

NURSING CARE FOR A PATIENT OF MUSLIM ORIGIN WITH MENTAL DISORDERS

OPIEKA PIELĘGNIARSKA NAD PACJENTEM POCHODZENIA MUŻULMAŃSKIEGO Z ZABURZENIAMI PSYCHICZNYMI

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ABSTRACT

In the era of globalization and mass migratory movements, nursing ought to address patients' needs determined by culture and religion. The knowledge of cultural and religious principles allows the provision of appropriate care, facilitates work, minimizes potential conflicts, and speeds up the patients' recovery process. It is emphasized that culture underlies the risk of developing a disease, its course, as well as the patient's willingness to start the treatment and the acceptance of therapeutic methods. Therefore, taking into account the cultural aspects facilitates having an impact on a patient with mental problems.

Islam is one of the most prominent monotheistic religions worldwide, the second largest in Europe, and the fastest-growing world. The number of Muslim refugees and Poles converting to Islam keeps increasing year by year. Thus, it seems highly probable that a Polish nurse/male nurse will have to care for a Muslim origin patient. The provision of care by the medical personnel in Poland in the transcultural approach remains inadequate and shaped by insufficient knowledge, skills, stereotypes and the sense of superiority of the Western health care model.

The work aimed to present the cultural aspects of care for the patient from the Muslim culture, present typical nursing problems, and indicate nursing activities consistent with a psychiatric patient's cultural expectations. The nursing interventions undertaken are compatible with the principles of Evidence-Based Practice and maybe a source of knowledge in cultural care for practising psychiatric nurses.

KEYWORDS: Muslims, culture care, nursing intervention, mental disorder.

STRESZCZENIE

W dobie globalizacji i masowych ruchów migracyjnych pielęgniarstwo powinno odpowiadać na potrzeby pacjentów, które są determinowane kulturą i religią. Znajomość zasad kulturowych i religijnych pozwala zapewnić odpowiednią opiekę, ułatwia pracę, minimalizuje potencjalne konflikty i przyspiesza proces rekonwalescencji pacjentów. Podkreśla się, że kultura leży u podstaw ryzyka rozwoju choroby, jej przebiegu, a także chęci pacjenta do podjęcia leczenia i akceptacji metod terapeutycznych. Dlatego uwzględnienie aspektów kulturowych ułatwia oddziaływanie na pacjenta z problemami psychicznymi.

Islam jest jedną z największych religii monoteistycznych na świecie, drugą co do wielkości w Europie i najszybciej rozwijającą się na świecie. Liczba mużulmańskich uchodźców i Polaków przechodzących na islam z roku na rok rośnie. Wydaje się więc wysoce prawdopodobne, że polska pielęgniarka będzie musiała opiekować się mużulmaninem. Świadczenie opieki przez personel medyczny w Polsce w wymiarze międzykulturowym pozostaje niewystarczające i ukształtowane przez niedostateczną wiedzę, umiejętności, stereotypy i poczucie wyższości zachodniego modelu opieki zdrowotnej.

Celem pracy było przedstawienie kulturowych aspektów opieki nad pacjentem z kultury mużulmańskiej, typowych problemów pielęgniarstkich oraz wskazanie działań pielęgniarstkich zgodnych z kulturowymi oczekiwaniami pacjenta psychiatrycznego. Podejmowane interwencje pielęgniarstkie są zgodne z zasadami Evidence – Based Practice i mogą być źródłem wiedzy z zakresu opieki kulturowej dla praktykujących pielęgniarzek psychiatrycznych.

SŁOWA KLUCZOWE: mużulmanie, kultura, interwencja pielęgniarstka, zaburzenia psychiczne.

Introduction to Islam

Islam originated in Arabia in Mecca (present-day Saudi Arabia) in the 7th century AD [1]. The founder of Islam was Muhammad, to whom Archangel Gabriel revealed himself in a dream. Directed by God, Gabriel would

visit Muhammad for the rest of his life, bestowing upon him passages from the Quran and commanding him to preach the word of God. In 622, Muhammad, following God's command, went to Medina, where he founded the first Muslim parish (622 is considered the first year

in the Islamic calendar). Before his death, Muhammad made a pilgrimage to Mecca, which has become one of every Muslim's principal duties.

The foundation of Islam (in Arabic "submission to God") is formed by five dogmas of faith: 1) There is one God (in Arabic "Allah" means "God") for Muslims, Jews and Christians. 2) Angels, created by God from light, carry out His orders. 3) Sacred books — the Torah (also known as the Pentateuch, known as the Old Testament), the Gospels, and the Quran. Muslims hardly ever read the Torah and the Gospels, believing that God's word in these texts has been corrupted. The most reliable source of divine commandments is the Quran, which should not be translated from Arabic to avoid misinterpretations. 4) Prophets — God's messengers on earth. Muslims acknowledge all the prophets acknowledged by Jews and Christians (Adam, Abraham, Moses, Jesus, Muhammad). 5) Life after death. Death is not the end of life, but a return to God. The souls of the dead await the Judgment Day.

All Muslims have duties to fulfil as commanded by Allah [2]: Profession of faith — there is no God but Allah; Prayer said five times a day depending on the position of the sun (the time depends on the season and geographical location); Fasting taking place during the ninth month of the Arabic calendar; Alms — obligatory support for the poor, needy and orphans; Pilgrimage to Mecca.

Muslims are guided by the divine law inscribed in the Quran, which constitutes the source of Islamic law — Sharia. Sharia is a divine law; thus, it cannot be subject to changes. Islamic law regulates the relationship between God and man, the duties of all Muslims, their moral attitudes and the provisions governing the entire community, which indicate how to live according to God's will [1, 2]. The Quran specifies in detail and standardizes all aspects of social and individual life. A man who lives according to God's will must put the word of God into practice. The Quran is complemented by Sunnah, a collection of stories about the deeds, actions, and words of Muhammad, the last prophet. Nowadays, the Muslim community has to face challenges that were not present in Muhammad's times. That is why, theologians, jurists and scholars from various disciplines combine their efforts in order to create a uniform law which addresses the new problems.

The attitude of Muslims towards patients with mental disorders

In Islam, unity is of great importance: one God, the union of men with God and unity within a Muslim community. The good of the community is valued more than the autonomy of the individual. All Muslims must follow the principles of the Quran and cultivate the tra-

ditions of society. Deviation from the rules is severely punished. Muslims are not a homogeneous group. Attitudes towards health and disease vary depending on the inhabited region, the impact of foreign culture on Muslim emigrants, and the level of religiosity. The Quran mentions four elements that function as building blocks for human health. In order to be healthy, there must be a balance between the body, spirit, mind and desires. Any disease of one element adversely affects the functioning of the other ones. Mental well-being is considered an important element of physical health. The risk of somatic diseases increases in a person with a mental disorder. For Muslims, the source of any disease may lie not only in the impaired imbalance between the four elements but also in a spell cast or in the evil eye of an envious individual [3]. Mental disorders may be brought about by a malevolent jinni that must be chased away by reciting passages from the Quran [4, 5]. Both conventional and unconventional medicine is used to treat the diseases of the human soul and psyche. Muslims readily opt for herbal medicines, massage, amulets with Quranic verses or water over which the Quran has been read [6]. Many Muslims are reluctant to seek help from unfaithful psychiatrists due to their lack of understanding of Islamic beliefs and values [7].

All currently available treatments for mental disorders (pharmacotherapy, psychotherapy, ergotherapy, electroconvulsive therapy) are accepted and widely used in Muslim countries. However, traditional Muslims do not believe in the effectiveness of psychotherapy in treating mental disorders. Participating in group therapy is problematic for many Muslims, as they feel uncomfortable sharing personal information in groups, especially when members of the opposite sex are present [7].

In difficult cases and crisis situations, the believers seek the advice of an Imam who provides help in accordance with the principles of the Quran and the teachings of the Prophet Muhammad [8].

The disease is seen as a test that has to be faced on the path to God. Caring for an ill person is God's command. Refusing to look after the sick and showing them contempt is a grave sin. People with mental disorders and their families are considered to be Allah's chosen ones in most Muslim countries. The sick are not stigmatized or rejected by society, despite violating the principles included in the Quran [9].

"Oh, you who believe! Let a group not ridicule another group, for they may be better than the previous one... Nor shall you slander one another, nor shall you insult one another" (Quran, 49:11).

However, it is not always possible to encounter attitudes accepting mental disorders. If there is a suspi-

cion of being possessed by an evil genie, the sick are beaten, kept locked up and isolated, along with being burned with fire [10]. Stigmatization of mental disorders in such communities is high. Stigma is a significant obstacle in the recovery of health for people with mental disorders [11]. Studies conducted on Muslim immigrants show that the majority of patients with mental problems, avoid seeking professional help, because of the shame and embarrassment before their family and the closest social environment [12, 13].

The Quran prohibits the consumption of alcohol in any form, "O you who believe! Wine, gambling, idolatry, and fortune-telling are abominations originating from Satan's actions. So, avoid them! Mayhap you shall be happy! "(Quran 5:90). Alcohol confuses man's thoughts, moves him away from Allah, prevents him from doing his daily duties, leads to immoral behaviour and disturbs social life. The Muslims who consume alcohol and other substances that affect consciousness hide this fact from family and community in fear of rejection. The feeling of shame before God and the social group, blaming oneself for breaking the rule and moving away from God leads to giving up treatment and avoiding contact with a doctor. Conversely, religious prohibitions and lack of acceptance for addictions is an important preventive factor in the Muslim world [12, 14].

Suicide is often a consequence of mental disorders, which can manifest themselves as suicidal thoughts. Faithful Muslims condemn suicide. The Quoran says, "Do not kill yourselves, for God is merciful towards you!" (Quran 4:29). God is the giver of life, and only He can take it away. An attempted suicide is seen as a lack of faith and defying God's will [15]. Many studies note a low suicide rate in Muslim countries. This can be explained by upbringing, which stigmatizes suicide (eternal damnation, a legally prohibited act), observance of social life principles, rejection of selfish behaviour, mutual support in a group [15, 16]. The feeling of shame, rooted in Islamic culture, affects communication during diagnosis and treatment. This should be borne in mind when it is necessary to cooperate with an interpreter. In psychiatric care, it is essential that the interpreter should not be a family member and should be a person that the patient does not meet in the mosque. If time and financial means allow it, a professional translator should be hired, preferably of the same sex as the patient, which will reduce the feeling of shame [15]. The family of a Muslim patient has a significant influence on the course of treatment. The husband or a Muslim woman's husband's brother decides which diagnostic and therapeutic measures will be taken and must be present during examinations that encroach upon the private sphere.

A cultural approach to caring for a Muslim

Meeting the patient's cultural needs allows for faster recovery and increased satisfaction with the nursing services provided. Enabling the patient to practise their faith during hospitalization is an important element of caring for them. Performing religious duties allows the patient to ease their discomfort associated with the disease (belief in a quick recovery, perceiving the illness as an attempt to enrich spirituality, being brought closer to God) and the necessity to remain in a foreign environment. Religiosity is a subjective and harmonious relationship with God which not only allows one to find a deeper purpose of life but also allows for satisfying other needs, such as achieving a social position, establishing close relationships with people, a sense of security [17].

Many studies have confirmed that religiously involved people: have a better mood and a higher level of satisfaction with life achievements [18], suffer from depression more rarely, and if they fall ill, the symptoms are less acute and more readily alleviated [19], are less prone to suicide [19], experience fear to a lesser extent and cope better with stress [20], abuse psychoactive substances less often [20], the risk of cardiovascular diseases (hypertension, coronary heart disease) is lower, and the mortality rate from chronic diseases is lower [21, 22], are characterized by a higher index of health-promoting behaviours (no smoking, no intake of other psychoactive substances, healthy nutrition, more physical activity).

Religiosity can provide a framework for understanding illness or mental disability and giving purpose to one's life. Studies have demonstrated that psychotherapy enriched with prayer or reflection on the purpose of life in addiction treatment is more effective than standard therapy [23]. Despite the beneficial impact of religion on health, faith is marginalized in the recovery process. Muslims still encounter problems practising their faith in hospitals. There is no understanding of faith nor a place for prayer. Muslims indicate that the patient's room is the wrong place for prayers because of Christian symbols, the presence of unbelievers or the uncleanness of the room, for example, the presence of blood and rubbish bins [23].

Contact with a Muslim

In Muslim culture, the sense of shame is deeply rooted, which has an impact on the possibility of conducting the examination by the staff. This results in delays in diagnosing diseases and in undertaking therapeutic actions [24, 25]. When nursing a Muslim, one should limit tactile and eye contact, especially if a nurse is of a different sex

than the patient (including handshakes) or when being a stranger. A woman cannot be left alone with a stranger or an unmarried man in the same room, which is why she is always accompanied by her husband or family member. When conducting procedures requiring physical contact, for example, pressure measurement or injection, it is necessary to ask for permission and explain the purpose of the action, showing respect. A religious Muslim man cannot show other people the body's area from the navel to the knees, and a Muslim woman must cover the entire body except for the face, hands and feet. The examination or body care should be conducted in phases – revealing the examined/nursed part of the body and covering it after the end of the action. If it is impossible for the same-sex person to perform a procedure intruding into intimate areas, arrangements should be made to examine the patient in the presence of someone from the family in the room or postpone the examination [26, 27].

Body care

In Muslim culture, hygiene is ritual and is regulated by Sharia. Human body excreta are considered unclean. After using the toilet, Muslims wash their intimate areas under a stream of water (jug), using their left hands. Pubic and armpit hair are considered unclean, which is why the faithful shave these areas. The nails should be cut short and clean [26, 27, 28]. Muslims perform a partial body wash (hands, face, feet) before praying, reading the Koran, after visiting the bathroom, after touching the opposite sex, after losing consciousness, or after waking up. Partial ablution is performed three times according to the scheme: washing hands (to the elbows, first the right hand, then the left), face, rinsing the mouth and nose (taking water with the right hand), and rubbing the hair with a wet right hand, rubbing the neck with the back of the hand. Finally, the feet are washed (first the left one, then the right one). Cleaning the whole body in the shower is performed after sexual intercourse, during menstruation, delivery and before celebrating a common prayer, i.e. on Friday [28, 29].

Nutrition

A faithful Muslim cannot consume certain products: pork and pork products (lard, gelatine, including medications in the form of capsules, pork insulin, heparin, pancreatin – enzyme extract from pork pancreas, heart valves), meat of predatory animals, meat of animals which have died of natural causes (carrion), meat of animals that were not slaughtered according to the ritual (slaughtered by a non-Muslim or the animal was stunned when draining blood), products containing blood, drink alcohol or take alcohol-based products (including medi-

cines, fermented products, for example, kefir) [28, 30, 31]. Muslims notice the issues with adapting meals to religious needs in hospitals. Most Polish hospitals use external companies catering, which additionally makes it more difficult to modify the menu to meet the needs of the patients [30]. The family should be allowed to bring food accepted by the patient. Before and after a meal, Muslims wash their hands and pray with the words: Bismillah – "In the name of Allah, the Most Gracious, the Most Merciful". Muslims eat with three fingers of the right hand which are licked at the end (the left hand is unclean as Satan ate with it), but today, especially in the West, they are departing from this practice.

During Ramadan, practicing Muslims fast from dawn to dusk for 29–30 days. Ramadan is a movable feast, dependent on the lunar calendar, commemorating the beginning of the revelation of the Koran to Muhammad by Archangel Gabriel. During Ramadan, two meals can be consumed, the first one before dawn, the second one after sunset [30, 31]. The essence of fasting is to cleanse the body and spirit by rejecting temptations, strengthening relationships with God and community (pleasing God through patient endurance of sacrifice), peaceful resolution of conflicts (at this time disputes are prohibited). Mentally ill persons do not have to fast [30, 31]. In return, they may choose other days for fasting and give alms to those in need during Ramadan. Some medical treatments may interrupt fasting, so the patient should be informed about planned procedures [31]. It should be emphasized that not all Muslim scholars agree on what medical treatments violate fasting. Opinion forming organizations include the Islamic Scientific Council, consisting of Muslim scientists and lawyers, the Islamic Organization for Medical Sciences, and the Standing Committee for Academic Research and Issuing Fatwas examining the compliance of medical activities with Islamic standards. Medical activities that do not affect the course of fasting include instillation of eyes, nose, ears, inhalation, administration of sublingual drugs, EEG, EKG, dental procedures (only if the patient does not swallow the medicine, and so forth). Medical activities that scholars do not agree on, i.e. such that should be postponed if they are not necessary, are injections, including insulin, supplying oxygen, gynaecological tests, insertion of a urinary catheter, administration of skin medications in the form of creams, ointments and transdermal patches, rectal drugs, enemas, transfusions, blood draws, fluid-free endoscopies. Oral medications, electroconvulsive therapy, parenteral nutrition, and renal dialysis are forbidden [29, 32, 33].

Ultimately, the patient must decide whether they want to fast despite the need for treatment, and medical staff should modify the therapy and allow religious

practices. Muslims value health the most and, if necessary, refrain from following religious orders.

Prayer

Muslim believers pray five times a day. Prayer consists of reciting the Koran, a repetitive cycle of bows and prostrations, and offering the sign of peace to all beings. It is not necessary for the patients to follow all prayer movements, so they can also pray while sitting or in bed. The Koran should be recited in the correct order; in the event of a mistake, the prayer should be repeated. Muslims should pray on a special rug with Mecca's face (south-east); the room should be tidy and noise-free. The prayer is preceded by the ritual ablution and donning clean clothing (the man should be covered at least from the navel to the knees; the clothes worn should not cover the ankles; a woman during the prayer should show only: face, hands and feet). The aim of the prayer itself is not to talk to God and obtain favours, but to glorify the Creator's greatness (it should be repeated 33 times: praise be to Allah, all praise is due to Allah, Allah is great) [2, 28, 33].

Community nursing for Muslims

In order to ensure the continuity of care for patients leaving the hospital, a nurse must monitor their health condition and implement further therapeutic recommendations of the doctor (oral medication taken regularly and depot injections) in the home environment.

Muslims adhere to strict rules of receiving guests at home. The visit should be announced by telephone, or the next visit should be arranged during the current one. After the doorbell, one may expect that the door will not be opened immediately, which is due to the need for the resident to prepare themselves, for example, by putting a headscarf on. When visiting a person of the opposite sex to yours, a third person should be brought along. An unrelated person of the opposite sex must sit elsewhere. When paying a visit or visiting for professional reasons the first time, you can bring a modest gift, for example, water, bread or flour, which emphasizes our respect [31, 33, 34].

Nurses and patient professing Islam

Taking care of patients from a different cultural background is a challenge for nurses not only in Poland (nurse's sex, nutrition, taking medications containing gelatine and alcohol). This is due to the low level of knowledge of nurses on the Islamic culture and prejudices against Muslims. Research conducted in Poland showed that nurses in contacts with Muslim patients were guided by stereotypes (53%) and prejudices (40%) [35]. Surveyed nurses rated their cultural competence

as average [35]. Surveys conducted by Majda et al. [36, 37] among nursing students show that only 10% of the students do not have prejudices against the followers of Islam, and 8% of the respondents discriminated this group in the past. Conversely, the research by Duda et al. [38] proved that over 70% of Polish nurses could not take care of a Muslim person in accordance with their cultural expectations. Similar results were obtained by Playa del Pio [39] and AlYateem [40], which shows that nurses had low knowledge of Muslim culture. Therefore, there is a need to deepen education in intercultural care in the field of nursing, as well as to provide further training courses.

Examples of nursing diagnosis and nursing interventions taking into account the cultural needs of the patient

Nursing diagnosis 1: Verbal and physical aggression towards people caused by disease symptoms, low level of frustration caused by external stimuli manifested by psychomotor agitation in the presence of other patients.

The purpose of nursing care: ensuring the safety of the patient and other people in the immediate vicinity; regaining the ability to control behaviour by the patient; reducing the risk of physical aggression.

Nursing interventions: keeping the distance from the patient; applying the principles of communication with patients according to the safeguards model (short sentences devoid of imperative tone, avoiding the use of the word "no", paying attention and controlling one's own communication behaviours: tone of voice, facial expressions, body posture); establishing contact with the inpatient and identifying the reasons leading to aggression (dissatisfaction, fears, unsatisfied needs, for example, lack of cigarettes, cold or overheated rooms, tasteless food, pain, stress, psychotic symptoms) and attempting to solve them (showing understanding, taking action if possible); recognizing early signals indicating the possibility of physical aggression (increased activity, threats, threatening gestures, raised voice pitch, reduction of distance, and so forth); attempting to divert attention from a situation which causes patient's agitation, for example, being interested in the problem and willing to solve it; providing the patient with the possibility of isolating himself from irritants, for example, other patients, noise, excessive light or stimulating interior colours) by placing him in a single room or – if possible – in a room where he or she will be able to be alone for a short time ("silent room"); removing dangerous objects from the environment (cutlery, glass, and so forth); in the case of aggression, administering sedatives and antipsychotic drugs (according to doctor's instructions) or using persuasion.

Nursing diagnosis 2: Self-care deficit resulting from the use of direct coercion in the form of immobilization, making it impossible to meet the patient's needs.

The purpose of nursing care: meeting biological and sanitary needs; ensuring the patient's physical and mental safety;

Nursing interventions: assessing the patient's physical and mental condition (control of such parameters as temperature, blood pressure, pulse, skin colour) along with controlling the position of the belts every 15 minutes; enabling the patient to receive fluids and food in accordance with the religion (placing the patient in a semi-Fowler position, releasing the right hand or feeding with the right hand, providing halal or plant-based food); giving bedpans and urinals (by the same-sex personnel or a close family member, releasing the sick person's left hand, which may come into contact with dirt, allowing hands to be washed in a bowl of water or using wet wipes); allowing the patient to carry out religious practices: preparations for prayer at the patient's request (preparation of a bowl of water for ablution or temporary release of the patient to the bathroom, placing the Koran on a bedside table, placing the bed in the south-east direction, enabling prayer in the bed); informing the patient and explaining the purpose of the nursing activities provided to him (it is showing respect, which facilitates cooperation, alleviates aggressive behaviour); placing the patient in a single room, which will facilitate observation of the patient and allow contacts with the family; documenting the activities and maintaining the card recording the immobilization.

Nursing diagnosis 3: Violation of physical integrity and freedom through the use of direct coercion measures leading to the loss of human dignity.

The purpose of nursing care: ensuring the safety of the patient, co-patients and staff; minimizing the traumatic impact of coercion on the patient by selecting the measures being the least disruptive for the patient.

Nursing interventions: informing the patient about the necessity of direct coercion applied to him; ensuring a sufficient number of staff involved in the procedure; with min. 5 people participating in the case of immobilization (restriction of touching the head in the forehead area, which is used during prayer); taking away items which might pose a threat, for example, belt, dentures, lighter, glass items from the patient, while informing him that these items will be stored, and he will receive them at a later time; supervising the course of the application of direct coercion in terms of safety, compliance with the procedure, respecting the patient's dignity; maintaining constant verbal contact with the patient, reassuring him and encouraging cooperation.

Nursing diagnosis 4: Disturbed communication between the patient and staff caused by a poor language command or lack thereof, leading to difficulties in implementing therapeutic recommendations and functioning of the patient in the unit.

The purpose of nursing care: improving communication between the patient and staff leading to increased patient confidence and compliance with therapeutic recommendations of the staff; improving the patient's well-being and adaptation to the new environment in the coming days.

Nursing interventions: contacting the patient to determine the causes of communication problems (language barrier, hearing loss, cognitive deficits, refusal to speak a foreign language on the patient's part, lack of trust in staff, unwillingness to start treatment), analysis of medical records or obtaining information from the family; initiating contact, during which we address the patient in an official form Mr. / Mrs., maintaining eye contact (the same-sex patient) while using verbal communication (if the patient knows the basics of language - slow speech, short sentences, repeating the message), and non-verbal (describing activities with gestures, showing objects, guiding, using picture books presenting medical activities); enabling the patient to maintain contact with the family (directly or by phone); participation of a professional translator (preferably from outside the family, of the same sex).

Nursing diagnosis 5: Refusal to take medicines for religious reasons (presence of alcohol or ingredients of animal origin – from a pig, slaughter noncompliant with religious practices, fasting), manifested by a lack of improvement in mental health.

The purpose of nursing care: improvement of the mental health of the patient

Nursing interventions: establishing contact with the patient to define the reasons for refusing medications; enabling contact with a doctor in order to change the preparations to ones not containing substances prohibited by faith (for example, replace capsules with tablets, heparin with synthetic counterparts, for instance fondaparine, stopping administering medicines containing alcohol and porcine enzymes); familiarizing the patient with the package leaflet; considering, together with the patient and the doctor, the possibility of taking depot injections; applying persuasion by reference to the Koran, for example, "Allah sent this medicine to cure such diseases."

Summary

Culture determines the process of care for patients and affects the satisfaction with the services provided. Taking into account the cultural needs of the inpatient made

it possible to quickly establish contact with the patient and obtain his consent for being cared for. A nurse caring for a Muslim patient should remember the following: 1) avoid direct eye contact – Muslims typically will avoid eye contact during a conversation as a sign of respect for the speaker; 2) avoid touching the patient – Muslim avoid touching between members of the opposite sex or strangers, including handshakes, shoulder patting (if the procedures require physical contact, it is necessary to ask for permission and explain the purpose of the action); 3) knock on the door and wait a moment (female patient may not be properly covered), announce your arrival; 4) if possible, nurse care should be given by people of the same sex as the patient (a male nurse should care for a female patient in the presence of her husband or another female); 5) clothes, if hospital clothing covering the arms, chest and legs is unavailable, Muslim women should be allowed to wear their own dresses; 6) Muslims must pray five times a day during the day in a secluded, clean and quiet place without Christian symbols (cognitive disabilities are excluded); prayers are said towards Mecca; prayers are usually performed on a prayer mat and include various movements such as a bow; bowing and sitting are not necessary for patients with physical or health limitations (prayers may be performed in bed or on time in a sitting position); 7) prayer should not be interrupted; 8) Muslims must maintain ritual purity before prayer (follow a number of other hygiene related rules: washing with water after urination or defecation, depilation of armpits and pubic hair (a beard can shave only another man – an important religious symbol), keeping the nostrils clean, keeping nails trimmed and clean; 9) Muslims do not eat pork and pork products, including medicines (Muslims are required to follow a halal diet – halal signifies food that can be consumed, and which has been prepared according to Islamic law) and do not drink alcohol (including alcohol-based medicines, fermented products); 10) if the patient has no dietary restrictions, encourage the family to bring the patient's favourite foods; 11) use the right hand for feeding, administering medications, or handing something to a Muslim patient (the left hand is unclean); 12) during Ramadan, practicing Muslims fast from dawn to dusk for 29–30 days (they do not eat nor take medications and injections); 13) allow visits from the family and friends (Muslims are encouraged to visit the sick because it is a blessing for them, a patient is visited more often on Friday (a holy day for Muslims)).

Persons with mental disorders are excused from the required prayers five times daily, fasting during the month of Ramadan, compulsory charity or performing the pilgrimage to Mecca. Ultimately, the patient decides

whether to cultivate religious principles (patients with religious delusions, with obsessive-compulsive disorders overzealously obey religious orders), and medical personnel should modify the therapy and allow religion to be practiced. Muslims value health the most and, if necessary, refrain from following religious orders.

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