



# THE RELIGIOUS ASPECTS OF NURSING CARE

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FOR USE BY  
INPATIENT HEALTH CARE FACILITIES

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# PREFACE

This resource identifies some of the traditional practices of thirty-seven of the religions listed by Canadians in the 1991 census. It is designed to help nursing staff of health care facilities to care for patients with unfamiliar religious practices. Details of each religion are not included but traditional practices that can affect nursing care are. There are great variations within any religion or denomination; every member or adherent of that faith does not follow all traditional practices. The guide provides a basis for planning care with the information needed to question individual patients about preferences for practices important to them.

A member or authority verified the information for each of the religions included. For each faith there is a short history, a list of common religious practices that may affect care, and an addendum of differences.

The facility chaplain can contact a religious representative for the patient or family. Additional information is usually available through the facility chaplain or the Public Library. A suggested reading list is appended.

The main criteria for culturally sensitive nursing care include:  
SHOWING RESPECT FOR RELIGIOUS DIFFERENCES,  
SHOWING RESPECT FOR THE INDIVIDUALITY OF THE PATIENT,  
KEEPING AN OPEN MIND,  
MAKING NO ASSUMPTIONS,  
ASKING QUESTIONS, AND  
LISTENING ACTIVELY TO VERBAL AND NON-VERBAL RESPONSES OF THE  
PATIENT.

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# **INTRODUCTION**

## **I INTRODUCTION**

In 1988, Canada passed the Multicultural Act which in part states "that our multicultural diversity is a fundamental characteristic of our society, an essential part of what it means to be Canadian."

In the 1991 census, Canadians listed more than 100 countries of family origin, 126 mother tongues, and membership or adherence to more than 100 religious denominations. Approximately twenty-seven million people stated affiliation with the Christian faith and 300,000 affiliation with the Jewish faith. Another 747,000 residents listed affiliation with religions other than Christian or Jewish. 3.3 million stated no religious affiliation.

Originally spiritual leaders were the primary healers of the sick. They are still the primary contact for health care for many individuals today. Then, too, religious beliefs are often intertwined with health practices, influencing the acceptance of illness, treatment and nursing care.

"Sensitive care means giving respect and incorporates the basic values of human freedom and religious diversity." (Johnston, 1990). If competent sensitive nursing care is to be given to those admitted to the health care system, it is essential that the nurse is able to relate to patients of different faiths and cultures. Even when the patient's background is similar to that of the nurses, it does not follow that the patient shares the same beliefs as the nurse. One should always be careful to avoid stereotyping, as this demeans the patient as well as the nurse. Treating the patient as an individual is important because of differences such as religion, culture, gender, education, socioeconomic status, and family traditions. "The caregiver may not agree with the beliefs of a patient in order to take them seriously. Support however needs to be non-sectarian, non-dogmatic and appropriate to the patient's view of the world." (Johnston, 1990).

## **II LANGUAGE DIFFICULTIES**

The main objective of communication between a nurse and the patient is that a message be transmitted accurately. This can be difficult when the patient has limited English, or when the nurse uses medical terminology. The distortion and/or misinformation which result can cause unnecessary worry, misunderstanding or inadequate information to be transmitted.

Some health agencies have access to trained medical interpreters for the major languages. Others are setting up a process for obtaining these services. Family members are often helpful with general information, but may not be reliable as interpreters when they think the patient should not be told or when the information is embarrassing to either interpreter or patient. Galanti (1991, page 16) states "...speaking the same language is not always sufficient. Cultural rules often dictate who can discuss what with who." Sometimes a same sex interpreter and nurse are required for accuracy. Problems with confidentiality or privacy of the patient can occur with unskilled interpreters.

### **III DIFFERING VIEWPOINTS**

Most nurses in Canada have been educated in the Western medical model with its emphasis on the biophysical causes of disease and related scientific treatment. This model usually reinforces the nurse's previously acquired religious values and beliefs. Attitudes are often subconscious but can influence the way the nurse views the world and relates to others.

Sensitivity in health care includes an awareness of one's own religious identity and an acknowledgment of the integrity and value of other religions, no matter how confusing they may appear. By examining their own history and beliefs, the nurse can usually visualize the individual patient more clearly as an individual with needs to be met, rather than as a religious stereotype. Galanti (1991, page 2) explains the difference between a stereotype and a generalization by an example -- "Rosa is from Mexico, therefore she has a large family." (stereotype). "Most Mexicans have large families, I wonder if Rosa has." (generalization).

Nurses need to appreciate and respect the patient as an individual. In so far as it is possible within the limits of the facility and the medical regime for the patient, the nurse should support and assist that individual in maintaining traditional religious practices important to that person.

A nursing health history, which provides a systematic guide for obtaining information, is usually obtained from each patient. This is used as far as possible to plan and modify care to fit the patient's usual living patterns and preferences regarding religious practices. Some agencies include a cultural profile with the nursing health history.

Stereotyped assumptions about a person's lifestyle and preferences are not reliable because of great variations between people. In asking questions about an individual's preferences, it is often helpful to give a reason for wanting the information. The nurse might ask about food preferences that the dietitian might need, such as a vegan diet; about modesty needs to prepare a patient for a

medical examination, such as the necessity for same sex caregivers; or the reason for a refusal of some aspect of care, such as an interference with daily prayers.

## **IV TRADITIONAL RELIGIOUS PRACTICES**

Each religion has its own unique history, some recent and some originating in antiquity. Each religion also has its own practices for daily living based on traditions, beliefs, values and rules. Not all of these religious practices are applicable to inpatient nursing care, although they may be important in normal life. Some examples of some non-applicable practices could include adult baptism by immersion; the Muezzin calling the faithful to prayer; or special practices in the place of worship.

"Sometimes the appropriate religious leader can assist with health care by relieving the patient of religious duties (such as fasting) during a period of illness. Patients must be given the choice about some treatments through informed consent without pressure from caregivers to conform. This is often an ethical decision frequently involved in the patient's religious beliefs. A religious leader might help considerably" (Johnston, 1990).

In most situations, the facility chaplain can be helpful in contacting the appropriate religious representative. This person is often able to offer comfort and support to the ill patient or to resolve problems pertaining to conflicts between religious practices and nursing care.

There are a wide range of practices between members of the same faith, the same family, different generations and different genders.

The following are the most common practices affecting the nursing care of the inpatient of a health care facility:

### **HOLY DAYS**

Some religions set aside one day each week as a Holy Day; others do not. A Holy Day can be every nineteen days like the Baha'i, the Sunday midnight to midnight of Christianity, or the Friday sunset to Saturday sunset of Judaism. Most religions have special Holy Days during the year such as the Islamic Ramadan, the Jewish Passover or the Christian Christmas. Knowing when Holy Days occur can be helpful in avoiding conflicts in slating non-emergency treatments.

As many religions follow calendars that differ from the Canadian Gregorian calendar, a current copy of the Multifaith Calendar gives the dates as they differ

each year. These calendars are available through the Association of Multicultural Societies and Services Agencies of B.C.

## **DIET**

Many religious groups have specific dietary rules and restrictions, usually based on a religious reason or to safeguard health, such as the Kosher (fit to eat) rules of Judaism, the Halal rules of Islam, or the vegetarian diets of many religions. Vegetarianism includes total vegetarianism -- a vegan diet that allows only food of plant origin; lacto-vegetarianism that adds dairy products; lacto-ovo-vegetarianism that adds dairy products and eggs; and semi-vegetarianism that includes dairy products, eggs and limited amounts of poultry and fish. No vegetarian diet allows red meat.

People can become quite upset when given the wrong diet. Removing the offending food from a plate may suffice, but the patient may consider the other food on the plate contaminated. In some cultures, the family supplies all the food for those in a health care facility.

The members of some religions use their right hand for eating and their left hand for other purposes, thus considering the right clean and the left unclean. This could cause difficulties if the right arm is immobilized for treatment, i.e., intravenous therapy.

In many situations, the religious representative of the patient's faith might be able to help resolve dietary problems, possibly by relieving the patient of religious duties during the inpatient or treatment period.

## **FASTING**

Fasting is a common practice in many religions to show devotion to the Supreme Being. If a patient usually fasts, the nurse needs to know when and for how long, as well as what form the fasting takes. Fasting can mean that nothing passes the lips for the designated time, such as from sunrise to sunset; the taking of one meal a day; abstaining from one food, or only having fluids. This could have an effect on the administration of medications, the patient's nutrition and ongoing or proposed therapy.

In many situations, the religious representative of the patient's religious faith might be able to help resolve fasting problems, possibly by relieving the patient of religious duties during the inpatient or treatment period. The facility chaplain can usually assist in contacting the appropriate person.

## **PRAYERS**

Most religions use prayers but they vary markedly. They may be silent, aloud, in chants, or by song. People may sit, kneel, stand, be prostrate or face in a certain direction. Prayers may be traditional or individualized. They may be with others or alone. Some religions use prayer beads or knotted cords. Meditation is used as well as, or instead of, prayers. Washing hands before prayers is decreed in some religions. Many faithful say special prayers before and/or after meals. When religions specify certain times of the day for prayers, sensitivity is needed in planning nursing care.

Privacy in a quiet place is often appreciated, especially by those who desire group prayers, chanting or singing with family members.

## **CLOTHING/MODESTY**

Clothing is not a factor for most Canadians who are inpatients. However, members of some religions wear certain garments at all times as a part of their religious practice, such as an undershirt or undershorts.

Members of some religions find hospital gowns immodest and indecent as the legs are not covered; these may wish to wear their own long pants. Others are upset or insulted if a member of the opposite sex is assigned to them for any type of care. Same sex caregivers are mandatory for members of some religions. For all patients, modesty should be preserved as much as possible, but for some, great care needs to be taken. Consideration for the feelings of patients is necessary.

## **VISITORS**

In some cultures, family members are always present at the bedside of an ill person. The limited visiting hours of many Canadian health care facilities should be explained to visitors as they can be confusing for both the patient and the family. The patient may feel deserted when the support of the family is withdrawn.

Patients and/or their families may wish a religious representative to visit for comfort, support and prayers or to perform requested sacraments. The facility chaplain can usually make any necessary arrangements. "Many patients who are ill seem to feel a need to understand their lives and the reasons for their problems. These often result in personal reflections on meaning in their world. Their spiritual advisor can often help in this personal search" (Johnston, 1990).

## **SCRIPTURES OR SACRED WRITINGS**

Sacred books are treated with respect by members of all faiths. Some are designated a special place in the home, wrapped in silk and only handled after the hands are washed. Some patients will have their sacred books with them and it is important that the nursing staff respect the patient's feelings, and only handle such books with care and with the patient's consent.

## **RELIGIOUS SYMBOLS**

Religious symbols and sacred objects have great significance for the members of some faiths, such as the cross worn by the Roman Catholic, or the steel bracelet worn by the Sikh. These symbols should be treated with respect and only removed with good reason and only with the patient's consent.

"In the health care system religious symbols may have great repercussions in accepting therapy. The loss of hair from chemotherapy may damage the self-image of a young rock star. It may have such religious significance for an elderly Sikh that he refuses treatment" (Johnston, 1990).

## **LOCAL RELIGIOUS LEADER**

Most religions have local leaders for worship, teaching or counseling, such as priests, pastors, rabbis or imams. Some religious groups have people specifically designated to visit those who are ill. Upon the request of the patient, family or the facility chaplain, the local religious leader or a member of the religious group will usually visit the ill patient to offer comfort, support or prayers. In those groups where sacraments are performed, the local religious leader will usually attend upon request. When possible, it is advisable that a representative of the individual patient's particular religious group be contacted as there are differences between congregations or assemblies of the same religious faith.

## **SACRAMENTS/OBSERVANCES**

Sacraments or Observances are religious rituals that are a consecration or a pledge with sacred or special meaning. Some religions have none and others have several. Religions offer varying degrees of support and comfort to the ill patient, and for some, sacred rituals offer special comfort and peace. A religious representative of the family faith will administer sacraments upon request.

## **TERMINAL ILLNESS AND DEATH**

Some religions have special rituals carried out to give comfort and peace to the terminally ill patient and family. The rituals may consist of reading the Gathas or

the Bible, Anointing of the Sick, or singing hymns. Upon request, the local hospice or palliative care unit will often send a representative who can be helpful to the patient and family.

During a terminal illness, the patient and family should be asked if any special procedures follow death. As the members of some religions prefer that family members or a designated group prepares the body for burial or cremation, the nursing staff only covers the body without touching it. In some cases, staff should wear gloves to handle the body. In all cases, religious symbols or objects should be treated with respect and kept with the body, and all extraneous objects should be removed (e.g., tubes).

## **V SUMMARY**

It is possible for nurses to provide competent care and support to patients by:

SHOWING RESPECT FOR RELIGIOUS DIFFERENCES,  
SHOWING RESPECT FOR THE INDIVIDUALITY OF EACH PERSON,  
KEEPING AN OPEN MIND,  
MAKING NO ASSUMPTIONS,  
ASKING QUESTIONS, AND  
LISTENING ACTIVELY TO VERBAL AND NON-VERBAL RESPONSES OF THE  
PATIENT.

The following pages present the main religions identified by Canadians in the 1991 census, compiled alphabetically. The divisions of Christian and non-Christian religions are those used by Statistics Canada. The Christian denominations note any differences from those referred to in the section on Christianity.

Traditional religious practices that may affect nursing care are outlined for each faith, but there is a wide range of practices within each group, between generations, and from individual to individual. In all cases, consult the patients should about personal preferences for religious practices important to them.

# **ANGLICAN CHURCH OF CANADA**

## **HISTORY**

The Anglican Church is a Protestant denomination that was established in England in 1534 through the reform of the Roman Catholic Church. Anglican reformers chose a middle way between Roman Catholicism and the many Protestant groups forming in Europe. Today the Anglican Church is multinational and multicultural.

There are more than 2 million members in Canada (Statistics Canada, 1993).

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Refer to Christianity regarding usual practices of Christians.  
Individual patients should be consulted about practices important to them.

## **SCRIPTURES**

Holy Bible  
Book of Common Prayer

## **LOCAL RELIGIOUS LEADER**

Priest or minister

## **SACRAMENTS**

Upon request the priest or minister may perform:  
Eucharist (Holy Communion),  
Anointing of the Sick.

## **TERMINAL ILLNESS/DEATH**

Upon request the priest/minister may perform:  
Ministry to the Sick, Communion for the Sick, Supplication for the Dying, or Laying on of Hands.

# **BAHA'I**

## **HISTORY**

Baha'i is a monotheistic (one god) religion that began in Iran in the mid-nineteenth century. The first leader said "The earth is one country and mankind its citizens." The Baha'i, who are all teachers, are devoted to the abolition of racial class and religious prejudices and believe that differences between people

make life interesting. The Baha'i believe that the world begins with the individual, who must have high moral standards, simplicity, social mindedness and positive thinking.

There are more than 15,000 Baha'i in Canada (Statistics Canada, 1993).

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Patients need to be consulted about practices important to them.

### **HOLY DAYS**

Baha'is follow a calendar with 19 months of 19 days each. Groups meet in homes on the first day of each month for a spiritual feast of prayer, fellowship, unity and peace, and a discussion of their community projects.

New Year is Spring Solstice -- check current date in Multifaith Calendar.

### **DIET**

No dietary requirements.

No alcohol or mind altering drugs without a prescription.

### **FASTING**

Sunrise to sunset during the last month of their year (spring).

### **PRAYERS**

Daily. Upon request, any Baha'i will visit to offer prayers.

### **SCRIPTURES**

Writings of the early leaders. Baha'is revere and read extensively the writings of all major religions.

### **LOCAL RELIGIOUS LEADER**

Democratically elected spiritual assembly.

## **BAPTIST CHURCH**

### **HISTORY**

The Baptist Church is a Protestant denomination originating in the early 17th century. The members believe in evangelical Christianity and allow individual interpretation of the Bible for rules of faith and practice. Some members believe in healing by the laying on of hands.

There are about 600,000 members in Canada (Statistics Canada, 1993).

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Refer to Christianity regarding usual practices of Christians.  
Individual patients should be consulted about practices important to them.

### **PRAYERS**

Quiet time for reading the Bible

### **LOCAL RELIGIOUS LEADER**

Pastor

### **SACRAMENTS**

Upon request, the pastor will offer comfort or perform Communion.

### **TERMINAL ILLNESS/DEATH**

Upon request, the pastor will lead bedside prayers.

# **BUDDHISM**

## **HISTORY**

Buddhism (Buddha-Dharma) is a religion of understanding rather than of belief which began in India in the sixth century BCE (Before the Common Era, previously called BC or Before Christ). There are more than a billion Buddhists in the world today with much diversity. The main movements are the Theravada of Southern India, who follow the original form of Buddhism, and the Mahayana, who are more liberal and emphasize enlightenment of the general public in the context of modern time and space. Buddhists see life as an inevitable process of birth, aging, illness and death and believe that liberation from suffering occurs through the doctrine of the 'Middle Way' (that is, attainment of Enlightenment and Nirvana).

Buddhists may also practice ancestor worship, Confucianism, Shintoism, and/or Taoism.

There are more than 160,000 Buddhists in Canada (Statistics Canada, 1993).

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Patients should be consulted about the practices that are important to them.

## **HOLY DAYS**

No special day for prayer.

Most Buddhists celebrate: Full Moon Day in May, Buddha's birth, enlightenment and passing.

Dates can be found in the current Multifaith Calendar.

## **DIET**

May be vegan, lacto-ovo-vegetarian or semi-vegetarian, depending on the form of Buddhism and on the part of the country of origin.

No alcohol or tobacco products.

## **PRAYERS**

Usually five times daily.

## **SACRED WRITINGS**

Tripitaki: contains the sermons, precepts and commentaries of Buddha.

## **LOCAL RELIGIOUS LEADER**

Minister in the temple.

## **TERMINAL ILLNESS/DEATH**

May wish a quiet place for meditation.

"Last Rites" performed by a Buddhist monk.

Prefer cremation.

# **CAO DAI**

## **HISTORY**

The Cao Dai began in South Vietnam in 1926 among the rural population. The religion originated from God and is also known as the God-Way. The fundamental beliefs are a synthesis of other Asian and Western religious movements and philosophical thought. They believe that God as the Supreme Being is the father of all mankind. God is represented by a symbol, the Divine Eye. Because of economic and social problems, Caodaism spread rapidly during the wars with the French Colonialists and then the Americans. The beliefs include universality, reincarnation, and morality, as well as the practices of occultism and spiritism. A Supreme Being is supported by a great company of spirits. There are worship centers in Vietnamese communities throughout the world.

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Patients should be consulted about practices important to them.

**HOLY DAYS**

The first and fifteenth of each month of the lunar calendar.  
Follow Buddhist holidays with different ceremonies.  
Celebrate the birthdays of Confucius, Buddha and the founder of Taoism.  
Current dates can be found in the Multifaith Calendar.

**DIET**

Vegan when full member -- no animal products.  
In becoming a full member, vegan for six days a month, then ten days a month until finally fully vegan.

**FASTING**

Not usual

**PRAYERS**

Ritualistic prayers four times a day unless working or ill  
Chants in a stylized ceremony  
Seances held by church appointed mediums

**SACRED WRITINGS**

Cao Dai Meditation Book that is secret  
Individuals gradually introduced to writings

**LOCAL RELIGIOUS LEADER**

Dignitary of the Temple -- conducts services and meditations  
Upon request, will visit sick patients

**ADDENDUM**

Special cloth used to wrap body before burial or cremation

## **CHRISTIAN AND MISSIONARY ALLIANCE**

**HISTORY**

The Christian and Missionary Alliance is a Christian evangelical group formed in the United States in the 1880's. Missionaries are sent throughout the world. Government is through a general council assembly.

There are about 60,000 members in Canada (Statistics Canada, 1993).

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Refer to Christianity regarding usual practices of Christians.  
Individual patients should be consulted about practices important to them.

### **PRAYERS**

Prefer privacy

### **LOCAL RELIGIOUS LEADER**

Pastor

### **TERMINAL ILLNESS/DEATH**

Upon request the pastor or members will visit for comfort, support and prayers.

# **CHRISTIAN SCIENCE**

## **HISTORY**

The Christian Science Church was founded in 1879 by Mary Baker Eddy. Church By-Laws state that the Church was designed "...to commemorate the word and works of our Master (Christ Jesus), which should reinstate primitive Christianity and its lost element of healing." Christian Science is a world-wide Christian denomination comprised of the Mother Church, The First Church of Christ, Scientist in Boston, Massachusetts with approximately 2499 branch churches in some 70 different countries.

Christian Scientists rely on spiritual means for healing through the outcome of prayer and spiritual renewal. Although generally thought of as concerned only with the healing of physical ills, it also includes the healing of sin and discord of every kind.

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Refer to Christianity regarding usual practices of Christians.  
Patients should be consulted about practices important to them.

### **SCRIPTURES**

The dual pastor of the Church is:  
Holy Bible (King James version) and  
Science and Health with Key to the Scriptures by Mary Baker Eddy.

## **LOCAL RELIGIOUS LEADER**

None

### **ADDENDUM**

For healing, members prefer to rely solely on prayer by themselves and Christian Science practitioners, supported at times by Christian Science nurses.

Members decide for themselves what care they will accept if they should find themselves in a health care facility.

Members prefer to be free from the use of drugs, medicines, and medical surgery.

Members may accept medical assistance on occasion (e.g., setting a broken bone).

Members accept medical treatment if the laws of the land so dictate (e.g., immunizations).

Christian Scientists obey God and the laws of the land.

## **CHRISTIANITY**

### **HISTORY**

Christianity is a monotheistic religion that began about 30 years after Christ died. It gradually spread from the Middle East to Europe and then throughout the world. Christianity has more followers than any other religion and more than a thousand denominations. Most Christians believe in the Trinity (God in three persons): the Father, Son and Holy Spirit. Through the sacraments (certain rites with sacred meaning) of the church and divine intervention, Christians strive for a state of grace. They are to forgive those who sin against them in return for God's forgiveness of their sins.

In the sixth century, the Christian Coptic Church broke from the Christian Church. In the eleventh century, the Western and Eastern sections of the Christian Church separated into the Roman Catholic Church and the Eastern Orthodox Church.

In the sixteenth century, various groups broke from the Roman Catholic Church in what became the Protestant Reformation. People protested against the abuses of the Church, wanting to return to the fundamentals of earlier Christianity. The persecution of Protestants in various parts of Europe drove many to Britain and America for religious freedom. America has fostered more denominations than elsewhere in the world. Many denominations prefer the authority of the Bible to the authority of the Church and often foster individual judgment and conscience in religious matters.

There are about 27 million Christians in Canada (Statistics Canada, 1993)

## **PRACTICES THAT MAY AFFECT NURSING CARE**

As most Christians share the following practices, only differences will be noted under each denomination:

### **HOLY DAYS**

Sunday, Christmas, Easter Sunday

### **DIET**

Few have dietary rules

### **FASTING**

Not usual

### **PRAYERS**

Vary widely from formal to individual

### **CLOTHING/MODESTY**

Modesty is individual

### **VISITORS**

Upon request, the local religious representative or a member of the congregation will visit to offer comfort, support and prayers.

### **SCRIPTURES**

Holy Bible with some denominational interpretations

### **RELIGIOUS SYMBOLS**

A few use the cross, some use prayer beads.

### **LOCAL RELIGIOUS LEADER**

Priest, minister, pastor or any member

### **SACRAMENTS**

Baptism, Holy Communion, Anointing of the Sick.

### **TERMINAL ILLNESS/DEATH**

Upon request, the local religious representative will visit to offer special prayers or to perform Sacraments.

Burial or cremation.

# CHURCH OF CHRIST

## HISTORY

The Church of Christ is non-denominational and strives to restore early Christianity following the law of love.

There are about 18,000 members in Canada (Statistics Canada, 1993).

## PRACTICES THAT MAY AFFECT HEALTH CARE

Refer to Christianity regarding usual practices of Christians.  
Individual patients should be consulted about practices important to them.

## LOCAL RELIGIOUS LEADER

Minister or evangelist

# CHURCH OF GOD INTERNATIONAL

## HISTORY

The Church of God International is an evangelical denomination formed in the early 1800's as a reform group of the German Reformed Church. There are about 21,000 members in Canada (Statistics Canada, 1993).

## PRACTICES THAT MAY AFFECT NURSING CARE

Refer to Christianity regarding usual practices of Christians.  
Individual patients should be consulted about practices important to them.

## HOLY DAY

Saturday

## DIET

No pork or shellfish.

## LOCAL RELIGIOUS LEADER

Minister

## SACRAMENTS

Upon request, the minister will perform the Lord's Supper (Communion)

# **CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS (MORMONS)**

## **HISTORY**

The Church of Jesus Christ of Latter-day Saints or Mormons is a Christian denomination that began in the early 1800's. It is a fast spreading religion partly because young adults serve as missionaries for two years. Members believe in faith in Christ, repentance, baptism by immersion and confirmation of the Holy Ghost by the laying on of hands. They teach that "the glory of God is intelligence", and support educational facilities from kindergarten to university. Their world leader is the current president, a prophet, seer and revelator.

There are about 200,000 members in Canada (Statistics Canada, 1993).

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Refer to Christianity regarding usual practices of Christians.  
Patients should be consulted about which practices are important to them.

## **HOLY DAYS**

Sundays, Christmas, Easter

## **DIET**

Mostly fruits, vegetables, grains and little meat  
No tea or coffee  
No alcohol, tobacco products or addictive substances

## **CLOTHING**

Short sleeved long underwear to the knees is worn by some members for God's protection.

## **SCRIPTURES**

Holy Bible, Book of Mormon, Doctrine and Covenants, Pearl of Great Price

## **SACRAMENTS**

Upon request, a member of the Priesthood may perform Holy Communion

## **TERMINAL ILLNESS/DEATH**

Burial

## **ADDENDUM**

Healing is practiced through the laying on of hands and prayer by those holding

the authority to act in Christ's name.  
Members may request a blessing for healing from elders.

## **CONFUCIANISM**

### **HISTORY**

Confucianism is a transformation of ancient and traditional Chinese religious beliefs and practices centering on their ethical and social dimensions and effects. This tradition was founded by K'ung Fu-tzu in the 6th century B.C.E. (B.C.), continuing and developing into a philosophical as well as a bureaucratic system until modern times in China, Korea, Japan and Vietnam. Its most important principles are filial piety and proper conduct. The former is the support of and obedience to parents, care of oneself, offspring, and reverence of ancestors. Some practical effects of the Confucian system are that care of the elderly is a family responsibility, or an emphasis on male offspring to make this possible, since women live with the husband's family.

### **PRACTICES THAT MAY AFFECT NURSING CARE**

Patients should be consulted about practices important to them. Confucianism gives many theories on moral, ethical and simple human values but does not dictate about matters of daily living.

### **SPECIAL DAYS**

Special days on the lunar calendar for honoring ancestors are: 3rd day of the 3rd month, 15th day of the 7th month, 1st day of the 10th month. Current dates can be found in the Multifaith Calendar.

Offer food, incense, and prayers, and visit to tidy graves

### **WRITINGS**

Five Classics and The Four Books -- used for traditional Chinese education.

## **COPTIC ORTHODOX CHURCH**

### **HISTORY**

The Coptic Orthodox Church was founded in Egypt in the first century and separated from the main Christian Church in the fifth century. The Coptics are the main group of Christians in Egypt and the Middle East, where the dominant

religion is Islam. Monasticism first developed in the fourth century and remains a strong force in that faith today. The monks are seen as the elite of the Church, symbols of sanctity and custodians of power. The Copts' way of worship is their way of life.

There are more than seven million Copts worldwide (Statistics Canada, 1993).

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Refer to Christianity regarding usual practices of Christians.  
Individual patients should be consulted about practices important to them.

### **DIET**

Often do not eat pork because of the Muslim influence

### **FASTING**

Prescribed dates for fasting occur throughout the year -- Abstain from eating meat, eggs, and dairy products for some dates and abstain from all food and drink for others. Fasting is sometimes from sunrise to noon and sometimes from midnight to sunset.

Absolution from fasting is given by the Church in some cases of illness, e.g. diabetes, heart disease

### **RELIGIOUS SYMBOLS**

Wear a cross on a necklace

May have a cross tattooed on right wrist

### **SACRAMENTS**

Upon request the priest will perform:

Communion, Confession, Unction (prayers for the sick).

## **DOUKHOBORS**

### **HISTORY**

The Doukhobors are a Protestant denomination that originated in Russia in the late eighteenth century as a protest against the rituals in the Russian Orthodox Church. They believe in the equality of all before God and therefore reject the authority of government. They were persecuted as heretics as they struggled for a better life based on the spiritual power of love rather than any form of violence or coercion. Their philosophy is based on the love of God, the love of others and a life of goodwill and peace. Passive resistance to evil is part of the philosophy.

Their name is interpreted as "Spirit Wrestlers" as they wrestle with and for the Spirit of God.

They emigrated to Saskatchewan in 1898 and then later some moved to B.C. They developed an agrarian community lifestyle that has gradually become one of individual farmers and businessmen. There are three divisions within the Doukhobor faith: Orthodox, Independents and Freedomites.

There are about 5000 members in Canada (Statistics Canada, 1993).

### **PRACTICES THAT MAY AFFECT NURSING CARE**

Refer to Christianity regarding usual practices of Christians.  
Individual patients should be consulted about practices important to them.

### **DIET**

Lacto-ovo-vegetarian

No alcohol or tobacco products

### **SCRIPTURES**

Holy Bible is used as a reference and all historical and religious beliefs are transmitted orally, often through hymns and psalms.

### **LOCAL RELIGIOUS LEADER**

Each person communicates directly with God so there is no clergy.

### **TERMINAL ILLNESS/DEATH**

Members are willing to visit to offer comfort and to lead prayers.

## **EASTERN ORTHODOX CHURCH**

### **HISTORY**

The Eastern and Western sections of the Christian Church divided in the eleventh century. The Bishop of Constantinople in Greece became the spiritual leader of the Eastern Orthodox denominations that are located mainly in Eastern Europe, Egypt and Asia. The Eastern Orthodox churches in each country developed their own rites (rules) and use the local language. They form the focal point of their communities and maintain that Christianity stands at the center of life rather than being separate from it.

There are more than 350,000 members in Canada (Statistics Canada, 1993).

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Refer to Christianity regarding usual practices of Christians.  
Individual patients should be consulted about practices important to them.

### **DIET**

No meat (including poultry) or dairy products on Wednesday, Friday or during Lent. Not relevant during illness.

### **PRAYERS**

Daily quiet time for prayers and meditation

### **SCRIPTURES**

Holy Bible, Holy Tradition

### **RELIGIOUS SYMBOLS**

Cross, knotted prayer cord

### **LOCAL RELIGIOUS LEADER**

Parish Priest

### **SACRAMENTS**

Upon request the priest will perform Holy Communion and/or Confession.  
Preferably a priest from the family church is called (there are many individual differences between churches).

### **TERMINAL ILLNESS/DEATH**

Upon request, the Sacrament of Holy Unction may be administered to the very ill patient.

Emergency Baptism of a dying child may be performed by a parent or Christian caregiver when a priest is unavailable.

## **FIRST NATIONS**

### **HISTORY**

The peoples of Canada's First Nations are composed of many societies with differing religions, traditions and ways of life. The sizes of the societies vary from a few members to large communities. The First Nations people believe in close relationship between the physical and spiritual, and in the oneness of nature. Ceremonies are attuned to the seasons of the year with each having a special

and sacred time of thanksgiving to the Creator as a part of the continuing circle of creation. Celebrations are through song, dance and storytelling of legends, myths and oral clan histories, handed down through the elders of the group. A communal and collective way of life is shared through the giving of knowledge, experience and belongings.

Historically health care (both preventative and curative) was administered by those skilled in herbalism. When more help was required the shaman was called. The shaman was specially skilled as a healer and used spiritual, mental, emotional, ethical and psychological methods. Western medicine was introduced to the First Nations peoples through residential schools and government medical clinics.

### **PRACTICES THAT MAY AFFECT NURSING CARE**

Because of the wide diversity between tribal practices, patients should be consulted about the practices important to them.

### **DIET**

Although ceremonies are seldom performed in a health care facility, those that are might require specific foods for feasting. These vary from tribe to tribe and should be identified by the patient or the tribal elder.

### **VISITORS**

Large family groups may visit patients to give emotional support.

## **FOUR SQUARE GOSPEL CHURCH**

### **HISTORY**

The Foursquare Gospel Church of Canada is an evangelical denomination that originated in the U.S. about 1923. Members believe in the relationship of the individual with Jesus Christ, the work of the Holy Spirit, prophecy and the speaking in tongues.

There are about 5000 members in Canada (Statistics Canada, 1993).

### **PRACTICES THAT MAY AFFECT NURSING CARE**

Refer to Christianity regarding usual practices of Christians.  
Individual patients should be consulted about practices important to them.

## **LOCAL RELIGIOUS LEADER**

Pastor

## **SACRAMENTS**

Upon request, the pastor will perform Holy Communion.

# **HINDUISM**

## **HISTORY**

Hinduism is a monotheistic (one god) religion and way of life that originated before written history, and today is followed by 80% of the population of India. Hindus believe that inequalities of birth or mental and physical disabilities are the result of deeds during past lives. Individuals are rewarded by being born into a better or worse situation in the next life according to their actions or Karma in the previous life. The four objects of a Hindu's life are the performance of one's duty, the honest attainment of wealth, the pursuit of unselfish desires, and the achievement of self-realization. A Hindu can attain salvation following the paths of knowledge, action and devotion. A synthesis of all three is ideal. With love and devotion a person can achieve self-realization, but without God's love and grace, it does not happen.

The Hindu deity is Brahman, whose Supreme Being is manifested through lesser gods, including Vishnu and Shiva (Siva).

There are several divisions within the Hindu faith, giving rise to differences in daily religious practices, rituals and ceremonies.

There are more than 150,000 Hindus in Canada (Statistics Canada, 1993)

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Individual patients should be consulted about the practices important to them.

## **HOLY DAYS**

Dates follow the lunar calendar and tend to be local or regional

Celebrated with fasting, prayer and feasting

Dates can be found in the current Multifaith Calendar

## **DIET**

May be unrestricted or vegan to semi-vegetarian, depending upon the form of Hinduism and the part of the country of origin.

May prefer to eat only what is brought in by family  
May prefer disposable dishes and cutlery  
No alcohol or tobacco products  
Non-vegetarians may refuse beef and pork and their products  
May eat with only the right hand

### **FASTING**

Some fast several times a week from sunrise to sunset  
Takes different forms (see Introduction - Fasting)

### **PRAYER**

Privacy for prayers and meditation usually twice daily  
May wish to have Holy Books and prayer beads  
Many older people withdraw to spend their lives in prayer and meditation (especially women)

### **CLOTHING/MODESTY**

Women cover upper arms, breasts and legs, men cover from waist to knees.  
Both prefer their own pants or shorts with hospital gowns (hospital gowns are deemed indecent)  
Same sex caregivers are preferred

### **VISITORS**

Staying with the ill patient is important to both the patient and family - visiting hours need explanations.

### **SCRIPTURES**

Four Vedas, Upanishads, Epics -- the Mahabharata and the Ramayama  
All are in Sanskrit

### **RELIGIOUS SYMBOLS**

Some women wear a thread around the neck and a red mark on the forehead and these should not be removed  
Some men wear a thread over the right shoulder or around the waist or arm and these should not be removed  
Prayer beads

### **LOCAL RELIGIOUS LEADER**

Guru -- guide and teacher in the temple (Mandir).

### **SACRAMENTS**

Samskaras are the rites by which a Hindu becomes a full member of the socio-religious community  
Associated with birth, naming of the child, puberty and death

## **TERMINAL ILLNESS/DEATH**

Family members expect to care for patients who are ill or dying and will read aloud, sing and pray.

Hindus usually wish to die at home, preferably on the floor to be closer to Mother Earth.

Open expression of grief is usual after a death.

If death occurs in hospital, family members usually prepare the body.

If family members are not available, staff should wear disposable gloves, close the eyes and straighten the limbs. A plain sheet should wrap the body. The body is not washed by staff.

Religious objects remain with the body

Cremation is usual

## **ADDENDUM**

Cleanliness includes preferably a daily shower, washing with running water to purify oneself before prayers, before and after meals, and after using the bathroom.

The right hand is considered clean and the left hand unclean.

# **ISLAM**

## **HISTORY**

Islam is a monotheistic fast-growing religion that began in antiquity in Saudi Arabia. Today Islam is the prevalent religion in the Middle East, North Africa and Southeast Asia. Islam is made up of many groups, some of which believe in reincarnation, while others do not. Inshallah means that if God wills, it will happen. The members of Islam are Moslems or Muslims. Muslims have five duties in this life: faith, prayer, charity, fasting and a pilgrimage to Mecca. The family is the basis of social life with old people respected and cared for, especially by their children. Islam provides a complete code of behavior on all aspects of life, from birth to death.

Worldwide, there are more than a billion Muslims of which about eighty percent are Sunni, and about twenty percent are Shi'a (or Shi'ites). Most of the Shi'ites are the Shi'iah Ithna-'Asheries (or Twelvers). Other sub-groups include: the Nizari-Ismai'ilis (or AgaKhani or Imammes), the Bohra Ismai'ilis, the Zaydes, and the Ibadis. Another group, the Ahmadiyya, are not of mainstream Islam.

There are more than 250,000 Muslims in Canada (Statistics Canada, 1993)

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Patients should be consulted about the practices important to them.

### **HOLY DAYS**

Usually Friday each week

Specific Holy Days must be identified by the patient or family because:

1. Holy Days vary with different sub-groups of Muslims
2. Muslims follow the lunar calendar and Holy Days differ each year on the Canadian Gregorian calendar.

### **DIET**

Food may be Halal (lawful) or Haram (unlawful)

Often vegetarian away from home but may eat fish with fins and scales

No pork, pork products, blood or carnivorous animals

No animal fat including baked goods

Meat must be ritually slaughtered (Halal)

Halal meat is high in sodium content

Seafood and fish are allowed from unpolluted water

No tobacco or intoxicants

Rinse the mouth with water after eating

Usually use the right hand for eating

### **FASTING**

No food or drink from dawn to sunset or a few minutes after sunset during the month of Ramadan.

The local Imam may be helpful with dietary or fasting practices that interfere with the medical regime.

### **PRAYERS**

Five times a day with a preference for privacy in a quiet place where they can face towards Mecca.

A prayer mat is used for kneeling and prostrate prayers, both for cleanliness and as a symbolic separation from the world.

### **CLOTHING/MODESTY**

Women are usually covered from head to ankles,

Men are usually covered from waist to knees

Hospital gowns are considered indecent so pants are required

Same sex caregivers are a mandatory requirement for all

Only a small body portion should be uncovered at a time

### **SCRIPTURES**

Koran or Al-Qur'an which Muslims believe is a Divine revelation to Prophet

Mohammed for their guidance.

The Koran is 1400 years old. The writings in Arabic are considered sacred.

Hadith interprets the Koran.

### **LOCAL RELIGIOUS LEADER**

Imam is the leader of prayer at the Mosque

Muezzin calls the faithful to prayer five times a day

### **TERMINAL ILLNESS/DEATH**

A dying patient may wish to sit or lie facing Mecca

Relatives and family may recite prayers around the bed

Any practicing Muslim can do this upon request

Autopsy is forbidden except as required by law or for ascertaining any foul play in the death.

Preparation of the body after death is usually done by same sex family members according to Muslim tradition.

Burial occurs as soon as possible

Family members should be asked for requirements

Non-Muslims should wear disposable gloves if it is necessary to touch the body after death. Eyes are closed, jaw is bandaged, hands are placed as required during daily prayer (differs with groups), body is straightened, head is turned to the right (to face Mecca in burial), whole body is covered with a sheet. Body is not washed and the hair and nails are not cut. External objects (e.g., tubes) are removed.

### **ADDENDUM**

Circumcision is performed on all male children.

Cleanliness includes washing hands with running water before meals, before prayers and after using the bathroom.

Women may need the consent of the head male family member for any treatment including admission and consent forms for institutions.

## **JAINISM**

### **HISTORY**

Jainism provides a system of thought and a way of life that began in antiquity in India. Its fundamental principle is non-injury to any form of life, including self. Jain teaching includes self-restraint and self-discipline to conquer negative emotions, desires and actions. Their beliefs include reincarnation or transmigration of the soul, which occurs until the soul is liberated.

There are about 1500 Jains in Canada (Statistics Canada, 1993).

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Patients should be consulted about the practices important to them.

### **HOLY DAYS**

Special days occur about once a month and follow the lunar calendar. Dates are found in the current Multifaith Calendar.

### **DIET**

Lacto-vegetarian

No spices, onions, or garlic

### **FASTING**

May fast from sunrise to sunset on special days

Fasting does not occur during illness

### **PRAYER**

Wash hands before prayers

Prefer privacy in a quiet place

Sit on a mat on the floor

May also meditate and practice yoga

### **SCRIPTURES**

Namokar Mantra

### **TERMINAL ILLNESS/DEATH**

Special service is performed near death to promote a peaceful end (can be performed by any Jain).

Prefer cremation

## **JEHOVAH'S WITNESSES**

### **HISTORY**

Jehovah's Witnesses are a worldwide Christian society of people who are trained as ministers to actively bear witness regarding Jehovah God and his purposes. Originally a group formed for Bible study in the 1870's and adopted their name in 1931. Their beliefs are to restore first-century Christianity. They have many corporations to carry out their mission, of which the Watch Tower Bible and Tract Society is the principal one. Because of their neutral stand, by not participating

in the politics or wars of any nation, they have often been persecuted and spoken against.

There are about 170,000 members in Canada (Statistics Canada, 1993)

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Refer to Christianity regarding usual practices of Christians.  
Individual patients should be consulted about practices important to them.

### **HOLY DAYS**

Observation of Christ's death which coincides with the Jewish Passover.  
Dates are in the current Multifaith Calendar.

### **DIET**

Abstain from eating blood, foods with blood added, and the meat of animals from which blood has not been properly drained.

### **PRAYERS**

Privacy in a quiet place -- sometimes with others

### **CLOTHING/MODESTY**

Prefer modest gowns

### **VISITORS**

Patient Visitation Program to visit ill patients

### **LOCAL RELIGIOUS LEADER**

Elders

### **TERMINAL ILLNESS/DEATH**

Life is sacred so reasonable and humane efforts should be made to sustain it.  
Advance directions of the patient should be respected.

### **ADDENDUM**

No blood or blood products except for albumin, clotting factors and immune globulins.

Patient's own blood can be used for transfusions provided it has not been stored.

Medications and therapy are accepted when necessary.

# JUDAISM

## HISTORY

Judaism is a monotheistic (one god) religion that began in the Eastern Mediterranean before written history. The Jewish calendar originated about 3700 years before Jesus. The basic concepts of Judaism include: the belief in one God who has no physical form, the contract between God and the Jews, and the Law (Torah) that shows the way of holiness. Jewish life is family oriented and each person has the obligation of right and ethical behavior.

The main divisions of Judaism are the Sephardic (Asian-North African-Iberian) and the Ashkenazic (European) Jews. The Ashkenazic are again divided into Orthodox, Conservative, Reform and Reconstructionist.

There are about 300,000 Jews in Canada (Statistics Canada, 1993)

## PRACTICES THAT MAY AFFECT NURSING CARE

Patients should be consulted about practices important to them.

## HOLY DAYS

Sabbath is sunset Friday to sunset Saturday.

Some of the Holy Days (current dates in the Jewish or Multifaith Calendars) include:

Rosh Hashanah -- New Year's, Yom Kippur -- Day of Atonement, Passover -- Festival of Freedom, Hanukkah -- Festival of Lights.

## DIET

May require a Kosher diet:

No pork or pork products,

Only fish with fins and scales (no shellfish),

Meat from cud-chewing animals with cloven hooves, slaughtered Kosher style and prepared by ritual -- this meat has a high sodium content.

Dairy products and meat (including fish and chicken) are prepared separately and not served together (separate pots and dishes).

No leavened food during Passover

May prefer disposable dishes and cutlery in hospital

May prefer vegetarian food if Kosher food is not available

## PRAYERS

Prayers precede meals and Grace follows, usually three times a day.

Men may wear a prayer shawl and Yarmulke (skull cap) while praying.

## **CLOTHING/MODESTY**

Usually modest dress, some may cover their heads at all times

## **VISITORS**

Usually many family visitors

## **SCRIPTURES**

Jewish Bible (Old Testament) which includes the Torah, written law, prophets and writings.

## **LOCAL RELIGIOUS LEADER**

Rabbi -- teacher and spiritual leader in the Synagogue  
Canter -- leads the services by singing

## **SACRAMENTS**

None as such

## **TERMINAL ILLNESS/DEATH**

Upon request, the Rabbi will:

make pastoral visits, conduct a Final Confessional.

After death, a special group prepares the body ritually for burial.

Burial occurs as soon as possible.

No autopsy unless required by law.

## **ADDENDUM**

Consultation may be necessary between the medical practitioner and the Rabbinical authorities for certain medical procedures or for scheduling treatments. Cleanliness includes washing hands first thing each morning.

Circumcision is performed on males on the eighth day of life by a Mohel (a ritual circumcizer familiar with ritual Jewish law and hygienic medical techniques).

# **LUTHERAN CHURCH**

## **HISTORY**

The Lutheran Church is a Protestant denomination that originated in the sixteenth century during the Protestant Reformation. It is the oldest and largest of the Protestant denominations, mostly in Western Europe. The members believe in the manifestation of God in the Trinity and that each individual is responsible to God for his lifestyle. They believe that the Bible is the only authority for Christian faith and life.

There are about 300,000 members in Canada (Statistics Canada, 1993).

### **PRACTICES THAT MAY AFFECT NURSING CARE**

Refer to Christianity regarding usual practices of Christians.  
Individual patients should be consulted about practices important to them.

### **LOCAL RELIGIOUS LEADER**

Pastor

### **SACRAMENTS/RITES**

Upon request, the pastor will perform Communion, Confession, Anointing of the Sick (for healing).

### **TERMINAL ILLNESS**

Upon request, the pastor or Church members will visit for comfort, support and prayers.

## **MENNONITE CHURCH**

### **HISTORY**

The Mennonite Church originated during the Protestant Reformation in the sixteenth century in Switzerland and the Netherlands. Members have a strong commitment to their relationship with Jesus Christ.

There are about 230,000 members in Canada (Statistics Canada, 1993).

### **PRACTICES THAT MAY AFFECT NURSING CARE**

Refer to Christianity regarding usual practices of Christians.  
Individual patients should be consulted about practices important to them.

### **LOCAL RELIGIOUS LEADER**

Pastor

### **SACRAMENTS**

Upon request, the pastor will perform Communion, Confession, Anointing of the Sick.

# **METHODIST CHURCH**

## **HISTORY**

The Methodist Church is a Protestant evangelical denomination that started in England in the eighteenth century. There are many Methodist churches in the U.S. but the whole Canadian Methodist Church joined with other denominations in 1925 to form the United Church of Canada. Through immigration and Methodist missionary work overseas, today there are many ethnic Methodist congregations in most metropolitan areas of Canada.

There are about 73,000 members in Canada (Statistics Canada, 1993).

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Refer to Christianity regarding usual practices of Christians.  
Individual patients should be consulted about practices important to them.

## **MORMONS - see CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS**

# **PENTECOSTAL ASSEMBLIES**

## **HISTORY**

The Pentecostal Assemblies of Canada is an evangelical fellowship within the Christian Protestant Church. It originated in the U.S. in the early 1900's as a spiritual renewal movement. The beliefs of the members include salvation through faith in Christ, Baptism of the Holy Spirit with the speaking of tongues, divine health and the Second Coming of the Lord Jesus Christ for His Church. The members consider their faith as spiritual rather than religious, and their commitment to Christ is through sincere faith. Because of their work in the missionary field, the movement has spread worldwide.

There are more than 400,000 members in Canada (Statistics Canada, 1993).

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Refer to Christianity regarding usual practices of Christians.  
Individual patients should be consulted about practices important to them.

### **PRAYERS**

Privacy in a quiet place

### **LOCAL RELIGIOUS LEADER**

Pastor

### **OBSERVANCES**

Upon request, pastor will perform:  
Holy Communion, Anointing of the sick

### **TERMINAL ILLNESS/DEATH**

Upon request of parents, pastor will say Dedication Prayers for the dying child.

# **PRESBYTERIAN CHURCH**

## **HISTORY**

The Presbyterian Church originated in the sixteenth century during the Protestant Reformation. In 1925, many of the Presbyterian Churches joined with others to form the United Church of Canada. In Canada today there are many ethnic congregations, with the Vancouver area alone having Korean, Chinese, Taiwanese, Hungarian and English congregations.

There are about 600,000 members in Canada (Statistics Canada, 1993).

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Refer to Christianity regarding usual practices of Christians.  
Individual patients should be consulted about practices important to them.

### **LOCAL RELIGIOUS LEADER**

Minister

### **SACRAMENTS**

Upon request, the minister will perform Communion for an ill or dying patient.

# QUAKERS

## HISTORY

The Religious Society of Friends or Quakers is a Christian denomination started in England in the seventeenth century to recover the authenticity and simplicity of early Christianity. Under William Penn, the European Quakers emigrated to Pennsylvania in 1682 to escape persecution by the state for refusal to swear oaths or pay tithes. Their belief that God is in every person regardless of religious background, leads to their social actions and service efforts through relief, rehabilitation and education programs, both at home and overseas.

There are about 3000 Quakers in Canada (Statistics Canada, 1993).

## PRACTICES THAT MAY AFFECT NURSING CARE

Refer to Christianity regarding usual practices of Christians.  
Individual patients should be consulted about practices important to them.

## PRAYERS

Privacy for silent worship and meditation

## LOCAL RELIGIOUS LEADER

Members of the congregation share responsibility for the ministry

## TERMINAL ILLNESS/DEATH

Members visit to offer support and comfort through worship

# RASTAFARIANISM

## HISTORY

Rastafarian or Ras Tafari is a monotheistic (one god) politico-religious group that began in the 1930's in Jamaica among the oppressed black population. It was a radical attempt of the Return to Africa Movement. They worship Haile Selassie I (Emperor of Ethiopia and a descendant of Solomon) as their Messiah, based on the idea that one of the lost tribes of Israel went to Ethiopia. Peace, love and the belief that God is within each person are part of their teaching. Their beliefs also include reincarnation or transmigration of the soul.

There are about 500 members in Canada (Statistics Canada, 1993).

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Patients should be consulted about practices important to them.

### **HOLY DAYS**

Weekly meetings for religious and business reasons

Special days include: Ethiopian New Year, Selassi's birthday and Coronation Day

Dates are found in the current Multifaith Calendar

### **DIET**

Advocate the use of holistic non-processed foods (called Ital from natural and vital)

Vegetarian allowing milk products with little or no meat

Prefer rainwater to treated water

No tobacco products, alcohol or hard drugs

No salt, wine, raisins

May wish to eat in privacy

### **FASTING**

Nothing by mouth except water, from dawn to sunset on chosen days, for purification and self-discipline.

### **PRAYERS**

Privacy in a quiet place

### **CLOTHING**

Both men and women wear head coverings

### **SCRIPTURES**

Holy Bible, especially the Old Testament that contains books deleted from the modern Christian Bible

### **RELIGIOUS SYMBOLS**

Uncut and uncombed or braided locks and beards (dreadlocks).

### **LOCAL RELIGIOUS LEADER**

Elected chaplain guides religious concerns

### **SACRAMENTS**

Use ganja (marijuana) as a euphoric and mystical sacrament capable of enlightenment and the alleviation of social alienation

### **TERMINAL ILLNESS/DEATH**

No special rituals but members will visit upon request

# ROMAN CATHOLIC CHURCH

## HISTORY

The Roman Catholic Church is a Christian denomination that accepts the Pope as its head on earth. It originated in the first century and has evolved into the largest of any Christian denomination in the world. The Church used the Latin language in services. There are several divisions of the Roman Catholic Church, each having its own "rites" or rules, that developed in different countries.

There are about 12 million members in Canada (Statistics Canada, 1993).

## PRACTICES THAT MAY AFFECT NURSING CARE

Refer to Christianity regarding usual practices of Christians.  
Individual patients should be consulted about practices important to them.

## DIET

No meat on Friday is optional, Special preferences during Lent (spring)

## RELIGIOUS SYMBOLS

Cross, rosary (prayer beads), sometimes medals or scapulars (cloth amulets) worn around neck or pinned on clothes

## LOCAL RELIGIOUS LEADER

Parish priest

## SACRAMENTS

Upon request, the priest will perform:  
Holy Communion (usually after fasting except during illness), Confession, Anointing of the Sick

## TERMINAL ILLNESS/DEATH

Upon request, the priest will perform:  
Baptism for the fetus when it is born or for the child is near death,  
Confirmation of a baptized child before death,  
Anointing of the Sick during a terminal illness or immediately after an unexpected death.

## ADDENDUM

The Hospital Chaplain is usually considered the spiritual care provider unless there are personal, ethnic or linguistic needs. The priest of the patient's church would then be contacted for visits.

# **SALVATION ARMY**

## **HISTORY**

The Salvation Army is a Protestant evangelical denomination founded by William Booth in 1865 in England. Today members are active in more than 100 countries. The Army has been described as "an evangelical church with an acute social conscience". The members are involved in the spiritual and moral regeneration and physical rehabilitation of those in need.

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Refer to Christianity regarding usual practices of Christians.  
Individual patients should be consulted about practices important to them.

## **DIET**

No alcohol, tobacco products or non-prescription drugs

## **LOCAL RELIGIOUS LEADER**

Corps Officer (pastor)

## **TERMINALLY ILL/DEATH**

Upon request, members of the League of Mercy will visit

# **SEVENTH DAY ADVENTISTS**

## **HISTORY**

The Seventh Day Adventist Church is a Christian evangelical denomination formed in the U.S. about 1840. The Church looks forward to the Second Coming of Christ.

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Refer to Christianity regarding usual practices of Christians.  
Individual patients should be consulted about practices important to them.

## **HOLY DAYS**

Sunset Friday to sunset Saturday, Christmas, Easter  
Activities are not allowed on Holy Days

**DIET**

Lacto-ovo-vegetarian  
Often use meat analogues made of soy or gluten

**SCRIPTURES**

Holy Bible

**LOCAL RELIGIOUS LEADER**

Ordained minister

**SACRAMENTS**

Upon request, minister will perform Holy Communion.

**TERMINAL ILLNESS/DEATH**

Upon request, minister will perform Anointing of the Sick.

## **SHINTOISM**

**HISTORY**

Shinto, "the way of the deities" is based on the ancient indigenous religions, beliefs and practices of Japan. The natural features of Japanese islands and the inhabitants are seen as of divine origin, springing from the heavenly Kami. As a traditional religion, the Kami or deities are strongly linked to localities with their own festivals. The deities and divine ancestors are revered in shrines with offerings of food, drink, prayer and entertainment.

Shinto has become intertwined with Buddhism, with the Kami seen as the manifestations of benevolent forces. Shinto is largely located in shrines or in homes in Japan. Visits to shrines are connected mostly to the important events in one's life or when annual local festivals are held. Offerings are made for prosperity and good fortune.

Shintoism may be practiced with Buddhism and/or Confucianism.

There are fewer than 500 Shintoists in Canada (Statistics Canada, 1993).

**PRACTICES THAT MAY AFFECT NURSING CARE**

There are no specific practices that may affect nursing care.

# SIKHISM

## HISTORY

Sikhism is a monotheistic (one god) religion founded by Guru Nanak (1469-1539) in Northern India. The word Sikh means a learner or disciple. Sikhs are encouraged to live by honest work as a householder, to share success with the less fortunate, and to always be grateful to the Almighty. The conduct of life for a Sikh is knowledge, devotion and action, guided by those who have gone before.

After baptism, men are called Singh and women are called Kaur.

There are about 150,000 Sikhs in Canada (Statistics Canada, 1993).

## PRACTICES THAT MAY AFFECT NURSING CARE

Patients should be consulted about practices important to them.

## HOLY DAYS

Celebrate important events in the early history of Sikhism following the lunar calendar:

Baisakhi or New Year's, Guru Nanak's birth commemoration

Dates can be found in the current Multifaith Calendar

## DIET

Individual choice although many are lacto-ovo-vegetarian or semi-vegetarian, usually no beef or pork.

No tobacco products or intoxicants

## FASTING

Not a usual practice

## PRAYERS

Privacy is preferred

Recitation morning and evening

## CLOTHING/MODESTY

Women cover upper arms, breasts and legs,

Men cover from the waist to knees

Both prefer their own or facility pants with gowns

Same sex caregivers are important to both sexes

## **SCRIPTURES**

Holy book is the Guru Granth Sahib (the writings of Guru Nanak and later Gurus).  
Rehat Maryada -- a code of conduct and guidelines for daily living.

## **RELIGIOUS SYMBOLS**

Kesh (uncut hair), Sikhs may refuse to have any body hair cut (e.g., for electrodes).

Kangha (comb).

Kara (steel bracelet) Never removed from the right wrist -- Symbolizes strength and unity.

Kirpan (symbolic dagger) Symbolizes authority.

Kachha (special undershorts for sexes) Symbolizes freedom.

Turban for men (which is worn 24 hours a day).

The removal of any Sikh symbol should only be for good reason and after consultation with the patient.

## **LOCAL RELIGIOUS LEADER**

Giani who is a learned man, not a holy man, who serves in the temple (Gurdwara)

## **TERMINAL ILLNESS/DEATH**

Prayers and hymns may be recited by the patient or read aloud by family members for comfort.

Religious symbols stay with the patient

After death, close eyes and mouth, do not cut nails, hair or beard, cover with plain white sheet

Cremation is preferred

## **ADDENDUM**

Cleanliness includes a preference to wash with running water before and after eating and before prayers

Prefer showers to baths

Right hand is considered clean and left hand unclean

# **TAOISM**

## **HISTORY**

Taoism is an ancient Chinese way of life that dates back to the philosopher Lao-Tzu who lived approximately 500 B.C.E. (B.C.), Taoism advocates that one should let events run their natural course, keep a tranquil mind, and live as close to nature as possible. Simplicity and humility lead the way to personal harmony.

Taoism is often practiced with Confucianism and/or Buddhism.

There are about 1700 Taoists in Canada (Statistics Canada, 1993).

### **PRACTICES THAT MAY AFFECT NURSING CARE**

Patients should be consulted about practices important to them.

### **SPECIAL DAYS**

According to the lunar calendar:

For honoring ancestors, New Year's day, Dragon Boat Festival -- 5th day of the 5th month, Deity Birthdays.

### **SACRED WRITINGS**

Many and vast -- Main text is the Tao Te Ching, attributed to Lao Tzu.

### **ADDENDUM**

Taoist Masters may perform exorcism of malevolent spirits causing illness or misfortune.

## **UNITARIAN CHURCH**

### **HISTORY**

Unitarianism was developed by the liberal wing of the Protestant Reformation in Europe in the 16th century, and reached Canada in the mid 1800's. Unitarianism is a way of life as members try to live in the spirit of the prophets of all religions and with the same integrity. They are open to thoughtful religious perspectives as their belief is that people need to think for themselves and develop their own religious beliefs. People need not subscribe to a creed to be religious. There is no common faith in ethical living and loving community among Unitarians and there is a belief that all people are in the interdependent web of all existence.

There are about 17,000 Unitarians in Canada (Statistics Canada, 1993).

### **PRACTICES THAT MAY AFFECT NURSING CARE**

Refer to Christianity regarding usual practices of Christians.

Individual patients should be consulted about practices important to them.

### **LOCAL RELIGIOUS LEADER**

Minister

### **SCRIPTURES**

Use many sources from religion, literature, science, philosophy

## **DEATH**

Many prefer the right to die  
Prefer cremation rather than burial

# **UNITED CHURCH OF CANADA**

## **HISTORY**

The United Church of Canada is a Protestant denomination that was formed in 1925 by the Union of the Congregational Churches of Canada, the Methodist Church of Canada and most of the Presbyterian Churches of Canada. In 1968 The Canada Conference of the Evangelical United Brethern Church joined the Union. The United Church is involved with programs on matters of justice, peace, ecology and education, as well as religious education, counseling and support for members.

There are more than 3 million members in Canada (Statistics Canada, 1993).

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Refer to Christianity regarding usual practices of Christians.  
Individual patients should be consulted about practices important to them.

## **LOCAL RELIGIOUS LEADER**

Minister

## **SACRAMENTS**

Upon request, minister will perform Holy Communion

## **TERMINAL ILLNESS/DEATH**

Upon request, minister will perform Baptism for the ill patient: adult or child

# **ZOROASTRIANISM**

## **HISTORY**

Zoroastrianism is a monotheistic (one God) religion that originated in antiquity in Iran. The Zoroastrians or Parsis are encouraged to promote a system of universal law and order and a sense of righteousness. Salvation is the reward for those

who follow good thoughts, words and deeds. Their daily duties include worship of God, Ahura Mazda, in self-sacrifice, loyal obedience to the teachings of the prophet, constant struggle against Satan, and absolute confidence in the religious laws and decrees. Many of the leading doctrines of this faith were adopted by Judaism, Christianity and Islam.

There are about 3000 followers in Canada (Statistics Canada, 1993)

## **PRACTICES THAT MAY AFFECT NURSING CARE**

Patients should be consulted about practices important to them.

### **HOLY DAYS**

Seasonal festivals commemorate each stage of creation, New Year's Day, Birthday and death date of the prophet Zoroaster

### **DIET**

No restrictions although many are lacto-ovo-vegetarians with added fish

### **PRAYERS**

Five times a day facing the sun with the head covered

### **CLOTHING**

A white patchwork undershirt (Sudreh) and a woven cord (Kusti) around the waist are symbols of their faith that are worn at all times after initiation. These should not be removed without reason and consultation with the patient.

### **SCRIPTURES**

Khordeh Avesta - prayers for daily use

### **RELIGIOUS SYMBOLS**

Sudreh and Kusti (see Clothing)

### **LOCAL RELIGIOUS LEADER**

Ordained priests who inherit their title and practice in fire temples

### **TERMINAL ILLNESS/DEATH**

After death, the body is given a ritual bath

Sudreh and Kusti remain with the body

Either burial or cremation

## **SUGGESTED READING**

The following are usually available through the facility Chaplain or the Public Library.

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## About the Author

Kirstine Griffith was born in Vancouver General Hospital in 1922 and from her early years, always knew she was going to become a nurse.

She entered her first year of nursing in her second year at UBC in 1940, and the following year began in the School of Nursing at Vancouver General Hospital (VGH). All students were required to live in residence and there were very strict rules regarding curfew, lights out and hours of classes.

In 1944, Kirstine completed her Graduation Exercises, and received the Agnew Gold Medal in Obstetric Nursing. She spent that summer working at the provincial Venereal Disease Clinic. Upon returning to UBC in September, Kirstine was elected president of the Nursing Undergraduate Society (NUS) and also became a member of the engineering undergraduate executive. She graduated with a BSN on May 10th 1945 and was married on May 26th to Don Buckland.



She began work as a Public Health Nurse in the Saanich Health Department near Victoria. She stayed there for two years before resigning in 1947 to raise 3 children. In 1951, her husband lost his sight and she devoted herself to being his personal assistant. Following his death in 1956, Kirstine returned to nursing.

In 1956, she was appointed as an instructor in charge of the Student Nurses Health Clinic at VGH and in 1958 she left the clinic and was appointed as an instructor first in Gynaecological Nursing, and later in Public Health Nursing, Pediatrics and Human Development. She received her Master of Arts in Adult Education in 1968 at UBC, and was appointed a Senior Instructor of the VGH School the following year. She retired in 1982 after 26 years working in the school.

During research for the chapter on Ethnicity and Health Care in the "Nursing Foundations" textbook by Dr. B. Dugas and E. Know (1995), the author became aware of the scarcity of concise information on how religious practices impact on planning care. "The Religious Aspects of Nursing Care" was the result, first published in 1996 and continued through 4 printings. Profits from book sales were donated to various nursing scholarships, including a fund at the UBC School of Nursing.

In 2009 the book was reformatted as an ebook for wider availability to students and practicing nurses.