Recommended Cultural and Clinical Considerations for Leaders and Educators Working With Muslim Nurses and Students

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Disclosure

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Learning Goal and Objectives

- Review recommended cultural and clinical considerations for nursing leaders
  - Identify key elements to investigate when integrating religious and culturally relevant student needs into nursing practice and educational environments
  - Discuss practices that promote inclusion of Muslim nurses/students
  - Describe ways in which policies can be modified to accommodate student, educational, and practice requirements
Background

- **Statistics**
  - 37% of people in the United States (U.S.) identify as a racial or ethnic minority
  - Only 19% of nurses are from minority backgrounds

- Muslim nurses/students are underrepresented in nursing

- Projected long term shortage of nurses
Problem

- No practical guidance available regarding:
  - Muslim nurses practicing in the US
  - Barriers or accommodations for Muslim nurses in healthcare environments
Purpose

- Examine existing evidence in literature
- Identify gaps in the literature
- Examine recommended cultural and clinical considerations for leaders and educators working with Muslim nurses and nursing students
Review of Literature

- Keywords: head covering, hijab, Muslim nurses or nursing students, and religious accommodations

- Research evidence
  - Sparse
  - Lower tiers of evidence
    - Editorials
    - Expert opinion
    - Commentary pieces
    - Qualitative and survey studies
  - Small sample sizes
  - No randomization or control groups

- Exclusionary practices identified

- Information on the creation of a culture of inclusivity is suggested
Religious Practices, in General

- The United States
  - Religious country, 80% of Americans indicating religion is part of their life
  
  - SHRM reports 50% of large organizations receive requests for religious attire accommodation
    
    - Only 1/3 of employees were offered religious accommodations as opposed to employee having to request
Muslim Americans

- Increasing population, second largest religion in the world

- Complex because of varying beliefs/practices
  - About 30–50% in US wear hijab some or all the time compared to other countries (e.g. Egypt [90%])

- Muslim women highly educated, only Jewish women outpace them
Exclusionary Practices

- Increasing harassment against Muslims in last 20 years
  - Called derogatory names, negative comments about diet, identity, fasting, accents, socializing with Muslim Americans

- Wearing hijab
  - Women perceive and research indicates it is a visible sign that increases discrimination
  - Hijabis less likely to receive call backs for jobs, asked to fill out applications, less interest from employers
Exclusionary Practices

- Nurses who wear hijab
  - 30% called names and receive negative comments about hijab
  - 47% treated suspiciously
  - 53% intimidated
  - 20% were refused as assigned nurse by patient or family member
Exclusionary Practices

- Negativity manifest in a variety of ways from subtle intolerance to severe discrimination
  - Affects social status, psychological well-being, and physical health

- Muslim nurses at greater risk for undue hardships
  - Higher potential for burnout and feelings of exclusion

- Ambiguous laws
  - Room for interpretation
    - Religious-based discrimination claims have doubled over the last 10 years
    - 4 times more than any other protected category
Practices to Promote Inclusion

- Religious Dress
  - Ensuring modesty
    - Hijabs
    - Beards

- Social customs and gatherings
  - Alcohol
  - Diet
  - Pets
Religious Customs

- Prayer
- Wazu

Religious Holidays

- Ramadan – June 6–July 5, 2016
- Eid al-Fitr, predicted July 6, 2016 based on moon sightings
- Eid al-Adha, September 11, 2016
Implications

- Accommodate religious dress
  - Modification of dress code policies

- Awareness and accommodations of dietary restrictions
  - Cafeterias
  - Informal gatherings

- Academic and clinical responses to student nurses
  - Collaborate to meet cultural and religious needs
    - Semester meetings
    - Review of organizational policies
Implications

- Organizational assessment
  - Cultural competency
  - Diversity management
  - Multiple instruments available

- Organizational training
  - Imperative that training is offered on accommodation
  - Managers need awareness of inherent bias of applicants who are different than the norm
Implications

- Future research needed
  - Clear estimates of Muslim nurses in practice and in schools of nursing
  - Examination of knowledge/attitudes/beliefs
    - Non-Muslim leaders/educators
    - Muslim nurses and students
  - Comparison of Muslim nurses/students experiences to groups who are not Muslim
  - Assessment of interventions to promote feelings of inclusion
Increasing diversity and inclusive practices in work and academic environments is not a simple task

Education is imperative to promote more inclusive environments

Much more research needs to be completed on nurses and nursing students from ethnically and religiously diverse backgrounds
Nurse leaders must create and continuously seek to better an atmosphere of understanding, acceptance, tolerance and inclusion that promotes a productive, motivated workforce who facilitate positive patient outcomes and leads to enriching the healthcare environment’s reputation and overall profitability.
References

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