



CLOSING THE CULTURAL GAP

Having to be bare below the elbows is something many of us in health care take in our stride, but for our Muslim nursing and midwifery colleagues, clinical requirements like these can conflict with cultural or religious beliefs.

However, Western Sydney University recently released a new suite of resources and a new addition to their nursing uniform, both designed to tackle the issue head on.

EVERY morning before starting her shift, Registered Nurse Aisha (not her real name) visits the hospital's chapel to conduct her morning prayers.

She will do the same at midday, then again later in the afternoon, and will complete her remaining two prayers at home in the evening.

These 10-minute prayers are an essential part of the Islam religion, and Aisha's daily prayer routine isn't an uncommon one.

Islam is one of the fastest growing religions in Australia.

In 2016, more than 600,000 people in Australia identified as Muslims from all forms of the Islamic faith – that's 2.5% of the total Australian population

and an increase of more than 15% from the previous year.

While Australia is undoubtedly a multicultural nation, health care can be a daunting field for people of faith and migrants who face work practices that may conflict with their cultural beliefs.

This is certainly true for our Muslim colleagues.

BREAKING THE ICE

Aisha first arrived in Australia in the 1990s with almost 15 years of overseas nursing experience under her belt.

Despite a solid background in nursing, being a foreigner in a new country wasn't easy and back then, ►

Muslim nurses and midwives were few and far between.

Unsure if she would be allowed to wear a head scarf at work, Aisha stepped out of her comfort zone to broach a conversation about her religion with her manager.

“You’re in a new country and you’re surrounded by people who are not like you and don’t know you, so you have to make the effort,” Aisha said.

“I think finding people within the organisation you can speak with is the first thing you need to do. When I approached my manager about wearing my head scarf he said ‘oh I’ve actually never encountered this! I’ll have to go and find out.’

“He came in the next day and said it wouldn’t be a problem. It can be hard to take that first step to talk about it but it’s so important in order to overcome that fear and worry.”

CULTURAL CONFLICTS

Dr Rakime Elmir is a Registered Midwife and lecturer in the School of Nursing and Midwifery at Western Sydney University.

She said for nursing and midwifery students on first time clinical placements, that fear is amplified as they worry about the repercussions of potential cultural conflicts with their supervisors.

Some of the issues Muslim students can encounter while undertaking clinical practice include:

- having to be bare below the elbows
- having to provide care for the opposite gender
- having to take regular meal breaks to attend to obligatory prayers five times a day
- and uniform requirements that do not meet cultural dress codes.

Dr Elmir said an increasing number of Muslim students were concerned that their religious and cultural beliefs were incompatible with nursing and some even chose to drop out.

“(For example) it’s important for Muslims to wear modest clothing. For some students that means wearing a skirt instead of pants because pants can be quite form-fitting and reveal more of the figure,” she explained.

“But we’ve had concerns from facilitators at clinical placements that students attending clinical practice are not wearing the correct clinical uniform and not adhering to the clinical standards set by NSW Health and the university.

“Students are in a very vulnerable position. They sometimes feel their position in the course may be jeopardised or they might be further alienated if they speak up, and even if they do, that no one will listen to them.”

FAITH AND HEALTH CARE

WHILE cultural issues like uniform requirements and breaks for prayer times can be negotiated to a satisfactory resolution, there are other religious issues affecting health care that often seem insurmountable.

Religious views can have an impact on a range of health care services from immunisation to abortion and reproductive health.

Some well-known faith-based complications include Jehovah’s Witnesses and their refusal to accept blood transfusions, the Amish not

allowing heart transplants and in some cases heart surgery, and the Hindu faith which does not condone the use of any drugs, implants, skin grafts or medical dressings that contain parts of pigs or bovines.

While health care professionals have a right to conscientious objection, we must remember that as nurses and midwives we first and foremost have a duty of care to our patients.

If you are in doubt about your rights and obligations, please contact the QNMU. ■



Photo: Sally Tsoutas

Source: CNN Health, <https://edition.cnn.com/2018/02/07/health/religion-medical-treatment/index.html>

FINDING COMMON GROUND

Dr Elmir said the rising drop-out rate of Muslim nursing students prompted the university to act.

With the uni’s support, Dr Elmir has recently released a suite of cultural resources aimed at providing workplaces and Muslim students with guidelines to navigate procedures or practices that may present cultural challenges.

The resources were developed through a working party of Muslim community leaders and both Muslim and non-Muslim academics. They provide clarity and act as a point of reference for students.

“It was important for me to seek community support and the



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Registered Midwife and lecturer,
Western Sydney University

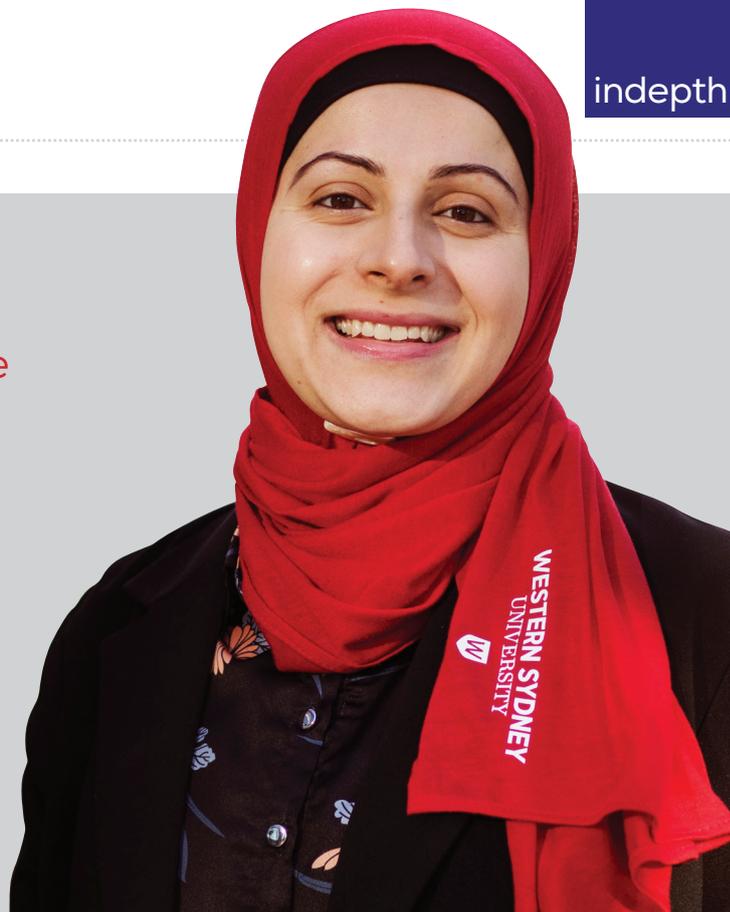


Photo: Sally Tsoutas

authorisation from a community leader in relation to the guidelines so students know it's authentic," Dr Elmir said.

"In fact, Muslim students **can** wear pants as long as they are not tight fitted and they **can** wear long sleeves underneath their tunic, again as long as it is not tight fitted. But all students are required to roll up sleeves and engage in infection control procedures when in direct patient contact. A hijab must also be tucked into the uniform for infection control.

"It was really about clarifying the areas of concern which were largely in relation to uniform requirements, as well as providing an avenue for students to get the support they need."

Dr Elmir said Muslim community leaders were forthcoming and welcomed the idea of supporting more Muslims entering the health workforce.

"They were prepared to work very closely with me. The guidelines required quite a bit of work and a few iterations but we wanted to ensure that any issues were being demystified and clarified," she said.

"Students now know where to go to seek support. As a Muslim academic myself, they're also able to reach out to me and very openly discuss any issues they have."

Alongside the resources, Western Sydney University also launched Australia's first branded hijab for nursing students... and it's been a huge hit.

"It's been welcomed by many students – it's something they can wear very proudly and promotes a sense of belonging to the university," Dr Elmir said.

"It really is a form of recognition, diversity and inclusivity, and that really means a lot not just to the students but the Muslim community too."

FOSTERING INCLUSIVITY

The launch of the resources has yielded positive results for the university – it's helped minimise feelings of alienation for Muslim students and increased retention.

Clinical facilitators have also become more knowledgeable about Muslim beliefs and practices, helping create a more inclusive environment.

"It's really helped students with their confidence and self-esteem so they're no longer anxious when attending clinical placements," Dr Elmir said.

"They now want to stay in their course and pursue their passion. They're even encouraging other family members to enter the nursing and

midwifery workforce so we're also seeing an intergenerational effect that's helping create more Muslim nurses and midwives."

RN Aisha said while the topic can be contentious, it pays to have conversations with workplaces and with the Muslim community.

"There is flexibility in the religion and it's important we speak with our religious leaders to find out what we can or can't do," Aisha said.

"I've lived through these challenges and when I spoke with my religious leader he understood that nursing is a very important job and certainly doesn't want to see Muslim nurses quit due to cultural issues.

"Certainly, more support and resources are needed in workplaces. We are a very multicultural country and have patients from all walks of life. We have to be inclusive because this is the future." ▶

 Members can obtain a copy of the resources by contacting Dr Rakime Elmir at R.Elmir@westernsydney.edu.au

References

Australian Bureau of Statistics, 2016. Religion in Australia. <https://web.archive.org/web/20170710020910/http://abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0-2016-Main%20Features-Religion%20Data%20Summary-25>

TACKLING CULTURAL ISSUES AT WORK

FOR NEARLY 20 years Registered Nurse and QNMU member Aisha (not her real name) had a verbal agreement with her workplace to not be rostered on Friday.

Fridays were when Aisha would help out at her mosque with midday prayers.

But after a change in management, Aisha was informed that due to resourcing issues she would have to begin working Fridays again on eight-hour shifts instead of her current ten-hour shifts.

Months of negotiation with her manager proved futile.

"It was a humiliating and traumatising time for me," Aisha recalled.

"I rarely discuss my religion at work and have never made it my excuse or my agenda, but since this issue came up I've constantly had to explain my religion and why I require Fridays off.

"I've been with this organisation for decades and couldn't believe this was happening. It caused so much stress that I took time off work."

Aisha said she felt she had no choice but to quit her role.

Desperate, she reached out to the union.

"I'd begun looking for other jobs when my QNMU Organiser walked in," Aisha said.

"After listening to my situation he immediately helped draft a letter to my workplace on my rights and escalated my matter to the QNMU Servicing Team."

Eventually, an executive decision was made by Aisha's workplace to allow her to continue having Fridays off and to continue her ten-hour shifts.

"If not for the union there's no way I would've survived this. I didn't even know where to go or what to do and I

had been prepared to quit a job that I loved," she said.

"It's something I will never forget – the union helped me so much that I got my confidence back and it's the reason I'm still here."



REFLECTIVE QUESTIONS

As you've read, trying to balance the job they love with cultural religious beliefs can push some nurses and midwives out of our professions.

With this in mind, how does your workplace measure up in terms of balancing the needs of the service and accommodates the needs of the employees. Explain.

Don't forget to make note of your reflections for your record of CPD at www.qnmu.org.au/CPD

WHAT IS A HIJAB?

HEAD COVERINGS for Muslim women can take many forms. They vary in size, shape and colour depending on who is wearing it and where.

For many Muslim women this is as crucial to their cultural identity as it is to religious freedom.

The three most common types of covering are:

- **Hijab:** The hijab is a headscarf that covers the head and neck.
- **Niqab:** The niqab is a veil that covers the face and leaves the area around the eyes clear. It is worn with a headscarf and may be worn with a separate eye veil.
- **Burqa:** The burqa is a veil that covers the entire body and face with a crocheted mesh over the eyes. ■



Source: SBS News, <https://www.sbs.com.au/news/university-aims-to-close-the-cultural-gap-for-muslim-nursing-and-midwifery-students>