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مباحث پیشرفته یادگیری عمیق؛ شبکه های توجه گرافی (Graph Attention Networks)



کارگاه آنلاین مقاله نویسی IEEE و ISI ویژه فنی و مهندسی

Nursing and midwifery students' knowledge on prayer rites for the patients in Fars Province, southern Iran

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Abstract

Background: Nurses and midwives may require answering patients' questions on religious rites while performing their clinical duties. The present study was conducted to find out the nursing and midwifery students' knowledge on some prayer rites for the patients in Fars Province, southern Iran.

Methods: 323 students of nursing and midwifery were enrolled, among them 290 filled out the questionnaire. The scores of 9 questions, i.e. those about the rituals of prayer were based on 20.

Results: Although the majority of the students were regular prayers (72%), the score on some obligatory prayer rites for the patients was less than 10 out of 20 in 83.4% of the subjects. In 14.8% of participants, it was 10 to 13.99, and in 1.7% it was equal to or more than 14. The majority of the students were not only regular prayers, but also they insisted on doing it on time. Including courses on the obligatory rites for the patient's prayer as well as other rites was mentioned by the students as a necessity. It is suggested that such courses be included in the educational program for the students of nursing and midwifery.

Keywords: Nursing; Midwifery; Student; Knowledge; Patient; Prayer

Introduction

During patient care, praying can affect one's responsibility, relationship and objectives¹ and when a patient and his family need psychological and spiritual support, the nurses are the closest people to them.² An indispensable part of every Moslem's life is his attention to religious beliefs and obligatory rites he performs. An individual's adherence to God does not differ whether in health or disease. Especially when sick, the patient is more concerned with performing his obligatory religious rites.³ Among the religious rites, prayer is the only one that is obligatory even when drowning or fighting in the battlefields.⁴ There are several reports in the literature on praying which

may seem controversial. Asadi Pouya's (1999) showed that 68% of the students who were non-prayers stated the reason for not praying to be "I have not still come to the decision to pray". However, Hoseini Beheshti (2005) states when thinking about God's glory and magnificence, the individual is attracted to Him and tends towards humility, bows to all that perfection and glory (bowing), prostrates in worship (prostration) and he admires and prays God.⁵ Javadi Amoli (1995) points out "prayer is a flowing river and a "Kowsar" fountain. It both extinguishes the past fires and does allow one to be entangled in fire. It both prevents and eliminates the evils".⁶ Ilkhanian and Bahreinian (2000) showed that 94% of suicide cases had occurred among non-prayers. They believe that the commonality of praying in our community is suggested to be one of the ways of preventing suicide.⁷ In the Quran, the term "prayer" is mentioned 61 times and its derivatives are stated 22 times. Moreover, prayer is the preamble to our Shi'i Imams' (PBUTH) words.⁸ The first thing human is asked

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about in the life hereafter is the prayer.⁹ If our obligatory prayer is accepted, our all other deeds will too.⁶ Prayer is our religion's base.^{10,11} As our religion's pillar,^{11,12} it is the core of religion which brings about God's mercy.^{13,14} Obligatory prayer is one of the obligations and giving it up denotes stopping one's relationship with God, leading to terrible consequences both in this world and the life hereafter.⁴ Hospitalized patients have both physical and psychosocial needs as well as spiritual ones. In comprehensive nursing care, the patient's psychosocial and spiritual as well as physical needs must be satisfied. Unfortunately, some shortcomings are seen as to observing religious duties in the hospitals, necessitating a reassessment and more attention.¹⁵

Although "obligatory religious rites" for the patients is included in a course entitled "fundamentals of nursing" for nursing and midwifery students and they have to pass some Islamic education courses during their studies, it has been observed that many senior students are unfamiliar with many of the obligatory prayer rites for the patient or they have little knowledge about them. Undoubtedly, if they know the God's commandment in these regards, they will not do otherwise and will not commit what is forbidden.¹⁵ In order to remove the deficiencies in performing obligatory religious rites for the patients and improve the students' knowledge about these rites, appropriate and precise data are required. Therefore, the present study aimed at determining the nursing and midwifery students' knowledge about some obligatory prayer rites for the patients in Fars province, southern Iran. The results of this study could be used by curriculum planners in nursing, midwifery and also medical fields who plan the students' courses and in-service education for hospital staff in order to remove the above-mentioned deficiencies.

Materials and Methods

This is a descriptive analytical study conducted in Shiraz governmental nursing and midwifery college affiliated to Shiraz University of Medical Sciences in Fars province, southern Iran. The 3rd and 4th year students of bachelor degree in nursing and midwifery were considered to participate in this study (323 students). They had passed different courses in Islamic education and fundamentals of nursing and were doing their clinical apprenticeship, being in contact with different patients. Therefore, they required some

knowledge about the obligatory prayer rites for patients. The instrument used for collecting the data was a questionnaire containing questions in three parts: 10 demographic questions, 9 questions about obligatory prayer rites on which all the clergymen agreed, and 6 questions on the students' viewpoints about the necessity of education on patient's praying rites. The validity of the questionnaire was determined using some experts' opinion about obligatory prayer rites for patients and the reliability was measured using Kuder Richardson 20 ($r=0.73$).

Considering the ethical issues in research, we checked the research procedure with the faculty's authorities and had permission from institutional Ethics Committee. In addition, only those students who wrote their consent were enrolled. The questionnaires were to be analyzed unanimously so that the students could trust the researchers. Attending the students' classes, the researchers distributed 323 questionnaires among them. After the completion of the questionnaires, they were collected confidentially. In all, 290 out of 323 students filled out the forms. The score for two choice questions was 0.5; for three choice ones, 0.75; for 4 choice questions, 1; and for 5 choice ones, 1.25. Lack of answer or incorrect answers were scored as 0. Then the scores of the 9 questions, i.e. those about the rituals of prayer were based on 20. The more the scores, the more was the participants' knowledge. The statistical tests used were independent t-test, analysis of variance and Pearson correlation coefficient. The p-value less than 0.05 was considered as significant.

Results

Table 1 displays the participants' characteristics. The participants' mean age was 22.5 years ($SD=1.4$ years). Shirazi students constituted the main population under the study (37.8%). Most of them were females (76.2%) studying at nursing and midwifery school of Shiraz University of Medical Sciences (52.3%), among whom 19.7% were married. Table 1 displays the frequency of the scores on the knowledge about the patient's prayer rituals in the 9 questions (based on 20). 83.4% had a score less than 10, 14.8% of the scores were between 10 and 13.9, and only 1.7% had the score of 14 and more. As shown in Table 2, the place of birth, college, major, marital status and gender had no significant relationship with the scores. However, there was a significant correlation between

the scores obtained and age ($r=0.29$, $P<0.001$). This means the older the participant, the more the score. The findings of this study revealed that 67.3% of the students had obtained the knowledge out of their own studies, 21.5% from the contents of Islamic education courses, 6% from the content of the religious rites in fundamentals of nursing course, and 3.2% from the discussions with their lecturers. As to the time of obligatory prayer, most of them (72%) preferred praying on time with no delay, 20.9% considered psychological readiness and physical conditions as necessary and believed that time was not important. 1.8% of them considered a few hours after call for prayer (Azan) as the best time and 0.4% stated that praying at the end of the time allowed was more suitable. Only 3.5% of them did not pray at all. According to the results of this section, 91% of the participants stated that education about the patient's prayer rituals was necessary for nursing and midwifery students. In response to the question, "Is it necessary to teach other religious rites related to patients?", 82.4% of them replied "yes".

Table 1: Frequency of the scores of the knowledge about the patient's praying rituals.

Score	No.	Percent
17-20	2	0.7
14-16.99	3	1
12-13.99	13	4.5
10-11.99	30	10.3
<10	242	83.4

Table 2: Comparison of the students' mean scores.

Variable	No.	Mean	Standard Deviation	P. value
Place of birth:				0.177
Shiraz	108	6.3	3.7	
Other cities	178	6.9	3.6	
The College:				0.101
Shiraz	148	6.9	3.6	
Fasa	29	6.4	3.6	
Jahrom	64	5.6	3.7	
Lar	42	6.8	3.8	
Major:				0.217
Nursing	249	6.8	3.6	
Midwifery	21	5.8	3.8	
Marital status:				0.517
Single	224	6.5	3.6	
Married	55	6.9	3.8	
Sex:				0.113
Female	218	6.0	3.5	
Male	68	6.8	4.0	

Discussion

In this research, the scores of 83.4% of the participants about the patient's prayer rituals were less than 10, showing their limited knowledge about the subject. Knowledge on the matter by personal studies reveals the shortage of appropriate measures about disseminating the prayer's culture and instruction. To the researchers, it can reveal the inadequate instruction in the university about obligatory prayer. It has been neglected so far and requires a cultural endeavor and appropriate measures to be taken by authorities.⁸ In general, the findings of this study revealed that most of the students under this study were regular prayers and emphasized praying on time. Moreover, they considered not only the rituals of patients' prayer but also other rituals of the patients as necessary. However, unfortunately most of the students under the study scored less than 10 on the prayer rituals for the patients. Furthermore, most of them mentioned "personal studies" as the main source of their knowledge about the subject. These findings showed their interest and tendency toward praying and religious issues. In case some cultural and religious measures are taken, interest in religion will be enhanced. In other words, "adequate background had potentially been there but it has not been worked on".⁸ Furthermore, in the present survey, 44.9% of the students who agreed with the necessity of instructing the patients' prayer rituals to the students of nursing and midwifery believed that this should be included in their Islamic education courses and 34% believed it should be added to their fundamentals of nursing course. 21.1% of them stated that patients' religious rituals should be included in all their specialized courses. Based on the results obtained, it is concluded that although the majority of the students were regular prayers, their knowledge about the religious rites for patients' prayer was insufficient. Moreover, a review of the courses included in the nursing and midwifery curriculum shows that instruction of obligatory prayer rites for patients is insufficient and it should be improved for the patients' welfare. It is recommended that the nursing and midwifery board include this subject in the curriculum. In order to improve the hospital personnel's knowledge about the patient's prayer rites, the university in-service education office should arrange educational programs on this subject. As Imam Khomeini stated "learning the subjects that human beings need is obligatory".¹⁶

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References

- 1 Castleding G. The Value of Prayer in Modern-day Nursing. *Br J Nurs* 1998;**7(20)**:1260.
- 2 Hover M. If a patient asks you to pray with him. *RN* 1986;**49(4)**:17-18.
- 3 Kazempour Sh, Noghani F, Zarinkelk B. Selection of Islamic Rituals and their Implication in Health Center. 1st ed. Vol. 1. Tehran: Nursing and Midwifery College Publications of Tehran University of Medical Sciences, 1993.
- 4 Gharaati M, Partovi AZ. Prayer secrets. 1st ed., Tehran, Ministry of Culture Publications, 1990.
- 5 Hosseini Beheshti SM. What is prayer. 1st ed., Tehran, Islamic Culture Publication, 2005.
- 6 Javadi-Amoli A. Prayer secrets. 5th ed., Qum, Azzahra Publication, 1995.
- 7 Ilkhani R, Bahreinian SA. Proceeding of the Medical Sciences Research in Islam. Vice Chancellor for Research Affairs, Kerman University of Medical Sciences, 2000.
- 8 Asadipoya AA. Prayer in the university. 1st ed., Shiraz, The University's Student Research Committee, 1999.
- 9 Mohammadi-Reyshahri M. Alhek-mah. 1st ed. Vol. 5, Qum, Maktab Ol Alam Ol Islam, 1983.
- 10 Horri-Amoli M. Vasayel Olshie, Vol. 1, Tehran, Islamic School (Al Maktab Olislamia), 1982.
- 11 Sheykh-Koleyni M. Osoule Kafi. 1st ed., vol .4., Tehran, Osveh (Affiliated to Charity Organization), 1991.
- 12 Majlesi MB. Beharolanvar. 3rd ed., Vol. 82, Beirut, Daro Alahya Alteras o Alarabi, 1982.
- 13 Sheykh-Koleyni M. Foroue Kafi. Vol. 3, Tehran, Islamic Library, 1971.
- 14 Amedi A. Ghorarolhekam and Dorarolkelam. 4th ed., Tehran, Tehran University Publications, 1994.
- 15 Najafi M, Ferdowsi MFeghottabib. 1st ed., Tehran: Deputy for Cultural Affairs, Ministry of Health Treatment and Medical Education, 1993.
- 16 Eman-Khomeyni SR. Resale Amalie. 11th Question, 1988.

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عضویت در خبرنامه

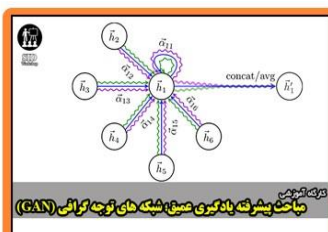


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