

Enhancing clinical learning for Muslim nursing and midwifery students

Dr Rakime Elmir and Sue Willis
School of Nursing and Midwifery, Western Sydney University

Abstract

An increasing number of Muslim students enrolled in their respective undergraduate nursing degree have raised concerns about engaging in clinical activities such as caring for the opposite gender, complying with uniform requirements, rolling sleeves to the elbow to perform handwashing, and needing time away from clinical to engage in obligatory prayer practices. Muslim students felt they were unable to continue with the degree due to mismatch of their beliefs and practices and the expectations and inherent requirement of the degree. There are no existing national or international policies or guidelines that provide guidance to Muslim nursing students about navigating and managing their culturally and religious beliefs while on clinical placement. To ensure Muslim students needs were addressed and to reduce the attrition rate, the first national resources and guidelines were developed that met the cultural and religious beliefs of Muslim Nursing and Midwifery students at Western Sydney University.

Background and issue

Clinical placement is an essential requirement to fulfil as part of the nursing and midwifery degree. Clinical placement is the time where the link from theory to practice comes to live (Flott et al. 2016). Students are able to practice and consolidate learnt skills (under supervision) in a clinical environment (Immonen et al. 2019). This transition from university to clinical can be stressful and more so for students who have cultural or religious obligations. Over the past couple of decades there have been an increasing number of culturally and linguistically diverse students in higher education programs worldwide (Lin et al. 2021). While there is some literature on the experiences and needs of these students (Lin et al. 2021; MacDonald, 2016).), there is little evidence on what resources can be used to support students, in particular Muslim students when learning in the clinical setting. There has also been growing concerns from many Muslim students, clinical facilitators, and academics, of navigating and managing Islamic beliefs and practices in the clinical placement area and clinical placement unit at university.

Aims of initiative

To enhance clinical learning, a working party, cultural and inclusive Clinical Practice (CHOICE) group was formed to develop resources that included the development of innovative initiatives. The objectives of the initiatives were to raise cultural awareness among clinical facilitators and academics and to develop resources that were culturally cognisant of Muslim student's needs. The initiatives included 1. Guidelines related to uniform compliance and NSW Health universal precautions in relation to Islamic beliefs and practices; 2. Facilitation of discussion forums (across four campuses) with Muslim students 3. Video resources for academic staff, clinical facilitators, and students to increase awareness and knowledge of Islamic beliefs and practices in our clinical practice units and on clinical placement and 4. Introduction of a national first Western Sydney University Branded Hijab (head scarf).

Findings

The development of resources and guidelines have provided direction and support for Muslim students. We are seeing less students leave nursing, and more students approaching the clinical placement team for support and to clarify the requirements of clinical placement. The development and dissemination of the resources and guidelines to Industry partners and education institutions has resulted in greater cultural awareness among Facilitators and academics. Great awareness has created open communication and respectful relationships between the Facilitator and the student. It is fundamental that people in positions of power find ways to help those with less power to interpret and understand the clinical practice context, particularly in complex hospital and health care settings where power can be wielded in seemingly mundane communication (MacDonald, 2016). Students have felt included, accepted and more engaged and confident in their Clinical Practice Unit (CPU) sessions and navigating their own Islamic beliefs on clinical placement. Our initiatives have attracted interest from industry partners, inter-institutional and interdisciplinary partners.

Conclusion

Cultural competence and awareness of the needs of certain cultural groups at university can create a sense of belonging, cultural cohesion and inclusively. Therefore, training must be provided to clinical facilitators on cultural understanding and competency for CALD students to experience a more supportive learning environment. Culturally and linguistically diverse students who feel part of the community are able to embrace the diversity they bring to the Education Institution and healthcare workforce. Cultural competence comes with understanding and respecting difference and being prepared to learn and embrace students' individuality. Implicit bias may naturally occur, however what measures or actions can health professionals take to ensure they are culturally aware and competent? Are clinicians prepared make a student's clinical experience worthwhile? Are clinician's prepared to engage with diversity and form strong relationships with CALD students? If our aim is to build a sustainability nursing and midwifery workforce, we must start by supporting individual needs. Policy directives and guidelines need to integrate cultural diversity that recognises the beliefs and practices of nurses and midwives.

References

- Flott E. A., & Linden. L. (2016). The clinical learning environment in nursing education: a concept analysis. *Journal of Advanced Nursing*, 72(3), 501-13.
- Lin. F. F., Fabbro. L. D., Needham. J., Sidwell, D., & Shaw. J. (2021). Supporting culturally and linguistically diverse (CALD) undergraduate nursing students undertaking clinical placements in Australia: An exploratory qualitative study of clinical facilitator and CALD student perceptions. *Nurse Education Today*, 97, 1-9.
- Immonen. K, et al. (2019). Assessment of nursing students' competence in clinical practice: A systematic review of reviews. *International Journal of Nursing Studies*, 100, 1-13.
- MacDonald, M. L. (2016). Expertise in everyday nurse-patient conversations: the importance of small-talk. *Global Qualitative Nursing Research*, 3, 1-9.