say the withdrawal method must be discussed and agreed, since woman may not accomplish her sexual fulfillment. In some study more than 70% of participants approved the importance of husband and wife to discuss issues related to contraceptives. In the same study, over 80% of the female subjects stated the significance of Muslim leads when it comes to use or not to use contraceptives. In addition scholars point-out the need to endorse mothers health and improving family life quality and well being. (Sueyoshi et al. 2006, 139, 140, 143; Wehbe-Alamah 2008, 90.)

5 THESIS PROCESS

Literature was searched from the school library and databases. After combining all the search words from different databases, such as ELSEVIER, MEDLINE PudMed and CINAHL databases, it produced a lot of articles. However, similar articles appeared in all databases. CINAHL and MEDLINE produced most of the articles. The research articles may provide good information about Islam and caring for a Muslim patient in western hospitals. But it was necessary to eliminate some of the articles. For instant some of the articles were not in English or full text. Therefore, it was important to set inclusion and exclusion criteria.

Inclusion and exclusion Criteria

- Articles must be full text
- Articles must be written in English language
- Articles must be relevant and provide answer to the research questions
- Articles time intervals 2002-2012
- All articles must be research articles

During the initial search CINAHL generated (N 365) articles and MEDLINE (N 164) articles. It was important to further narrow the inclusion criteria. Thereafter, CINAHL produced (N 27) abstracts and (N 3) full text, MEDLINE also produced (N 17) abstract and (N 2) full text articles (see table 3). Finally all relevant articles were included, in order to get the best and latest research articles for the review. It was hard work to gain relevant research articles done in Finland. It was hard work and time consuming to find relevant information.

Table 3. Screening and eligibility.

Database	Search result	Year limit	Abstract	Full text
CINAHL	365	2002-2012	27	3
MEDLINE	164	2002-2012	17	2
TOTAL	529	2002-2012	44	5

Search terms are used to help find research articles, which can provide all necessary information that answer to the research question. Keywords used during the search are: Guide, Health, sensitive cultures, Muslim, cultural diversity, multicultural and immigrants. All selected articles will be analyzed and result will be published on the Hoitonetti Web Pages for health care professionals.

Health information

This paper will discuss about the basic principles of Islam and some of the main cultural clashes between health care providers and Muslim patient. Therefore, it will be discussed with the Muslim community leaders, since they endeavour to solve conflicts that Muslim community face mainly through Friday lectures. This guide will provide better understanding about Islamic culture and how to prevent cultural clashes between health care professionals and Muslim patient.

Health education will be used as a method to promote health of patients, when providing holistic care. Despite providing up to date evidence-based knowledge to health care professionals, it is important as well to promote culturally competent professionals. Thus patient education or assessment process can be smooth and beneficial that is based on respect and mutual understanding between health care providers and their patient's. (Davidson 2008, 197-210.)

Nurses working in multiethnic and diverse communities will come across some contradicting cultural practices to their own, for example, food restriction like pork, praying differentially and abstaining care from opposite sex. The material in this guide will provide information that is easier to read and understand. Suitable checklist will be followed in the process of developing this guide. The guide will help nurses to approach Muslim patients in a more cultural sensitive manner. As a result, cultural clashes in health care settings will be minimized. (Campanelli et al. 2007, 164-166.)

Health information development will improve, better delivery by providing knowledge to health care professionals about Islam and Muslim patients cultural and religious needs. This guide is designed for health care professionals in

order to increase their knowledge about Islam. It provides better understanding about the need of Muslim patient, thus improving communication, interaction and nurse-patient-relation. The material presents clear information that will benefit nurses as they provide holistic care to their Muslim patient. Suitable checklist will be followed in the process of developing this guide, for example writing style, content provided, the overall structure and design of the guide.

Process of development will be reviewed by university head lecturer in the department of Nursing and some of the Muslim leads in Finland. Thereafter, the guide will be tested with health care providers (graduate students, nurses and teachers) and evaluated the content. For example, does the guide present true information about Islam and how is the quality of the translation between the Finnish and the English. (Campanelli et al. 2007, 164-166, 172.)

6 DISCUSSION

Finnish health care system was developed to meet the need of its people and that of the European stranded. Two decades ago waves of immigrants started to come to Finland, including Muslims. Muslims are one of the minority groups that experienced conflicts in health care centers. One good example is offered by study conducted in Finland, nearly half of the studied population says they experienced discrimination in health care centers. In Australian study it was pointed out one focal point when it comes to patient satisfaction. In reference to the study nearly 63% of health care providers and 44% of Muslim patients pointed out the importance of addressing caregivers lack of understanding about Muslim patients' cultural belief and practices including modesty, fasting, praying and family system. (Hasnain et al. 2011, 80.)

Muslims find difficult when they have to go for physical examination, both man and woman will like to have a nurse or doctor of same sex. Generally, patients need their cultural values and beliefs to be considered by health care providers. (Leininger 1991, 58.) Nursing or caring various between cultures, therefore to understand such differences, it is important for nurses to be sensitive to cultural meanings and impact of these meanings. Routine cultural assessments by nurses and elimination of cultural assumptions that all Muslims practice their religion equally. (Jeffreys 2008, 38.)

Muslim patient need time to pray when hospitalized and ask Allah to restore their health and well being. Muslims visit and pray for each other in health and illnesses. According to Suomen Islamilainenyhdykunta, prayer and fasting times varies depending on the time of the year. During winter it is 8-9 hours and in summer 17-18 hours. As a result some patients may fast during winter because time is shorter, however fasting should be discussed with GP.

Reliability

The material applied to produce this work are from reliable sources, such as EBSCO, MADLINE and SIECENCE DIRECT. This paper discussed Islamic law, Madeleine Leininger's cultural congruent care, and previous research article on

the topic to clarify the importance of cultural awareness and assessment. During the development of this guide it was consulted Muslim leaders in Helsinki in order to insure the quality and authenticity of Islamic materials (the Quran and the Hadith) used in this guide.

Thereafter the guide was tasted with health care professionals (graduate students, nurses and teachers) to evaluate the usefulness of this guide. For example, does the guide answered questions related to Islam and Muslim patient, did they find words and the writing structure easy and clear and also the quality of translation between the English and the Finnish language.

Feedbacks relating to the guide

The guide was interesting, important and constructive according to graduate student, nurses, School teachers and Muslim leads. Copy of the guide was distributed among muslim leads and nurses. As for the graduate students and teachers they have participated the final presentation of the guide and gave their feedback.

I think this guide is very important because it provides knowledge about Islam and what to consider when caring Muslim patient. Reader one

This shows how cultural assessment can promote nurse-patient-relationship. The guide is useful, it points out Muslim patient's needs. I think the guide is clear to understand. Reader two

7 ETHICAL CONSIDERATION

This review is centered on Islamic religion and principles. It was used the Quran and the Hadith. It was also considered Fatwas published from different Islamic organizations that have discussed sharia law. Copy of this review was distributed among some Mosque Imams in Finland and they were asked to read and give their opinion. Basically, Imams lead the prayers, provide lectures, solve problems and give advice to their follow Muslims in all matters including decision-making. Therefore, they influence Muslim patient's attitude towards health improvement. (Aasim et al. 2011, 19.)

The guide was evaluated by university head lecturer, Nurses and Muslim leads, so to issue that the material used meets all needed requirements. For example the work is ethical correct and conveys the true Islamic way of life that can be applied to all Muslims. Notably, all Muslims don't follow Islam on their daily bases, some Soma Muslims may not resist when it comes to hand shake, use of alcohol or even pork. Having this in mind, individual assessment is crucial as it has been stressed in aforementioned research articles.

Future health care providers may face more challengers from minority groups. For that reason it is important to practically monitor and improve cultural awareness of all health care staff. It was suggested by Mohammadi et al (2007) that cultural conflicts cannot be avoided but it can be controlled if health care professionals show flexibility when dealing with diverse patients and also prioritize patient's cultural needs. During initial assessment patient's religious rituals and other important cultural values should be discussed and understood. (Mohammadi et al. 2007, 313.)

Further study is needed to find out the relationship between religion and health and how the two can be combined to promote patients health. Particularly, sociological aspect of minority groups in relation to their religion. All viewed researches and book concluded that religion is essential part of personal identity. Religion also shapes and cohere social structure of any community. Undeniably religion has health benefits, mainly psychological health and

spiritual needs. In Finland Muslim minority is increasing and conflicts and financial difficulties increase in the Islamic world. Therefore, it is important to equip health care providers knowledge about Islamic folk.

As for recommendation after considering the above statement gathered from variety of research articles and cultural theorist. It can be concluded, there is need to improve cultural sensitivity and awareness, increase nurses understanding About health and healing beliefs in Islam. Constant staff training will enrich cultural awareness and reduce cultural conflictive aspects within health care setting. This will ease to establish good relation and trustful atmosphere with patient. Being mindfull of patient's spiritual need can reduce patient's stress and discomfort. Besides, all patients wish to receive good care and feel welcomed.

8 CONCLUSION

Muslims are most discriminated social group in Finland. As a result of practicing Islamic faith such as praying five times a day, covering their body and practicing modesty. Future nurses will face more challenges from minority groups. Although cultural differences between people can cause cultural clashes, but it is essential to minimize such conflicts. In order to do so health care authorities should periodical monitor and improve cultural awareness and sensitivity of all health care staff. One research suggested that cultural conflicts can be reduced if health care professionals show flexibility and also priorities patient's cultural needs when dealing with diverse patients. (Mohammadi et al. 2007, 313.)

Further study is needed to find out the relationship between religion and health and how they can fit into each other. Since religion influence peoples perception about health and illness and decision-making. According to many research articles concluded that religion is essential part of personal identity. Undeniably, religion has health benefits for some people, mainly psychological and spiritual. In Finland Muslim minority is increasing as conflicts and financial difficulties increase in the Islamic world and people will keep looking for better life. Therefore it is important to equip health care professionals about minority groups' cultural differences from their own, so they can approach them with knowledge and sensitivity.

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TRANSLATION

Allah	Is one of the names of God the almighty that Muslims belief
Quran	Is the word of Allah that was revealed to prophet Mohammed
Hadith	Is everything that is narrated from the prophet and had been approved
Halaal	Is everything that is allowed for Muslims to do
Ramadan	Is the ninth month of the Islamic calander and muslims fast during Ramadan
Imam	Is the one who leads prayers in mosque
Qiblah	Is where person faces when he is praying it is towards mecca saudiArabia
Zamzam	Holy water
Hijab	Dress that is not tight and covers all body except hands and face
Sharia	Islamic law
Siwak	Toothbrush
Haram	That which is not permitted in Islam (including drinks, food and animals that are not slaughtered according to Islamic way)
Wudu	Is ablution performed before prayer
Tayammum	Is the replacement of Wudu. water by sand
Muslim	Is the person who surrendered to Allah
Islam	means total surrender and submission to the will of Allah

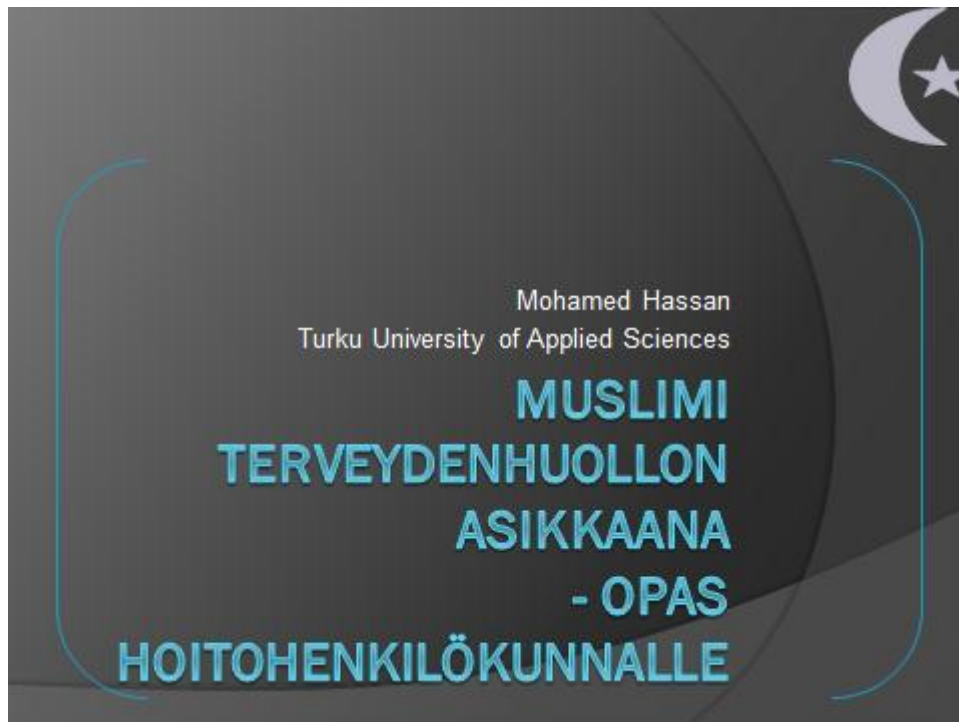
Nass	From the Quran and Hadith
Zaka	Compulsory charity from wealth people to needy individuals
Sawm	Fasting
Sadaqa	is practiced voluntarily and it is charity given to those in need
Ummah	Are the followers of prophet Mohammed

<http://www.islamicedfoundation.com/guide1.htm>

Main Islamic organizations and Questions for evaluating the guide

Name	Contact information
Al-Huda (Helsinki Islma Keskus)	+358 9 726 0207 info@hki-islamkeskus.fi
Islamic Rahma center in Finland	+358 9 343 3100 rahmacenter@hotmail.com
Islamic Multicultural Dawah center of Helsinki	+358 9 241 0526 imaninfo@welha.com
SuomenIslamilainenyhdyskunta	+358 9 278 2551 rabita@rabita.fi

How natural does the guide sound?
Are the words common and not offensive?
Does the guide reveal the cultural norms of Muslim patient? Such as, religious values, health beliefs, foods and modesty.
Does reading the material convey an appropriate level of respect? For example, use of formal languages.



TAUSTAA 1

- Islam

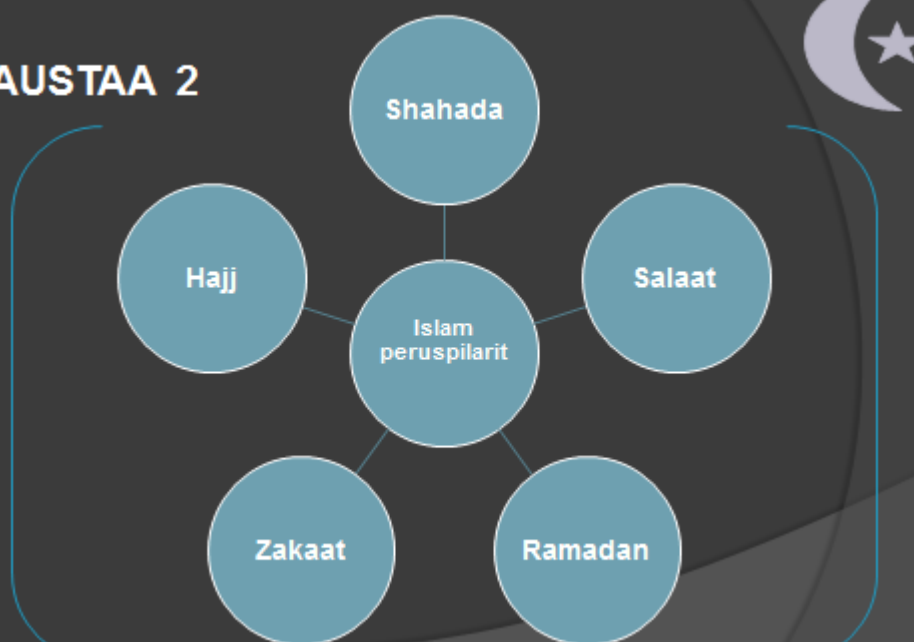
- Totaalinen antautuminen ja alistuminen Allahin tahtoon.
- Toiseksi suurin uskonto maailmassa
- n. 20% maailman väestöstä

- Muslimit

- Uskovat Allahin ykseyteen (Tawhiid)
 - ✓ Allah on yksin, jota ei voida yhdistää kehenkään tai mihinkään
- Uskovat Koraanin olevan Jumalan, Allahin sana
- ***Kaikki muslimit eivät noudata islamilaista lakia !!!!!***

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TAUSTAA 2



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TAUSTAA 3

Islam peruspilarit

- **Shahada:** Uskon lausuman vahvistaminen ja lausuminen: Ei ole muuta jumalaa kuin Allah, ja profeeta Muhammad on Allahin lähettiläs.
- **Salaat:** 5 päivittäistä rukousta
 - Fajar: Alkaen aamukoitteesta juuri ennen auringonnousua
 - Duhur: Keskipäivällä
 - Asar: Iltapäivällä
 - Magrib: Auringonlaskun aikaa
 - Isha: Illalla ennen keskiyötä

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TAUSTAA 4

- **Ramadan**
 - Paastoaminen Islamilaisen kalenterivuoden 9. kuukausi
 - Paasto on pakollinen terveelle aikuisille
 - Muslimit pidättäytyvät ruuasta, juomasta ja seksuaalista kansakäymisestä aamunkoitosta auringonlaskuun.
- **Zakaat:** Vuotuinen almu, jotka maksavat vain varakkaat ihmiset
- **Hajj:** Pyhiinvaellus Mekkaan (Saudi-Arabia)

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Islamilainen näkökulma yleiseen hoitoon

- **Islamilainen normit jatk...**
 - Seuraavat asiat ovat sallittuja Ramadani aikana
 - ✓ Verikokeet
 - ✓ ajankohtainen tarvittava lääkitys
 - ✓ Inhalaattorit esim. Astmalääkkeitä
 - Seuraavien tilanteiden aikana muslimi on vapautettu paastosta
 - ✓ Imetys, raskaus,
 - ✓ kuukautisten aikana,
 - ✓ sairauksien aikana
 - ✓ matkustamisen aikana

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Islamilainen näkökulma yleiseen hoitoon

- **Islamilainen normit**
 - Puhdistautuminen on pakollista ennen rukouksia
 - ✓ Puhdistautumiseen käytetään vettä
 - ✓ Voidaan myös käyttää myös hiekkaa, potilaan voimin mukaan
 - Potilas voi suorittaa päivittäisen rukouksen myös
 - ✓ Seisoen
 - ✓ Istuen
 - ✓ Makuulle

Rukouksen kesto 5-10 minuuttia

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Islamilainen näkökulma yleiseen hoitoon

▪ Perhesuunnittelusta

- Muslimit tiesivät ehkäisystä vuosisatojen ajan.
 - ✓ Ensimmäiset ehkäisy menetelmät olivat lasten imettäminen ja yhdynnän keskeytys.
- Näitä kahta menetelmää käytettiin jo profeetta Muhammedin aikana, ja monet Hadithit ovat kertoneet tästä.
- Pysyviä ehkäisy menetelmät eivät ole sallittu
- Ehkäisykeinot kuten pillerit, kierukat ja kondomit ovat sallittuja, mutta ne ovat usein epätoivottavia muslimiyhteisön sisällä
- Abortti on sallittu vain ja ainoastaan silloin kuin äidin elämä on suuressa vaarassa riippumatta raskauden vaiheesta

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Islamilainen näkökulma yleiseen hoitoon

Vastasyntynyt

Vastasyntyneitä rohkaistaan kuiskaamalla rukouskutsu molemmille korville

Poikavauvat ympärileikataan

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Islamilainen näkökulma hoitoon

▪ Hygienia

- Puhtauden sanotaan olevan puoli uskoa
 - ✓ Pesu virtsaamisen tai ulostamisen jälkeen
 - ✓ Käsien pesu ennen ja jälkeen aterioiden
 - ✓ Käsien pesu heräämisen jälkeen
 - ✓ Häpy ja kainalo karvojen poistaminen
 - ✓ Kynsien leikkaaminen
 - ✓ Suihkussa käynti vähintään kerran viikossa esim. Perjantaisin
 - ✓ Ennen rukouksia wudu (peseytyminen)
- Parta on uskonnollinen symboli, mutta se voidaan ajaa pois lääketieteellisistä syistä

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Islamilainen näkökulma hoitoihin yleensä

▪ Potilaan yksityisyys jatk...

- Miehet suojaavat kehonsa navan korkeudelta polven korkeudelle.
- Vastakkaisen sukupuolta olevan ihmisen kättely ei ole sallittua
- Tarpeeton katsekontaktiin eri sukupuolten välillä ei rohkaista
- Kehon paljastaminen lääketieteellisistä syistä sallitaan
 - ✓ Samaa sukupuolta olevan hoitajan suositellaan tekevän seuraavat toimenpiteet, jos mahdollista
 - Suihkussa tai vessassa käynnin avustaminen
 - Virtsakatetroinissa
 - Sukuelinten tutkimuksessa
 - Sensitiivisessä Keskusteluissa esim. Sukupuolitaudeista

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Islamilainen näkökulma yleiseen hoitoon

- **Potilaan yksityisyys**
 - Kumppanit tai läheiset perheenjäsenet, jotka ovat samaa sukupuolta avustavat suihkussa ja vessakäynneissä.
 - Edistä aina potilaan yksityisyys ja paljasta vain tarvittavat ruumiinosat
 - Islam kieltää tarpeettomia fyysisiä kontakteja vastakkaisen sukupuolen kanssa
 - Musliminaiset käyttävät löysiä mekkoja, jotka suojaavat heidän kehon paitsi kasvat ja kädet

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Islamilainen näkökulma yleiseen hoitoon

- **Potilaan luona vierailu**
 - Sairaiden luona vieraileminen on Islamissa korostettu ja siitä palkitaan tuonpuoleisessa
 - Se on muslimien välinen velvollisuus toisiaan kohtaan
 - Vierailijat lausuvat Koraania ja rukoilevat potilaan puolesta
 - Vierailujen tarkoituksena on tarjota myös psykososiaalista tukea
- **Vanhukset**
 - Vanhemmistaan huolehtiminen on tie Paratiisiin
 - Ikä ihmiset ovat arvostettuja

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Islamilainen näkökulma yleiseen hoitoon

Ruokavalio

- Halaal ruoka
- Kotieläimiä teurastettu islamin lain mukaan
- Haram ruoka ja juoma
- Sianliha ja alkoholi kielletty
- Kotieläimet, joita ei ole teurastettu islamin lain mukaan on kielletty.
- Käytä oikea kättä antaessa lääkitystä tai ruokaa potilaalle

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Islamilainen näkökulma yleiseen hoitoon

Teho-hoito potilas

- Elämän pelastaminen on Keskisestä ja se ohittaa kaikki tässä oppaassa esitetyt asiat Islam sallii siis poikkeuksia sääntöihin jos potilas on hengenvaarassa.
- Lääkitykset, jossa on sianlihaa / alkoholia johdannaisia voidaan käyttää, jos **EI** ole muita vaihtoehtoja.
- Elin- ja verensiirrot ovat sallittuja
- Koomassa olevan potilaan luona voidaan käydä lausumassa Koraania
- Toivottuja tuloksia tuottamattoman hoidon peruuttaminen on sallittu

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Islamilainen näkökulma yleiseen hoitoon

▪ Kuolema ja kuoleva potilas

- Eutanasia on kielletty islamissa
- Perheenjäseniä pitää informoida hoidoista
- Välttää turhia hoitoja.
- Viralliseen suremiseen on varattu 3 päivä
- Älä koskaan aseta ristiä muslimivainajan keholle
- Vainajan ruumis tulee kääntää oikealle kyljelle
- Vainajan pesemisen suorittavat muslimit
- Hautaaminen suoritetaan niin pian kuin mahdollista

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Islamilainen näkökulma yleiseen hoitoon

Tärkeät kohdat

Kaikki muslimit eivät elä aina islamin säännösten mukaisesti

Tilanne pitäisi aina arvoida jokaisen potilaan kohdalla erikseen (kulttuurinen arviointi)

- Vältä stereotypioita ja yleistyksiä
- Muslimit ovat erilaisia

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Islamilainen näkökulma yleiseen hoitoon

▪ Yhteenveto

Perusperiaate :Muslimin tulisi noudattaa islamin sääntöjä aina. Säännöistä voidaan poikeata vain niissä tapauksissa, jolloin se on hoidon kannalta välttämätöntä esim. hengenvaaraan uhatessa

- Päivittäiset rukoushetket tulisi huomioida niin kauan kun potilaalla on aivotoimintaa
- Islamilaisen dietin toteuttaminen tärkeää useimmille muslimeille
- Islamissa kokortetaan sairaiden luona vierailemisen tärkeyttä, siitä palkitaan tuonpuoleisessa
- Huomioi potilaan yksityisyys, sitä arvostetaan
- Olisi potilasta kunnioittavaa, mikäli hoitaja/lääkäri olisi samaa sukupuolta kuin potilas. Erityisesti intiimialueelle kohdistuvissa toimenpiteissä.

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Islami in Finland

- ◉ <http://www.rabita.fi/>
- ◉ <http://sine.fi/>
- ◉ <http://hki-islamkeskus.fi/suomi>
- ◉ <http://www.islamopas.com/>

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Heading of appendix

