

Title:

Religious restrictions and pharmacological therapies: What is the role of nursing?

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Session Title:

Rising Stars of Nursing Invited Posters - Group 1

Slot (superslotted):

RSG STR 1: Thursday, September 25, 2014: 9:45 AM-10:30 AM

Slot (superslotted):

RSG STR 1: Thursday, September 25, 2014: 2:30 PM-3:15 PM

Keywords:

nursing knowledge, pharmacological therapies and religious restrictions

References:

Leonard, B. (2001). Quality nursing care celebrates diversity. *Online Journal of Issues in Nursing*, 6(2).

Retrieved at

www.nursingworld.org//MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol

ume62001/No2May01/NursingCareDiversity.aspx Leonard, B. J., & Plotnikoff, G. A. (2000). Awareness:

The heart of cultural competence. *AACN Clinical Issues*, 11(1), 51-59. Sattar, S.P., Ahmed, M.S.,

Madison, J., Olsen, D.R., Bhatia, S.C., Ellahi, S., ... Wilson, D.R. (2004). Patient and physician attitudes

to using medications with religiously forbidden ingredients. *Annals of Pharmacotherapy*, 38(11). 1830-

1835. Walker, P. (1996). Are prevention programs culturally competent? *The Bulletin*, 40, 14-19.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE	TIME ALLOTTED	FACULTY/SP EAKER	TEACHING/LEARNING METHOD	EVALUATION/FEEDBACK
Example Critique selected definition of the term, "curriculum"	Example Definitions of "curriculum" Course of study Arrangements of instructional materials	Example 20 minutes	Example Name, Credentials	Example Lecture PowerPoint presentation Participant feedback	Example Group discussion: What does cultural training mean to you?

	The subject matter that is taught Cultural "training" Planned engagement of learners				
To identify nurse's knowledge of cultural competence and religious sensitivity when respecting patients' restrictions on pharmacological therapies ordered by health care providers.	N/A	N/A	N/A	N/A	N/A
To become aware of nurse's beliefs of being an advocate for support to their patients voicing religious restrictions on pharmacol	N/A	N/A	N/A	N/A	N/A

ological therapies.					
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Abstract Text:

Cultural sensitivity includes competency with culture, religion, and ethnic differences reflected in the care of patients. Health care providers must be knowledgeable to demonstrate religious sensitivity and accommodation rather than assimilation into the provider's culture (Leonard, 2001). In a study of 100 physicians, it was found that 70% were unaware of religious restrictions concerning pharmacological treatments with religiously-forbidden ingredients prescribed for their patients. While about half of patients expected to be informed of this incompatibility by their physician, 35% expected the nurse to be knowledgeable about religious beliefs affecting patient's choice of treatments (Sattar, et al., 2004).

This descriptive study will examine the knowledge and practices of registered nurses providing pharmacological therapies to patients with restrictions based on their religious beliefs. A random sample of nurses employed in acute care medical-surgical units and emergency departments in large inner city hospital systems will be recruited to complete an anonymous questionnaire that will address routine care to their patients. Nursing's knowledge of therapies included in biomedicine that have ingredients in the actual product as well as in the processing and manufacturing of specific pharmacological therapies (e.g., erythropoietin, gelatin used as food and capsule) will be assessed. The application of the knowledge and beliefs that affects daily individualized patient care will be studied.

Nurses can be crucial players affecting change in patient care at the health care system level (Leonard, 2001). The culturally competent nurse will possess religious sensitivity by demonstrating awareness, respect, and knowledge of patient's need to voice their cultural diversity (Leonard & Plotnikoff, 2000). Nurses need the knowledge of religious restrictions imposed on such ingredients in pharmacological therapies thus improving the satisfaction for providers and their patients (Walker, 1996). The findings of this study may be useful for nurses to affect system-wide changes in health care with educational programs, institutional policy developments, and technological advances for religious-based treatment alerts integrated into the electronic health records (Leonard, 2001).