

# Application of Leininger's theory to the Muslim client



According to Madeleine Leininger, care is the essence and the central, unifying, and dominant domain to characterize nursing (Leininger, 1984). To Leininger, “ care and culture were inextricably linked together and could not be separated in nursing care actions and decisions” (Leininger, 1988, p. 153). Her theory of cultural care diversity and universality proves particularly useful in giving care in multicultural societies such as Canada where clients from non Anglo-Saxon origins have different interpretations of care and whose strict cultural beliefs, religion makes it impossible for minimal or no acculturation of nursing care of the dominant culture. The conservative Muslim client is unique in the sense that no matter where he or she comes from, Islam dictates how the client is supposed to live their life. Embedded in Islam is what care means. Nevertheless, it is important for nurses to be cognizant of the fact that Muslims have different origins and thus different cultures. This paper explores what some of these care practices are in Islam and how Leininger’s modes of nursing care can be used in providing culturally congruent care.

Leininger conceptualizes that there are two kinds of care that exist in every culture and are important to nursing care. These are generic and professional care. Generic care is the naturalistic local, folk and familiar home care practices whereas professional care in contrast is cognitively learned, practiced and transmitted knowledge learned through formal and informal professional nursing schools (Leininger, 1991). For a nurse to provide culturally competent care the two types of care have to be in unison. In which case, the ultimate goal is to link and synthesize generic and professional care to benefit the client.

Leininger developed the sunrise model to help nurses visualize components of the theory influencing human care. The model conceptually depicts the worldview, cultural and social structure dimensions which influence generic and professional care which in turn influences nursing care actions and decisions. The nursing care actions and decisions include cultural preservation, accommodation and repatterning.

Wehbe-Alamah, Lawrence, Rozmus and Luna all agree that a nurse's knowledge of the basic tenets of Islam is important in providing culturally congruent care to the client. They also caution that since Muslim's originate from different places and thus different cultural backgrounds it is imperative that Muslim's are not treated as a homogenous group. It becomes important that in addition to knowing the tenets of Islam, the nurse inquires about the folk practices of the patient. Also all articles point to Leininger's nursing modes of repatterning, accommodation and preservation as effective methods in achieving culturally congruent care. Wehbe-Alamah relies on the research of others as well as descriptive sources in providing what care means in Islam while Lawrence and Rozmus rely on the Koran, the Hadith and modern interpretations of those writings as their source. Luna on the other hand conducts a study in which she analyzes the meanings and experiences of care of immigrant Lebanese Muslims living in a large Midwest urban community in the US. She explores the meaning of care in the clinic, community and clinic context. Narayanasamy's study on how nurses respond to cultural needs also cautions that nurses must be careful in stereotyping people of the same religion since their cultural needs might be different.

Most of the Muslims in Canada originate from cultures in which there is a strong sense of family and community. Care giving is consequently considered as a responsibility shared by individual, family and community members regardless of diversities in age or gender. Family members including children, spouses, siblings, aunts, uncles, grandparents, friends, neighbours and social acquaintances all participate in the care giving process to varying degrees (Wehbe-Alamah, 2008). Community members are encouraged to provide emotional and physical as well as assist in the provision of spiritual care. This means that in circumstances where hospital policy permits two visitors per patient, it might be important to accommodate more than two as a means of providing culturally congruent care. It might also be important to consider providing the Muslim client with a bigger and maybe more private room so as to accommodate the client's visitors and prevent inconveniencing other clients who maybe sharing the same premises with the Muslim client.

Modesty and privacy is of major concern to the Muslim woman client. This is reflected in the way most Muslim women dress. The use of the head scarf or hijab in combination with loose skirts and blouses that go up to the ankle or the wrist respectively is not uncommon. Some traditional Muslim women will even cover all parts of their body with the exception of the eyes and hands. Such modesty is supposed to prevent possible sexual attraction of males as well as uphold the dignity of the woman. Other than husbands and close male relatives, other men are not supposed to see the features of a woman or touch a woman. The client can be accommodated by placing a sign on their door requesting all males to knock before entering the room. Also, the

client may have to be provided with a health care provider who is female. When dealing with a Muslim client, I will have to be mindful of unnecessary body part exposure.

Although it is recommended that the health care provider maintain eye contact with clients as part of therapeutic communication, the Muslim client views eye contact differently. The Qur'an directs Muslims of both genders to lower their gaze whilst communication occurs. Such information is particularly useful to me since it cautions me not to look the Muslim client directly in the eye so the client feels comfortable and at ease during the nurse-client interaction.

The Muslim client abides by certain dietary principles and restrictions. These restrictions include alcohol based medications such as cough syrup, pork products and derivatives such as gelatin and insulin. With this knowledge, I can be an advocate on behalf of the Muslim client in the provision of food and medication that is congruent to his or belief (e. g. inclusion of Halal meat on the hospital menu). Doing so will enable me as a nurse to accomplish Leininger's modes of accommodation and preservation. It is also worth noting that some Muslim clients who choose to fast during the month of Ramadan may abstain from food, water and medications.

Considering that my first clinical placement was in maternity, it was only appropriate to know what cultural beliefs and practices was relevant to birth. Muslims believe that a special prayer has to be whispered in both baby's ears as soon as it is birthed to declare faith in God and protect the newborn from evil sprits (Wehbe-Alamah, 2008). This role is typically assigned to

fathers but is not solely reserved for them. Anyone else who handles the baby is also expected to mention the name of God to ward off evil. Charms and amulets containing words or verses from the Qur'an are usually pinned to the clothing of newborns to shield them from the evil eye.

On the issue of contraception, reversible methods of birth control are acceptable in Islam as opposed to irreversible ones. Irreversible methods of birth control are considered unlawful (Wehbe-Alamah, 2008). In health education classes for example, it will be important to stress on the differences between such procedures to Muslim women in the class who may have language problems or to get an interpreter. Doing so will go a long way in preserving the cultural beliefs or may promote cultural repatterning for those who choose to act contrary to the beliefs of Islam.

A major criticism of transcultural care is that tolerance and respect of people from other cultures cannot be achieved by knowledge of the other culture. From researching the beliefs of the Muslim client, I have however been sensitized to what I may have to deal with in practice and I am convinced that I am in a position to be more tolerable and respectful of these beliefs since I am aware of the tenets on which such beliefs are based. It is worth knowing these beliefs before experiencing them in practice since I am in a position to use a non-judgemental approach towards the Muslim client. Also, such knowledge will make it possible for me to provide culturally congruent care to the Muslim client based on Leininger's nursing modes of preserving, accommodating and repatterning. Inquiring from the client about other cultural needs remains the best and authentic source.

Providing culturally congruent care to the Muslim client will prove beneficial to the client as well as me (the nurse). First of all the Muslim client will be more satisfied with the care that I have to offer and this may increase compliance outcomes. This is in accordance with Leininger's theory which predicts that if nursing care is designed with an awareness of cultural beliefs, values and practices, it will be more satisfying, acceptable and health promoting to clients (Luna, 1994). Secondly, providing culturally congruent care will strengthen the nurse-client relationship, fostering respect and trust. My own knowledge about the Muslim religion has increased as a result of writing this paper.

In conclusion, I find Leininger's theory a plausible one in providing culturally congruent care. It is from my own personal experience with a Muslim lady that I came to know how frustrating she found the health care system in Canada. For this lady, having a male physician attend to her and for that matter touch her is not an option unless she is unconscious or dead. It becomes obvious then, that care that is not congruent to one's cultural beliefs may decrease patient outcomes as well as compliance to treatment plans. Conducting this research has given me the necessary knowledge which will serve as a foundation in caring for the Muslim client. Using Leininger's nursing modes of preserving, accommodating and repatterning, I hope that the Muslim client will feel more satisfied under my care.