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Partnership Between Islam and Palliative Care At Swedish Health Services (First Hill and Cherry Hill)

Hodo Mohamud BSN, RN, DNP – Adult Gerontology Acute Care Nurse Practitioner Student

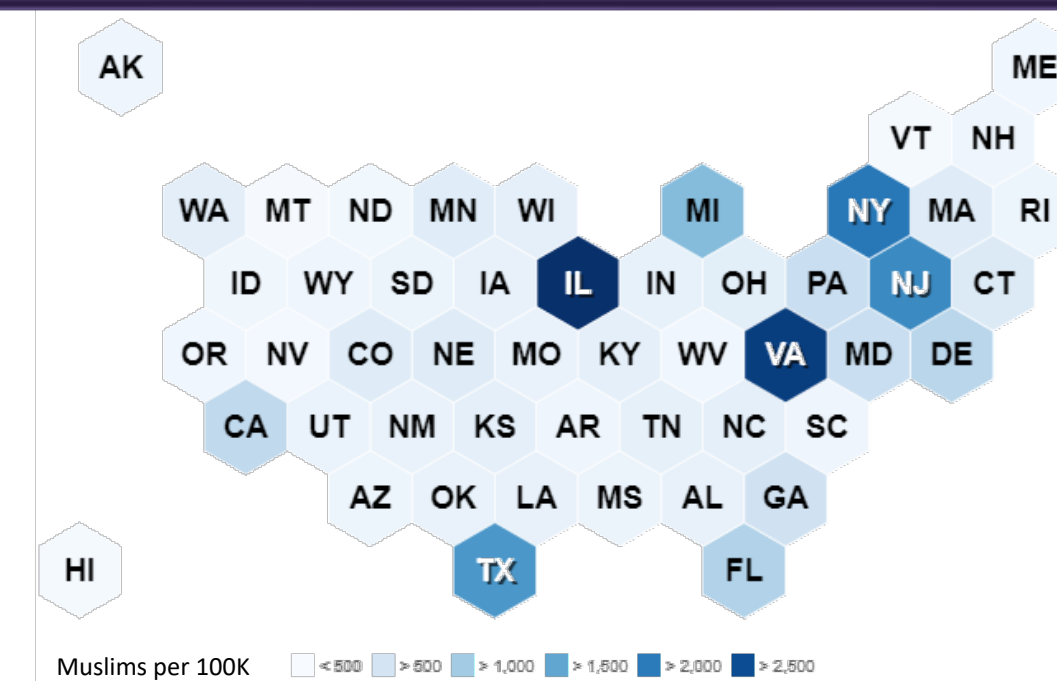
INTRODUCTION

- The spiritual practice of Islam is considered one of the three major monotheistic religions.
- There is minimal research about Palliative care and Muslim patients in both Muslim majority and Muslim minority countries.
- Engaging in internal assessment of palliative care provision to Muslim patients is important for quality care.
- This project aimed to examine gaps in Palliative needs assessment of Muslims in one institution.

OBJECTIVES

- Assess Swedish palliative care team's barriers to spiritual care (SC) and baseline knowledge of Islamic influences on healthcare.
- Interview Muslim patients and insights from a Muslim Imam trained in chaplaincy about PC experience.
- Develop system/policy/educational recommendations and resources to bridge community and hospital Imam presence Resource as well a means to sustainability.

BACKGROUND - ISLAM



Washington State
19th Largest Muslim population in US
284/100K (7,797,100)

- 5 pillars of Islamic practice: Declaration of belief, 5 daily prayers, fasting, charity, hajj to Makkah.
- Serious illness is a time of increased spirituality, seeking forgiveness, repentance, and patience.
- Tenants of palliative care and Islam include affirming life, easing suffering, and treating the dying with compassion and dignity.

IMPLEMENTATION

EBP MODEL: Johns Hopkins EBP Model PET 19-step Process

Practice Question	Evidence Synthesis	Translation	5-Part Communication Framework & Example Questions	
At Swedish First Hill and Cherry Hill, are there any gaps in the palliative care services provided to Muslim patients during chronic/terminal illness and end of life transition?	Evidence synthesis identified 3 themes from literature: 1. Improving the Muslim patient experience 2. Patient care delivery suggestions for the provider 3. Cultural and religious barriers to analgesia use	- Interview Muslim patients in PC list - Administered a knowledge/Barrier survey to PC team - PowerPoint presentation to chaplains (1/27) - Power point presentation 3/18 - Educational/resource binder of Islamic community resources	Key Concepts	Example questions
			Elicit the patient's explanatory model of illness	What do you understand about your illness? What do you think caused your illness? What kind of treatment are you hoping for?
			Address the patient's religious or spiritual values	Are you at peace? Do you find comfort in religious or spiritual beliefs?
			Determine the patient's desired approach to truth telling	What kind of information about your health would help you make difficult decisions?
			Understand how the patient's family is involved in the care	Do you make decisions collectively with your family?
			Negotiate cultural conflicts when they arise	What matters the most to you as we think about your illness? Can you tell me more about your values?

OUTCOMES

Knowledge Survey & Barriers to SC Survey Results

Patient/chaplain Interview Coded using 3 Themes Identified in Literature.

1. Imam Presence, recognizing redemptive suffering, recognizing the concept of predestination, pork sourced gelatin in medicine.
2. Religious accommodation, privacy, family in decisions, GOC conversations
3. Need for spiritual closeness to God through prayer.

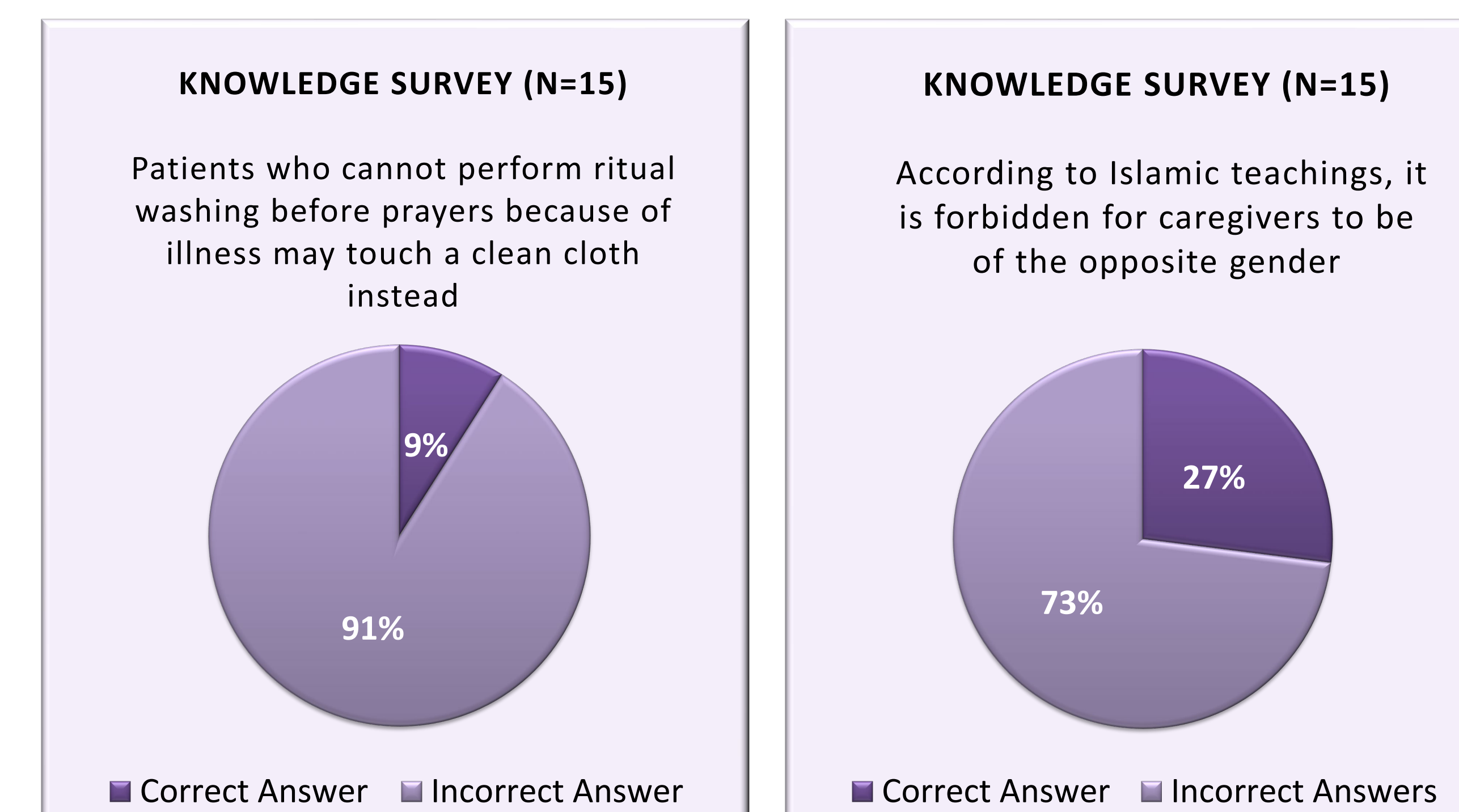
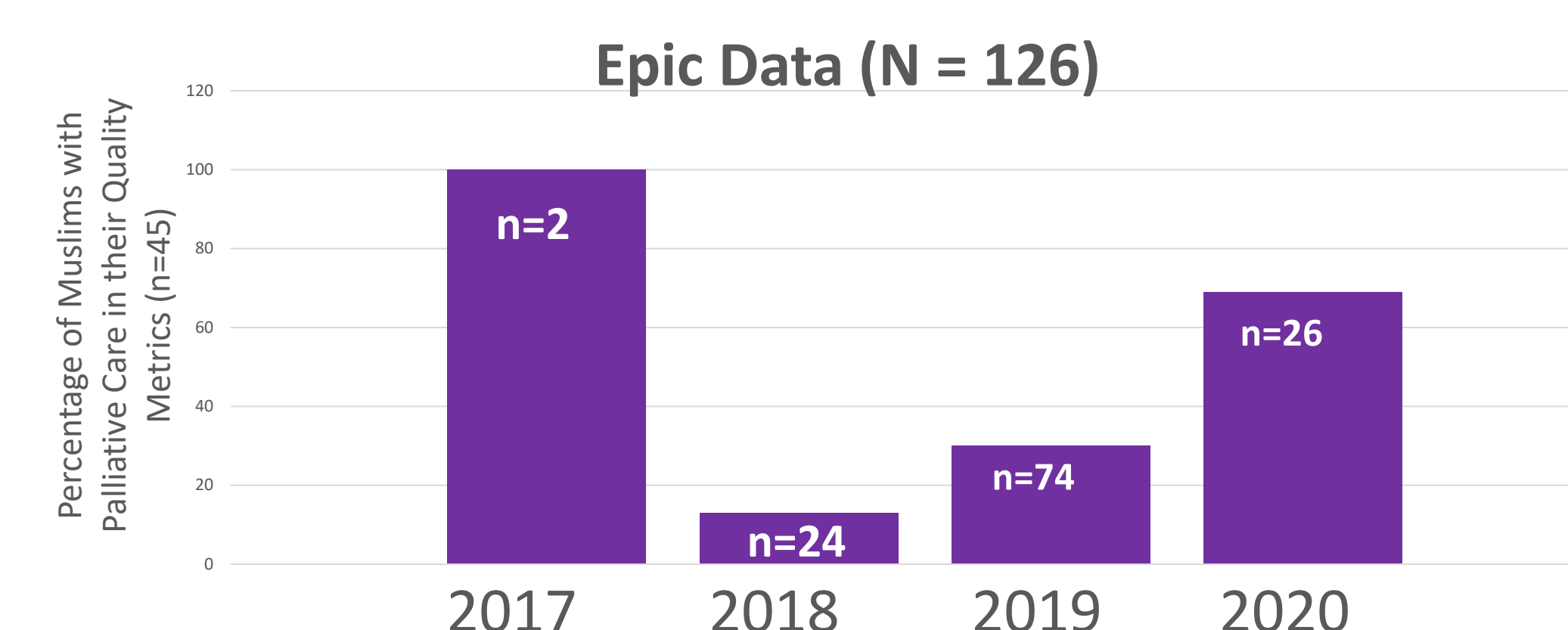


Table 1: BARRIERS TO SPIRITUAL CARE

Barrier Questions	Average	Median
Question A: Not enough time	3.2 SD (3.4)	2.0
Question F: I believe that spiritual care is better done by others in the health care team	3.4 SD (2.0)	4.0
Lack of private space to discuss these matters with my patients and or family	3.9 SD (2.2)	4.0

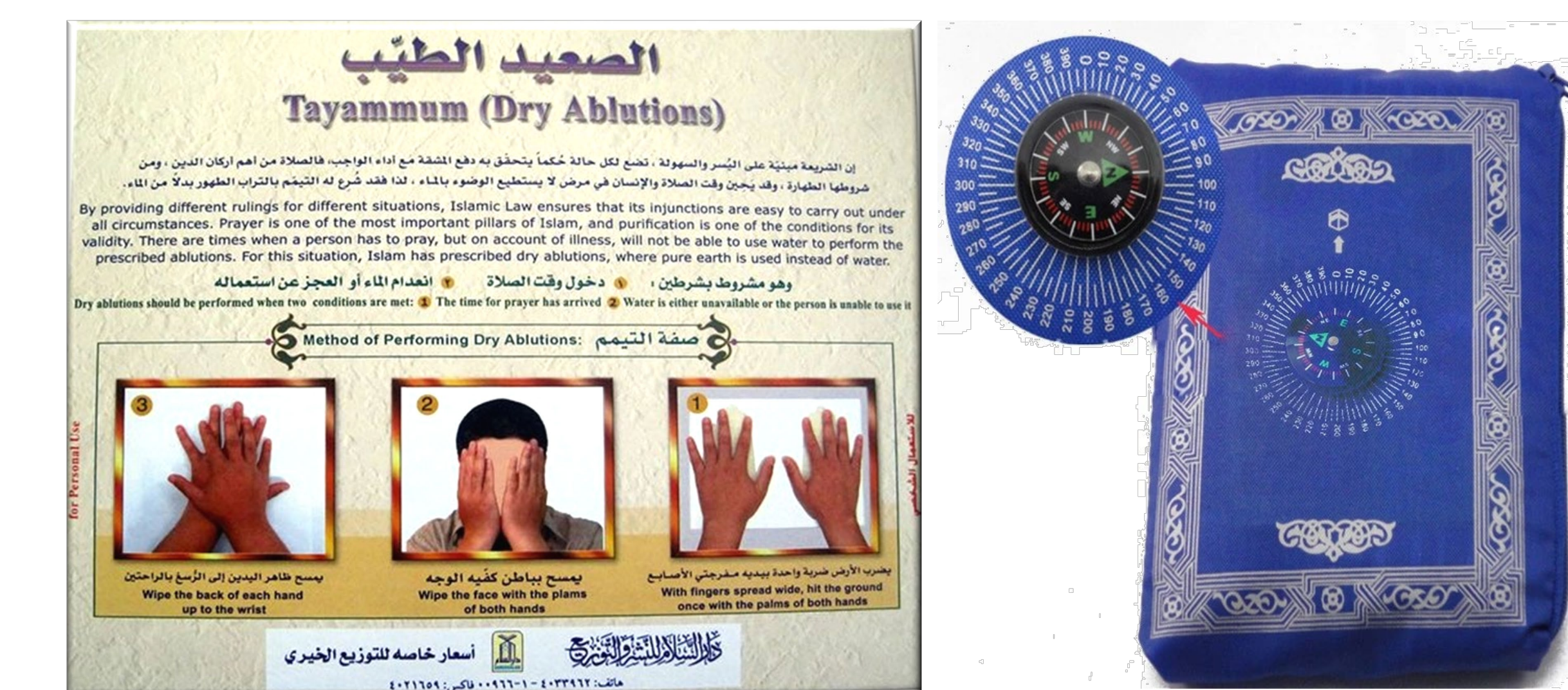
Table 1: Epic Data of All Deceased Muslim Patients/Palliative Care from 2017-2020



RECOMMENDATIONS/RESOURCES

Resource Building:

- Yearly review of the education/resource binder with Imam Qasim known to Swedish PC team.
- Utilize a 5-Part communication framework.
- Monthly meeting to discuss specific cases and learnings
- Prayer Kit
- Imam Presence



CONCLUSIONS

- This project has implications for practice including better outcome for patients/families via increased patient satisfaction and providing care that values spirituality.
- Palliative care providers must take the time to engage the spiritual needs of patients as it pertains to their care. The questions can be as simple as "What is the most important practice within your religion?"
- It is simply not enough to care about pain control and palliation, spirituality must be central to the palliative care of every patient that desires it.

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