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Item Type	Article
Authors	Z. Alsharif, Naser;Galt, Kimberly A.;A. Kasha, Ted
Publisher	Theology Department, Creighton University
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Download date	2026-11-09 01:26:33
Link to Item	http://hdl.handle.net/20.500.12424/181835

ISSN 1941-8450

Journal of Religion & Society
Supplement Series

The Kripke Center Supplement 7 (2011)

Religion, Health, and Healing

An Interdisciplinary Inquiry

Edited by Alexander Rödlach and Barbara Dilly

6. Health and Healing Practices for the Muslim Community in Omaha, Nebraska

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Introduction

[1] The relationship between religion, health, and healing has been discussed in the literature for years (Comstock and Patridge; Waldfogel; Hargrave, Froeschle, and Castillo). Healing is part of every religion and people of religion have always linked their health and healing to religious, ethical, and moral dilemmas. The scriptures are also filled with stories about the healing power of the prophets, from Moses to Jesus, and the healing power derived from the Qur'an.

[2] The advent of modern medicine in the middle of the 19th century resulted in separating medicine from religion, especially in the Western World. However, people still resort to

religion for health and healing. There has been a remarkable revival in spiritual healing, which for the most part involves prayer and touching by the hand (Smith; Marks; Mooney; Fish). Many studies have shown a statistically significant influence of religious beliefs on health outcomes (Levin and Vanderpool 1987, 1989; King and Bushwick; Helming); however, other studies dispute this link (Levin; Schoepflin; Saguil, Fitzpatrick, and Clark). For a person who follows the teaching of his/her religion, many moral and ethical dilemmas have also resulted because of the contradiction between what is perceived as accepted or not under the code of ethics of his/her religion and the advancements that have occurred under modern medicine.

[3] Islam is a religion that is practiced by an estimated 1.5 billion persons in many cultures and in almost every country in the world, including 57 countries that are predominantly Muslims (Miller). Persons who practice the religion of Islam are identified as Muslims. The practice of the religion requires a person to uphold what are known as the "five pillars in Islam." These five pillars are: 1) Declare the *shahadda (*There is no god but Allah and the Prophet Mohammed is his messenger*);* 2) Observe the five daily prayers at sunrise, midday, afternoon, sunset, and evening*;* 3) Fast during the month of Ramadan from sunrise to sunset during which a Muslim abstains from eating, drinking, and other worldly pleasures*;* 4) *Zakat*, the giving of Alms to the needy as a percentage of wealth after providing for one's own family*;* and 5) Perform *Haj*, a pilgrimage to Mecca, once in a lifetime (Miller; Armstrong). There is no accurate count of the U.S. Muslim population; the U.S. Census Bureau does not collect data on religious affiliation. However, depending on which estimate from the literature that you choose, it ranges from 2.5 to 7 million Muslims, with the proportion of persons growing in the American society (Bagby, Perl, and Froehle). This growing proportion of our society suggests a compelling need for us to understand both the common and the varied health practice beliefs of Muslims. As we work toward mutual understanding within the context of health care provision, we must recognize that both the religious faith practices and the ethnic cultures are to be understood in order to meet the preferences and requirements of Muslim patients. Islam, in general, is discussed as a monolithic religion. In the case of health it has a holistic approach where the physical, emotional, and spiritual health cannot be separated (Nasr; Stacey 2009a). Islam also is a religion that emphasizes the individuality of the relationship with God and how a person is accountable for how he/she practice his/her faith. As with other religions, personal and cultural variations may affect how the faith is practiced and ultimately make it more difficult to hold basic assumptions about how to interact with persons of the Islamic faith. In addition, in Islam, there are two major sects, Sunni (85% of Muslims), which has four major *mathaheb* (ways or schools of thought) and Shia, which has three major schools of thought (Armstrong). Therefore, it is critical that health professionals consult each patient about religious observances that must be upheld, especially those that influence health and healing practices. Many of these observances pertaining to the Muslim patient will be addressed in this paper.

[4] In Islam, spiritual health is derived from the belief in a supreme being, God (Allah in Arabic, the same God for Christians and Jews). Muslims believe that the human body is a trust from God and each individual is accountable to keep it healthy. In addition, spiritual health, which is a state of well being derived from the belief in the one God, obeying his

commandments and living a righteous life, is considered an integral part of the overall emotional and physical health of an individual (Stacey 2009b).

[5] Spiritual healing in Islam is based on the knowledge extracted from the Qur'an (Holy Book for Muslims) and the Sunnah, the way of life prescribed as normative based on the Hadith and his teachings and practices (Oyewole; Kamarulzaman and Salfuddeen).

> O mankind! There has come to you a good advice from your Lord [i.e. the Qur'an], and a healing for that which is in your hearts (Qur'an 10:57)
>
> And We send down from the Qur'an that which is a healing and a mercy to those who believe . . . (Qur'an 17:82)

[6] Spiritual healing is usually practiced in several ways including such examples as prayer, recitation of the Qur'an, utilizing the healing power of honey, and drinking water that has been prayed over with Qur'anic verses (Oyewole; Kamarulzaman and Salfuddeen).

> There issues from within the bodies of the bee a drink of varying colors wherein a healing for mankind (Qur'an 16:69).

[7] Muslim traditions and practices may reflect the teaching of the Qur'an, Sunnah, and the opinions of jurists who address different social issues including issues related to health and healing based on interpreting the Qur'an and Sunnah. In general, Islam emphasizes maintenance of health over the cure of disease or restoration of health once it is lost (Stacey 2009c, 2009d). General knowledge regarding prevention from the Qur'an and the Sunnah include the emphasis on personal and nutritional hygiene. The following hadiths emphasize prevention through diet and cleanliness through dental hygiene: The Prophet said*:* "The stomach is site of disease, diet is the cure!" He also said: "The mouth is the path of the Qur'an . . . Make it fragrant! (Al-Bukhari). Also, there is the call for observing a collective duty to care about others, to help communities to be self-sufficient and a responsibility for professionals to apply their knowledge to improve health (Kamarulzaman and Salfuddeen; Stacey 2009c, 2009d).

> Whoever supports and helps a good cause, will have a reward for it: And whoever supports and helps an evil cause, shares in it burden: And Allah has power over all things (Qur'an 4:85).

[8] It is important to note that while prevention is the goal, Muslims are asked to seek medical help from physicians (*hakeems*) if health is lost (Stacey 2009a, 2009b). The Prophet said*:* "There is no disease that God Almighty has created, except that He also has created its treatment" (Al-Bukhari). He also said: "There is a remedy for every malady, and when the remedy is applied to the disease it is cured with the permission of Almighty God" (Al-Bukhari). In addition, the teachings of the Qur'an and Sunnah (*El Tib Elnabawi*, The Prophet Medicine, as documented in the Hadith and the prophet practice) have provided Muslims with extensive information regarding the practice of medicine (Al-Jauziyah 2008a, 2008b).

[9] Over the years, Islamic Medicine has also contributed extensively to the science and practice of medicine (Wijesinha; Syed; Athar; Prioreschi). In general, Islamic medicine

depends on *dawa* (medication); *dua* (prayer), a common one is: "Lord of humanity: Grant cure, you are the healer, there is no cure except yours, Grant such a cure that leaves no sickness unhealed"; and *iyadah* (visitation of the sick, which is highly emphasized) (Wijesinha; Syed; Athar; Prioreschi). In addition, rehabilitation care, psycho-spiritual healing and surgical and other interventions are accepted (Athar; Prioreschi; Yousif). Muslims have utilized all of the above components throughout history.

[10] As discussed above, Muslims are predominant in 57 countries, representing as many cultures or more (Miller). The Omaha Muslim community is no exception in its diversity with representations from all the regions of the Muslim World but especially Afghanistan, the Arab World, and Pakistan. New comers include Muslims from Sudan and Somalia. It is presumed that many of the practices of the Muslim community are influenced by the teachings of Islam. Health and healing practices are no exception. However, as the society within the United States has gained Muslims from diverse cultures who have settled in America as either residents or citizens, some or all of the practices may be influenced by many other factors. Certainly the depth of religious convictions, cultural variations, education, socioeconomic status, and other factors may play a role.

[11] So, does religion play a role in the health and healing practices of the Muslim community of Omaha? What factors influence these practices in Omaha and how do they pose challenges for healthcare providers (HCP)? How can those challenges be addressed? Although some literature (Wijesinha; Syed; Athar; Prioreschi) does address the health related issues based on the teachings of Islam, not much information is available from the perspective of the Muslim patient and those who live in the United States. Therefore, this article will provide a general discussion of the health and healing practices of the Muslim patient based on surveying members of the Muslim community in Omaha. The findings will be presented to compare and contrast the Muslim community health and healing practices to what is known or perceived about Islamic health and healing practices, and to provide practical tips for HCP.

Methodology

[12] A concurrent, mixed method study design was used to guide the data collection and analysis. This approach involved the concurrent collection of qualitative and quantitative data with each being separately analyzed and the results of each brought together and interpreted (Creswell; Creswell and Plano-Clark). Our study is a pilot to inform and facilitate the development of a larger project in the near future. This method also supports the development of a richly informed pilot study of the Omaha community, taking advantage of the strengths of both qualitative and quantitative methods. A purposive sampling strategy soliciting participants according to preselected criteria relevant to our particular research question was chosen. Snowball sampling, also known as chain referral sampling, was the purposive technique applied. Participants or informants with whom contact had been made used their social networks to refer the researchers to other people who could potentially participate. Snowball sampling is a common approach used to find and recruit groups not easily accessible to researchers through other sampling strategies. This strategy supported our need to find persons who self-identify as Muslims. These persons are not readily found because there is no systematic database or source that lists individuals and their contact

information based upon this religious identity. Persons, who self-identify as Muslims may come from diverse heritages and ethnic backgrounds, may be of either gender or any age, and from diverse socioeconomic backgrounds. The exact number of the Muslim community in Omaha is also not known, which makes it difficult to determine a representative sample.

[13] The principal investigator worked in close consultation with community leaders and key persons in the community who have formal and informal ties (e.g., religious leaders, business leaders, community engagement roles) with the desired participants, in order to gain advice about how to identify and recruit potential participants. The snowball sampling approach provided the researchers with access to a substantial sample of Muslim community members from diverse backgrounds: a design intent of this work. Six trained Muslim-student volunteers were utilized to distribute our survey and collect the responses from residents or citizens in Omaha. The students were trained during individual and group sessions to go over the objective of the study, the study design, frequently asked questions, survey items, and general strategies for communicating with participants. We further strengthened our access to diverse Muslim community members through the use of our six Muslim students, representing the major ethnic groups in Omaha (Arabs, Afghans, and Pakistanis). These persons have existing relationships with other Muslims and were active at locating persons in their ethnic group. Having six individuals do this extended the social network access rapidly. We also addressed the risk of inaccurate representation by accessing potential participants through the primary author who has relationships with key business and religious leaders in the Muslim community. Through these two methods we believe we gathered a broader participant network.

[14] The survey tool had three sections: 1) Demographics; 2) Questions addressing health and healing practices including illness, death, general medical issues, modern medical issues, and healing practices designed as an extent of agreement [strongly agree (SA), agree (A), neutral (N), disagree (D), strongly disagree (SD), or don't know (DK)/Not Applicable (NA)]; 3) Open ended questions. Each section started with key definitions for the terms used in the survey question items. The questions were developed based on the primary author's knowledge extracted from the Qur'an and the Sunnah, from talking to members of the Muslim community, and existing literature (Syed; Athar; Prioreschi; Yousif) related to health and healing practices for the Muslim patient. The total number of participants was 170 with almost 50% female to male ratio.

[15] As mentioned above, the exact number of the Muslim community in Omaha is not known, which makes it difficult to determine both size and representativeness of the sample. We chose to achieve a purposive sample size that we expected would achieve an adequate number of responses to conduct both a rich quantitative description of our findings and also achieve adequate sampling to assure theoretical saturation of the open ended questions (the point in data collection when new data no longer bring additional insights to the research questions). Based on the number of variables included for purposes of quantitative descriptive analysis in our study, 170 respondents is acceptable based on a 15:1 ratio, respondent to number of variables (DeVellis). The six students were trained on data entry. Each student was paired with a second student to perform quality assurance on his/her entries. The primary and third author conducted random quality assurance checks on data entry.

Table 1. Participants Demographics

Demographics	% (n=170)
Age	19-24; 23% 25-29; 17% 30-34; 8.7% 35-39; 13.5% 40-44; 9.5% 45-49; 7.9% 50-59; 8%; 60-69; 7.2% > 70; 4.8%
Marital Status	Single 32.6% Married 63.1% Divorced 0.7%
Immigration Generation	First 53.5% - 80%* Second 11% Third 3.9% > Third 4.7%
Education	No education 1.4% < High school 3.6% High school 27.1% B.S./B.A. 38.8% Graduate 17.9% Professional 3.6% Health degree 7.9%
Predominant Cultural Identity	My family 69.1% Country I came from 26.8% Country of residence 4.1%
Annual Income	< 25K, 25.9% 25-50K; 20.5% 50001-75K; 14.3% 75001-100K; 17% 100001-125K; 3.6% 125001-150K; 4.5% > 150K; 14.3%
Residency	Resident 33.8% Citizen 66.2%

*The range is due to the inclusion criteria for our study based on being a resident or a citizen and defining first generation as immigrating to this country and becoming a resident or a citizen. Thus, the 26.5% who did not identify a generation should be considered under first generation.

[16] Demographics of the participants are summarized in Table 1. The demographics requested in the survey such as ethnicity, education, type of Muslim, and socioeconomic status, are deemed critical for further analysis as factors that may impact the health and healing practices of the Muslim patient. However, for the purpose of this manuscript, descriptive data for the Muslim community will be presented to understand ways the Muslim community members stand on issues of health and healing. A larger sample size will be collected in future work, improving our confidence in testing for significance in conducting analyses of association.

Results: Quantitative Findings

Demographics

[17] Table 1 summarizes the demographics of the participants. The majority of the participants (49%) are between 20 and 34 y/o, followed by 30% between 34-49 y/o; 15% between 50-69 y/o and 5%> 70 y/o. The majority of the participants (48%) identified themselves as practicing Muslims (which this study defined as observing the 5 pillars, based on reviewing the literature for definitions) with almost 24% answering secular (Not overtly or specifically religious). Arabs, identified as being from any of the 21 Arab countries, constituted 44% of the participants followed by Afghanis (16%). The majority of the respondents are first-generation or second-generation immigrants. Approximately 8% indicated that they have a health degree and 14.7% make more than $100,000. Family's culture, i.e. the cultural background of family raised in, was noted the highest as the predominant culture to identify with (Table 1).

Health Beliefs and Practices

[18] Table 2 is a summary of the respondents beliefs related to illness/disease. Approximately 53% of the respondents agree or strongly-agree that religion plays a major role in their health care decisions, with 25% disagree or strongly disagree. Also, around 53% answered agree or strongly agree that disease and human suffering are a test from God. In addition, the majority of the respondents indicated that they agree or strongly agree that God can cure any illness. Further, a majority (57.9%) responded disagree or strongly disagree that disease is a punishment from God for our sins.

Table 2. Muslim Community Beliefs Related to Illness.

Survey Item	*SA	A	N	D	SD	NA
My religion plays a major role in my health care decisions	26.1	26.7	19.4	14.5	10.9	2.4
Disease is a test from God	25.3	28.3	22.9	7.8	10.8	4.8
Disease is a punishment from God for our sins	4.9	8.5	20.1	18.9	39.0	8.5
Human suffering is a test from God	21.3	32.3	17.1	11.0	13.4	4.9
Sickness is a source of purifications from sins	16.5	14.0	17.7	17.1	25.5	9.1
God cures any illness	56.0	21.7	15.1	2.4	2.4	2.4
I accept death as part of human life	36.4	34.5	18.8	3.9	6.1	1.2
I believe in the hereafter (life after death)	67.9	18.2	6.1	2.4	3.0	0.0

*Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), Strongly Disagree (SD), Don't Know or Not Applicable (NA)

[19] When asked about beliefs related to death, the majority of the respondents (71%) agree or strongly agree that death is part of human life and 86% responded with the same scale of agreement that they believe in life after death (Table 2).

[20] Table 3 is a summary of respondents' beliefs related to general medical issues. Approximately 21% of respondents indicated that they agree or strongly agree that they will

not consume medicine during the month of Ramadan. In addition, 43% and 25% indicated that they would not consume medicine with pork products or with alcohol out of necessity, respectively.

Table 3. Muslim Community Perceptions Related to General Medical Issues

Survey Item	*SA	A	N	D	SD	NA
I will not consume medicine during the month of Ramadan	10.9	10.3	12.1	28.5	35.2	3.0
I will not consume medicine that has pork products event out of necessity	25.3	18.1	9.0	22.9	22.9	1.8
I will not consume medicine that has alcohol even out of necessity	14.5	10.8	11.4	33.1	27.7	2.4
I have preference for the same sex health care provider	26.2	27.4	19.5	9.8	14.0	3.0
I avoid unnecessary touching of opposite sex	33.7	28.9	16.3	6.6	12.0	2.4
I avoid unnecessary touching with health care providers	26.2	26.2	22.0	12.8	9.1	3.7

*Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), Strongly Disagree (SD), Don't Know or Not Applicable (NA)

[21] Approximately 54% of the respondents indicated agree or strongly agree for preference for the same sex HCP, and 62% and 52% indicating the same scale of agreement to avoiding unnecessary touching (close physical contact) of opposite gender or with heath care providers, respectively (Table 3).

[22] Table 4 summarizes health practices based on healthcare delivery provider. The majority of the respondents (93%) indicated agree or strongly agree that they receive care from a medical doctor when they are sick, while only 22% responded with the same scale of agreement to receiving care from a spiritual advisor. In addition, 28% indicated agree or strongly agree that their religious beliefs are the primary guide for the kind of healthcare doctor, or healer they seek.

Table 4. Practices of the Muslim Community Related to Healthcare Delivery Provider

Survey Item	*SA	A	N	D	SD	NA
I receive care from a medical doctor when I am sick	54.5	38.3	4.2	1.2	1.2	0.6
I receive care from a spiritual advisor when I am sick	12.7	9.6	16.3	29.5	24.7	7.2
My religious beliefs are the primary guide to the kind of healthcare healer or doctor I choose to seek care from	13.2	15.0	15.6	30.5	21.0	4.8

*Strongly agree (SA), agree (A), neutral (N), disagree (D), strongly disagree (SD), or don't know (DK)/Not Applicable (NA)

Healing Practices

[23] As for healing practices, 33% of the respondents indicated that the medicine of the prophet as described in the Hadith (Al-Jauziyah 2008a, 2008b) is their first source of healing. In addition, respondents indicated agree or strongly agree that prayer (64%), religious objects

(28%), reading the Qur'an (72%), and reading the Hadith (49%) are a source of their healing. However, 89% indicated agree or strongly agree that modern medicine is also a source of their healing. Further, almost 50% of the respondents agreed or strongly agreed that having a religious person or visiting the mosque is important for their healing (Table 5).

Table 5. Healing Practices of the Muslim Community of Omaha

Survey Item	*SA	A	N	D	SD	NA
Al-Tibb an-Nabawi (medicine of the prophet) is my first source of healing	15.2	17.7	18.3	22.6	12.2	14.0
I seek Modern medicine as my source of healing	45.7	42.7	7.3	1.2	2.4	0.6
Prayer is my first source of healing	35.4	28.7	21.3	9.1	4.3	1.2
I utilize religious objects such as beads to help in my healing process	12.0	15.7	18.1	27.1	18.1	9.0
Qur'an recitation is very helpful in my healing process	35.3	36.5	12.6	9.0	3.6	3.0
Reading the Hadith is very helpful in my healing process	22.3	25.9	21.7	13.9	7.8	8.4
Having a religious person is helpful in my healing process	21.6	31.7	24.0	11.4	7.2	4.2
Visiting the mosque is very helpful in my healing process	22.8	25.1	23.4	14.4	7.8	6.6

*Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), Strongly Disagree (SD), Don't Know or Not Applicable (NA)

Healthcare System in the U.S.A.

[24] Table 6 summarizes the perceptions of the participants regarding the healthcare system in the USA. Approximately 24% disagreed or strongly disagreed that they understand the healthcare system and almost 8% responded the same scale of disagreement when asked if they trust the healthcare system. Less than 4% answered disagree or strongly disagree that they trust their physician, while 17% answered agree or strongly agree that they experienced prejudices from a HCP.

Table 6. Muslim Community Perceptions of the Healthcare System and Their Healthcare Provider

Survey Item	*SA	A	N	D	SD	NA
I understand the healthcare system in the USA	16.1	38.1	19.6	15.5	8.9	1.8
I trust the healthcare system in the USA	19.3	33.7	22.9	15.7	7.2	1.2
I trust my physician	28.8	54.0	12.3	3.1	0.6	1.2
I experienced prejudice from a healthcare provider	6.2	11.1	14.2	37.0	25.3	6.2

*Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), Strongly Disagree (SD), Don't Know or Not Applicable (NA)

Results: Qualitative Themes

[25] Participants were invited to share in writing any additional thoughts related to their health beliefs and their healing practices. They were also invited to share what they thought would improve their ability to interact with the health care system. The two authors separately performed theme analysis from the qualitative data and a summary of the findings is presented.

Health Beliefs: "Medicine Only Goes So Far Then Comes God"

[26] A sense of mutual belief in both accepting personal responsibility to take care of one's health and the will and power of Allah as ultimate was commonly described. Allah is believed to be the main cause of healing and the imparter of knowledge and wisdom to HCP. However, there is a self-expectation to put in some effort to treat and help a person, a sense of earning, before Allah will come to a person's aid. The use of treatments, such as medications, is acceptable, while acknowledging that Allah gave us the wisdom to aid in our healing. A smaller number of persons de-emphasized or did not mention the role of Allah in health.

Health and Healing Practices: "Prevention is the Best Cure"

[27] Healthy eating, regular exercise, avoiding alcohol, praying, and leading an active and rewarding life are commonly expressed as Islamic health practices. When struck with illness, it is considered a responsibility, if not a duty, to seek care through modern techniques that will make a difference. Prayer for guidance and strength, and trusting that Allah will listen to prayers is described as an integral part of life. The Prophet medicine was mentioned as a source of maintaining health.

Improving Interactions with Community Health Care System: "Better Understanding"

[28] A better understanding was emphasized in comments that reflected both the health provider viewpoint and the Muslim consumer viewpoint. A need for better personal understanding was expressed about how to access health care, how much different care services cost, what health insurance covers and does not cover, and the way deductibles work. The desire for the general community to have a better understanding of Islam, Muslims, and the common practices of the Muslim peoples was expressed in varying ways. Specific suggestions were to have educational seminars about the religious aspects of organ donation and vaccinations, maintain informational pamphlets in doctors' offices in different languages for patients that explain the health care system, and to make information available on-line.

Discussion

[29] The findings, although limited to the sample, are presented to identify the viewpoints of members of the Muslim community in Omaha on issues of health and healing as compared to what is identified and perceived in the literature, and to provide practical tips for HCP.

[30] In our study, it is clear that the basic principles of Islamic medicine (i.e. *dawa*, *dua*, *iyaddah*, etc.) may not be strictly followed by all the members of the Muslim community in Omaha. For example, for issues related to general health, considering that 25% (Table 1) of

the respondents indicated that they are secular Muslims (not overtly religious), almost 25% of the respondents also indicated that religion does not play a major role in their healthcare decisions (Table 2). This was captured by some of the comments from the participants:

> For your health care, you need a doctor and a good hospital to take care of you. Healing through God isn't something I have practiced, so I don't know if it actually helps you; or you just think you are feeling better.
>
> I believe in God but this has nothing to do with medicine nor religion. Otherwise Imams or priests should live forever. They become ill. Don't they?

[31] However, for the 53% that said religion does play a major role in their health care decisions (Table 2), it is critical that HCP and health care systems are aware of that and measures are put in place to address this need for these patients. For example, a prayer room in the healthcare settings to perform the daily prayer, a quiet place for reciting the Qur'an or for reading from the Hadith, availability of same gender provider, being flexible with visitation to an extent that the patient condition will allow, or making an effort to respect and observe the patients' modesty (e.g. knocking at the door and wait for permission to enter, performing an exam if possible without asking the patient to take unnecessary coverings). From our study, some of the respondents feel very strongly about prayer and reading the Qur'an. They shared comments such as "I believe prayer is important for your mental and physical health"; "*Dua* is all I can do about sickness and trust that God is going to listen to my prayers"; and "I love Qur'an recitation. It helps me a lot." Others emphasized the importance of *iyaddah* (visiting the sick), "visiting and asking about sick people will help them in the healing process."

[32] Based on our data, it is important for HCP to recognize that the belief in God is very strong for most Muslims and the belief that God can cure any illness is predominant among the respondents (Table 2). Thus, hope for a cure may be very strong among Muslim patients. In addition, some also do believe that illness is a test from God and they go as far as saying that illness may somewhat guarantee them a better afterlife. Many shared sentiments to that regard including:

> To some degree, I believe that perhaps a disease on earth helps to expiate a person's sins so that s/he is not burdened with these in the after-life.
>
> I believe in miracles. Everything can be done and any disease can be cured whenever God wants. Many people were diagnosed with cancer and they've been told that they are going to die soon, but because they believe in God and his mercy, they became cancer free.
>
> Medicine only goes so far then comes God!

[33] Our data showed that the majority of the respondents agree or strongly agree that death is part of the human life and that there is life after death (Table 2). This may be important to acknowledge when dealing with chronically ill Muslim patients and when trying to address their families. Certainly it is important to assure the patient and the family that you are doing all that is medically possible to help their family member, but acknowledging God's will in all things may still be acceptable to the majority of the Muslim patients and their families.

[34] Dietary restrictions are always a challenge with patients in general and that can clearly be an issue for Muslims who in this study indicated that they would not consume medicine during Ramadan or medicine that has alcohol or pork products, even out of necessity (Table 3). It is important for the HCP to understand the needs of each individual patient and to see if there is room to accommodate or adopt a strategy to acknowledge the beliefs and practices of the patient and negotiate a solution that encompass the physicians' expertise and recommendations. Also, another important aspect is to involve a Muslim chaplain if available, or to understand the rulings of Sunni or Shia Muslim jurists (Kamali; Masud, Messick, and Powers; Hallag; Al'Alwani) (depending on the situation) and especially a jurist whom the Muslim patient may identify with as his/her guide for religious matters. An important distinction to make is that rulings by Sunni jurists are not considered binding, while those by Shia jurists are binding. Thus, Shia patients and their families may have a harder time and struggle more when opinions of a jurists they follow conflict with the practice of modern medicine. However, it is important to note that many times there may be a misunderstanding by the patient of what is permissible or forbidden, and what is permissible under certain circumstances or what is avoidable. So, educating oneself about the above issues or seeking help from a local scholar of Islam who studies Islamic Jurisprudence or an Imam (leader of the local mosque) will be very helpful to resolve some of these issues. For example, Islamic jurisprudence (*figh*), is defined as the knowledge of the rules of God, which concern the actions of persons who own themselves bound to obey the law respecting what is required (*wajib*), forbidden (*harram*), recommended (*mahboob*), disapproved (*makruh*) or merely permitted (*mubah*) (Kamali; Masud, Messick, and Powers; Hallag; Al'Alwani). Many Muslim jurists would agree that taking medication out of necessity in Ramadan is permissible. If that necessity is no longer there, then the patient can make up the days he/she did not fast. Some of the respondents in our study do recognize this:

> We should all know that something like Alcohol: which (is) forbidden in Islam. Allah rewards us for its use when it comes down to necessary circumstances of saving a person's life and that applies to any number of things dealing with the same idea.

[35] Modesty is acknowledged in all the Abrahamic religions including Islam. Modesty in Islam is *haya* and it encompasses far more than the physical modesty in how a Muslim (man or woman) dress or appear in front of others (especially strangers), but *haya* also affects all aspects of a Muslim conduct. In the Qur'an, God says:

> O children of Adam, We have provided you with garments to cover your bodies, as well as for luxury. But the best garment is the garment of righteousness. These are some of God's signs, that they may take heed (7:26).

[36] The prophet also emphasized the importance of modesty in his hadith: "If you have no shame, do as you wish" (Al-Bukhari), and he said: "Faith consists of more than seventy branches. And *haya* is a part of faith" (Al-Bukhari).

[37] Thus, HCP should pay close attention to the possibility of preference for same gender providers by some religious groups including the almost 54% in this study (Table 3). Although not asked in the survey items, it may be implied (especially in the qualitative data we collected), that there is a preference by some patients for a HCP with the same religious

persuasion. This can be very stressful for some patients, as expressed by two of the participants:

> I believe (if) there were more female doctors that were Muslim, I would go to doctor more to get treated for chronic pain instead of living with it.
>
> I think more doctors should be available for female Muslims, especially during the delivery of a baby.

[38] Also, it is important to respect to the extent possible, the need to avoid unnecessary touching with patients of the opposite gender (Table 4). This certainly may be a preference by many but not all as noted by the following comment from one of the participants:

> I like privacy and covering my body while physical examination. I prefer female doctor, not absolute request though.

[39] One important finding from our data, which is in line with what Islam teaches, is that the majority of the respondents did indicate that they do receive care from a medical doctor when they are sick (Table 4) and that modern medicine is a source of their healing (Table 5). Almost one fourth of the respondents indicated that they seek a spiritual advisor (e.g. an imam) (Table 4). So, in general, although 7.9% of the participants hold a health degree, most respondents (93%) in this study indicate that they will accept modern medicine and will most likely work with a physician to cure or control their illness (Tables 4 and 5). In fact, this belief in modern medicine may translate for some that all means are taken to save the life of a loved one. Again, the above findings are supported by the qualitative data collected from participants' comments including:

> Allah heals All illnesses But he also said seek help and he shall provide.
>
> I believe in human intelligence as tool to serve humans. Knowledge of medicine is a gift of God and should be used by any means necessary to save a life.
>
> Allah helps heal us and gives us peace to relax. It's also important to seek medical advice from doctors. Allah helped them gain the wisdom to aid in our healing.

[40] While the belief in modern medicine is strong, it is also important to provide the opportunity for those who need the presence of their spiritual advisor or those who indicated that their religious beliefs are the primary guide for the kind of healthcare doctor or healer they seek (Table 4). This may be critical for them to receive the spiritual support they deem essential for their healing or making the hard decisions. For example, some in the Shia tradition may believe that a Shia Muslim patient who has brain death should not have life support withdrawn. This may be is based on a Shia jurist opinion, which states that even though the patient physically may be suffering and some may advocate ending that suffering, we as human do not know about the spiritual suffering of the soul, which may be worse if we withdraw life support, only God knows. Some jurists may go as far as saying removal of life support is considered murder (Al'Alwani).

[41] As mentioned above, another aspect of healing that was important for some Muslims, which is part of Islamic medicine, is the use of the medicine of the prophet (*El Tib Elnabawi*) (Table 5) (Al-Jauziyah 2008a, 2008b). Some specifically identify the sayings of the prophet as the source of maintaining their health on a daily basis and for prevention of disease:

> . . . following the advice of God through prophet Mohammed sayings such advice for example: We are People, we do not eat unless we are hungry and when we eat we do not get full.
>
> Your stomach is 1/3 for your food, 1/3 for your water and 1/3 for your breath.
>
> I like a holistic *El Tib Elnabawi* for prevention (i.e. relationship of food/stomach/health), western medicines for emergencies.

[42] Our survey also emphasized the importance of prayer, the use of religious objects (e.g. beads) and reading the Qur'an and Hadith for some of the participants.

> Prayer to Allah helps to bring focus and a sense of peace.
>
> Sickness is from God. One should be patient and pray {to} him and then look for doctor.
>
> Take your medication regularly as your physician advises you – prayer will help you with your healing process.

[43] As for reading the Qur'an, the following sentiments are very representative of how some think about the power of the Qur'an and its recitation in relieving pain and making the person feel better:

> When I drive in the heat, I used to get really bad headaches. When I go home, before I sleep, I would lie down and have one of the kids hold my forehead with their thumb and index finger and recite verses from the Holy Qur'an. I find that very helpful in relieving my headache.
>
> I strongly believe prayer and reading the Qur'an can make you feel better.

[44] As for the data regarding the healthcare system, both the quantitative data (Table 6) and the qualitative responses do emphasize the need for the Muslim patient to have Islamic health literacy, and also to better understand the healthcare system. The qualitative data also showed a need to better understand medical insurance. The above is important since the majority of respondents and the Muslim community are either first or second generation Americans. Therefore, a clear understanding for the Muslim community of what Islam and Muslim jurists advocate in different medical issues is important to make the interaction with the health care system and HCP go smoother, including such issues as discussed above and other dilemmas brought by modern medicine such as organ donation and transplantation, euthanasia, cloning, gene therapy, etc. In addition, state agencies, health departments, insurance companies, and other stakeholders should consider providing resources to help these new immigrants and others to better understand the health care system and medical insurance. The above measures will help to build trust with the healthcare system. Further, the almost 17% of the respondents who indicated experiencing prejudice from a HCP

emphasize the need to educate HCP about Islam, the diverse Muslim population in Omaha, and Muslim practices.

[45] HCP are dealing with an increasingly diverse population in the United States. I teach a course on culture competency for pharmacists. One of the theme topics we address is religion, spirituality, healing practices and how they influence patient health beliefs and practices when they encounter the healthcare system and HCP. I introduce this to the students based on the Muslim patient. Students are required to apply what they learned to different religious, ethnic, and other diverse groups. For pharmacists, they are required to deliver pharmaceutical care to patients defined as: "The responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life" (Hepler and Strand). These outcomes include the cure of disease, elimination or reduction of a patient's symptomatology, arresting or slowing of a disease process, and prevention of a disease or sympotmatology. Pharmacists are also required to provide Medication Therapy Management, defined as: "patient-centered practice in which the practitioner assumes responsibility for a patient's drug-related needs and is held accountable for this commitment" (ASHP). Therefore, based on the above definitions, pharmacy students should gain the knowledge needed to help them as future HCP to address all aspects of patient individuality, including religion and spirituality, in order to optimize the outcome of their patient. Certainly, that holds true for other healthcare students and providers. Thus, this will be an impetus for addressing the needs of an increasingly diverse society, address potential healthcare disparities, enhance patient satisfaction and compliance, and meet professional standards of practice at the state and federal level.

Conclusion

[46] Health and Healing in Islam share many beliefs and practices in other religions. As with members of other religions, there is diversity among Muslims in their health and healing practices. While some of these practices may be predicted based on general aspects of health and healing practices derived from the Qur'an and Sunnah for some patients, for other patients, various factors, other than religion, may impact their beliefs and overall approach to their health and healing.

[47] Culture competency requires a responsible and respectful care of the patient. It also requires adapting a framework for practicing in a culturally competent manner. Responsible care for the Muslim patient by HCP will be optimized by basic understanding of Islam, who is a Muslim, diversity among Muslims, addressing own biases and common stereotypes and misconceptions of Muslims and Islam, knowing general considerations when dealing with the Muslim patient, being familiar with the Muslim view about sickness, death, and dying, being familiar with the Islamic concept of daily prayers, fasting and dietary restrictions, and the Islamic view on contemporary medical problems and the related practical issues with each. In addition, it is important to seek the help of the Imam or a Muslim Chaplain and to research respective Muslim jurists on conflicting issues of health and healing to aid the care of the Muslim patient. Further, making an effort to meet the needs of the Muslim patient will help to build trust with the HCP, and the healthcare system, which may lead to optimizing the care of the patient.

Acknowledgement

We would like to thank the Kripke Center at Creighton University and its director, Ronald Simkins for funding this project. A special thank you also to the members of the Muslim Community in Omaha who participated in this study. This project would not be possible without the Muslim students: Karima Al-Absy, Fouzia Berdi, Jamal Jamil, Maha Haroon, Zoha Haroon, Fa'iz Rab, Freshta Sahaq, and Irsa Shoaib, who played an important role in distributing and collecting the survey.

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