A literature review – Expatriate nurses providing end of life care in a Muslim country

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Background

- Providing appropriate nursing care to patients who have different religions, language and concept of healthcare can be difficult.

- Research has focused on nurses caring for the immigrant

- End of Life care can be stressful
- Nurses at risk of stress and burnout

Halligan, P. (2006); Peters, L., et al., (2013). Portoghese, I., et al., (2014).

The Question

- What is the current evidence about the experiences and interactions of expatriate nurses providing end of life care to Muslim patients in a Muslim country?
  - Particularly when the nursing workforce relies heavily on expatriate nurses

What we already know

- In the western countries
  - EOL care for Muslim migrants
  - Nurses lack of attention to cultural care
  - Contributes to negative experiences

- Lack of knowledge of culture limits the ability to practice culturally competent care
- Expatriate nurses in a Muslim country experience unique challenges

Dying

- Dying is a very personal and often spiritual event

- Madeline Leininger tells us that

  “The culture, faith and personal beliefs of the person who is dying is a paramount consideration for the nurse”

Leininger, M. M. (1988).

Review objectives

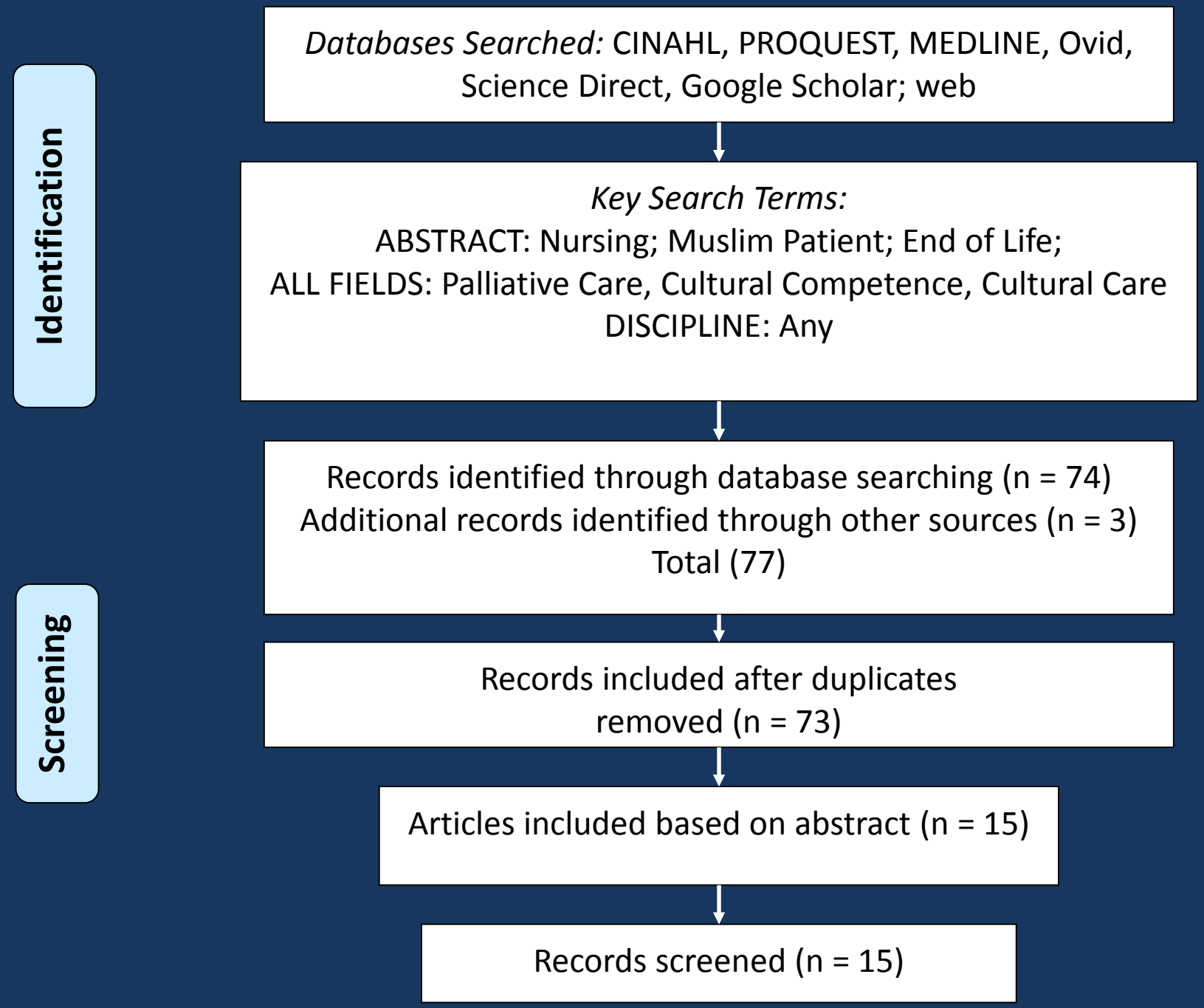
1. Identify published research studies focused on expatriate nurses caring for Muslim patients receiving end of life care;
2. Conduct a quality appraisal of the evidence in these studies; and
3. Identify themes from the findings.

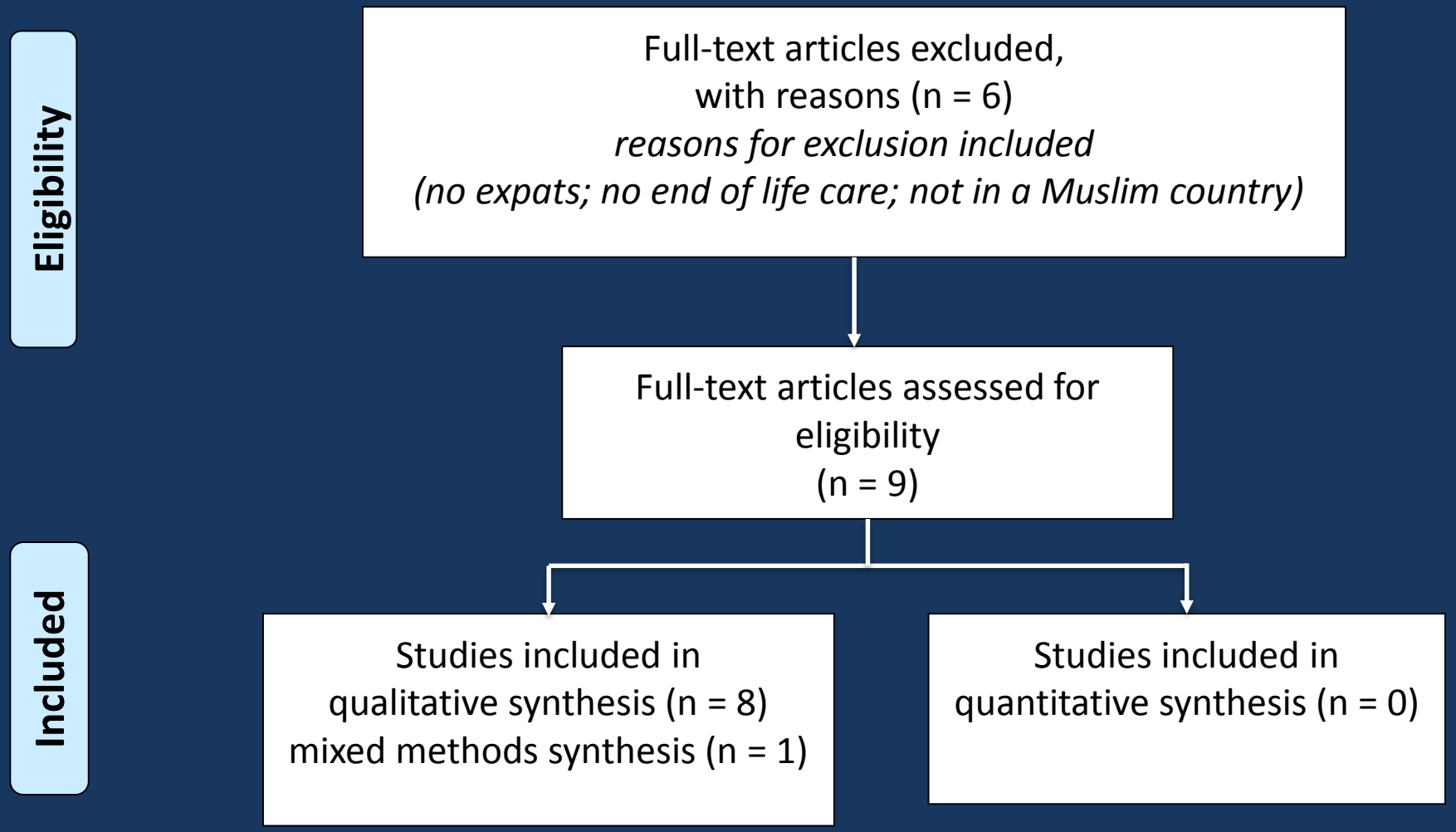
Methodology

- An integrative literature review was undertaken using the Whittemore & Knalf framework

- Search undertaken from January 2000 – July 2017
- Keywords; nurse, Muslim patient, end-of-life, palliative care, cultural care, cultural competency
- Databases;
  - Ovid, CINAHL, EBSCOHost; MEDLINE; Science Citation Index Expanded; PubMED; Web of Science; PROQUEST, and Scopus.

Whittemore, R., & Knafl, K. (2005).


Identification
Screening
Databases Searched: CINAHL, PROQUEST, MEDLINE, Ovid, Science Direct, Google Scholar; web
Key Search Terms:
ABSTRACT: Nursing; Muslim Patient; End of Life;
ALL FIELDS: Palliative Care, Cultural Competence, Cultural Care
DISCIPLINE: Any
Records identified through database searching (n = 74)
Additional records identified through other sources (n = 3)
Total (77)
Records included after duplicates removed (n = 73)
Articles included based on abstract (n = 15)
Records screened (n = 15)



Identified 74 studies.
Total of 9 studies were included
Content analysis was used to identify common themes

Literature Reviewed

- Nine studies
  - Kingdom of Saudi Arabia (n = 7)
  - KSA and UAE (n = 1)
  - Bahrain (n = 1)
- Qualitative n = 8
- Descriptive cross-sectional n = 1
- Data synthesis – MMAT
- Three themes emerged

Pluye, P., Gagnon, M. P., Griffiths, F., & Johnson-Lafleur, J. (2009).

1. Expatriate nurses view themselves as powerless patient advocates

- Relating to the physicians
- General lack of value of nurses and nursing
- Nurses viewed themselves as professional
- Feel undervalued, unrespected and used terms such as ‘hired help’ and sometimes, ‘slaves’
- Nurses opinions not sought, excluded from discussions
- Impacts on family and patient preparedness
- Wanting to speak for the patient but culture and structure prevented

2. Nurses are hindered by the quadriad structure, language and differing beliefs about communicating death

- Nurses work within a “rule bound, order centred process”
- Discussion about death is a physician responsibility
- Nurses left to negotiate care avoiding language around death
- Language may be ambiguous – stressful
- Futile care; Brain dead, DNR orders, placebo codes
- ‘signalling’ to families of imminent death
- Nurses felt the need to bridge the gap

3. Negotiating culturally safe care is emotionally challenging

- Family involvement
  - Food; touching the patient; visiting all hours
  - Staffing allocation based on gender
  - Care being delayed for cultural reasons
- Interfering
  - end of life care; adequate pain management; general nursing cares due to religious practices
- Demanding; hindering
  - lack of cultural knowledge and exposure to the cultural practices
  - prayer and fasting were disruptive

Alosaimi, D., Dyson, S., & Anthony, D. (2013); AlYateem, S., & Al-Yateem, N. (2014); Halligan, P. (2006).

But not all nurses

- Some nurses tried to comply to as many cultural and religious requests as possible when a patient was dying
- Showing respect -
  - Reading or playing tapes of the Holy Quran
  - Acknowledging culture
  - Respecting family
- Aligning care with cultural and religious practices
- Leading other health professionals

Abudari, G., Hazeim, H., & Ginete, G. (2016); Abu-Ghori, I. K., Bodrick, M. M., Hussain, R., & Rassool, G. H. (2016); Alasiry, S., Alshehri, H., Medin, J., & Hagelin, C. L. (2012); AlYateem, S., & Al-Yateem, N. (2014); O'Neill, C. S., Yaqoob, M., Faraj, S., & O'Neill, C. L. (2017)

Discussion

- EOL care is stressful
- Communication about death can be distressing
- Levels of stress appears increased in these studies
- Patient advocacy that is powerless is very stressful
- Conflict affects all aspects; patient, physicians, families, other healthcare professionals
- Poor opinion of nursing care and nurses in some countries
- Negotiating culture and religion can be emotionally challenging and burdensome

Implications for Practice

- Patient advocacy and culturally compatible care
  - Cultural awareness; culture vs religion
  - Language and communication skills
  - Learning circles improving cultural competence
- Care for the professional
  - Interdisciplinary team meetings; inclusion of nurses
  - Research to ascertain HCP level of understanding of EOL care
  - Raising the opinion of nursing care
  - Palliative care training

Research

- Further research into the experience
  - Is it the same in other countries; other hospitals
  - Support required
  - Educational resources
  - System changes

References

- Abudari, G., Hazeim, H., & Ginete, G. (2016). Caring for terminally ill Muslim patients: Lived experiences of non-Muslim nurses. *Palliative & Supportive Care, 14*(6), 599-611. doi:10.1017/S1478951516000249
- Abu-Ghori, I. K., Bodrick, M. M., Hussain, R., & Rassool, G. H. (2016). Nurses' involvement in end-of-life care of patients after a do not resuscitate decision on general medical units in Saudi Arabia. *Intensive Crit Care Nurs, 33*, 21-29. doi:10.1016/j.iccn.2015.10.002
- Alasiry, S., Alshehri, H., Medin, J., & Hagelin, C. L. (2012). Nurses' Experiences of Providing Palliative Care in an Intensive Care Unit in Saudi Arabia. *Middle East Journal of Nursing*, 19-30
- AlYateem, S., & Al-Yateem, N. (2014). The Experience of Overseas Nurses Caring For Muslim Patients In Kingdom of Saudi Arabia and UAE: A Qualitative Study. . *International Journal of Research in Nursing*, 17-24. doi:http://dx.doi.org/10.3844/ijrnsp.2014.17.24
- Halligan, P. (2006). Caring for patients of Islamic denomination: Critical care nurses' experiences in Saudi Arabia. *J Clin Nurs, 15*(12), 1565-1573. doi:10.1111/j.1365-2702.2005.01525.x
- O'Neill, C. S., Yaqoob, M., Faraj, S., & O'Neill, C. L. (2017). Nurses' Care Practices at the End of Life in Intensive Care Units in Bahrain. *Nursing Ethics, 24*(8), 950-961. doi:doi:10.1177/0969733016629771

References

- Leininger, M. M. (1988). Leininger's theory of nursing: cultural care diversity and universality. *Nurs Sci Q, 1*(4), 152-160. doi:10.1177/089431848800100408
- Peters, L., Cant, R., Payne, S., O'Connor, M., McDermott, F., Hood, K., . . . Shimoinaba, K. (2013). How Death Anxiety Impacts Nurses' Caring for Patients at the End of Life: A review of Literature. *The Open Nursing Journal, 7*, 14-21.
- Pluye, P., Gagnon, M. P., Griffiths, F., & Johnson-Lafleur, J. (2009). A scoring system for appraising mixed methods research, and concomitantly appraising qualitative, quantitative and mixed methods primary studies in Mixed Studies Reviews. *Int J Nurs Stud, 46*(4), 529-546. doi:10.1016/j.ijnurstu.2009.01.009
- Portoghese, I., Galletta, M., Coppola, R. C., Finco, G., & Campagna, M. (2014). Burnout and workload among health care workers: the moderating role of job control. *Saf Health Work, 5*(3), 152-157. doi:10.1016/j.shaw.2014.05.004
- Whittemore, R., & Knafl, K. (2005). The integrative review: updated methodology. *J Adv Nurs, 52*(5), 546-553. doi:10.1111/j.1365-2648.2005.03621.x