



# Caring for... Patients of different religions

In the United States, 77% of Americans identify themselves as Christian, but what do you know about the other major world religions and how your patient's religion may impact the care you provide?

By Timothy Arritt, AAS, RN

Increasingly, our society is a rich melting pot of cultures, religions, and ethnicities. As a nurse, you need a culturally diverse knowledge base so you can provide individualized, patient-centered care. Besides knowing your patients' cultural and religious beliefs, you need to understand the rationales supporting those beliefs because they can impact your patients' care plan.

The goals of widening your knowledge base about cultural and religious diversity are to reduce the incidence of poor patient outcomes, boost overall patient satisfaction, and improve care quality—all while using best practices. Reading this article can help you begin to reach these goals. Of course, this is just a start—although this article provides a brief overview of five of the world's major religions (Buddhism, Christianity, Hinduism, Judaism, and Islam) and other religions (such as Christian Science, the Church of Jesus Christ of Latter-day Saints, the Church of Scientology, and Jehovah's Witnesses) that you might see, there are many other religious groups, as well as numerous sects within these groups and variations in belief within each sect.

I encourage you to research religious practices specific to your patient population to optimize your patients' healthcare experience.

## Determining patient preference

During the admission process, we typically ask patients if they have any cultural or religious preferences. Ideally, we use this information by incorporating it into the care plan when appropriate.

On the other hand, we also shouldn't make assumptions based on the patient's responses about religious preferences. Many patients strictly adhere to their religion's beliefs, whereas others have modified their beliefs from those of their religion.

Be sure to ask patients about their religious preferences in a private area where family members or friends aren't present, if feasible. This will keep the patient from feeling coerced or being unduly influenced by possibly opposing views of family and friends.

## Buddhist patients

Although most patients will call upon their personal clergy, Buddhist patients traveling

far from home may need acute care services at a healthcare facility. If these patients don't have their own clergy available, you can consult with your healthcare facility's chaplain. He or she can likely help patients by reaching out to an affiliate chaplain of the patient's religion.

Buddhist patients are typically modest and many have aversions to animal meat products, including those used to make certain medications. Ask patients if they have specific dietary or treatment needs to ensure that you're providing culturally sensitive care.

Buddhist patients may refuse analgesics because clarity of the mind is very important to practicing Buddhists. Nonpharmacologic pain management interventions, such as meditation and relaxation techniques, are often preferred. Buddhists emphasize mindfulness and peaceful meditation during sickness and times of crisis. Try to provide a quiet and tranquil setting for the patient and family when possible to facilitate meditation.

Buddhist parents may seek the guidance of a Theravada Buddhist monk when naming and blessing their newborn child. Buddhist names are often associated with the day, month, season, and zodiac sign of the infant.

During the end of life, families may chant or pray out loud and may request to burn incense or candles. Provide privacy for the patient and family to participate in these practices if possible. If certain religious practices such as candle burning aren't permitted because of safety

concerns such as nearby oxygen, inform the patient and family of the rationale.

Death is thought of as a time of transition. When possible, minimize interactions with the patient so you don't disturb his or her concentration or cause distractions; nursing interventions should be grouped together to allow for minimal interruption during meditation.

After the patient's death, try to keep the body as still as possible when moving it and don't remove any adornments, such as a thread worn around the neck or wrist. Buddhists believe that the body isn't immediately void of the spirit upon death. For this reason, many families may not be open to organ donation. Because many Buddhist families may ask that the body remain available to them for several hours after death to perform religious rites, consider transferring the patient to a unit in your healthcare facility with low patient turnover that can honor this practice.

## Catholic patients

An example of a common religious practice discrepancy that you may encounter is that although most Catholics generally don't support the use of birth control, many Catholics do use contraceptives. Because some Catholic patients use contraceptives, when providing discharge instructions after childbirth or during the first 6-week check-up, you may want to ask if the patient wishes to discuss birth control options.

When providing care for an observant Catholic patient, be aware that birthing techniques, the use of pain management drugs during child birth, breastfeeding, circumcision, and immunizations are all issues that the Catholic Church leaves to the discretion of the parents.

If a patient is N.P.O., get permission from the healthcare provider before the patient is offered communion. The patient may want to keep a crucifix or rosary beads with him or her during surgery or a medical procedure if possible.

Most Catholics believe that if patients perceive that they risk death during a medical procedure, they or their family may



## key points

### When your patient's religious views vary from yours

- Refrain from imposing your personal beliefs on the patient; doing so can cause emotional distress.
- You can politely tell the patient that you can't discuss religion or personal beliefs while at work.
- Because many patients aren't observant or are agnostic or atheist, be culturally sensitive about broaching the subject of religion in depth.
- All patients, whether observant, not observant, agnostic, or atheist, should receive culturally competent and compassionate care.
- You may request an alternate assignment, if possible, if you're asked to assist with a treatment or procedure that violates your own personal beliefs.



## did you know?

An **agnostic** is a person who doesn't have a definite belief about whether God exists. An **atheist** is a person who believes that God doesn't exist. You're likely to care for patients who don't have a definite belief about God or a belief in God at all. You're also likely to encounter patients who refer to themselves as spiritual, but who don't identify themselves as belonging to a specific religious group (according to a 2012 Gallop poll, 18% of Americans are unaffiliated with a religion).

request sacraments, last rites, and blessings to be performed by a Catholic priest. Baptism may be requested, especially for an infant who may be dying.

No special preparation of the body is required after death. The Catholic Church endorses burial as opposed to cremation, but no longer forbids the practice. The church requires that cremated remains not be scattered, kept at home, or subdivided into other containers because this would be considered desecration. Burial at sea is permitted if the remains stay in a heavy, sealed container.

### Christian Scientist patients

The essence of Christian Science is that true reality is a spiritual world; the material world is only the mind's distorted view of reality. From a healthcare perspective, Christian Scientists recognize that infections are bacterial in origin, but believe that there's an underlying spiritual aspect requiring healing through prayer. Christian Scientist patients aren't always opposed to medication for treatment, but believe that medications have no real power or value. Christian Scientists generally avoid alcohol and food products with caffeine, such as coffee and tea.

For the healthcare practitioner, focus should be on treating the patient's physical symptoms and not discussing the cause and effect because this may be a point of contention. Many Christian Scientists reject surgery in favor of prayer. Many prefer to receive treatment in the home, but will come to the hospital if deemed necessary.

Christian Scientist patients are generally agreeable to child birthing in the hospital and the use of medications during childbirth when needed, but may prefer a midwife and a holistic approach. Christian Scientists do allow for legally required infant and child vaccinations.

Christian Scientists believe that death is a transition to the spiritual realm. Postmortem care for women should be handled by female

caregivers. Christian Science has no doctrine specific to last rights upon death, burial, or mourning customs. Cremation is often preferred to burial, but it isn't prohibited.

Autopsies aren't preferred when possible. Christian Scientists don't believe in donating their bodies to science because medical experimentation on people isn't considered ethical.

### Hindu patients

Hindu patients have strong concerns about modesty, and they may prefer same sex caregivers. The husband may ask to be present if his wife receives genitourinary care, especially during pregnancy, birth, and postbirth care.

Many Hindu patients are strict vegetarians who refuse medications containing animal byproducts; others refuse just pork and beef. Fasting is a common practice in times of crisis.

Because Hindus consider the right hand to be clean, some use the right hand for eating, with or without utensils. The left hand is designated for unclean tasks such as toileting. Be sure to shake hands with your right hand to avoid showing any sign of disrespect.

Although observant Hindus prefer to die at home, if a Hindu patient dies at your facility, don't remove religious adornments, such as a thread around the neck or wrist, without previous patient permission or the permission of the family. Let the family wash the body and constantly attend to the deceased, including accompanying the body to the mortuary.

### Jehovah's Witness patients

Many Jehovah's Witnesses are strictly against personally receiving any type of blood in a transfusion, medication, blood by-product, or food. This prohibition even applies to the transfusion of the patients' own stored blood. The Patient Self-Determination Act was signed into law in 1991. It gives any well-informed, competent person, including expectant mothers, the right to accept or decline any form of medical treatment.

Organ donation and transplantation are generally allowed. Many Jehovah's Witnesses carry a healthcare card with their religious preferences for care in case of an emergency.

Providing care for Jehovah's Witness patients can be emotionally frustrating at times for nurses because we're trained to save lives by administering treatments such as blood products. Be careful to avoid transferring your personal or religious views onto the patient. If the patient is a minor who's refusing lifesaving or life-sustaining treatment such as blood products, consult with the healthcare team and your ethics council to ensure that the decision to refuse this treatment is made with parental agreement and meets state and federal laws.

Jehovah's Witnesses don't believe in an afterlife immediately after death. Healthcare providers should refrain from saying things such as "He's in a better place now" in an attempt to comfort the family.



## consider this

You're providing care for a 16-year-old female patient who sustained intra-abdominal traumatic injuries in a motor vehicle accident. Her diagnostic tests reveal a lacerated liver and renal contusions. Her parents list their faith preference on the admission documents as Jehovah's Witness. The child's hemoglobin has dropped from 9.2 on arrival to 5.9; she's pale and tachycardic. As the ED nurse providing care for this patient, you know that she needs emergent surgery and replacement blood products, such as packed red blood cells (PRBCs) and platelets, to stabilize her condition. You ask the patient and parents for permission to administer PRBCs and platelets to stabilize her for emergent surgery. Although some Jehovah's Witness families may allow their children to receive blood products in an emergent situation, your patient's parents don't give consent. You consult with the healthcare team to identify other options that may be observant of both the patient's medical needs and religious preferences. You then ask the patient's parents if they would be agreeable to allowing the healthcare team to treat their daughter with plasma expanders because they contain no blood products. The parents agree and you're able to stabilize the patient for surgery.

What should you do if a patient and family refuse treatment? You can consult your facility's ethics council and legal team to ensure care is provided in accordance with state and federal guidelines. Depending on each state's specific consent laws, a child may be able to provide medical consent for a treatment that's contrary to his or her parents' religious preference. In some states, if there's a high risk of death or complications, the state can legally intervene and override parental rights.

Death is a time of celebration rather than sadness. Burial practices are similar to those of other Christian faiths. However, cameras and recording devices aren't generally permitted.

## Jewish patients

Observant Jewish patients will follow the strict rule of no work on the Sabbath, which is from sundown on Friday to sundown on Saturday. They may be prohibited from using tools or initiating the flow of electricity. Flipping a light switch, pressing a call light button, using a patient-controlled analgesia pump, or adjusting a motorized bed may be considered work.

Ensure that all observant Jewish patients' needs are met before leaving the room and check back with them frequently to ensure that they're still comfortable. Whenever possible, avoid scheduling medical procedures and discharges on the Sabbath. Work closely with the patient, family, healthcare team, and discharge nurse to coordinate patients' discharge needs in advance if discharge on the Sabbath is unavoidable.

A woman who's about to give birth on the Sabbath is viewed by Jewish law as a seriously ill patient. Sabbath rules may be suspended during this emergent time. Postbirth breastfeeding of an infant also falls into this category. Male infants are circumcised at 8 days old.

Observant Jewish men typically wear a kippah or yarmulke (skull cap) at all times. Orthodox Jewish women typically wear wigs to cover their hair; other observant Jewish women may also wear a kippah. Orthodox Jews pray three times throughout the day. You can facilitate this by ensuring that procedures aren't scheduled and interruptions don't occur during those times if possible.

Observant Jewish patients will request a Kosher diet. You can help an observant Jewish patient maintain his or her dietary restrictions by ordering specific diets based on religious preference. Also consult with the dietician and facility nutritionist regarding the patient's dietary preference.

Families may want to speak with a Rabbi about end-of-life care when death is anticipated. After death, burial must happen quickly, usually within 24 hours, and embalming isn't preferred. Although observant Jews would rather avoid autopsies, these are permitted when mandated by a medical examiner. Any amputated limbs surgically removed near the time of death may also be requested for burial. Family members may ask to pray over the deceased in a group of 10 people (called a minyan). For Orthodox Jews, this is a group of 10 men; for other observant denominations, this can be a group of 10 men and women. To meet the spiritual needs of the Jewish patient and family, ensure that the group has privacy for this if possible.

### **Mormon patients**

The Church of Jesus Christ of Latter-day Saints discourages the use of alcohol, tobacco, illicit drugs, and caffeine (any substance that's physically addictive). Although Mormons discourage alcohol consumption, medications that contain small amounts of alcohol, such as certain cough medications, may be permitted.

Mormons believe that during times of sickness or childbirth, two male elders may pray over the patient and anoint his or her forehead with oil as a blessing for healing and well-being. Try to offer privacy during this time of prayer when possible.

Mormons believe that death is the separation of the soul from the body. Because the belief is that all infants and children under age 8 are without sin, baptism isn't required for this age-group, even if the child is dying. A Mormon bishop or priesthood holder can bless a dying child and even name an infant if needed.

Autopsy and organ donation are neither encouraged nor discouraged by the church. These decisions are left up to the families. Removing life support for a dying patient is generally contrary to church teachings, but this decision is also left up to individual families. Burial is encouraged instead of crema-

tion. Those who've already received their temple endowment (or church initiation) may be buried in church-issued white temple garments. Many Mormons have a brief open-casket viewing before the funeral service.

### **Muslim patients**

Muslim patients are typically very modest, and complete nudity is a concern for observant Muslims. Women may cover their entire body with clothing and veils.

Muslim patients may prefer receiving treatment from a same sex caregiver. Ask patients if they prefer male or female caregivers and honor their request, if possible. Many observant Muslims avoid casual physical contact with those of the opposite sex; even shaking hands or making eye contact may be discouraged.

When bathing, many Muslims require that water be poured from a pitcher. Observant Muslims commonly wash before and after meals and before prayer, which takes place five times a day. You can assist Muslim patients in meeting their spiritual needs of scheduled prayer throughout the day by ensuring that procedures, treatments, or interruptions such as medication administration don't occur during those times if possible.

Muslim patients may refuse medications containing gelatin, pork products, or alcohol. Find out which of your patient's medications or vaccinations contain these products so that you can provide full disclosure. If the ingredients aren't listed on the medication or vaccine label, consult with your pharmacy team. Muslim patients can then make an informed decision before accepting such medications or treatments.

Immediately after childbirth, a Muslim father may wish to recite a prayer into the newborn's ear. The placenta, considered sacred and part of the body, may be requested by the family for burial. Circumcision is performed for male infants. Shaving the infant's hair is a Muslim practice that may also be done up to 7 days after the child's birth.

Research religious practices specific to your patient population to optimize your patients' healthcare experience.

Withdrawing or withholding life-sustaining treatment is discouraged by Muslim tradition. The family may request an Imam to help with end-of-life decisions. The family may request to have amputated limbs for burial. When death is near, families will want a family member to be present so that a proclamation of faith can be whispered into the dying patient's ear.

After the patient's death, the family may want to wash the body and point their deceased loved one's face toward Mecca. Families rarely allow for autopsy, and burial should occur as soon as possible after the body has been released.

### Protestant patients

Protestant Christianity is the largest religious group in the United States, so you're probably already fairly familiar with these beliefs. Christianity has many denominations, but most share the same fundamental belief system. Most denominations have no specific guidelines in regards to birthing style, medication use, breastfeeding, circumcision for male infants, medical care, or other specific hospital needs. Protestant Christians believe that life starts at conception and many are prolife.

Many Protestant Christian patients wear a symbolic cross for peace, comfort, and strength and may choose to keep it with

them during medical procedures. A pastor or church elder may visit to pray with the patient or read from the Holy Bible during times of sickness. Family members may also choose to pray. Most Protestant Christians don't have specific dietary requirements, but some may choose to fast during certain times to draw spiritual strength.

Most Protestant Christians believe that baptism is an individual's choice that's made at an age of accountability. Some denominations, such as the Church of Christ, may view baptism as a condition for salvation. Denominations vary on burial practices; some may choose cremation. No special care is required postmortem before the body is transported to the morgue or funeral home. Organ donation is a personal choice. Memorials and funerals are usually performed by a pastor or church elder.

### Scientologist patients

The Church of Scientology opposes psychiatry and psychology, and the use of any medication that alters the psyche or sensations in the body. Although Scientologist patients don't prefer the use of pain medication, it can be used for the short term. Scientologists promote physical fitness and mental health, and the use of tobacco isn't endorsed.

Ask what specific treatments or medications the patient is willing to accept. As with all religions, Scientologists may be loosely associated with the Church of Scientology or may be dedicated to meeting all church guidelines.

Observant Scientologists believe that births should be silent (no words should be spoken); epidurals and other drugs commonly used during birthing aren't supported by the church, nor is breastfeeding.

Scientologists believe that the human soul passes from one body to the next by reincarnation at death. The process is automatic with no judgment of the soul. No ritual or prayer at or before death is needed. Funerals are generally brief and for the attendees rather than the deceased. No specific church



### consider this

You're providing care for a 28-year-old Catholic patient who's 22 weeks into her second pregnancy. The widely accepted fetal viability age is 24 weeks' gestation. This patient has been diagnosed with placenta abruption, is bleeding profusely, and is becoming hemodynamically unstable. As the labor and delivery nurse providing care for this patient, you anticipate imminent death of the patient and fetal demise if she doesn't agree to a cesarean section immediately. The patient refuses because she knows the child won't survive. You consult with your facility's ethics council and chaplain to ensure that this patient's spiritual and medical treatment wishes are observed. If the patient is of sound mind, she has the ability to make her own healthcare decisions, even if those decisions may result in complications and/or death. However, if the patient is incapacitated and unable to provide guidance or consent in this situation, medical decisions should be made by the patient's healthcare power of attorney or next of kin in accordance with state and federal laws.

doctrine restricts organ donation, and both burial and cremation are accepted practices.

## Celebrate our differences

To provide culturally sensitive care to religiously observant patients, first find out their personal religious views. Never impose your religious views on the patient or family because doing so can cause great emotional distress.

By increasing your knowledge of nursing care specific to each religion, you can better meet patients' spiritual needs and make their healthcare experience more pleasant. ■

## Learn more about it

Abbott D, Goddschalk S. The Christian Science tradition. <http://www.che.org/members/ethics/docs/1276/Christian%20Science.pdf>.

Beyer C. Beliefs and practices of Scientologists concerning death. [http://altreligion.about.com/od/scientology/p/scien\\_funeral.htm](http://altreligion.about.com/od/scientology/p/scien_funeral.htm).

Black KJ. Medical and ethical issues and Latter-day Saints. [http://www.nil.wustl.edu/~kevin/pers/wums\\_lds\\_ethics.htm](http://www.nil.wustl.edu/~kevin/pers/wums_lds_ethics.htm).

Catholic Cemeteries of the Archdioceses of Washington. The Catholic way of death and burial. [http://www.ccaw.org/wayofdeath\\_cremation.html](http://www.ccaw.org/wayofdeath_cremation.html).

Ehman J. Religious diversity: practical points for health care providers. [http://www.uphs.upenn.edu/pastoral/resed/diversity\\_points.html](http://www.uphs.upenn.edu/pastoral/resed/diversity_points.html).

Gallup. In U.S., 77% identify as Christian. <http://www.gallup.com/poll/159548/identify-christian.aspx>.

Gyamfi C, Mirza FG. Management of pregnancy in the Jehovah's Witness. <http://contemporaryobgyn.modernmedicine.com/contemporary-obgyn/news/modernmedicine/modern-medicine-now/management-pregnancy-jehovahs-witness>.

Mormon Women. What are Mormon views on pregnancy, childbirth, and medical intervention? <http://mormon-woman.org/2010/02/15/ask-a-mormon-woman-do-mormons-accept-medical-care>.

Tejchma E. The conflicts between Scientology and western medicine. <http://rxethics.org/tejchma.pdf>.

Queensland Health. Health care providers' handbook on Muslim patients. [http://www.health.qld.gov.au/multicultural/support\\_tools/islamgde2ed.pdf](http://www.health.qld.gov.au/multicultural/support_tools/islamgde2ed.pdf).

Weiner J. Guide to traditional Jewish observance in a hospital. [http://www.najc.org/pdf/Guide\\_to\\_Traditional\\_Jewish\\_Observance.pdf](http://www.najc.org/pdf/Guide_to_Traditional_Jewish_Observance.pdf).

Timothy Arritt is a Clinical Nurse at Alvin C. York VA Medical Hospital in Murfreesboro, Tenn.

The author and planners have disclosed no potential conflicts of interest, financial or otherwise.

DOI-10.1097/01.NME.0000454746.87959.46

For more than 35 additional continuing education articles related to cultural competence topics, go to [Nursingcenter.com/CE](http://Nursingcenter.com/CE).

**CE CONNECTION**

Earn CE credit online:

Go to <http://www.nursingcenter.com/CE/nmie> and receive a certificate *within minutes*.

### INSTRUCTIONS

#### Caring for... Patients of different religions

##### TEST INSTRUCTIONS

- To take the test online, go to our secure Web site at <http://www.nursingcenter.com/CE/nmie>.
- On the print form, record your answers in the test answer section of the CE enrollment form on page 56. Each question has only one correct answer. You may make copies of these forms.
- Complete the registration information and course evaluation. Mail the completed form and registration fee of \$21.95 to: Lippincott Williams & Wilkins, CE Group, 74 Brick Blvd., Bldg. 4, Suite 206, Brick, NJ 08723. We will mail your certificate in 4 to 6 weeks. For faster service, include a fax number and we will fax your certificate within 2 business days of receiving your enrollment form.
- You will receive your CE certificate of earned contact hours and an answer key to review your results. There is no minimum passing grade.
- Registration deadline is December 31, 2016.

##### DISCOUNTS and CUSTOMER SERVICE

- Send two or more tests in any nursing journal published by Lippincott Williams & Wilkins together by mail and deduct \$0.95 from the price of each test.
- We also offer CE accounts for hospitals and other health care facilities on [nursingcenter.com](http://nursingcenter.com). Call 1-800-787-8985 for details.

##### PROVIDER ACCREDITATION

Lippincott Williams & Wilkins, publisher of *Nursing made Incredibly Easy!*, will award 2.0 contact hours for this continuing nursing education activity.

Lippincott Williams & Wilkins is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This activity is also provider approved by the California Board of Registered Nursing, Provider Number CEP 11749 for 2.0 contact hours. Lippincott Williams & Wilkins is also an approved provider of continuing nursing education by the District of Columbia and Florida #FBN2454.

Your certificate is valid in all states.