

NURSING-CARE DELIVERY: AN ISLAMIC APPRAISAL OF THE ATTITUDINAL DISPOSITIONS OF CONTEMPORARY MUSLIM NURSES IN NIGERIA

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Abstract

Islam is regarded as not just a religion but a complete way of life. That is because it is a comprehensive religion, encompassing guidelines for conducting all human affairs, both religious and mundane. It is in this direction that Islam has a lot to offer to the Nursing Profession. This paper appraises the attitudinal dispositions of contemporary Muslim Nurses in Nigeria in the light of Islamic provisions. Both descriptive and analytical research methods were used in the study. Information about the activities and attitude of contemporary Muslim Nurses in Nigeria were collected through oral interviews and administration of questionnaires. The study reveals that while some Muslims in the Nursing profession apply their knowledge of Islam and are meticulous in the delivery of services to their patients, there are some others who do not reflect the teachings of Islam in the discharge of their essential duties; and as such put up negative attitude. The study therefore concluded and suggested that there is the need for Muslim nurses to see their calling as a humanitarian service; and also as an act of *'Ibādah*, for which they will be rewarded appropriately in the hereafter.

Keywords: Knowledge, *'Amānah* (Trust), Rewards, Attitude, Essential Services

Introduction

Nursing is a caring and noble profession. It is within the scope of comprehensive health care services aimed at promotion of health, prevention of diseases, detection and treatment of ailments and rehabilitation of sick persons; all of which are inter-related.¹ One of the objectives of *Shari'ah* is promotion of life, therefore Muslim nurses should consider themselves as representatives of the entire Muslim *'Ummah* in this regard. The principal aims and objectives of nursing care delivery are alleviation of suffering and removal of difficulties to patients in hospital and other health institutions, which are in line with the teachings of Islam. However, the way and manner in which contemporary nurses are delivering services to patients, based on our findings, calls for reassessment and positive adjustments, while the Muslims among them are expected to take the leading position.

Before discussing fully on the topic of this article it is vital to highlight on the roles played by earlier Muslims for treatment of the injured *Jihadists* and establishments of health institutions by subsequent Muslim rulers. During the battles of Uhud (2 A.H./626 C.E.) and Khandaq (5 A.H./627 C.E.) tents were built on the battle fields, which were

similar to clinics where Muslim women served for caring of wounded soldiers. During the battle of Uhud, °Alī Ibn Abī Tālīb (R.A.) and his wife Fatimah (R.A.) the daughter of the Prophet (S.A.W.) treated wounds of the Prophet (S.A.W.).² During these battles, Ā'ishah the wife of the Prophet (S.A.W.) and 'Umm Sulaym (R.A.) brought water in leather bags and served injured soldiers.³ All these were indications for concern, treatment and caring for the sick.

Subsequent Muslim rulers were also committed for discharging their responsibilities towards welfare of their subjects, which included health care services. In this direction, they established, developed and managed hospitals within their domains, which were used for treatments of illnesses and training of medical and paramedical personnel. These started from the periods of Umayyad and Abbasid Caliphates. For instance, Al-Walid Ibn Abdul Malik of the Umayyad established well-equipped hospitals and dispensaries in the 8th century C.E. with full services of Physicians, Surgeons and Nurses, as well as free drugs.⁴ During the Abbasid period, the Caliph Hārūn Al- Rashīd (786-809 C. E.) established and maintained a hospital at Baghdad which became famous for excellence of medical services in the Muslim world. He also established other health institutions such as dispensaries and schools working under a department similar to contemporary Ministry of Health.⁵ Another Abbasid Caliph, Muqtadir Billah (296-320 A.H./908-932 C.E.), built an additional hospital in Baghdad where students were taught various aspects of medicine and allied professions, which attained a status of Teaching Hospital.⁶

In order to analyze some important issues pertaining to health care delivery in the light of teachings of the Qur'ān and *Sunnah* issues like the need for Muslim nurses to see their profession as a trust; and the need for them to uphold the specified ethical conducts of the profession (which are not contrary to Islam);⁷ attitude to patients; rendering essential services like supervision of hospital ward cleanliness and hospital equipments; general hygiene of patients; prevention/treatment of unforeseen conditions such as pressure sores and care of patients with pyrexia etc., are hereby taken into consideration.

Bases for Upholding to Trust from the Qur'an and *Sunnah*

Islam lays much emphasis on the issue of 'Amānah (Trust). In Islam, whoever is charged with a responsibility is expected to see such responsibility as a trust and discharge it as such. Nurses in hospitals are given employment to work as nurses only after receiving the Nursing training and certified as qualified. They are therefore expected to put the training they have received to use and discharge their duties towards their patients and the hospital with utmost sense of responsibility; and not betray the trust reposed in them. Allah, in many verses of the Qur'ān, has discussed the issue of trust ('Amānah) and its importance. For instance, Allah says: "Indeed, Allah commands you to render trust to whom they are due, and when you judge between people to judge with justice. Excellent is that which Allah instructs you. Indeed, Allah is ever hearing and seeing" (Q. 4:58). He also says: "O you who have believed! Do not betray Allah and the Messenger, nor misappropriate knowingly things entrusted to you."(Q. 8:27).

Since taking care of patients is a duty for which nurses and midwives are employed in health institutions, in view of the implications of the above quoted verses, it becomes imperative upon them to discharge this trust to their patients as far as humanly possible, regardless of religious, sectional, tribal, political or any other differences.

The *ḥadīth* of the Prophet (S.A.W) reported by 'Abū Hurayrah (R.A) cited hereunder shows the need for nurses and midwives to see their calling as a trust and be dutiful in discharging it.

...If anyone removes one of the anxieties of this world from a believer, Allah will remove one of the anxieties of the day of resurrection for him. If one smoothes the way for one who is destitute, Allah will smooth the way for him in this world and the next, and if anyone conceals the fault of a Muslim, Allah will conceal his fault in this world and the next, Allah helps man as long as he helps His brother.⁸

If the services rendered by nurses towards patients are considered in the light of the above quoted *ḥadīth*, it will be realized that such services fall within the purview of the content of the *ḥadīth*. Patients suffer untold hardship and anxieties due to their illnesses. The fear of the unknown further heightens the anxiety. It is part of the duty of the nurse to give patients assurances and hope that they will be cured of their illness. A nurse who does this has fulfilled the first part of the *ḥadīth*. His soothing words of encouragement and hope are geared towards removal of the patients' anxieties. Also, the nurse's dutifulness in attending to the patients and their needs are considered as efforts towards smoothening the way to restoration of their health. This is in tandem with the second part of the *ḥadīth*. Lastly, when a nurse keeps the patient's record secret and does not reveal information about the health history and health status of the patient to unauthorized persons, he has acted in line with the last part of the *ḥadīth*.

Attitudinal Dispositions to Duty

The manner in which some contemporary nurses conduct their duties calls for a redress as many shortcomings are noticeable. Such shortcomings include among others: lack of dedication to duty; and lack of humility and sympathy to patients. A close observation of what is happening in our hospitals and health centers reveals that there are many nurses and allied staff who are not fully dedicated to their duties, Muslims inclusive. This is evident in lack of punctuality when reporting for duty and leaving their duty-post before the closing time, impugning the dignity of their patients and being un-sympathetic. Sometimes, nurses/midwives turn away from performance of the essential services due to their clientele, either as a result of negligence, or inability to put to use the practical methods they learnt during their training period. For instance, we find out cases in rural areas where a so called 'qualified midwife' was unable to conduct delivery of a pregnant woman.⁹

To buttress the submission that some nurses/midwives lack humility and are unsympathetic towards their patients, there have been reports of cases when a modern midwife said to a pregnant woman while in pains of labour: "shut up! We were not there when you were enjoying with your husband and became pregnant."¹⁰ Other anomalies include lack of assistance to fairly able patients to attend to their toilet needs, shunning away from dressing of septic wounds, provision of urinals and bed-pans to immobile patients and cleanliness of incontinent and unconscious patients, all of which are left for patients to undertake, whereas, they are essentially the responsibilities of nurses.

Implementation of Some Essential Services

There are some essential services undertaken by nurses and midwives which are performed for promotion of health and alleviation of suffering of patients which are hitherto neglected in the contemporary period. Examples are supervision of general cleanliness of hospital wards and equipments, general hygiene of patients, feeding of patients, care of patients with pyrexia and prevention/ treatment of pressure sores. We shall look at all these *vis-a-vis* the provision of Islam.

a) Supervision of General Cleanliness of Hospital Wards and Equipments

Islam is a religion that commands cleanliness of the body and soul as acts of worship. The Prophet (S.A.W) said in a *ḥadīth* that purification is half of faith (*ʿImān*).¹¹ In fact, some acts of worship like the five daily prayers and going round the *Kābah* (*tawwāf*) during the duties of pilgrimage (*ḥajj*) are not valid without major and minor purifications. Islam also encourages cleanliness of one's environment. Coincidentally, it is within the scope of general nursing care for nurses to ensure daily cleanliness of hospital wards and equipments. This activity should be taken seriously by Muslims in the profession. They could do so by instructing and supervising employed cleaners to sweep the floors and clean furniture and toilets with water and disinfectants, dusting of beds and lockers and be involved in washing hospital equipments/instruments themselves. This activity is vital because dust is liable to be heavily contaminated with pathogenic organisms.¹² It is also important for nurses to be mindful of removal of bed linens (bed sheets, blankets, and pillow-cases) and send them to the laundry for disinfection and washing, after discharging patients with communicable diseases. The mattress is also to be washed and disinfected in such cases before admitting another patient on the bed.

(b) Hygiene of Disable and Unconscious Patients

In view of the significant of cleanliness in Islam as stated above, Muslim nurses are expected to assist their patients for maintenance of hygiene in various dimensions, ranging from care of the mouth and teeth (oral hygiene), bathing, care of the skin, eyes, ears, nose, feet, hair and nails.¹³ Patients that can move and walk should be assisted in the best possible ways by nurses to go to the toilet daily for these

activities. Those who cannot move out of their beds but could sit, should be assisted by supplying necessary materials to them; screening their beds and helping them to perform all acts of personal hygiene themselves and discarding away the waste products. For immovable and unconscious patients, it is the duty of nurses/midwives to help them perform personal hygiene like care of their mouth and teeth, bathing of the whole body and other parts of the body as stated above.

Bathing of the whole body is an act of worship in Islam, sometimes obligatory, *Sunnah* (secondary importance) or recommendable. In a *hadith* narrated by 'Abū Hurayrah (R.A), the Messenger of Allah (S.A.W) said that whoever takes a bath on Friday (is) as if he is bathing for ritual impure state.¹⁴ By virtue of this *hadith*, it is necessary for Muslim nurses to assist their patients to take bath regularly and to bath the unable and unconscious patients at least once weekly, especially on Fridays. They can do so by implementing theoretical and practical methods of bathing a patient on bed as specified in literature on practical nursing care.¹⁵ It is observed that this duty is now neglected by contemporary nurses, Muslims inclusive.

Care of the patient's mouth is very important. Under normal conditions of health, epithelial tissues are lining the mouth and cover the tongue. Friction from muscular movement while eating and talking aids normal desquamation of the keratinized layer, and saliva secretion helps to wash the shed cells away, dilutes and washes away micro-organisms with a mild antiseptic action. Any condition which reduces the normal muscular activity or amount of saliva such as dehydration (due to insufficient fluid intake or excessive sweating in fever), breathing through the mouth, artificial feeding of patients (which causes lack of reflex stimulation of salivary glands) and administration of some drugs (like Atropine and Anti histamines) which stops saliva secretions pre-disposes mouth infections. Likewise the presence of any instrument or appliance in the mouth (e. g. Ryles tube, esophageal tube or dentures) increases the risk of damage/infection of membranes within which they are in contact.¹⁶ Oral toilet, that is daily mouthwash of patients in the above mentioned conditions is required to be undertaken by contemporary nursing and midwifery staff.

Another aspect of patient's hygiene is teeth cleaning/brushing, which is associated with care of the mouth. This responsibility is to be undertaken in view of various situations and conditions of patients. Islam encourages teeth cleaning because *Al-Siwāk* (brushing of the teeth with stick) is a *sunnah* which the Prophet (S.A.W) performed and called upon Muslims to be performing especially in the process of ablution for prayers.¹⁷

As indicated earlier, patients who are not seriously sick could be assisted by nurses to clean their teeth or wash their mouth themselves by providing them with required materials like chewing stick or tooth brush and tooth paste, water and empty bowl for rinsing the mouth. If the patient is too ill, the nurse should do it for him/her by using

either tooth-brush/paste or forceps with mounted swabs and lotion. This could be done either by sitting the patients up in bed with a towel to protect his/her clothing or turned to his/her right or left with a towel spread under the head and neck. A mild antiseptic mouth wash solution like Hydrogen peroxide is to be used for cleaning the cavity of the mouth and teeth with a gauze swab mounted on forceps. After cleaning, the salivary glands should be stimulated to function by application of lotions like glycerin, which also freshen the mouth. Dry and cracked lips are to be treated by application of petroleum jelly, such as Vaseline.

(c) Feeding of Infants and Disable Patients

It is the responsibility of nursing staff to assist in feeding of patients in the best possible ways, in consideration of the required nutritional needs and restrictions of different diseases and levels of illness. This is possible because dietetics and nutrition are among the subjects studied during their training period. Medications are not very much effective if the patient is empty-stomached or has not got the nutritional requirements to combat his disease. As such, nurses are required to supervise eating and drinking habits of their patients who are able to eat themselves.

Nurses working in Pediatric wards should also undertake the responsibility of feeding sick babies and infants or assist their mothers when feeding them. They should also encourage mothers to breast-feed their sick babies since breast milk is the best because it secretes substances called colostrum, lactalbumin, casein, carbohydrate (lactose), fat and protective antibodies which gives an infant a degree of immunity against certain infections.¹⁸

Pediatric patients or pre-mature babies whose mothers are either deficient of breast milk or have active tuberculosis are to be fed by nursing staff with food items like pounded meat/fish, eggs, cereals, fruit juices and water by using spoon or feeding bottles. This responsibility is often neglected by the nursing staff.

Another mode of feeding is artificial feeding, which is administered to very serious patients who are unable to take anything through the mouth. Liquid forms of food substances are therefore given into the stomach or small intestine by a catheter. The catheter may be passed through the nose, mouth or artificial surgical opening into the alimentary tract (Gastronomy).¹⁹ Skills for these methods of feeding should be acquired by contemporary Muslim nurses for implementation whenever necessary.

(d) Care of patients with Pyrexia

Pyrexia is a term denoting to body temperature raised above the normal range,²⁰ which may occur if the metabolic rate is increased or if the hypothalamic center (of the brain) is affected by pyrogens from micro-organisms or broken down cells.²¹ One of the duties of nurses in hospital wards is to check regularly for the rates of

Temperature, Pulse and Respiration of very sick patients. Any abnormality or deviation from normal rates should be reported to the medical doctor in charge. Not very long ago, in the 1970s and early 1980s, there were T.P.R (Temperature, Pulse, and Respiration), Blood Pressure (B.P) and fluid intake charts placed within the Bed-Head Tickets (files) of patients, where nurses record their observations in respect of individual patients as authorized by medical doctors, ranging from hourly to 6 hourly bases. It is disheartening to note that these procedures are almost vanished in our hospitals except in very few cases of major surgical operations or chronic diseases.

Pyrexia is a symptom of many diseases such as malaria, typhoid fever, meningitis and pathogens of many other diseases. Whenever a nurse observes a rise in body temperature of a patient especially if accompanied with sweating, the best aid method of lowering it down is by a procedure called tepid-sponging. In this procedure cold water is used, which is applied on the forehead by using small towels, which are extended to cover the face and whole body, while wet rubber sponges are applied in the armpits and groin. The water is intermittently changed as the procedure is repeated until it is observed that the temperature is lowered to the normal range. This is assessed by using a thermometer before and after the procedure. It is to be noted that before embarking on this procedure, a polythene sheet and bath blanket should be rolled into a position beneath the patients so as to protect the mattress from wetting. It is not surprising to note that this procedure is an Islamic heritage contained in a *hadith* of the Prophet (S.A.W) which indicated that fever could be abated by using cold water.²² Therefore, Muslim in the nursing profession should endeavor to alleviate sufferings of patients with pyrexia by adopting this procedure whenever necessary.

(e) Prevention and treatment of Pressure- Sores

Another name of this condition is bed-sores. These are wounds on the skin of a patient with prolonged illness. They are caused by constant pressure on small blood vessels supplying the skin, which reduces the blood flow to the area and prevents the epithelial cells from obtaining glucose and oxygen. As a result, the blood and the bed surface, as such the cells die, the skin breaks and micro-organisms would enter the area.²³ The areas at risk for bed sores are those subjected to pressure whenever the patients prolongs lying on them, such as the back of the head, the shoulder blades, the elbows, the sacrum, the hips, the inner parts of the knees and the ankles.

It is unanimously agreed that bed sores are indications of bad nursing care because good nursing care ensures for their adequate prevention. Since bed sores occur as a result of inactivity of the patient and prolonged period of sitting, or lying on one position; they can be prevented by frequent changing of sitting or lying positions of the patient according to the condition or situation of his illness. For instance, four different positions can be used alternatively. The change of position should not be less than four hourly in the day / night times.

The first sign of pressure is redness of an area of the skin on which the patient has been lying. If the redness does not disappear quickly when the patient is turned to another side, then tissue damage has occurred and the area must be given enough time to recover before the patient is allowed to lie on it again. If as a result of negligence, pressure sores occur, they should be treated as surgical wounds. That is treatment of infection, removal of dead tissues and regular sterile dressings to cover the areas.²⁴

5. Conclusion

This paper dealt with some few but vital issues of concern within the scope of nursing care delivery. However, most of these are either partially undertaken or completely neglected by contemporary Nigerian nurses and allied professionals in our hospitals, Muslim inclusive. It is believed that if these services and more are undertaken as obligations upon nurses on their patients along with supports of various arms of government positively, the image of nursing profession and nurses would be raised to a higher position than it is today. Muslims in the profession should always recall that the patients are trust (*'Amānah*) on them, and that they will be questioned by Allah (S.W.T) on the day of Resurrection for their activities in this regard.

Endnotes

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13. *ibid*, 79-80

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15. Margaret Clarke, *Practical Nursing*, Williams and Wilkins co. , Baltimore, U.S.A, 1973, 28-39
16. *ibid.*
17. Reported by A'ishah (R.A) in *Sahih Al-Bukhari, Hadith No. 1832*
18. M.Clarke, *Practical Nursing...*, 141
19. *ibid.* 100
20. The normal human body temperature is between 35.5⁰C -37.20⁰C (96-99⁰F).
21. M.Clarke, *Practical Nursing...*, 141
22. M.M Khan, *Sahih Al- Bukhāri: Arabic – English Translation*, Vol. 7 pp. 416-417, Darul Arabiyyah, Beirut, Lebanon, 1985.
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