PATIENTS WITH RELIGIOUS RESTRICTIONS ON INGREDIENTS IN PHARMACOLOGICAL THERAPIES: DOES THE NURSE'S KNOWLEDGE PREDICT THE ROLE OF NURSING?

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Purpose & Target Audience

This descriptive study will examine the registered nurses' knowledge and actions performed for their patients with religious restrictions to ingredients in pharmacological therapies.

Objectives

- To identify registered nurses' knowledge of cultural competence and religious sensitivity when respecting patients' restrictions on pharmacological therapies ordered by healthcare providers
- To become aware of registered nurses' actions of being an advocate for support to their patients voicing religious restrictions on pharmacological therapies
- To understand the relationship of knowledge predicting nursing actions for patients voicing religious restrictions on pharmacological therapies

Background

Cultural sensitivity includes competency with religion and ethnic differences reflected in the care of patients. Healthcare 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 percent 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 percent expected the nurse to be knowledgeable about religious beliefs affecting patient's choice of treatments (Sattar, et al., 2004).

Rationale

Nurses are crucial players affecting change in patient care (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). Nursing's role is to support patients, thus improving the satisfaction for providers and their patients (Walker, 1996).

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) and actions to apply the knowledge in their role with patient care will be studied. No research on nursing was found.

Sample

A convenience sample of 100 nurses employed in multiple acute care medical-surgical units in large inner city hospitals in multiple cities (Phoenix, Cleveland, Chicago) representing varied educational, cultural, ethnic and religious communities.

Research Question

Do registered nurses in acute care medical-surgical units in large inner city hospitals have knowledge of ingredients in pharmacological therapies that may be restricted based on patient's religious beliefs?

Does the registered nurse's level of knowledge of ingredients in pharmacological therapies predict actions performed for the patient disclosing religious beliefs that may restrict the use of such products?

Method

Descriptive and inferential statistics: Frequency, mean, mode, median, Pearson correlation, validity and reliability of the questionnaire needed for future use in research.

Survey instrument for data collection to include:

- Demographics of the registered nurse participant
- Knowledge of ingredients frequently restricted in pharmacological therapies based on patient's religious beliefs (e.g., gelatin capsules, erythropoietin)
- Actions performed when patient's religion and beliefs are disclosed that may restrict pharmacological therapies

Implications

Findings of this study can influence:

- Nursing continuing education programs
- Nursing education curriculum
- Multidisciplinary institutional policy developments
- Technological advances for religious-based treatment alerts integrated into the electronic health records (Leonard, 2001)
- Procedures and educational materials from pharmacological therapy manufacturers

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