

Urgent Need: Developing an Islamic Framework for Non-Muslim Patient Care

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Dear Editor,

Nurses are responsible for ensuring that all physical, physiological, emotional, and spiritual needs of patients are met (1). Meeting the patient's needs thoroughly supports the recovery process, enabling them to leave the hospital promptly and resume functioning in society. For humans, beliefs and health practices are also derived from spiritual and cultural values. However, there are instances where the patient's needs are overlooked during care. This situation arises when nurses lack sensitivity and knowledge about the cultural and religious differences of patients during care. Culture and religion influence a patient's response to illness and treatment. In our multicultural society, diverse cultures and religions can lead to confusion and misunderstandings, eroding the trust and compliance of patients during the care process (2,3).

Some Muslim nurses may intentionally overlook these needs due to concerns that fulfilling them may contradict Islamic principles. In Malaysia, for example, attempts to meet these needs may be hindered by inconsistencies between the Western nursing model and the cultural and religious beliefs of their patients. Limited research aims to understand the needs and preferences of non-Muslim patients. Additionally, narrow research findings may result in Muslim nurses being unaware of the conditions of non-Muslim patients. In Malaysia, where Muslim nurses dominate, non-Muslim patients should receive

proper attention. Failure to be sensitive to the conditions of non-Muslim patients may lead to a fading trust and respect for Muslim nurses. Shouldn't Muslim nurses act as advocates in clinical settings? How can non-Muslim patients be attracted to the care of a Muslim nurse if the nurse is not familiar with and does not understand their preaching goals? In reality, there is a lack of effort to instil and integrate cultural competence skills in nursing care in Malaysia (4).

Competent nurses ensure that the care they provide is culturally and religiously congruent because it is the individual right of patients to be understood and cared for as unique individuals (5). In Islam, there are general guidelines regarding dealings with non-Muslims, but detailed studies on the cultural-religious perspectives of individual patients are still lacking.

Therefore, the author asserts that a study focusing on the development of an Islamic framework for the care of non-Muslim patients, based on the Islamic care concept introduced by Barolia (6), the sunrise model focusing on transcultural developed by Leininger (7) and the concept of Maqasid Shariah proposed by Ibn Ashur (8), needs to be developed. This Islamic care framework for non-Muslim patients aims to promote harmony among patients and meet their physical, physiological, emotional, and spiritual needs. This framework is specific and congruent with the cultural and religious context in Malaysia (a diverse population with a Muslim majority) to

encourage a harmonious life for patients and their families.

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