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Generic and Professional Health Care Beliefs, Expressions and Practices of Syrian Muslims Living in the Midwestern United States

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GENERIC AND PROFESSIONAL HEALTH CARE BELIEFS, EXPRESSIONS AND PRACTICES OF SYRIAN MUSLIMS LIVING IN THE MIDWESTERN UNITED STATES

by

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GENERIC AND PROFESSIONAL HEALTH CARE BELIEFS, EXPRESSIONS AND PRACTICES OF SYRIAN MUSLIMS LIVING IN THE MIDWESTERN UNITED STATES

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Duquesne University, 2005

The purpose of this ethnonursing study was to discover the generic and professional health care beliefs, expressions, and practices of Syrian Muslims living in the Midwestern United States and to describe the influence of worldview, cultural context, and social structure, such as technological, religious, political, educational, and economical factors on their folk care beliefs and practices. Leininger's Culture Care Theory was used as an orientational framework for this study. Ten key and twenty general informants participated in this study. Several qualitative enablers were used to assist with the collection and analysis of data. QSR NUD*IST 4, a qualitative research software program, was used to assist with data analysis. Extensive analysis of audio taped interviews and the researcher's observations and participation experiences revealed numerous data categories and fourteen patterns from which four main themes were discovered. The findings from this study assisted in the identification of nursing care actions and decisions to provide Syrian Muslims with culturally congruent care. Implications for nursing theory, education, practice, and research were offered as well as considerations for future research.

Dissertation Advisor: Rick, Zoucha, DNSc, APRN-BC, CTN

DEDICATION

This dissertation is dedicated to the members of the Syrian Muslim community who have welcomed me with open arms and shared with me their knowledge, memories, and hospitality.

I also dedicate this dissertation to all the health care professionals who desire to provide meaningful and culturally congruent care to people worldwide.

ACKNOWLEDGMENTS

I wish to extend my deep and sincere appreciation and gratitude to all who have contributed to this study beginning with the visionary Dr. Madeline Leininger, the founder of Transcultural Nursing, for having the powerful insight and courage to present the world with the Theory of Culture Care Diversity and Universality and the ethnonursing methodology, both of which have served to guide this study as well as other transcultural research. Ultimately this has given other health care professionals and me the opportunity to contribute to the provision of culturally congruent care to people worldwide.

I would also like to acknowledge the invaluable contributions of my committee members including my dissertation chair Dr. Rick Zoucha for his scholarly guidance and encouragement and support throughout this project's development. I would like to thank Dr Marilyn McFarland for her insightful comments, keen editorial eye, and inestimable friendship. In addition, I would like to recognize Dr Carl Ross for his invaluable counsel and unwavering support. The unparalleled commitment of these colleagues to my success reflects unprecedented dedication and devotion. You all have paved the way for me, and I have your example to follow.

I would also like to express my appreciation to the Transcultural Nursing Society for selecting me as the recipient of the 2005 Research Award which assisted me with some of the financial costs of this study.

Finally, I would like to convey my deepest gratitude to my nuclear and extended family for their love, care, patience, prayers, and support. I am very blessed to have all of you in my life.

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INTRODUCTION

Background:

Historically, as a discipline and a profession, Nursing has always sought to provide holistic and individualistic client-focused care (Erb, Kozier, & Olivieri, 1999). Incorporating culture into the assessment, planning, and implementation of nursing actions and decisions facilitates the provision of meaningful and beneficial culture specific care, prevents major transcultural conflicts, and results in many beneficial health outcomes (Leininger, 1995b, 2001, 2002a). This is especially important when one takes into consideration today's increasingly multicultural world and the lack of cultural diversity within the nursing workforce in the United States (Trossman, 1988).

It is estimated that by the year 2010, nurses and other health professionals in the United States (U.S.) will be caring for clients from almost all cultures in the world including those from the Middle East (Leininger, 1994). Discovering and disseminating transcultural knowledge related to culturally sensitive and meaningful care is crucial since health consumers today want health care which is a combination of care services that reflect both culturally learned and transmitted generic (folk or lay) care as well as formally taught and learned professional care (Leininger, 1997c, 2001).

According to the Michigan Department of health, in 1988, Arabs were the third largest minority group and the fastest growing population in the state of Michigan (as cited in Connelly, et al., 1999). Today, the Arab population in the metropolitan Detroit area alone is approximately 250,000 and includes but is not limited to, people from Syria,

Palestine, Iraq, Yemen, and Lebanon. Arabs are not necessarily Muslims by definition, but include Christians, Jews, Kurds, Kubts, as well as Muslims. While 92% of Arabs in the world are Muslims, the Arabs comprise only about 17% of the total Islamic population (Connelly et al., 1999). It is estimated that about 6 to 8 million Muslims are currently living in the US (The U.S. Commission on Civil Rights, 2002).

Since the tragic event that occurred on September 11th , 2001, which destroyed the World Trade Center towers causing the loss of 3000 innocent lives, Arab Americans, and especially Arab Muslims, have been subject to cultural backlash, stereotypes, hate crimes, and social isolation (Mohammed, 2002). Many lawsuits have been filed against hospitals in the U.S. for post 9-11 backlash discrimination including four against the Norwegian American Hospital in Chicago and one against North Carolina Medical Clinic (Singh, 2002; Valburn, 2002) . Learning about the diverse cultures living in our society including that of Arab Muslims helps in preventing stereotyping and unfavorable consequences such as cultural clashes, cultural imposition practices, and cultural pain (Leininger, 1997c, 2002b). In addition, discovering the people's generic and professional care meanings and experiences within their cultural context is essential to providing culturally congruent care (M. Leininger, 1991; L. Luna, 1994).

Purpose and Goal of the Study:

The purpose of this study was to continue the discovery of the traditional generic folk and professional care beliefs and practices related to health and illness of Syrian Muslims in the Midwestern US. The goal of this study was to fully discover generic and professional care practices that promote health and beneficial lifeways for Syrian Muslims and to understand how worldview, cultural context, social structure dimensions

such as technological, religious, political, educational, and economical factors, influence the Syrian Muslims' generic and professional care beliefs and practices while living in the US.

Domain of Inquiry and Rationale:

The domain of inquiry for this ethnonursing study was the generic, indigenous, or folk and the professional care meanings, beliefs and practices related to health and illness of Syrian Muslims living in several urban communities in the Midwestern United States. This domain is of major interest to nurses because of the limited knowledge nurses have of this group's naturalistic generic folk and professional care meanings, expressions, and practices. In addition, this study will contribute to nursing practice by discovering new knowledge to guide culturally congruent nursing actions and decisions. It is predicted that planning professional care that incorporates generic care will lead to meaningful and beneficial health care, meet the cultural expectations of Syrian Muslims, decrease cultural conflicts and pain, and prevent professional cultural imposition practices.

Research Questions

The following research questions guided this study:

1. What are the traditional generic (folk) and professional care beliefs, expressions, and practices related to health and illness of Syrian Muslims?
2. In what ways do worldview, cultural context, social structure dimensions, such as technological, religious, political, educational, and economical factors influence the Syrian Muslims' generic care beliefs, expressions, and practices?

Orientational Definitions

In qualitative ethnonursing research, broad orientational definitions are used as opposed to operational ones to allow for the discovery of peoples' emic views of the domain of inquiry and to avoid "…starting with apriori conceptualizations and then trying to make the findings fit" (Luna,1989a, p.17). The following definitions were developed for this ethnonursing study:

1. Culture: The lifeways of Syrian Muslims with their values, beliefs, norms, patterns, and practices that are learned, shared, and transmitted intergenerationaly (derived from Leininger, 1996).
2. Culture care: refers to the subjectively and objectively learned and transmitted values, beliefs, norms, and lifeways that assist, support, facilitate, or enable Syrian Muslims to maintain well-being and health, to improve their human condition or lifeways, or to deal with illness, handicaps, or death (derived from Leininger, 1995).
3. Worldview: refers to the way Syrian Muslims look out upon and understand the world around them, and provides a value stance, picture, or perspective about their life and world (derived from Leininger, 1996).
4. Generic care: refers to the lay, folk, indigenous, and known care values, beliefs, and practices used by Syrian Muslims over time (derived from Leininger, 1996).
5. Professional care: refers to values, beliefs, and practices of a body of knowledge that has been learned in professional schools and held by health professionals to be therapeutic or beneficial to clients (Leininger, 1996).

6. Emic: refers to the Syrian Muslims' views and values about a phenomenon (derived from Leininger, 1996).
7. Etic: refers to the outsider's professional views and values about a phenomenon (Leininger, 1996).
8. Health: refers to a state of well being that is culturally defined, valued, and practiced by Syrian Muslims and which reflects their ability to perform their daily role activities in culturally expressed, beneficial and patterned lifeways (adapted from Leininger, 1995).

Significance to Nursing:

This study is of significance to nursing in general, and to transcultural nursing in particular because of the high priority associated with research that investigates and describes care in diverse cultures, and because it emphasizes the emic/insider view of informants regarding health and illness as opposed to relying solely on the etic/outsider views. The Nursing Social Policy Statement advocates the provision of culturally congruent care which is primarily achieved from using new knowledge generated from transcultural nursing research. It states that nursing is a dynamic profession that reflects the changing nature of societal needs and cultural and demographic patterns (American Nurses Association, 2003). In addition, in its official publication, *The American Nurse*, the American Nurses Association described cultural diversity as a *high priority* and called for strengthening cultural competency in the nursing workforce (American Nurses Association, 1998).

Discovering and disseminating transcultural knowledge related to culturally sensitive and meaningful care is crucial since health consumers today want health care

which is a combination of generic and professional care services (Leininger, 1997c). Moreover, as nursing is shifting from hospital to community-based care, nurses need to learn about the diverse cultures living in our society including that of Syrian Muslims in order to prevent stereotyping and unfavorable consequences such as cultural clashes, cultural imposition practices, and cultural pain (Leininger, 1997b).

As Syrian and other Arab Americans continue to suffer from the aftermath of the September 11th catastrophic event, understanding their worldview, cultural context, social structure dimensions, and their traditional folk care beliefs, expressions, and practices through the conduction of an ethnonursing study, will help nurses in the US and elsewhere in the world provide them with culturally sensitive and meaningful care as well as help foster understanding among Arab Americans, European Americans, and other groups comprising the core of American culture.

This study is conceptualized within Leininger's Culture Care Theory which predicts that discovering generic and professional care meanings, symbols, patterns, processes, and practices transculturally can be used explicitly to provide culturally congruent care that leads to promoting health and well-being (Leininger, 1996). It is therefore predicted that knowing and combining professional nursing care practices and generic care practices of Syrian Muslims would lead to the provision of culturally meaningful and responsible care and to the promotion of health for the members of this culture.

Furthermore, this study will contribute to the nursing discipline as well as practice, by increasing the available body of nursing knowledge. In addition, conducting this study was intended to provide the basis for future transcultural research with other

cultural groups in the US and other countries and/or future theory building in relation to Leininger's theory.

Assumptions

Leininger has developed 13 assumptive premises for her theory of Culture Care. These premises were formulated as a means of supporting her position in regards to the tenets of her theory. Leininger views care as the essence of nursing and considers culturally-based care as essential for well-being, curing, and healing, and comprehensive or holistic when it comes to guiding nursing actions.

Transcultural nursing, is a humanistic discipline that acknowledges diversities and universalities involving generic care knowledge, and aims to discover the care beliefs and practices embedded in worldview, and cultural and social structure contexts. The discovery of these values and beliefs in their similarities and differences through the ethnonursing method helps in the delivery of beneficial and culturally congruent nursing care and diminish cultural conflicts and pain (Leininger & McFarland, 2002).

The following are suppositions for this study adapted from Leininger's theoretical assumptive premises:

1. Care (caring) is essential for well being, health, healing, growth, survival, and to face handicaps or death for Syrian Muslims (derived from Leininger, 1991).
2. Every human culture, including that of the Syrian Muslims, has generic (lay, folk, or indigenous) care knowledge and practices which vary transculturally (derived from Leininger, 1996).
3. Cultural care values, beliefs, and practices of Syrian Muslims are influenced by and tend to be imbedded in the worldview, language, religious (or spiritual),

kinship (social), political (or legal), educational, economic, technological, ethnohistorical dimensions and environmental context of their particular culture (derived from Leininger, 1996).

4. Beneficial, healthy, and satisfying culturally based nursing care contributes to the health/well being of Syrian individuals, families, and communities within their environmental context (derived from Leininger, 1995).
5. The Syrian Muslim culture has generic (lay, folk, and indigenous) care knowledge and practices as well as professional care knowledge and practices which may differ from the dominant Anglo-American culture (derived from Leininger, 1991).
6. The informants will be honest when being interviewed by the researcher.

In addition, the researcher believed that the limitations encountered while conducting the mini-study in preparation for this study, such as the lack of data saturation and the inclusion of a homogeneous sample composed solely of traditional Syrian Muslims would be overcome while conducting this study. The researcher consequently continued to interview informants until data saturation was reached. In addition, the researcher recruited two liberal Syrian Muslims for participation in this study. Two other liberal Syrian Muslims were located but they declined to participate in this study due to a busy work schedule and lack of time.

CHAPTER II

REVIEW OF THE LITERATURE

Ethnohistory:

Syria, the Country:

The Syrian Arab Republic lies at the Eastern end of the Mediterranean sea, and is bordered to the North by Turkey, to the East by Iraq, to the South by Jordan, to the Southwest by Israel, and to the West by Lebanon and the Mediterranean Sea (Encyclopedia of World Geography, 2002). Present day Syria was once part of a land called Greater Syria, meaning *Bilad al Sham* in Arabic, and *The Levant* in French, which encompassed Jordan, Lebanon, and Israel in addition to modern Syria (Cultures of the World, 1995). The country covers about 71,498 square miles or 185,180 square kilometers of territory and is about the same size of Indiana and Illinois combined, which is slightly bigger than North Dakota (CultureGrams, 2000; Cultures of the World, 1995). Two-thirds of Syria, which is shaped like a triangle with irregular sides, is desert. The climate is generally dry with frequent hot summer droughts and cold winters (Cultures of the World, 1995; Encyclopedia of World Geography, 2002).

Syria has about 200 historical sites with remains from the Sumerians, Babylonians, Egyptians, Hittites, Canaanites (Phoenicians), Assyrians, Persians, Greeks, Romans, Arabs, Ottomans, and French that date as far back as 7,000 years. Different settlers and conquerors have left their marks on the country which became consequently characterized by a diverse cultural heritage that is deeply influenced by Islam (Cultures of the World, 1995). The capital, Damascus, as well as the cities of Aleppo, Homs, and Hama, is home to many archeological sites.

Historically, Greater Syria fell under the control of the Muslim Omayyads in 636, soon after the death of Prophet Muhammad. Most of its population adopted Islam and Arabic became its common language. The Omayyad rule was considered to be the high point of Islamic civilization and was characterized by advances in education, medical practices and philosophical ideas. The Omayyads were overpowered by the Babylonians and the Egyptians in the middle of the eighth century. Subsequent political fragmentation led to the successful invasion of the French Crusaders in the 10th and 11th centuries. The rule of the French did not last long as the Syrians, lead by General Salah Al-Din (Saladin) succeeded in pushing the European armies out of Jerusalem in 1188 (Cultures of the World, 1995).

Two hundred years later, the Turkish Ottomans claimed Greater Syria and ruled it for 400 years until the end of World War I, when France and Britain took over the Levant. An initial resistance by the Syrians from 1925-1927 was crushed by the French. However, after political maneuvering involving the United Nations and the Arab League, as well as the Soviet Union 1944 and the US and British 1945 recognition of Syria and Lebanon as sovereign countries, France left Syria on April 17th, 1946. This date is today a Syrian national holiday known as Evacuation Day (Cultures of the World, 1995; Morrison, 2003).

This was a bitter sweet victory as the United Nations had given part of Greater Syria to the Zionist Jews of Europe, while most of the fertile land was given to the newly formed countries of Lebanon and Palestine. Syria's weak economy led to a series of military coups that continued to plague the country until the year 1970, when the minister of defense, Hafez Al Asad (Hafez the lion), surrounded the parliament with his troops

and took over the country in a bloodless coup (Cultures of the World, 1995). His major goal was to reclaim the Golan Heights which were lost to Israel in the 1967 Six-Day war. In 1973 Yom Kippur War, he managed to repossess a highly cherished slice of the territory and personally raised the Syrian flag on it (Morrison, 2003).

Assad's reign ended with his death on June 10, 2000. The constitution was immediately amended to allow for his ophthalmologist son, Bashar Al-Asad, then 34, to overcome the requirement that states that presidential candidates have to be 40 years of age or older. He was subsequently elected on June 25, 2000, to be Syria's new and current president (Morrison, 2003).

Syrian Immigration

From the early 16th century and until the First World War, Syrians were under the rule of the Ottoman Empire and were consequently grouped under "Turkish" or "Asian" on the US Census Abstracts. After receiving their independence from the French mandate, people from the regions of Syria and Lebanon immigrating to the US continued to identify themselves as "Syrians" until the 1950's. The initial impetus for Syrian immigration was the lure of economic opportunity in the US. By 1940, 350,000 persons of Syrian/Lebanese birth were living in the US (Hasser Bennett, 2000). According to the 2004 US Census Bureau Report, the number of people who marked their ethnic origin as "Syrian" on the Census survey in 2000 was 142, 897. This figure does not accurately reflect the Syrians living in the US as it does not take into account Syrians identifying themselves as "White" or "Asian" (US Census Bureau, 2004).

Syria, the People

The majority of the population has olive-toned skin, dark brown eyes, and black hair. However, many Syrians have blue or pale-gray eyes and dark colored hair. Red or light brown hair is also common, and may be accompanied by pale freckled skin. People with light colored skin tend to dominate the top social-economic positions while those with dark colored skin tend to occupy the lower ones. More than half of the population was less than 19 years of age in 1995. In 1993, the population of Syria was estimated at 13 million, 80% of which lived within 80 miles of the Mediterranean cost. As a result, the cities are extremely overpopulated whereas the desert is unpopulated (Cultures of the World, 1995).

Syrian people consider themselves to be Arabs despite their diverse ethnic mix. Non-Arab Syrians include Kurds, Armenians, and Turks. Syrian diversity is not limited to ethnicity but encompasses clothing as well. Some women wear a white scarf with a raincoat or *Jilbab* even in the dead heat of summer, while others might wear tight pants, teased hair, heavy makeup, and jewelry. Some women are draped in black from head to toe. Men on the other hand, wear gowns called *Kaftan* and wrapped cotton headdresses called *Kafeeyeh*, or wear Western type clothing. Most wealthy and educated people wear dressy Western type clothing. It is extremely uncommon for both men and women to reveal their legs above the calf, their shoulders, or their upper arms. It is even rarer for men to wear earrings or long hair, and for women to wear very short hair (Cultures of the World, 1995).

Syrian people love to eat, talk, dance, and joke. They like noise, including loud voices, music, and car horns. They have a strong belief in fate, and frequently use the

expression *Inshaallah* (God willing) when planning future activities. They do not monitor time and do not value being on time to scheduled events. On the other hand, they invest a lot of energy into personal relationships and this is especially manifested in their greetings, which are often lengthy in nature. Physical closeness is also emphasized: Men hug and kiss each other as do women (Cultures of the World, 1995).

Syrians have a strong family orientation. It is almost unimaginable for a teenager to consider leaving their parents' home. It is equally unthinkable to consider placing an elderly parent in a nursing home; as a result, there are no nursing homes in Syria. Starting one's own family is a top priority for most Syrians. Arranged marriages are still the norm in Syria and first cousins are usually the preferred choice. When a son is born, the parents are usually addressed as Father of (son's name) or Mother of (son's name) (Cultures of the World, 1995).

Wedding parties are considered major social events. Traditionally, the bride and other female relatives and friends party in a separate location from that of the groom and male social acquaintances. Parties characterized by gender separation typically involve hours of dancing, singing, and eating. Liberal Syrians tend to rent hotel ballrooms or entire restaurants, and after some separate-gender celebrations, the whole group is then brought together to eat, talk, and dance (Cultures of the World, 1995).

The Syrian constitution maintains that women enjoy all the rights of citizenship and the government promotes equal opportunities for women. While women have occupied seats in the Syrian Cabinet and the People's Legislative Assembly, fewer than 10% of women in Syria are part of the country's workforce. This might be partly due to the fact that Syrian women are highly protected by male relatives in an effort to prevent

improprieties that might destroy the honor of the entire family (Cultures of the World, 1995).

When a Syrian Muslim dies, the norm is to attempt to bury the person within hours of his death, clothed only in a shroud. Three days of morning follow the burial. This is a time when friends, relatives, and neighbors visit the family of the deceased and pay their respects. Female relatives are expected to wear black clothing for many months after the death. This is a custom that is shared by Muslim and Christian Syrians alike (Cultures of the World, 1995).

Syrian people are famous for their hand-blown stained glass, mosaic woodwork, gold and silver jewelry, as well as brass and copper metal work. Coffee or tea houses are major socializing hangouts for older men who enjoy playing Turkish backgammon while sipping tea or smoking the hubble bubble (water pipe). Bath houses, known as *hammams*, are remnants of the Ottoman Empire and are found in old sections of the cities. They are gathering places for men to get together and engage in their favorite pastime: talking (Cultures of the World, 1995).

More than 80% of Syria's population is composed of Muslims. Of these, 80 to 85% are Sunnis, 11% are Alawis, 1% are Ismailis, and less than 1% are Shi'as. An offshoot group of Islam known as the Druze accounts for 3% of the population, while Christians account for the remaining 10%. There are also small groups of Jews and Yazidis, a sect that combines aspects of Judaism, Christianity, and Islam. The Alawis, who numbered about 1.4 million in 1995, are not recognized as Muslims by the conservative Sunnis, as unlike the mainstream Muslims, they celebrate Christmas, Easter, and Epiphany, in addition to using sacramental wine in some of their ceremonies. Alawis

tend to refuse to discuss their religion with outsiders as many of the tenets of their faith are secret, and as only the men take part in worship, and only after a lengthy initiation period (Cultures of the World, 1995).

The Druze religion is a 10th century offshoot to Islam. However, it is viewed as heretical by Muslims. Like the Alawis, the Druze have managed over history to keep their doctrine and ritual a secret, and unlike the Alawis, the small initiated minority of pious and devotional constituents may include women. In addition, there were about 200,000 Ismailis in Syria in 1995, who are considered to be an offshoot of Shi'a Islam (Cultures of the World, 1995).

Christians in Syria include Syrian Orthodox, Greek Orthodox, Armenian Orthodox, as well as a few Roman Catholics, Protestants, and Russian Orthodox. Most Syrian Christians are Arabs and share the same Muslim pride in the Arabic traditions. They tend to be well educated and are somewhat affluent compared with the overall population (Cultures of the World, 1995).

Islam, the Religion:

The word Islam in Arabic means peace, purity, submission and obedience. In the religious sense of the world, Islam is the act of submission to the Will of *Allah* (God) and obedience to his Law ('Abd al 'Ati, 1998). Muslims are practitioners of Islam, and are divided into several groups with the two major sects being the Sunni and the Shiia (Harris, 1997; Mortimer, 1982). Knowledge of God and belief in Him constitute the very foundation in Islam. It is inherent in Islam that Allah is the Most Merciful and Gracious, and the Most Loving and Most Concerned with the well being of man, and is Full of Wisdom and Care for his creatures. His Will and Law are therefore in the best interest of

mankind. Muslims believe that the *Qur'an* is the Word of God and was revealed to the prophet Muhammad, peace be upon him (P), through the angel Gabriel. It is considered as man's best guide to God's truth and to eternal happiness ('Abd al 'Ati, 1989; Hamid, 1996). The Qur'an is the highest authority for information on Islam, followed by the *Sunnah* of the Prophet. Sunnah refers to the words, actions, and confirmations of the Prophet in matters pertaining to the meaning and practice of Islam. Sunnah is sometimes referred to as *Hadith* (plural *Ahaadith*) (Badawi,1999).

Islam, the worldview: Understanding the worldview of *Islam* is an important prerequisite for this study since it is closely related to the religion of Syrian Muslims, and since worldview influences the lifeways of Muslims. Islam views all aspects of life within the context of religion. It is the norm to emphasize the Will of God as the mover of all actions and the originator of all fate and events (Connelly, et.al, 1999). The basis of the worldview of Islam is the concept of *Tawheed,* or the affirmation that God is One and that there is only one Creator who deserves to be worshipped and whose guidance needs to be followed for man's own good and benefit (Hamid, 1996). Another building block of the Islamic worldview is the concept of the *Hereafter*. Muslims believe in the Day of Judgment and in life after death. The Qur'an has several descriptions of heaven and hell. Muslims are asked to do good deeds in this life and to abstain from evil thoughts and actions. On the Day of Judgment, people with good records will be rewarded and entered into God's heaven, and people with bad records will be punished and cast into hell ('Abd al 'Ati, 1998; Hamid, 1996).

Pillars of Islam: There are five pillars of Islam designed to teach all Muslims discipline, punctuality, and devotion to Allah. These are:

1. The confession of faith or *Shahada* by stating: “Laa ilaaha illa Allah, Muhammad Rasoulou Allah”, meaning: "I bear witness that there is no God but Allah and I testify that Muhammad is the Messenger of Allah" (Husain, 1995; Zeghidour, 1994).
2. The *Salat* or praying five times every day during specific time spans while prostrating oneself in the direction of the holy city of Mecca (Husain, 1995; Zeghidour, 1994). Islamic prayer is a combination of intellectual meditation, spiritual devotion, moral elevation, and physical exercise. It is usually preceded by ablution or *Wudu'*. There are various kinds of prayer including the obligatory or *Fard* prayer, the supererogatory or *Sunnah* prayer, and the optional or *Nafl* prayer (‘Abd al ‘Ati, 1998).
3. The *Zakat* or giving money to charity and the less fortunate, also known as *Sadaqah* (Husain, 1995). The minimum rate of zakat is 2.5 % of the person’s estimated wealth (‘Abd al ‘Ati, 1998). Zakat can be given to the poor, the wayfarer, the bankrupt, the needy converts, the captives, the collectors of zakat, and can be spent in the cause of God (Hamid, 1996).
4. The *Sawm* or fasting during the month of *Ramadan* (Husain, 1995). During that Islamic lunar month, Muslims are required to refrain from all food, drink, and sexual relations from dawn to sunset. The Holy Qur’an was revealed to Prophet Muhammad (P) during the month of Ramadan. Therefore, Muslims intensify their salat, zakat, and reading of the Qur’an during that month (Hamid, 1996). Fasting is considered a physical and spiritual purification act and a means to reacquaint oneself with the physical sensation of hunger to foster empathy towards the poor.

Muslims are exempt from fasting if ill or if traveling but have to make up the missing days of fasting at a later date. The same rule applies to menstruating and postpartum women (Connelly, et al., 1999).

5. The *Hajj* or pilgrimage to the city of Makkah (Mecca) at least once in a person's life span. This is considered an obligatory duty to every responsible Muslim, male or female, provided he/she is mentally, financially and physically able (‘Abd al ‘Ati, 1998).

Concepts in Islam: Islam emphasizes the concepts of (a) *Halal*, which refers to permitted foods and actions considered to be lawful and permissible according to the tenets of Islam, (b) *Haram* which describes foods and conduct that are unlawful and prohibited, such as abortion and the consumption of pork, and (c) *Fard*, which refers to compulsory actions that must be done according to Islamic Law such as prayer. It also stresses the concepts of (a) *Mustahab*, which refers to acts which are recommended in the Sunnah of the Prophet, such as smiling to fellow Muslims and cleaning the teeth regularly before praying with a *Miswak* or toothpick, and (b) *Makruh*, which designates foods and actions that are disliked and discouraged by Islam such as divorce (Hamid, 1996; Husain, 1995; Luna, 1989a).

Women in Islam: Islam regards that, in the sight of God, all human beings are equal, but not necessarily identical. People differ in their abilities, potentials, ambitions, and wealth. The only distinctions recognized by Allah are that of anatomy and piety (‘Abd al ‘Ati, 1998; Wadud, 1999). Allah said in the Qur’an: “… Truly the most honored of you in the sight of God is the most righteous” (49:13) (Ali, 1983, p. 1407). The Qur’an makes it clear that both men and women are equally capable of virtue and

weakness and equally meritorious. Both genders are on equal footing before Allah; the belief in the superiority of men over women is not congruent with the teachings of Islam, but is merely a reflection of culturally-bound opinions (Badawi, 1999). Islam regards women as independent members of society who are equal to men as far as the basic human rights are concerned, pursuit of education and knowledge, freedom of expression, initiating enterprise, and owning property independently (‘Abd al ‘Ati, 1998). It does however, bestow different genders with role differentiation in the spirit of cooperation and complementarity, and gives them separate privileges and duties (Al-Faruqi, Misbaah & Bahunar, 1990; Badawi, 1999; Winters, 1995).

Rights allocated to man include divorce and regulated and restricted polygamy if and only if he can treat all wives equally. Man has the duty of assuring his wife’s financial security, and is encouraged to follow the example of the Prophet in helping his wife with her duties (Badawi, 1999; Hamid, 1996). According to Deeb and Sayegh (1997), only 5% of Muslim men in most Arab countries practice polygamy (as cited in Connelly, et al., 1999). On the other hand, women have the right to be provided with the necessities of life to the best of their husbands' financial abilities, and have the right to their own individuality, to retain their own name, and to pursue educational goals that strengthen the Muslim community (Al-Faruqi, et al., 1990; Hamid, 1996). In addition, they are expected to behave with chastity and modesty at all times (Luna, 1989b).

Islam regards the roles of mother and wife as the most sacred and essential roles of all women. After fulfilling these roles, a woman has the right to seek employment, and has the responsibility of seeking knowledge and education. On the other hand, men are responsible for the maintenance, protection, and overall leadership of their families,

within the framework of kindness and consultation. Men and women are complimentary and not subservient to each other. Prophet Muhammad (P) said: “I command you to be kind to women … The best of you is the best to his family/ wife …” (Badawi, 1999, p. 26).

Review of the relevant literature for studies with the Syrian Population:

Studies conducted in the US

Despite a comprehensive search in the literature regarding the domain of inquiry involving search engines such as CINAHL, Medline, Google, ArticleFirst, ERIC, FirstSearch, Proquest, and PubMed, the researcher did not find studies conducted solely with the Syrian population. However, a review of the literature did uncover a quantitative medical study involving several Arab cultures, including the Syrian one. This study revealed many barriers to primary care access for Arab-Americans such as transportation, language, cultural practices, lack of insurance coverage, and financial limitations. Lead poisoning, smoking, and high blood cholesterol were also identified as potential health problems. Recommendations to overcome barriers and to promote health were identified and included: (a) the utilization of mobile screening services, (b) linguistically appropriate and culturally sensitive health education through home visitations and use of Arab media and seminars targeted toward lifestyle practices of diet, smoking, and exercise, and (c) increasing lead screening (Haddad & Kysia, 1996). This survey is of importance to this study because it highlights some of the health problems that may be encountered by Syrian immigrants and provides suggestions as to how to deal with them. It also stresses the importance of delivering culturally sensitive care to clients.

Two studies focused on specific health concerns for Arabs in general such as HIV transmission and AIDS (Cass & Kulwicki, 1994) as well as smoking (Rice and Kulwicki, 1992), as opposed to investigating them in relation to specific cultures. Cass and Kulwicki (1994) conducted their study in Dearborn, Michigan, with a random sample of Arab Americans to identify the levels of knowledge, attitude, and beliefs of Arabs related to AIDS and HIV transmission, and discovered the following: The major source of information about AIDS among this population was the television. Arab American respondents had less knowledge and more misconceptions about modes of HIV transmission when compared to the general population in Michigan. Some of the misconceptions identified included a belief that a person could get AIDS from donating blood, sitting on a toilet seat, sharing the food utensils of someone with AIDS or from mosquito bites. The importance of this study is that it is among the first and one of few studies that addresses HIV and AIDS in Arab Americans and calls for action in the development of education and prevention strategies for this population.

In order to examine the prevalence and characteristics of cigarette smoking among the Detroit area Arab population, Rice and Kulwicki (1992) discovered that there were no gender differences affecting the rate of cigarette smoking and that both men and women smoked cigarettes almost equally. Interestingly, it was found that those who had smoked for the most number of years were the ones with the least educational preparation. This study is important in that it sheds light on a very important health issue affecting the Arab population.

Studies Conducted in Syria and involving specific health problems

Studies done to examine specific health problems with the Syrian population in Syria are also prevalent in the literature, although most of them are quantitative in nature, conducted by members of the discipline of medicine, and are hard to locate and access from the US as they are mostly published in foreign journals overseas:

In a qualitative study conducted with 400 men and women from Damascus, Syria, it was discovered that the prevalence of oral health problems was high. Ninety six percent of participants claimed that they experienced one or more oral problems in the previous year (2001). Two thirds of informants asserted that they had experienced dental pain in that same year. The odds of experiencing dental pain were highest amongst people aged 18 to 24 compared to those 25 to 34 years old, with young men of lower education being the most susceptible group to experiencing dental pain (Alkhatib, Gilthorpe, & McGrath, 2002). This article is of relevance to this study because it identifies a health issue of concern to the Syrian population.

Haidar (2002) conducted a quantitative study between 1990 and 1997 in the Syrian provinces of rural Damascus and Aleppo, to examine the relationship between Cutaneous Leishmaniasis (CL), environment, and socioeconomic factors in Syria. She discovered that while the annual number of CL cases in the whole country ranged between 10,726 cases in 1992 and 17,109 cases in 1995, Aleppo reported the highest number of cases throughout the study period. Higher than average temperatures in Aleppo were associated with an increase in CL incidences. Elevation and population density appeared to be risk factors for CI in Aleppo and rural Damascus. Age was also found to be a significant variable as significantly higher cases of CL were diagnosed

among children less than 15 years of age. This article is relevant to this study because it reinforces the need for healthcare providers attending to the health needs of Syrian immigrants living in the US to be especially aware of the susceptibility of Syrians living in cities with high temperatures to develop CL.

In order to investigate the prevalence of Hepatitis C virus among healthcare workers in Damascus, Syria, 86 male and 103 female laboratory workers, hemodialysis staff, dentistry workers, surgery personnel, and medical care employees, were subjected to hepatic C third generation enzyme immunoassay testing (Othman & Monem, 2001). The results showed that the prevalence of the hepatitis C virus antibodies among healthcare workers was 3%, which was higher than the 1% incidence associated with the general population. The groups with the highest occurrence were the hemodialysis group (6%), followed by the medical workers group (3%). In addition, the prevalence of anti-hepatitis C virus (3%) was lower than the prevalence of hepatitis B surface antigen (6%) among healthcare workers. An intensive periodic educational program for the medical and paramedical staff was recommended to decrease the prevalence of hepatitis C virus among this high risk group. These findings are of importance to this study as they point out the importance of screening Syrian immigrant healthcare providers for hepatitis C and B.

On the other hand, a hospital-based study subjected 193 participants with acute hepatitis to ELISA screening for IgM, anti-HAV, HBsAg, IgM anti-HBc, and anti-HCV (Al-Azmeh, Frosner, Darwish, Bashour, & Monem, 1999). Serum samples negative for all markers indicating recent infection by hepatitis A, B, or C, were tested for HEV markers. 24.4 % of the tested participants had no detectable hepatitis markers (non-A-E),

however, 31.9% of them tested positive for IgG anti HEV. In addition, HAV infection was detected in 71.2% of all viral hepatitis cases; acute hepatitis B and C were diagnosed in 1.4% of the cases; and 5 cases of HEV were noted. This study provided indirect evidence that HEV might very well be endemic in Damascus, Syria, and reported the first incidences of hepatitis E in that country. The findings from this study highlight the need for U.S. healthcare providers to screen Syrian immigrants living in the US for the prevalence of Hepatitis E.

The incidence of 14 mutations was investigated in 253 beta-thalassemia patients drawn from eight Arab countries, including Syria, Jordan, Egypt, Lebanon, Yemen, and Saudi Arabia. All research participants lived in Saudi Arabia at the time of the study and attended the Ministry of Health hospitals. The most frequently encountered mutations were IVS-I-110 and IVS-II-1, which were identified in the population of each Arab country represented in the study. The IVS-I-1, IVS-II-745, and the IVS-I-5, codon 39, were prevalent among the Syrian patients. Wide variation in the molecular basis of beta-thalassemia was discovered among the different Arab ethnic groups (El-Hazmi, Warsy, & Al-Swailem, 1995). Healthcare providers dealing with patients of Syrian ethnicity need to be aware of the prevalence of beta-thalassemia among this group, in order to conduct appropriate screening and provide the necessary treatment.

In order to determine the pattern of occurrence and distribution of different types of neoplastic diseases in Aleppo, Syria, information about newly diagnosed cases of cancer was obtained from 12 pathology labs and 5 general hospitals in this city of 2.7 million people from August 1998 to August 1999, resulting in the documentation of 1802 new cases. Of these newly diagnosed cases, 970 involved men and 832 involved women,

accounting for an overall crude incidence rate of 72.8 per 100,000 for this population. The mean age of patients diagnosed with malignant tumors was 51.2 ±21.3 and 47.6 ±18.5 for males and females respectively. In males, age-adjusted incidence rates were higher for bladder, leukemia, and lung cancer, whereas for females, the rates were higher for breast, uterus and cervix, and leukemia. Healthcare providers need to be aware of the most prevalent cancer occurrences in this population in order to provide theur Syrian clients with appropriate and culturally congruent screening, prevention, and treatment.

A random sample of 840 male and female children aged 6-12 years was chosen for a study aiming to investigate the relation between protein-energy malnutrition and gingivitis in children from Damascus and its suburbs (Dashdash, 2000). In addition to examining the participants' gums, bleeding indexes were recorded for both primary and permanent teeth. The anthropometric measures of weight for age, height for age, and weight for height were taken. The results indicated that gingivitis increased among low weight children (44%) compared to normal children (31%), and was more severe in low-height children in comparison to others. These findings necessitate the promotion of culturally congruent preventive care in order to insure gingival hygiene and health of Syrians living in the US.

Studies Conducted in Syria involving smoking incidence

A cross-sectional survey was conducted with 240 female primary healthcare patients from Aleppo to find out why most Syrian women do not smoke (Maziak & Asfar, 2003). Interviewers administered questionnaires in which motivations were categorized as traditions and norms, family values, health concerns, personal convictions, economic issues, religious dynamics, and other factors. The results indicated that among

non-smokers, traditions and norms, and health concerns were the main reasons for not smoking, followed by family values, husband's view about smoking, personal conviction, economic reasons, and religious incentives. Motivations differed according to the participants' previous smoking, marital, and educational status. A higher level of education was associated with motives based on a more complete awareness of the smoking problem. Healthcare providers could aim at replacing the passive barrier of traditions with a well-informed positive one when it comes to tobacco control.

Another cross-sectional study was conducted with 1859 Syrian children less than 12 years of age to investigate the effect of household environmental tobacco smoke on children's health (Maziak, Mzayek, & Al-Musharref, 1999). It was discovered that parental and household smoking were associated with respiratory morbidity in children. Parental smoking was found to be related to an increased likelihood of having sudden infant death syndrome in the family, and was also associated with the presence of other smokers in the households, which added to the children's exposure to second-hand smoking. Education related to the harmful effects of tobacco exposure need to be emphasized with this population.

Anonymous standardized questionnaires were distributed to practicing physicians in four counties in northern and northeastern Syria, in order to establish an estimate of the prevalence of smoking among physicians in that country, and to explore their attitudes towards issues related to smoking (Maziak, Mzayek, Asfar, & Hassig, 1999). Nearly a fifth of the registered doctors in Northern Syria were included in the study, including 732 males and 131 females, ranging in age between 23 and 80 for males, and 25 to 65 for females. It was discovered that the prevalence of smoking among male physicians was

40.7% and 11.4 % among female doctors. Alarmingly, the level of smoking among physicians was found to be comparable to that of the general population (45.2%).

The average smoking span of daily male and female physician smokers was 18 and 14 years respectively. 82.7% of physicians stated that they usually inquire about their patients' smoking status. 80.9% of participants maintained that they usually advise their patients about the harmful effects of smoking, and 61.4% said that they were capable of providing consultation regarding smoking cessation. This study identified the seriousness of the smoking problem among Syrian physicians. Coupled with the absence of effective anti-smoking programs and support facilities, the expected increase in the number of female smokers, and the patients' realization that the physician himself is a smoker, health problems related to the effects of smoking is expected to increase among the Syrian population (Maziak, Mzayek, Asfar et al., 1999). Again, this study shows the importance of addressing the harmful effects of smoking with this ethnic group.

A study designed to look at the smoking habits of 576 Syrian male university students and compare them with the results of a previous study conducted with 555 male high school students revealed the following: The prevalence of current smoking among first and third year university students was 18.2% and 29.4% respectively compared with 10.5% and 22.6% among 10^{th} and 12^{th} year high school students respectively (Maziak & Mzayek, 2000). The results indicated a late onset initiation of regular forms of smoking compared to patterns seen in developed countries which seems to suggest that healthcare providers should target this population with smoking prevention counseling and education while they are still in high school.

A cross-sectional survey was conducted with a representative sample of 278 male and 309 female university students at Aleppo University in Syria to examine the prevalence of narghile (waterpipe) smoking (Maziak, Fouad et al., 2004) among university students. The results showed that narghile smoking: is common among university students in Syria; is mainly practiced by men; is usually practiced on an intermittent basis, is more common among cigarette smokers; and is associated with a certain social pattern (visiting friends). As a matter of fact, narghile smoking was detected among 62.6% of men and 29.8% of women with 25.5% of men and 4.9% of women being current smokers. Age of initiation was 19.2 and 21.7 years respectively for men and women. Narghile smoking is hardly ever assessed by healthcare providers and is often misdiagnosed as drug activity involving hashish.

Another cross-sectional study involving this same sample and carried by the same authors investigated the smoking and quitting characteristics of university students in Syria in relation to cigarette and narghile smoking (Maziak, Hammal et al., 2004). In addition to the previously mentioned narghile smoking statistics, it was discovered that current cigarette smoking was reported among 30.9% of male and 7.4% of female students. More than half of the current smokers (56%) believed they could quit cigarette smoking, 75.2% were interested in quitting, and 78% of those had made an attempt to quit in the past year. Being older, male, and smoking narghile were associated with cigarette smoking, while being male and from a poorer family were related to increased interest in quitting. Narghile smoking was seen as a substitute for cigarette smoking and is expected to increase in frequency. Healthcare providers must be alert to the fact that a

high percentage of young Syrian male smokers are interested in quitting smoking and are turning to narghile as a result of the lack of appropriate smoking cessation programs.

The above mentioned studies are important for this study as they shed the light on the demographics and psychosocial dynamics surrounding a common and prevalent health behavioral problem: smoking. They identify important factors that could be used by healthcare providers in the US to develop culturally appropriate smoking cessation programs for Syrian clients.

Studies Conducted in Syria involving psychosocial factors

In order to determine the spread of physical abuse and its sociodemographic correlates among low-income Syrian women, a survey was conducted with a sample of 411 women who were randomly selected from 8 primary care centers in Aleppo, Syria (Maziak & Asfar, 2003). The mean age of participants ranged from 20 to 36 years and most of them (88%) were married. A special questionnaire was used and included the Self-Reporting Questionnaire (SRQ-20), questions related to physical abuse, and questions about relevant sociodemographic information. Current physical abuse was found in 23% of the total sample and in 26% of married women, while regular abuse was found in 3.3% of married women. Correlates of physical abuse were women's education, religion, age, marital status, economic status, mental distress, smoking, and residence. This study is important because it emphasize the need for healthcare providers to be aware of the incidence of physical abuse among low-income Syrian women and assess for signs and symptoms indicating physical abuse so as to provide appropriate treatment and support.

Participants in another study were interviewed in an anonymous one-to-one fashion to determine the spread and socio-demographic correlates of mental distress among low-income Syrian women (Maziak, Asfar, Mzayek, Fouad, & Kilzie, 2002). The results indicated that 55.6% of the women in the sample had psychiatric distress. Predictors of women's mental health were physical abuse, women's education, polygamy, residence, age, and age of marriage. Among these predictors, women's illiteracy, polygamy, and physical abuse were the strongest determinants of mental distress leading to worst outcomes. This study is important because it identifies modifiable factors that, if changed in a culturally congruent way, could improve the Syrian women's mental health status.

Synthesis of the literature:

The review of the literature of studies conducted in Syria revealed the prevalence of oral health and smoking problems, neoplastic diseases, hepatic problems, Cutaneous Leishmaniasis, and Beta-thalassemia mutations, as well as physical abuse and mental distress involving low-income Syrian women. However, it also identified a dearth of studies conducted in the US with Syrian Muslims as the primary research participants and identified a lack of information in relation to the generic as well as professional care beliefs, attitudes, and practices of this population. Only two studies were qualitative in nature while the rest were all quantitative, and only two were conducted by nurses. The synthesis of the literature review indicates an absolute and indisputable need for this proposed study in order to fill a huge gap in the literature concerning the generic and professional health care beliefs, expressions, and practices of Syrian Muslims in the US.

In an effort to fill this identified gap in the literature, and in preparation for this study, the researcher conducted a mini-study with Syrian Muslims in two Midwestern US cities, and discovered numerous generic care beliefs, expressions, and practices, as well as several tentative themes. Herbal concoctions and religious and cultural remedies (such as cupping) were identified. Folk beliefs in relation to care, health, illness, magic, and death were unearthed. Preliminary themes identified in the mini-study included the representation of care as a religious and cultural duty. Religion was found to affect all aspects of life and shaped the worldview of Syrian Muslims (Wehbe-Alamah, 2005).

While these findings are relevant to this study, and seem like they are beginning to fill an identified gap in the literature, they substantiate the need for more US studies with the Syrian Muslim population that identify their generic and professional health care beliefs, expressions, and practices. This is mainly due to the fact that the mini-study had many limitations such as lack of data saturation and informants who were all traditional and conservative in nature. Luckily, liberal informants were identified and recruited for participation in this study in order to address this limitation. In addition, temporal changes do occur and are often discovered while conducting research. According to Leininger (2002), "a wealth of rich research findings has yet to be woven in practice, education, and administration… violence would occur unless transcultural care knowledge was used worldwide to prevent … destructive human acts" (pp.190-192). More research with the Syrian and other Arab populations will promote understanding of their cultural beliefs and attitudes, help with the provision of culturally congruent care, lessen cultural imposition and stereotypes, and fill an identified gap in the literature.

Conceptual Orientation Using Leininger's Theory:

The theoretical framework for this study is Leininger's theory of Culture Care Diversity and Universality which holds that, "…care is the essence of nursing and the central, dominant, and unifying focus of nursing" (Leininger, 1991, p.35). Care is embedded in people's social structure, worldview, language, and environmental context (Leininger, 1991). Leininger maintains that cultural differences and commonalties about human care exist among and within all cultures worldwide, and discovering them can be used to guide nursing care decisions and actions and render them beneficial to clients' health (as cited in Fawcett, 1993; Leininger, 1985).

Leininger also states that knowledge of generic or folk care practices can be identified by investigating and observing the peoples'emic or insider's views as opposed to the nurses' etic or outsider's views (as cited in Fawcett, 1993). Understanding emic views of care provides the truest knowledge base for the provision of culturally congruent care (Leininger, 1991). All cultures of the world possess indigenous, folk, or naturalistic lay care systems but have not necessarily had exposure to professional care systems. The two care systems are not always compatible with each other. Combining them can lead to people seeking and receiving culturally meaningful care, whereas disregarding either or both of them could result in a lack of health, illnesses, culture conflicts, noncompliance behaviors, and/or cultural stresses or impositions (Leininger, 1991).

The purpose of the theory of Culture Care is to guide the discovery, documentation, and interpretation of human culture care diversities and similarities as influenced by worldview, social structure, language, and environmental context; and the discovery of new knowledge which would enable nurses to provide culturally meaningful

and beneficial care practices (Leininger, 1988, 1991, 1995, 1996, 1997b). The goal of the theory is to provide culturally competent nursing care resulting in health and well being for people (Leininger, 1995b, 1996, 1997b).

Leininger holds that there are three modalities of care designed to provide culturally congruent care leading to health and well being and to face death or disability (Leininger, 1985, 1988, 1996, 1997b). These three modalities are cultural care preservation or maintenance, cultural care accommodation or negotiation, and cultural care repatterning or restructuring which refer to professional actions and decisions which are predicted to assist people of different cultures retain, adapt to, and modify their lifeways to achieve beneficial health outcomes (Leininger, 1991, 1995). In order to help researchers envision a holistic perspective of the many influences on culture care and the relationship between the multiple dimensions and concepts of the Culture Care Theory, Leininger created the Sunrise Enabler (Appendix D), a conceptual guide and a visual map of the theory designed to depict the components and conceptualizations of her theory as they influence the care and health of individuals, families, cultures, and communities (Leininger, 1991, 1995). Use of the Sunrise Enabler helps researchers discover hidden, apparent, and unpredicted factors influencing care meanings, patterns, symbols, and practices in different cultures. Researchers are encouraged to open their minds and expand their worldviews to uncover covert embedded knowledge in relation to influencers on care, health, illness, dying, and disabilities in diverse cultures (Leininger & McFarland, 2002).

The Sunrise Enabler offers flexibility as to where the researcher can start the process of data collection, which in turn, allows the researcher to move along the

informants' interests and comfort levels. This flexibility allows researchers to gently probe and tease out care meanings, values, and practices in relation to all the dimensions covered under the Sunrise Enabler. The end result is the obtaining of a full picture of the life of the informant(s) in a way that is rewarding to both the informant and the researcher. This process is usually facilitated by the researcher's genuine interest in the discovery process and is hindered by passing any judgments or imposing etic professional nursing knowledge (Leininger & McFarland, 2002).

Any discovery generated from the use of the Sunrise Enabler is consequently looked at collaboratively by the researcher and the informants in order to examine the following nursing modes of action: Culture care preservation/maintenance, culture care accommodation/negotiations, and culture care repatterning/restructuring. This collaborative effort allows informants to give their own input on what constitutes culturally appropriate care actions and decisions. The incorporation of nursing care modes of actions that are congruent with the informants' culture often results in improving their well-being and in their provision with holistic and culturally appropriate care (Leininger & McFarland, 2002).

Philosophical Underpinnings:

Numerous philosophical premises forming the basis and foundation of Leininger's Culture Care Theory stem from the theorist's creative thinking, anthropological insights, nursing experiences, life experiences, belief in God, and personal values (Leininger, 2002a). These philosophical underpinnings include the following beliefs:

1. Nursing is a transcultural profession that urgently needs transcultural knowledge to work with nurses, individuals, communities, subcultures, and cultural institutions of many diverse cultures, and also needs to shift from a largely ethnocentric and unicultural position (medical) to a multicultural knowledge base in order to be relevant and effective in working with people worldwide (Leininger, 1997a).
2. Nursing needs a theory that is global in scope therefore useful in all cultures, that includes realistic lifeways and care-health influencers in diverse and similar cultures, that provides comparative dimensions to tap differences and similarities among and within cultures, that uses research methods that fit a culture with meaningful indicators to tap the people's emic (insider's) knowledge as well as the etic (outsider's) views, that has a knowledge generating mode with an action practical modality, and that embraces care as the essence and central dominant domain to explain health or well being in nursing and transcultural nursing worldwide (Leininger, 1997c).
3. Nursing as a profession has the moral and ethical responsibility to discover, know, and use culturally based caring modalities as one of its unique and distinct contributions to humanity (Leininger & McFarland, 2002).
4. Nurses need a biopsychosociocultural view in addition to the comparative view of cultural differences and similarities as they work with people in different environmental contexts. This view reflects the holistic aspect of nursing and incorporates the following aspects: worldview, biophysical state, religious or spiritual orientation, kinship patterns, material and nonmaterial cultural

phenomena, political, legal, economic, educational, technological, and physical environment, language, and folk and professional care practices (Leininger, 2001).

Theory Contributions:

The Culture Care Theory is a unique theory in that it is the only theory that focuses on culture and that can be used worldwide (Cohen, 1992). It has been credited with triggering critical debates among nursing scholars about the core elements and epistemological bases of nursing knowledge, and for encouraging nurses to shift from a unicultural traditional medical paradigm to a multicultural holistic nursing paradigm (Leininger, 1988, 1995a, 1996). It has also been accredited with being behind discovering and establishing a broad transcultural knowledge base that has eventually led to and will continue to contribute to transforming nursing education, clinical practice, research, nursing administration, and consultation (Leininger, 1994, 1996, 1997c). In addition, the theory has played an important role in the formulation of The Standards for Transcultural Nursing (Leuning, Swiggum, Barmore Wiegert, & McCullough-Zander, 2002).

Common Themes in Studies Conducted with Leininger's Theory

Since Leininger developed her Culture Care Theory and ethnonursing research method in the 1950s, about 300 cultures or subcultures have been studied in 54 western and nonwestern cultures resulting in the discovery of numerous care and cultural care constructs, emic and etic data, and overt and covert aspects about culture care, the combination of which have played an important role in assisting nurses to provide culturally congruent care to their clients (Fawcett, 2002; Leininger, 2001, 1997, 2001). These studies revealed the following common themes:

1. There are more differences than similarities in these 54 cultures and especially between the western and nonwestern ones (Leininger, 1991). This finding suggests that there are more diversities than universalities between the American culture and the Syrian culture.
2. Culture care meanings and practices of nonwestern cultures [such as Syrian Muslims] are embedded in the social structure, religious beliefs, and political factors, whereas those of western cultures are rooted in high-tech tasks, cost factors, and political dimensions (Leininger, 1991).
3. Understanding folk care practices provides valuable knowledge to guide professional care practices (Leininger, 1991).
4. Clients prefer that their cultural beliefs, ideas, and practices become incorporated in their professional care (Leininger, 1991).

CHAPTER III

METHODOLOGY

Ethnonursing Method:

A qualitative ethnonursing research method was used for this study. The ethnonursing method was developed in the early 1960s by the nurse theorist, Madeleine Leininger, to specifically study nursing phenomena related to her Culture Care Diversity and Universality Theory. Ethnonursing is a qualitative nursing research method focused on naturalistic, open discoveries, and largely inductive modes to document, describe, explain, and interpret informants' worldview, meanings, symbols, and life experiences as they bear upon actual or potential nursing phenomena (Leininger, 1997a). The prefix ethno, refers to people, whereas the suffix nursing, is associated with a discipline focused on human care (Leininger, 1988). Ethnonursing research is a people-centered methodology that is rooted in data that support informants' credible emic or insiders' knowledge and lifeways, and yet remains attentive to the etic or outsiders' understanding of factors that could influence data collection and interpretations (Leininger, 1995b, 1996, 1997a, 2001). This methodology was developed to help nurses document and gain deeper understanding and meaning of the people's daily life experiences related to human care, health, and well-being in different or similar environmental contexts (Leininger, 2001).

Leininger's ethnonursing research method was ideal for this study since it fit well with the Culture Care theory and with the goals and purposes of this study. Leininger (1991) stated that a major reason for establishing this method was her interest in discovering the differences and similarities between generic or native folk care and

professional nursing care among different cultures. According to Leininger, this knowledge would enable nurses to provide meaningful and culturally congruent care to their clients in a way that is consistent with the goal of Culture Care Theory. Similarly, knowing Syrian Muslims' naturalistic forms of care will assist nurses in using Leininger's cultural care preservation, accommodation, and repatterning modes of nursing actions to provide clients with culturally congruent and meaningful care.

Research Site: The Community Context

This study was conducted in Syrian Muslim homes and urban communities in the Midwestern US. Throughout this study, *Syrian Muslim* was used to refer to a Muslim person presently living in the US, who was either born in the US, or in any country in the world to Syrian parents and then migrated to the United States but continued to identify himself/herself as a Syrian Muslim. *Home/community context* referred to the informants' own homes, masjids, social, political, and religious gatherings, Middle Eastern restaurants and other places of the informants' choosing.

Entry into the community:

Due to the fact that the researcher was Arabic and Muslim and had several Syrian Muslim social acquaintances, her entry into the research field was facilitated. The researcher initially contacted well known community gatekeepers and explained to them the purpose of her study. A gatekeeper is a person who may be a community service official or religious leader who is considered to have authority to grant or refuse entry (Luna, 1989b). The community gatekeeper consequently expressed verbal approval of the study and promised support in helping recruit informants through use of the snowball method which will be explained later. The investigator's status as a nurse interested in

helping Arabs in general and Syrians in particular with their future health care experiences encouraged informants to participate in the study. Her ability to speak the Arabic language helped establish rapport with the informants, alleviated feelings of apprehension associated with participating in a study, and prevented misunderstandings about important cultural information. Her sensitivity to Arabic/Muslim cultural cues, such as bringing the right hand to the chest indicating refusal to shake hands, enabled her to identify the informants who are genuinely interested in participating in this study and the ones who might have agreed to participate in it out of social obligation.

On the other hand, the researcher was very careful not to present herself to the Syrian community with preconceived ideas and personal biases, which could have resulted in obtaining inaccurate data. The facts that the researcher spoke the Arabic language fluently and was familiar with the cultural values of Syrian Muslims did facilitate entry into the research site and the process of data collection. Possible limitations of this study could have included the researcher's potential to respond in a biased way to informants' responses. Use of field journals, the assistance of experienced mentors throughout the study, and Leininger's qualitative evaluation criteria such as credibility and confirmability, assisted in keeping the focus of the study on the domain of inquiry, and promoted a systematic and rigorous investigation process. In order to prevent unfavorable outcomes and to gain access to credible information, the researcher used Leininger's Stranger-Friend guide (Appendix B), an enabler developed by Leininger to help researchers move from a stranger to a friend relationship with informants.

Leininger (1991) held that initially, researchers are seen as etic strangers or outsiders, and are not necessarily given accurate data. However, when they become

trusted by the people and move to the friend stage, a researcher will be able to obtain reliable and credible data. The Stranger-Friend guide was designed to guide researchers to assess their own behavior in relation to that of informants and to allow them to learn to appraise the progress of the study by remaining sensitive to verbal and visual clues from informants (Leininger, 1991 & 1995). This guide was also intended to help researchers maintain objectivity by constantly monitoring their own behavior and to encourage continuous co-participation between the researchers and the informants to validate and confirm findings. Finally, this guide has been established as credible and reliable with approximately 30 cultures (Leininger, 1991).

Other research enablers used in this study included Leininger's Observation-Participation-Reflection enabler (Appendix C), and Leininger's Phases of Ethnonursing Research guide (Appendix A). In addition, the researcher used an updated version of an open ended inquiry guide (Appendix H) that addresses the elements of the Sunrise Enabler as they pertain specifically to the Syrian Muslim population. An older version (Appendix G) was originally developed for use in a mini-study. The mini-study helped in reshaping and formulating additional open-ended questions for the new and updated inquiry guide used in this study. The flaws of the initial inquiry guide were identified fairly early during the mini-study. The original inquiry guide contained some closed-ended questions and some ambiguous ones. Informants helped to point out the ambiguity of some questions and in some cases, even suggested some questions for inclusion in the inquiry guide. One informant pointed out that the expression "Syrian Muslim immigrants" used by the researcher when referring to potential research participants, does not accurately describe informants who were born in the US. The researcher

consequently eliminated that term and replaced it with "Syrian Muslims living in the Midwestern US".

Observation-participation-reflection enabler: This four phases enabler was designed to help researchers get close to the people, study the total context, and obtain accurate data from the people (Leininger, 1991). During the first phase entitled primary observation and active listening, the researcher observed and became aware of the Syrian Muslims' environmental context by visiting informants' homes, mosques, schools, and shops. During the second phase, primary observation with limited participation, the researcher continued to observe while engaging in limited participation in some activities of the Syrian people. During the third phase, primary participation with continued observations, the researcher became a major active participant aiming to discover findings from direct involvement with the Syrian Muslim people. The researcher was asked to volunteer her services on several occasions in a private Islamic school with a significant Syrian Muslim population. The researcher used this opportunity to collect data about the domain of inquiry. During the fourth phase, primary reflection and reconfirmation of findings with informants, the researcher reflected back on all the findings and rechecked and confirmed them with key and general informants. Although reflection was done throughout the research process, special emphasis was placed on reflection during the last phase of research.

Selection of Key and General Informants

Key and general informants have been a major source for nurse researchers to learn about people, their cultural care, health, and general lifeways (Leininger, 1991). For the mini-study, the researcher interviewed five key informants and ten general

informants. For the purpose of this study, data saturation was reached after interviewing additional five key informants and ten general informants. All informants were carefully and purposefully selected by the researcher and with the help of community leaders and gatekeepers using the snowball method. Informants were asked at the end of the interview if they knew of other potential informants who were knowledgeable about the domain of inquiry and who were willing to participate in the study. Initial contact with possible future informants was initiated by the community gatekeeper, the referring informant, or the researcher, depending on the circumstances. Of all potential informants sought for this study, only two declined to participate due to a busy work schedule.

Criteria for selecting key informants:

1. 18 years of age or older
2. Born to Syrian parents in any country in the world and then moved to the U.S. or born in the United States to Syrian parents
3. Currently living in the U.S.
4. Stated cultural identity as Syrian Muslim
5. Knowledgeable about the domain of inquiry
6. Willingness to participate in the study

Key informants were considered to be more knowledgeable than general informants about the domain under study and were interviewed on two different occasions. The interview sessions lasted from 45 minutes to 1.5 hours. They were considered to be the main source to check and recheck the credibility and confirmability of the collected data. General informants, on the other hand, had the same criteria as key informants, except that they had general ideas about the domain of inquiry and were not

as knowledgeable about it. A one-time interview was conducted with general informants to reflect on how similar or different their ideas were from key informants'.

Human Subject Considerations:

A written explanation of the study and consent form was read and given to all informants to sign in either the English or the Arabic language depending on the informant's individual preference. The English (Appendix D) and Arabic (Appendix E) forms included information about the details of the study, risks and benefits of participation, right to withdraw, and assurance of confidentiality. Informants were given the option of signing their names or leaving a mark on the consent form that was meaningful to them, such as an X, in order to preserve confidentiality. Twenty five informants signed their names and five chose to leave an X on the consent form. Many informants shared with the researcher that the option of signing a meaningful mark versus their own names enhanced their trust in the researcher and encouraged them to sign their real names. A telephone number of the advisor was provided on the form for questions related to the research or researcher. Clearance from the Institutional Review Board at Duquesne University was obtained prior to initiation of this study. All consent forms were stored in a locked cabinet in the researcher's office. They are expected to be destroyed at the completion of this study. All tapes were returned to informants at the end of transcription and were destroyed in front of them. The bilingual transcriptionist signed a confidentiality agreement (Appendix F) in an effort to maintain the confidentiality of all informants and information accessed through transcribing the audiotapes.

Data Collection:

Data was collected through field notes, observation, daily journaling, picture taking of material objects, and videotaping while preserving anonymity. In addition, an updated semi-structured inquiry guide (Appendix H) and face to face audio taped interviews were used for data collection. One to two interviews per key or general informant lasting between 45 minutes to 90 minutes each were conducted in either the Arabic or English languages, depending on the informant's preference and were carried out in informants' homes, mosques, schools, and restaurants, as well as in the researcher's house and car. The majority of informants were interviewed in English. Three informants chose to be interviewed in Arabic.

At the beginning of each interview session, the researcher explained the purpose of the study and obtained a signed consent for participation in this study and for using a tape recording device. The tapes of the interviews were transcribed by the researcher and/or a bilingual transcriptionist sworn to confidentiality. The researcher reviewed the documents transcribed by the transcriptionist while listening to the tapes and corrected any inconsistencies between the written text and the audio cassettes. The three interviews that were conducted in Arabic were translated into English by the researcher who is fluent in both the English and Arabic languages. The researcher then validated and confirmed the accuracy of the translated findings with informants who chose to conduct their interview in Arabic. Once transcribed, audio tapes of the interviews were returned to informants and then destroyed. The open ended inquiry questionnaire was not used verbatim during the data collection process, but was used as a guide that leaves the control of channeling the direction of interviews in the hands of informants. The researcher often jotted down

questions and areas needing further exploration on the first page of copies of the inquiry guide intended for use with future informants. The researcher often went back with these questions to her interviewed informants for clarification and met with them either face to face or via telephone.

Data Analysis:

All information gathered during data collection was reviewed and analyzed with the help of the previously mentioned enablers and was also confirmed with the informants for credibility during the next scheduled meeting. Guidance from transcultural nursing mentors and members of the dissertation committee was sought throughout the research process and especially during the analysis phase of the study. Data analysis was aided through the use of a software program for qualitative data analysis, called QSR NUD*IST 4, which mirrors and complements Leininger's Phases of Ethnonursing Qualitative Data Analysis Guide (Appendix I). QSR stands for Qualitative Solutions and Research, and the NUD*IST stands for Non-numerical Data Indexing Searching and Theorizing (QSR NUD*IST 4, 1997).

During the first of Leininger's four analytic phases, the researcher collected, documented, coded, and computerized raw data gathered from informants, observation-participation-reflection experiences, and personal interpretations of all of the above. The use of the NUD*IST 4 program was extremely helpful in this phase. The researcher started by transcribing interviews on Microsoft Word in "text only" format. She edited the documents and added the headers required for QSR NUD*IST. For example, a header for an interview with key informant K01 was:

*First interview with K01
*Interview date: December 9 2004

*Interview location: Informant's house
*Interview duration: 90 minutes

The researcher consequently saved the documents in the container for raw data known as *Rawfiles* in the QSR NUD*IST project which she entitled *Syrian Culture*. After importing the documents from the rawfiles into the project on QSR, the researcher proceeded to form 32 containers of ideas or *free nodes* (Appendix L). The nodes were adapted from Leininger's coding data system that reflects categories and domains from the Culture Care Theory. After developing the nodes, the researcher browsed all imported documents and coded all entries. On several occasions more than one code were was given to the same entry, for example, a statement depicting religion as life was assigned the nodes of worldview and religious beliefs and practices.

During the second analytic phase, the researcher identified emic descriptors and studied them within context for similarities and differences. Emic descriptors (direct quotes from my informants) discovered in this study included describing illnesses as caused and cured by the Will of God. In the third phase, the researcher identified and formulated recurrent patterns from the descriptors while retaining their conceptual meaning. One of the patterns discovered in this study is the use of Syrian/Arabic Language as a form of protective care. Many informants frequently mentioned God's name in almost every aspect of their daily communications. For example, it was very common for informants to say *Inshaallah* (If God is willing) or *Bismillah* (In the name of God) while answering questions or communicating with other family members. Another pattern was the identification of illness as a means for erasing sins.

Browsing the findings in the nodes assisted the researcher in conducting Leininger's second and third analysis stages. In the last phase, the researcher abstracted

and presented major themes and theoretical formulations which will be discussed in chapter five.

Criteria for evaluation of research

Leininger's criteria for evaluating ethnonursing research were used for evaluation of this study. These criteria were: credibility, confirmability, meaning-in-context, recurrent patterning, saturation, and transferability (Leininger, 1997b). Credibility, which refers to the truth-value or believability of research findings, was achieved through the researcher's use of prolonged observation-participation-reflection experiences and through periodic checking of believability of findings with key informants. Observing and participating in different cultural, religious and social activities, enabled the researcher to get to know the informants before interviewing them and helped to establish trust. Credibility of findings was attempted by collecting data over time. Informants were sometimes asked the same question on two different occasions, and were found to give identical answers. Some informants started their answers by saying "I probably shouldn't say this but I want to be honest…"

Confirmability, which refers to establishing verifiable direct evidence with the people, was attained through repeated accounts from key and general informants establishing agreement with the researcher's etic identification of patterns and themes related to the domain of inquiry. Throughout interviews, the researcher frequently stopped and repeated or paraphrased the informants' answers to make sure that she understood exactly what she was being told. For example, it was not uncommon for the researcher to say: "I want to make sure that I understood you correctly, my understanding is that you are telling me that …, am I correct, did I understand you right?" or say: "I

have a feeling that … is a common theme among Syrian Muslims, am I on the right track here?"

Meaning-in-context, which focuses on the significance of findings within the informant's environmental contexts, was established when data that were understandable and relevant within certain situations were discovered. A finding that would support this criterion is the care practice of keeping watering cans in the bathrooms of the informants. To the human eye, the presence of the watering cans might be meaningless, but when one takes into account that Syrian Muslims value cleanliness as a generic care practice to promote health for their families, and also from a religious point of view, a new meaning emerges from this practice. Muslims have to perform Wudu' up to five times a day prior to praying, which relays a state of physical and spiritual purity. Accordingly, Muslims wash their perianal areas with every single bathroom use. These simple care actions reflect religious and social lifeways and are derived from the worldview of Syrian Muslims.

Recurrent patterning, which refers to repeated patterns, themes, or acts over time reflecting consistency in lifeways and patterned behavior was achieved when experiences and lifeways of informants that recur in a specific way over time were identified. For example, the pattern of Syrian Muslims providing care to friends and acquaintances out of a sense of religious duty was encountered over and over throughout several of the interviews. This pattern along with several other patterns encountered during the research, was an indicator of meeting the criterion of recurrent patterning.

Saturation, which refers to having taken all that is to be known about the phenomena of interest, was attained when new informants were noted to generate

redundant information. The researcher felt that she had reached saturation with her 8th key informant and 16th general informant when she noticed that the data she was collecting did not contain any additional content compared to the data she had already collected. The researcher did a few additional interviews before leaving the research site after thanking all the informants and gatekeepers who had participated in the research.

Transferability, the last criterion, which refers to whether the findings of this study would have similar meanings in another context such as another community where Syrian Muslims live, will be considered. Transferability may also occur with other Arab Muslim communities as well, and not just the Syrian communities. Special care was taken to describe in as much detail as possible, the steps taken to conduct this study, so that in the future, other researchers wishing to apply the findings of this study to a similar context might reach the conclusion that there might be some relevance or fit between the two contexts.

CHAPTER IV

RESULTS AND FINDINGS

Introduction

This chapter presents the discoveries and findings discovered from interviews with key and general informants as well as from observations of verbal and nonverbal cues and behaviors and the environmental context in which this study took place. Participation in religious, cultural, and social activities with Syrian Muslim communities in the Midwestern US also contributed to the findings. The assistance of community gatekeepers played an important role in facilitating and enriching this process. The findings presented in this section were derived from the emic or insider's experiences as well as from the etic or the outsider's (researcher's) professional views. In order to be consistent with the Duquesne's IRB consent form guidelines, and in order to preserve the anonymity of the informants who participated in this research, no direct quotations will be used in this chapter. Any data from informants will be presented in a paraphrased summarized format.

A total of 10 key informants (see Table 1) and 20 general informants (see Table 2) were interviewed for this study as is congruent with the ethnonursing methodology. Interviews occurred in places identified as comfortable by informants. All of the informants with the exception of one lived in different urban cities in the Midwestern US. Twenty seven informants were married, two were single, and one was widowed. Six informants were males and the rest were females. Three of my informants were born in the United States, one was born in Saudi Arabia, and the remaining 26 were born in cities in Syria. Access to male informants was limited due to their busy work schedules.

Table 1- Demographic Characteristics of Key Informants

INFORMANT'S INITIALS	AGE	GENDER	PLACE OF BIRTH	YEARS IN THE US
K01	46	Male	Syria	23
K02	46	Female	Syria	30
K03	46	Male	Syria	13
K04	36	Female	Syria	13
K05	65	Male	Syria	35
K06	38	Female	Saudi Arabia	16
K07	48	Female	Syria	31
K08	42	Female	Syria	15
K09	27	Male	Syria	6
K10	28	Female	Syria	9

Table2- Demographic Characteristics of General Informants

INFORMANT'S INITIALS	AGE	GENDER	PLACE OF BIRTH	YEARS IN THE US
G01	32	Female	Syria	15
G02	38	Female	Syria	22
G03	49	Female	Syria	29
G04	42	Female	Syria	12
G05	30	Male	Midwestern US	30
G06	29	Female	Syria	9
G07	33	Female	Syria	10
G08	25	Female	Syria	7
G09	32	Female	Syria	13
G10	64	Female	Syria	1
G11	35	Female	Midwestern US	29
G12	47	Female	Syria	13
G13	23	Male	Midwestern US	18
G14	35	Female	Syria	15
G15	79	Female	Syria	3
G16	44	Female	Syria	28
G17	23	Female	Syria	6
G18	35	Female	Syria	13
G19	29	Female	Syria	10
G20	36	Female	Syria	17

Five out of the six men who participated in this study maintained that they wear modest Western clothing in accordance with the Islamic law. They maintained that

Islamic law dictates that men wear modest clothing that covers the area extending from the umbilicus to the knees, whereas women should wear modest loose clothing that covers the whole body with the exception of the face and the hands. The remaining male informant described himself as modern and less traditional in his way of dress. Twenty two female informants wore head scarves as well as coats or *jilbabs* and described themselves as traditional conservative Syrian Muslims. One informant wore a head scarf and modest Western clothing according to Islamic law without a coat on top and described herself as a modest modern Muslim. Finally, one informant who did not wear a head scarf described herself as a liberal modern Muslim who dresses like the majority of the women in the US.

Ten out of the 30 interviewed informants were married to cousins or relatives of other relation. Twenty eight informants spoke Arabic and English at the time of the interview and two of them spoke only Arabic. Of all the interviewed women, four were employed and the rest were housewives who engaged in some volunteer work in their communities. One female informant had not finished high school, three had high school degrees, and the rest had either some college education, had completed their college education, or were currently in the process of obtaining a college education. Six of the unemployed female informants had degrees in the healthcare field. All the married female informants who were not born in the US stated that they came to this country to accompany their husbands who were working or continuing their education in the United States. The single female informant initially came to visit relatives and then decided to stay in the US. All the male informants who were not born in the US reported that they

came to the US for educational reasons. One informant added that he also came here to seek better financial opportunities and to escape political hardships in his home country.

PRESENTATION OF CATEGORIES

This section of the chapter presents the second phase of data analysis. The researcher started by creating *Free Nodes* or containers of data and identified 30 different ones (see Appendix I) after adapting them from Leininger's coding data system which reflects categories and domains from the Culture Care Theory. All imported data were then reviewed and coded. Coded data were classified according to the domain of inquiry. Emic descriptors were studied within context for similarities and differences.

Several categories of data were identified in this study. These included: Worldview of Syrian Muslims; Environmental Context and Concerns; Kinship, Social Norms, and Roles; Cultural Beliefs and Practices; Caring Religious Beliefs and Practices; Caring and Noncaring Experiences of Syrian Muslims in the US Following September 11th ; Beliefs Related to Care; Generic and Professional Caring and Noncaring Attributes; Folk Caregiving Beliefs and Practices; Folk Beliefs Related to Health and Illness; Folk Care Beliefs and Practices Related to Death and the Dying Patient; Care Beliefs and Practices Related to Magic and the Evil Eye; Folk Care Health Maintenance and Illness Prevention Beliefs and Practices; Folk Health Illness Care Beliefs and Practices; Alternative Care and Curing Systems; Experiences with Professional Care; Folk Emic Expectations of Professional Care; Care Diversities between the US and Syrian Health Care Systems; Economic Care Factors; Political Care Factors; Technological Care Factors; Domestic Violence and Divorce; and Barriers to Care. In the remaining of this section, a full description of these categories as well as support from informants will be provided.

Worldview of Syrian Muslims

The worldview of Syrian Muslims is deeply embedded in the Islamic religion and the Syrian culture. Life is viewed as a test from God and religion is viewed as the focus of life. A common belief is that God tests people and that due to the fact that life is not permanent, one should do good deeds in order to be eligible to go to heaven; otherwise, one might get punished. Life is considered a test that one should score high marks on in order to be eligible to go to heaven. As a result, one has to live his/her life with this idea in mind and attempt to do as many good deeds as possible and to behave in a righteous way whenever conducting business, taking care of housework, or engaging in any other regular daily activity. This was clearly illustrated by a physician informant who said that Islam guides his daily activities, his belief, his work, and his relationships with people. He added that he feels it is his religious duty and obligation to tell the patients to do or refrain from doing a certain procedure, regardless of personal financial benefit; for any money gained otherwise would be considered unlawful or *haram*.

Another informant maintained that the best person to God is the most pious one, and that people should love one another and learn to coexist peacefully with each other as ordained by Islam. He related that people would benefit from following the rules of conduct set by God and should not overstep them. Another informant explained that almost every aspect of life is not only regulated by rules derived from religion, but that such rules teach people to treat each other with respect and honesty and to be tolerant of one another and of other religions.

Environmental Context and Concerns

The environment in the US was described as different in its climate, culture, food, religion, health care, social, economic, and educational aspects when compared to that of Syria. One informant said that the traditions, habits, social and physical environment in the US are different from Syria, especially because of the more conservative Middle Eastern nature of the Syrian environment. He also commented that the moderate climate in Syria characterized by the presence of three seasons that are void of gaps between the summer and winter is different from the cold climate in Michigan.

In addition, a lack of extended family members living close by and social isolation were reported as consequences associated with living in the US. This was best described by an informant who said that the cultural environment in the US fosters loneliness because Syrian Muslims do not share the same world view, foods, and social practices of mainstream Americans such as hugging and intermingling of genders. Another informant said that she feels lonely despite the presence of many Syrian Muslim friends in the area, for she does not have family around. This sentiment was shared by at least ten other informants.

Many informants verbalized concerns about the present and future safety of Syrian Muslims as well as other Muslims living in the US. They also expressed concerns about the effect of the dominant culture in the US on the Muslim youth. Safety concerns encompassed issues related to physical safety resulting from criminal felonies, actions associated with hate-crimes, as well as invasions of privacy. One informant said that she is always worrying that her daughter who is currently enrolled in a public school might suffer from repercussions stemming from the fact that her parents are Muslims. A group

of informants maintained that they believe that their phone lines may be tapped and that their actions and conversations may be observed and monitored. One informed said that Syrian Muslims nowadays have to try to always be careful what they say or do to avoid being unjustly or accidentally accused of being involved in terrorist activities.

In addition, the negative image of Muslims portrayed by the media and the lack of knowledge about Islam were considered as concerns related to future safety. One informant reported that a lot of Americans do not have a good image of Muslims, and that this lack of knowledge predisposes them to committing acts of racism and abuse against Muslims residing in the US. Another informant said that the media is purposefully propagating a misrepresented notion of the Islamic religion, and that this misrepresentation should be corrected in order to assist Americans in their dealings with Muslims.

Western culture was characterized by Syrian Muslims as beneficial in some aspects and detrimental in others. Better organizational skills and punctuality were associated with positive aspects that can be adopted from the American culture. One informant maintained that there are a lot of good things that can be learned from the American culture, such as being organized, on time, disciplined, and responsible. Superior financial and educational opportunities as well as freedom of speech and religion were listed as assets associated with living in the US. One informant said that the economic environment in the US provides more chances and opportunities for economic and academic advancement. Another informant maintained that the US, unlike Syria, assures freedom of speech and religion.

The liberal nature of the Western lifestyle related to sexuality and moral issues was identified as the major concern for Muslim youth living in the US. One informant said that he is concerned about raising his kids and family in a US environment characterized by loose moral codes and public schools infested with drug problems and criminal activities. He was also concerned about the lack of a competitive environment that pushes students towards academic achievement. Another informant said that he believes that the American culture is good, only he disagrees with its lack of modesty and family values, its behavior towards sex and sex education such as condoning having girlfriends and boyfriends, and the partying and drinking. Still another informant added that kids and teenagers are exposed to too much sexuality in the form of advertisement. She complained that many places in the mall, such as Victoria Secret, use sex to allure people to purchase their products and that TV shows show too much kissing.

Kinship, Social Norms, and Roles

A typical Syrian Muslim family is characterized by a strong kinship system. Familial relationships are treasured as the religion requires people to maintain strong family ties. One female informant said that when God created the uterus, He gave it a name derived from one of His attributes or nicknames. The uterus in Arabic is called "Al-Rahim", which is an Arabic derivative of Mercy. She maintained that God talked to the uterus and told it that whoever pleases it, pleases Him, and whoever "cuts it" (abandons it), misses on His Mercy. As a result, family members, especially members born of the same uterus, should remain close to each other and never desert one another or become estranged to avoid displeasing God. Another informant stressed that the family

relationships in Syrian society are much closer than in American families and that the culture itself is more family oriented.

The family structure is so tight in Syria that it used to be the norm for married couples to live with the husband's family. Nowadays it is not rare to find families who still engage in this practice; however, this is no longer the norm. The majority of informants maintained that this practice is changing although it still occasionally occurs, and that the few people who might still engage in it do so out of financial need or traditional obligation. One informant explained that the old Arabic style of houses in Syria used to be very big with different sections that could offer privacy for several families. Another informant stated that Syrian people started to move away from this tradition about 20 years ago, especially because of issues involving modesty and lack of freedom and privacy.

On the other hand, the close family ties and social norms frown on single women living on their own with few exceptions and discourage single men from doing the same. It is the norm for unmarried Syrians and Syrian Americans to live with their parents until marriage. One informant related that it is not rare for a grown man in his forties to still be living with his parents until he gets married and moves out to start a family of his own. If he was the last son or the only son, it would not be surprising if he was to move with his new wife into his parents' home. She added that it is not uncommon for single women who have never married to live with their parents until the death of both parents and then to move in with a brother. However, it would be socially acceptable for them to live on their own if they had no brothers, if both parents were deceased, or if they did not get

along with their brothers or with members of their brothers' families. Both of the single informants interviewed by the researcher lived with family members in the US.

Socializing with family members and friends is a very important aspect of Syrian lifeways. Visitations and telephone conversations as well as Friday prayer congregations are major social activities for Syrians. The majority of informants either did not have extended family members in the US or had some who resided in other states. Only two informants stated that they do not travel to Syria to visit family members and gave as a rationale a personal threat related to the political situation involving their home country. The majority of informants maintained that they travel yearly during the summer to visit their families in Syria. Financial situations and intensive airport searches were cited by some informants as barriers to traveling. One informant said that the outrageously expensive airline ticket prices are affecting her travel plans and that she can no longer afford to travel to Syria on a yearly basis. In fact, her family had not been in Syria for at least three years. Another informant said that he gets a hard time in the airport due to the fact that his luggage as well as his wallet get searched very thoroughly when he informs customs that he is returning from Syria. He maintained that airport agents even read through books and magazines he was bringing back with him.

Visitation as a social practice is not limited to family members but extends to include friends as well. Most of the female informants stated that they visit with friends on a weekly basis or talk to them daily over the phone. Male informants reported that they socialize through work or through Friday congregation prayers. In the Midwestern Muslim communities, Syrian Muslim women devised a socialized system tailored to the needs of the community. Accordingly, when a Syrian Muslim woman gets sick, gives

birth, or is affected by a calamity, other Syrian women in the community take turns in preparing and delivering food for her family and in caring for the children. In addition, many female informants reported that when a Syrian family moves into a new house or when a baby is born, a women's only party is usually thrown by the lady of the house, and the Syrian community is then invited to participate in the joyous occasion. This is a time for socializing and meeting new people. The researcher attended several of these parties including a graduation party, a wedding reception, and a baby shower. Baby showers are typically thrown after the birth of the baby.

Typically decision making is a shared responsibility between the husband and the wife. It is not uncommon to involve the eldest son in the decision-making process. However, the final say is usually reserved for the husband. The vast majority of the informants and regardless of gender stated that decision-making is shared equally among spouses. One informant said that her husband makes the decisions at home and that he is the lord of the house and highly respected by his wife and children. She added that he has ultimate power but that if family members do not feel that his decision is good, they can talk to him and try to convince him to change his mind. A male informant added that being the oldest of all his siblings he is often consulted on important decisions, but his father has the ultimate final word.

In a Syrian Muslim society the man typically assumes the role of the breadwinner, whereas the woman takes on other responsibilities such as managing the household and raising the children. One informant mentioned that when she goes to Syria for the summer she feels like a queen. She explained that in Syria middle and upper class people have the ability to get fresh fruits, vegetables, milk, as well as groceries delivered to their

homes. Squash is conveniently available in a cored state and parsley can be bought already chopped and washed to save the women time in the kitchen. In Syria, housewives have housekeepers who come daily, twice a week, or weekly to assist them in cleaning the house or in other daily activities. Laundry is typically sent to the dry cleaners. As a result, the Syrian woman may be pampered and spoiled. She went on to say that in the US, the Syrian woman has to take on other roles that are not traditionally part of her domain. For example, she has to buy her own groceries, wash and chop parsley herself, core squash, cut eggplants, take the kids to school, take care of minor problems or projects around the house, and pay bills. In short, the Syrian woman in the US is more overworked than her compatriot in Syria. This was supported by another informant who maintained that her husband's responsibility is limited to working and bringing the money home. Everything else was her responsibility, whether it involved the inside or the outside of the house.

When asked about typical daily activities the majority of the female informants reported waking up for their dawn prayer, reading passages from their holy book (the Quran), getting the kids ready and driving them to school, cleaning their homes, cooking meals, shopping for groceries or for other items at the mall, visiting with friends (when possible) or talking to them on the phone, and going to school to volunteer or to college for education. When the kids come back home from school, Syrian women typically take care of them and help them with their homework. Some time in the evening is usually reserved as family time to be spent together talking or watching TV (mostly in Arabic). One informant said that her husband helps with the kids' education at night and with paying the bills. Most of the male informants said that they start their day by

congregating in the mosque for dawn prayer, then they go to work, come back home for dinner, sit with their family, and go to the mosque again for the evening prayer when possible. One female informant stated that the role of the woman is very important because by raising kids, a woman "raises societies" and helps build them. She added that the role of the Muslim woman is equal to that of the man but that she has different responsibilities than the man. Interestingly, two male informants affirmed that whether a Muslim woman inherits or earns money, she is not required to spend it on her family to help out financially. The husband has no right over his wife's money.

Cultural Beliefs and Practices

Generous hospitality is a characteristic of the Syrian culture. Every time the researcher interviewed an informant in his/her own home, she was offered a beverage and dessert. The most common served beverage was hot tea since the researcher did not drink coffee. As far as desserts, the researcher was offered different kinds of delicious pastries brought back from Syria during the summer trips to the homeland. On one occasion an informant, shocked at the idea that the researcher had never tried coffee, insisted on having the researcher taste her French vanilla whipped cream topped coffee. The researcher politely conceded and experienced the bittersweet taste of what the informant called "morning energizing fuel." One informant insisted on having brunch with the researcher at the end of an interview and brought out all sorts of home-made imported goodies from Syria. Another informant insisted on paying the restaurant bill where she and the researcher had met for an interview.

The vast majority of informants identified themselves as Muslim Syrians. Some informants added that they also consider themselves to be Arabic or Middle Eastern.

Several informants stated that they were Muslim Syrian Americans. A great emphasis was placed on the Islamic identity. It was not uncommon to hear an informant say that he/she was Muslim first and Syrian second. One informant said that she was Muslim in her beliefs but Syrian-American in the way she lives her life. When asked about cultural beliefs and practices, several informants stated that what is commonly considered as cultural beliefs is in reality religious convictions and practices. The culture itself is heavily influenced by the religion which seems to guide many aspects of it. One informant said that Muslim customs are more important than national ones. She maintained that a lot of the things in the culture are derived from the religion, but that not everything in the culture is derived from Islam. Whenever cultural aspects clash with the Islamic religion, Syrian Muslims who are religious in nature try to stay away from them. It was not uncommon for the researcher to ask questions about cultural beliefs and practices only to receive responses that were focused on religious customs and traditions.

One common cultural practice is that of segregating men and women during social events such as wedding parties and dinner invitations. The researcher was invited to a wedding party thrown by a Syrian Muslim family. Two ballrooms were rented in the same hotel. One was reserved for the women and the other for the men. The researcher had a hard time recognizing some of the informants she had already interviewed, as they had dressed up, removed their head scarves, and applied make up. It was as if the women had undergone a metamorphosis. Most informants maintained that separating men from women in social events was religious in origin, although one informant disagreed with this interpretation and insisted that this practice was more cultural than religious. However, all informants agreed that not all Syrian Muslims participate in this custom and

that a lot of Syrian Muslim families do not separate the women from the men during social events or visitations. It was agreed that the more religious or conservative tended to adhere to this tradition. Many informants said that when people sit with close relatives, they do not separate women and men, but when they sit with strangers, they do. Several informants clarified that about half of Syrians tend to follow this practice while the other half does not. One informant maintained that this custom is more common in their local community in the US than it is in Syria. A gatekeeper explained that mixing women with men is only allowed in certain situations, such as during work or outings to restaurants.

Greeting others in the form of shaking hands, hugging, and/or kissing is another custom that has cultural religious implications. In general, Syrian Muslims tend to avoid shaking hands, and hugging or kissing with members of the opposite sex. The majority of informants stated that they only shake hands and hug with members of their same gender. One informant said that shaking hands with the opposite sex is forbidden in Islam as it could propagate sexual feelings. A male informant stated that he does shake hands with women who do not understand his religion so as not to offend them. Most informants agreed that not all Syrian Muslims adhere strictly to this practice and that some will shake hands with members of the opposite gender. A cultural cue that indicates a person's unwillingness to shake hands is raising the right hand and placing it flat on the upper chest over the heart. Some might gently tap their hand to their chest to bring the other person's attention to the placement of their hand. This action is similar to the way a hand is placed when pledging allegiance to the American flag.

Another cultural practice is the wearing of a coat or jilbab over clothes by Syrian Muslim women. A jilbab was described by an informant as a coat without a lining, which

is designed to look more like a dress than a coat, and allows more freedom of movement. The vast majority of female informants maintained that they wear head scarves and coats or jilbabs over their clothes in public throughout the year. The female informant who described herself as modern and liberal maintained that while she does not wear a head scarf or hijab, she does pay attention to what she wears when visiting more conservative Syrian friends out of respect for their beliefs and practices. Several male informants maintained that modesty in dress is important for men as well as for women. While dressing conservatively was considered to be mandated through religion, wearing a coat or jilbab on top of clothes was considered to be a cultural practice by most informants. One should not assume however, that this is how all Syrian Muslim women dress in Syria or in the US. Several informants clarified that many Syrian Muslim women do not wear head scarves or dress conservatively, and many Syrian Muslim women who do wear a head scarf do not necessarily wear coats or jilbabs on top of their everyday clothes; although this does seem to be the norm in Syria and in the US communities where this study took place.

Arranged marriages remain the norm in Syria although love matches do exist. An informant described the process of arranged marriage as follows: When a man decides to get married, he looks for the *right* or proper girl. He begins by checking the background of the girl he is interested in marrying as well as of that of her family. When/if he is satisfied, he calls the parents of the prospective bride and requests an appointment after declaring his intention. The parents will initially meet with the man and interview him to find out if he is suitable and worthy of their daughter. They ask for references and call the potential groom's friends and family to inquire about him and his family. If satisfied, they

allow their daughter to meet with the man in their presence. If the man lives in another state, they might ask him for his picture before asking him to drive a long way for a get-together. After meeting with each other, the potential bride and groom communicate with each other via phone or e-mail if they decide that they like each other. If they agree to marry, an engagement party is thrown and engagement rings are placed on the second fingers of their right hands. The engagement period may be up to a year or as long as the engaged couple needs to get their future house in shape. A marriage contract is eventually signed and although this document legally pronounces the couple as husband and wife, the marriage is not consummated until after the wedding. Once the marriage contract is signed, the couple is allowed to sit alone together and socialize without the necessity of wearing a head cover by the bride. During the wedding ceremony the rings are moved to the left hands and friends and family are invited to witness the official union of the couple. In wedding parties where men and women celebrate separately, the groom shows up towards the end of the festivity and whips the bride away after dancing with her.

The majority of informants maintained that they try to stay in touch with their culture through their trips to visit their home country, speaking Arabic at home and to their children, watching Arabic TV, and cooking the same type of food served in Syria. Maintaining close ties with relatives and Middle Eastern or Syrian friends and following a lifestyle that is representative of the Syrian culture are other ways Syrian Muslims attempt to instill their cultural beliefs and practices in their children. One of the informants who cannot go to Syria for safety issues said that he instills his cultural values in his offspring through speaking only Arabic at home to them. He added that he keeps them in touch with the culture through books, the internet, going to Islamic conferences,

dressing conservatively, cooking Middle Eastern food at home, and meeting with people from Syria or from other Arabic countries. Another informant said that he wears the *Jalabeyah* at home while his wife wears the *abaya*. Both outfits are traditional Syrian clothes that resemble dresses and may be worn inside or outside the house. Another informant said that he engages in the cultural practice of kissing the right hand of his parents and grandparents when greeting them as a means of conveying his respect and obedience.

The majority of informants expressed that placing elderly parents or relatives in a nursing home is considered a shameful and a culturally unacceptable thing to do. One informant said that nursing homes and day care services did not exist in Syria in the past but that now small numbers of these facilities have opened. Another informant stated that nursing homes are considered as punishment for the elderly, and that the need for day care is usually met by relatives who offer to care for the children of working mothers. A different informant said that Syrian people are expected to care for their elderly parents at home. He added that in rare circumstances when someone can barely survive financially on his own or if the elderly parent needs a lot of help, then it might be understandable to commit the parent to a nursing home. However any adult who placed a parent in a nursing home would be looked at in a suspicious way as this person might have an erroneous understanding of the Syrian culture. Taking good care of elderly parents or relatives is a source of pride, a cultural expectation, and a religious obligation.

Caring Religious Beliefs and Practices

In all the informants' homes and offices visited by the researcher for interviewing purposes, artifacts of the Islamic faith were evident. Walls were decorated with frames

depicting Qur'anic calligraphy. Calendars with prayer times were displayed on refrigerator doors and office walls. Copies of the holy book were placed on coffee tables or book cases. Certificates of complete Qur'an memorization, commonly referred to as *Jaizeh* (Reward) were framed and proudly displayed in living rooms. Rosaries hung by mantel hooks. One informant had a rolled prayer rug on a shelf in his private office. When asked about the rationale for the presence of this item, he affirmed that he uses the prayer rug to perform his daily required prayers on time in the privacy of his office. In addition, the researcher noticed that male informants tended to avoid looking her directly in the eyes during interviews. When questioned about the rationale behind this action, two informants informed the researcher on different occasions that their religion enforces modesty in dress and behavior. Consequently, men and women are to avoid staring at each other and mingling with each other unnecessarily.

As discussed earlier, the religion of Islam deeply influences the worldview and culture of Syrian Muslims. It was extremely common to hear informants state that religion was their *culture*, *life*, or *a way of life* that is to be followed throughout the lifespan. One informant said that she cannot imagine herself or anybody else living without faith and without Allah's (God's) presence. Another informant held that her religion is part of herself, her thinking, her character, and her feelings. A different informant maintained that Islam is an understanding of life and the application of this understanding in daily activities. He added that it is the lens through which he sees the world, his consciousness, the ideals that he lives for, and the criteria that guide his daily actions and decisions. He also maintained that Islam adds value and purpose to his life, provides him with a sense of belonging, a self-worth, and adds a significant value to his

life. A different informant added that he views his religion as a blueprint that guides all of his daily actions.

Normal everyday actions were considered by many informants as acts of worship. One informant stated that every single action he takes including studying, the way he treats his wife and other people, and his sleeping time are all considered acts of worship as they reflect the understanding and application of religion. He clarified that sleeping is believed to be an act of worship because it rests and regenerates the body and mind which are two gifts trusted to human beings by God. Consequently people should cherish this trust and take good care of their bodies and minds. One way of doing so is through the application of religion and the abstinence from engaging in actions that are prohibited by religion. Syrian Muslims believe that one should abstain from drinking alcohol, taking illicit drugs, eating pork products, and having sexual relations outside of marriage, since all of these actions are forbidden according to Islam. A vast majority of informants confirmed that additional forbidden or *haram* actions include shaking hands, hugging, kissing and intermingling in an intimate way with members of the opposite sex. One informant explained that applying religion yields protective effects as it prevents sexually transmitted diseases, drug addictions, and alcohol problems. Another informant said that Islam shields people from several problems that are common in Western societies such as the high divorce rate, broken down families, and drug and alcohol abuse.

Engaging in religious practices such as prayer and Qur'an recitation or memorization was reported as a source of physical, spiritual, emotional, and mental support by numerous informants. One informant reported that she reads special verses from the Qur'an known as *Al-Mua'wwazat (*the protective verses) to herself, her husband,

and her children before they sleep and before they leave the house to protect them from danger. This practice makes her feel safe and secure and psychologically fulfilled. Another informant said that Islam means complete submission to the will of God which is why Muslims consider themselves to be servants of God. When servants obey their Master, they get rewarded. God's reward gives people pleasure in life as well as a sense of security and happiness. She went on to add that Islam gives people freedom to be above themselves because it releases them from being chained by their desires. Several informants stated that their *Akhlaq* or manners are greatly improved by the application of religion which teaches them to keep themselves in check all the times and to control their anger. One informant said that trusting in her religion makes her feel safe, stable, happy, and stress-free.

A female informant said that she practices her religion by following the Qur'an (the holy book) and the example of the messenger Muhammad (peace be upon him) as well as in her speech. She explained that it is customary to say *Peace be upon him* every time the prophet's name is spoken just as it is the custom to say *Subhanahu Wa Taala* which means *May He be glorified* after saying *Allah* or *God*. A typical discussion with Syrian Muslims is interjected with many religious expressions such as *Inshaallah* which means *God willing*, *Subhanallah* which means *Glory be to God*, and *Jazakllah Khayran* which means *May Allah reward you with goodness*. Another informant maintained that other ways of practicing Islam include the giving of charity or *zakat* to the needy people, fasting during the month of Ramadan as well as on other occasions, and traveling to Makka in Saudi Arabia for a pilgrimage.

Relationships with others carry on a sense of religious obligation and duty. Many informants declared that they attempt to be honest and caring in their daily dealings with other people as this is considered a religious duty. One informant said that she practices her religion by being honest, helpful, caring to others, and by being nice and abstaining from lying. Another informant stated that caring for family members such as parents, grandparents, siblings, aunts, uncles, as well as unrelated people is a religious obligation. A male informant related that Prophet Muhammad (Peace be upon him) reported that the most beloved among people to Allah are those who love others and help them. A special emphasis in Islam is placed on caring for the elderly. Syrian Muslims believe that a good Muslim is one who respects his elderly relatives and cares for them. One informant said that caring for the elderly is an act of worship because Islam highly emphasizes the importance of taking care of the elders especially those who are closely related to one's family.

Caring for others includes caring for animals as well. An informant shared a story about the messenger that teaches Muslims the importance of caring for animals. Accordingly one day a man almost died in the desert of thirst. He eventually stumbled on a well. He went down the well and had his fill of water. When he climbed out of the well, he saw a thirsty dog. The dog attempted to lick the droplets of water that fell off of the man on the rocky ground. The man had pity on the dog and climbed back into the well. He filled his shoe with water and gave it to the dog to drink from it until the dog had his fill of water. The prophet then informed his audience that this man's action earned him God's mercy. All of his sins got erased by God because of his caring deed involving the dog.

Religious beliefs play a role in a person's decision involving abortion, sterilization, autopsy, organ donation, and adoption. Accordingly, abortion is forbidden except in special circumstances involving the life of the pregnant female or if the pregnancy was less than 40 days old. On the other hand, adoption is only forbidden in its legal form. Muslims are encouraged to care for orphans financially but may not give them their own last names or parts of their inheritance. One informant said that one is allowed to take care of orphaned children as long as the children keep their own names and do not share in the inheritance. However, the informant pointed out that while orphaned children may be invited into someone's residence, the woman of the house would have to cover herself in front of a mature orphan boy, and an orphan girl who had reached puberty would have to cover herself in front of the man of the house. Such obligations tend to render Western style adoptions awkward. The informant also maintained that autopsy and organ donations are discouraged in Islam as bodies are supposed to be taken care of. Autopsies are allowed however in cases involving foul play. Another informant maintained that Islam allows temporary birth control but forbids sterilization except in cases where future pregnancy is expected to endanger the life of the woman.

Syrian Muslims as well as all Muslims around the world celebrate two major holidays. The first holiday is called *Eid Al-Fitr* or the celebration of the ending of the fast. It falls right after the month of Ramadan during which healthy Muslims are obligated to fast from food, water, backbiting, angry outbursts, and sexual relations from dawn to sunset for the duration of that month. One informant explained that both holidays are considered rewards for acts of worship. Accordingly during Ramadan one has to seek Allah's forgiveness through fasting and abstaining from bad talk. One has to attempt to

cleanse his/her heart of hatred and to engage in all possible acts of kindness. People are encouraged to pay charity during Ramadan because each good deed is multiplied by seven hundred during this month. She elaborated by saying that every night during Ramadan, special prayers called *Taraweeh* lasting an hour and a half are prayed with the sole intention of pleasing God. During these prayers and over the course of the month, the whole Qur'an ends up being recited by people who are increasingly getting weaker yet they do not complain. Towards the end of the month, worshippers reach such a high spiritual state that they cry a great deal hoping that God will accept their worship and forgive their sins.

When Ramadan ends and Eid Al-Fitr starts, Syrian Muslims engage in several traditions. One informant said that people customarily give out different types of foods that can be used throughout the year to needy families. Such donations include rice, flour, cooking oil, and sugar. In addition, new clothes are bought for all family members and children are given money and toys. Another informant added that during the first day of Eid Al-Fitr, which is usually three days long, all Muslims in the community congregate in the Islamic center to offer the Eid prayer which is traditionally followed by a breakfast brunch. Following brunch, friends and families visit each other and/or exchange presents. Numerous varieties of desserts are served during Eid. An informant explained that it is customary to offer guests *Baklawa* (baklava) and *Ma'moul* which are pastries stuffed with dates, walnuts, or pistachios. An additional informant added that a carnival is usually arranged for children at the Islamic Center in the local community, and some families organize trips for children to fun places such as bowling or skating arenas, and restaurants with entertainment for children.

The second holiday celebrated by Syrian Muslims, which occurs two months after Eid Al-Fitr, is *Eid Al-Adha*. This holiday falls at the end of the pilgrimage season during which Muslims from around the world travel to Makkah in Saudi Arabia to perform Hajj, the fifth pillar of Islam. According to one informant, worshippers performing Hajj are promised to have all their sins erased. Another informant added that during this holiday, in addition to the typical activities people engage in during the first Eid, Syrians tend to send money to their home country to slaughter sheep and give the meat to the poor. A gatekeeper explained this custom: According to her in Syria as well as in neighboring countries such as Jordan, Palestine, Lebanon, and Iraq needy people may not necessarily be able to count on the government for help. Instead, they rely on private donations from individuals who or organizations which donate grains and other essentials during the first holiday and meat during the second. She added that without these donations, some needy families might go a whole year without eating meat.

The informant shared a personal encounter with the researcher to illustrate her point. She related that once she went with her mother to a poor neighborhood in Syria to donate the meat of a lamb they had slaughtered for the occasion of Eid Al-Adha. They stopped by the first house and gave some meat to the woman who had answered the door. The woman looked at the meat and told the informant and her mother that she was going to give this meat to her neighbor who did not get any meat the previous year and who had consequently not had any meat in her diet for two years. Needless to say, this was a very touching moment, and the informant stressed how donations like these enable people to experience first hand the joy of giving and to see with their own eyes happiness on people's faces as a result of their charitable actions.

Caring and Noncaring Experiences of Syrian Muslims in the US Following September 11th

The overwhelming majority of informants reported that the September 11th tragedy which was commonly referred to as *The Event* or *The Incident* marked a changing point in their peaceful existence in the US and resulted in many noncaring experiences. Many informants shared that they did not have major problems in their lives although life was not perfect prior to that tragedy. However, lives changed somewhat for the worst afterwards. One informant held that she felt she received a lot of respect from people because of the way she dressed until September 11th. After that event, people started looking at her with *hate in their eyes*. Many informants attributed these looks to their mode of dress which identifies them as Muslims.

Several informants reported being questioned about their coats and head scarves by American people. One informant said that someone pointed at her head scarf and asked her in an upset way why she covers her hair in hot weather. Several informants reported being told to leave the country. One informant relayed that she was in the park with her kids. A man in his car approached them and shouted obscene words to them (the informant refused to share his exact words with the researcher and said that they were bad words that she cannot repeat) and then yelled at them to get out of the country because the American people do not want them in the US. She added that she was hurt by his words because she felt she was unwelcome in her own country. She explained that she is an American citizen who loves this country and has lived in it for many years.

Some informants shared caring experiences in relation to September 11th. A female informant stated that after September 11th one man stopped her in a grocery store

and asked her not to feel that the American people hate her because of her religion and added that the Americans respect Muslims and their religion. That informant thanked the man for his comforting comment and reported feeling exonerated. One informant revealed that while she has retained her head scarf, she no longer wears a coat over her clothes and dresses instead with regular loose clothes that are long enough to reach her wrists and ankles. She explained that this way she blends in better with other American women and would no longer receive concerned stares from the public. The informant insisted on clarifying that her actions are accepted by her religion which does not require women to wear coats over their clothes as long as long as the clothes worn were modest and did not reveal body curves. A group of informants expressed their relief about leaving the US during the summer to visit their relatives in Syria as this travel places them in a country where their mode of dress is socially acceptable and removes them from an environment that views such behavior as peculiar.

Many informants attributed their negative experiences in the US to ignorance about the religion of Islam leading to the formulation of negative stereotypes and preconceived ideas. They maintained that such ignorance is propagated by the media. One informant said that the majority of Americans do not have a good image of Muslims, and as a result they might treat them in a bad or racist way. Another informant added that the media has a certain agenda of its own and questioned why television networks rarely feature good Muslim scholars who can explain what true Islam is all about to bridge the gap between Muslims and Americans. One informant reported that the media did not highlight the fact that eight hundred Muslim people died in the September 11th event. She passionately

added that the Muslims paid the price of that terrorist act just like other Americans did but that the price they paid was not acknowledged.

Many informants maintained that they did experience discrimination and racism prior to September 11th but that such experiences became more open and frequent after the event. According to the majority of informants, prior to the September 11th tragedy, discrimination experienced by Syrian Muslims occurred in the work and educational settings. After September 11th, most discriminatory practices occurred in airports and occupational sectors. One informant described that his physician wife had a hard time finding employment as many hospitals informed her that they prefer applicants of pure American European lineage. The informant described that he himself was told on several occasions by potential employers that they were only interested in hiring US graduates. He added that he was instructed in two different cases that the job opportunity was only available to US citizens born in this country. Another informant affirmed that Syrian Muslim women experience racism, insults, and mockery because of wearing head scarves and coats. He added that he often was made fun of at school for refusing to have a girlfriend. Several female informants reported job discrimination involving their mode of dress. Three female informants holding the same degree were told at different times and on different occasions that they were qualified for the job offered but that they would only be offered the position if they were to remove their head scarves.

Many female informants reported that Americans have formed erroneous impressions about them. One informant described how an elderly woman approached her in a rest area and told her that she (the old lady) knows that the informant is oppressed by her husband. Another informant said that she feels that the majority of Americans feel

that Arab Muslim women cannot voice their opinion. A different informant expressed feeling frustrated at the way some people portray Muslim women. She stated that if a woman wears the hijab (head cover and modest dress), people expect her to look dark skinned, assume that she is an Arab (which she is), and presume that all Arabs are dark skinned. Another informant added that in reality, many Syrians are light skinned and have blond hair and blue or green eyes. She added that when she has her two blond sons with her in public, many people think that she is an American Muslim.

Informants reported being affected psychologically by the ramifications of September 11th. One informant said that Muslim people are lodged between two extremes: the radical Muslims, and the extreme Americans. She added that just because she has a head scarf on, she feels that she has to defend herself and say that she is not a terrorist. She relayed how while shopping in a mall she would think about placing her bag on the floor to look at some clothes on a rack. She added that suspicious looks of people around her make her feel that others think that there is a bomb in her handbag. As a result, she feels affected psychologically. A different informant said that he feels angry and singled out. Other informants reported feeling anxious and insecure about their future in the US. One informant affirmed that she personally knows of four Syrian families who left the US for good after September 11th as well as many other Arab Muslims. She shared that her family thought about leaving too, but decided not to do so in the end.

Beliefs Related to Care

Care was referred to as *Ihtimam* in Arabic by informants. When asked about the meaning of care, the majority of informants replied that care means love. One informant said that that if somebody cares about her; then he/she loves her and if she loves

somebody, then she has to care about that person. As a result, caring may be displayed through hugging and kissing. According to one informant, the prophet was once playing with his grandsons. He was letting them climb over his back and was hugging and kissing them. A man looked at him and said that he had ten children, and he never kissed any of them. The prophet told him that he had no mercy in his heart and advised him to go back home and show some caring to his children. Another informant declared that care can be directed towards other people or towards one's work. She related being caring during work as being honest and helping other people. In addition to being associated with love and mercy, care was linked to religion. One informant described care as an act of worship. He maintained that Islam orders people to take care of their bodies and their minds since these are gifts entrusted to humans by God. Another informant stressed that the religion emphasized the importance of providing care for ill persons including family members, friends, and non relatives. He added that this was one of the reasons Syrian Muslims abhor putting their elders in nursing homes and consider such action as abandonment. A different informant explained that caring for the elders involves an obligation for obedience and respect throughout the lifetime of the elders.

Syrian Muslims believe that caring should encompass non relatives and on the young. One informant explained that Muslims are obligated to take care of up to seven neighbors in need on each side of their house. Another informant said that the prophet is reported to have said, "He is not one of us he who does not care for the little ones." Special rules are set for the process of caring involving the youth. Accordingly caring for the young ones is done through play, discipline, and friendship. The informant reported that the prophet said that people should care for the child through play until he turns

seven; then they should discipline him until he turns 14, and then they should befriend him until he turns 21.

Caring was described as being considerate of other people's feeling and respecting their beliefs. One female informant stated that she does not wear sleeveless tops or short skirts when visiting conservative friends to show them that she cares about and respects their beliefs. Another informant maintained that caring is the provision of emotional and physical support. A different informant added that caring is thinking about others, worrying about them, and being present with them in times of need. Presence includes the physical and spiritual realms. The informant explained that one can be present through being physically available to the person in need of care as well as through praying, making *dua'* or supplications, and reading the Qur'an.

Caring was also seen as maintaining cleanliness and helping others with cooking or cleaning. An informant stated that cooking healthy food shows care. Other ways of caring involve the use of one's time and wealth. One informant stated that he wishes he could have more time and money to help others as opposed to serving his personal interests or gains. Syrian Muslims believe that by maintaining a clean environment and body, one demonstrates caring for one's health, and fulfills a religious obligation in the process since Islam requires prayer to be carried out in a clean environment and in a hygienic state.

Empathy, sympathy, sensitivity, unselfishness, and understanding were other qualities used to describe caring. One informant described caring as understanding the pain or feelings experienced by others and trying to be there for them. Another informant said that caring is a reflection of genuine unselfish feelings of concern towards others. An

additional informant stated that caring is being sensitive and responding to another's need. Many informants maintained that caring is responsible for improving physical and psychological health. One informant said that care gives people peace of mind and tranquility. Another informant explained that when people help others and see how their help removed the distress of others, they get rewarded with a sense of joy in this *dunya* (life) and hopefully in the hereafter too.

Generic and Professional Caring and Noncaring Attributes

Facial expressions, presentation of self, and voice tones were identified by informants as major indicators of caring or its absence. The majority of informants affirmed that a caring person is one who smiles at others. Being rigid was looked at as a sign of noncaring. Checking on others, being available to them, and offering them help were considered attributes of caring individuals as were worrying about others, bringing them food, calling them, and visiting them. One informant said that a caring person asks about a sick individual, offers him help, and brings it without even being asked. She added that you know that a person is caring when he welcomes you with a smile and sincerely asks about you. Another informant held that a caring person speaks in a nice way and calming tone. A different informant stated that noncaring individuals do not respond to people's needs and are not there when you need them.

The most important caring attributes of nurses were identified as smiling and responding quickly to the needs of sick patients. Empathy, sensitivity, kindness, understanding, loving the nursing profession and role, respecting the patient's culture, and going beyond the call of duty were portrayed as important qualities of caring nurses. A caring nurse was also described as humane, polite, nice, pleasant, cooperative,

comforting, sympathetic, concerned, supportive, unselfish, and attuned to the emotional needs of patients. On the other hand, noncaring nurses were described as rude, unavailable, rigid, emotionless, and not nice. Many informants reported that noncaring nurses take a long time to answer their patients' call lights, complain for being called, and do not offer to do anything for patients. Instead, noncaring nurses require their clients to do everything by/for themselves. In addition, noncaring nurses were described as unhappy with their jobs and anxious to do their chores and leave the workplace.

Several informants maintained that a caring nurse responds to the call bell of patients very quickly whereas a noncaring nurse will take forever to do so or will simply ignore the call. One informant said that the caring nurse will go the extra mile for their patients. Another informant reported that a caring nurse loves her job and her profession. As a result, she enjoys caring for people and treats her patients as human beings as opposed to noncaring nurses who treat their patients as objects in hospitals. A different informant held that a noncaring nurse shows no emotion and does not smile at her patients. A male informant shared that a caring nurse is unselfish and lives for others; whereas noncaring nurses look at their patients as tasks that they cannot wait to be done with. One informant said that caring nurses respect their clients' background and culture and try to cooperate with them whereas noncaring nurses are often rude, harsh, and have attitudes if you ask them for something special. One informant held that a nurse's income can affect the caring of nurses. She explained that nurses who are happy with their income tend to be more caring than nurses who are unhappy with how much money them make.

The caring attitude of nurses was found to be beneficial for the spiritual, emotional, and physical health of patients. According to one informant, having caring nurses helps one's psychological and spiritual health which in turn contributes to the improvement of physiologic and physical health. He added that if one had poor psychological and spiritual health, then this would affect his physical health in the long run.

Folk Caregiving Beliefs and Practices

The vast majority of informants maintained that caregiving in a Syrian Muslim community is the responsibility of the family and community members. It was very common to hear an informant describing instances where she was taken care of by her husband, children, and community friends. Typically, both men and women provide physical and emotional support to their families, relatives, and friends. Syrian men tend to provide emotional care through actions more than words; whereas Syrian women tend to be more expressive and outspoken. Several informants explained that the man is supposed to be a pillar of strength and support. One informant said that men in the Syrian culture are supposed to be strong providers of support. Another informant held that men do not show sadness and instead, they encourage others to be tough.

Husbands tend to care for their wives by taking them to the doctor or hospital, purchasing and/or administering medicine, cooking healthy meals, helping with the kids, cleaning around the house and/or asking their wives to rest and not worry about housework. Some husbands hire housekeepers or cleaning ladies to help out their wives around the house instead of personally pitching in. An informant said that her husband exhibits caring by paying for someone to help her clean the house. A different informant described how her husband cooks soup for her when she gets the flu. She added that she

appreciates his help despite the fact that he creates a lot of messes while helping her. She added that sometimes he orders food from restaurants so she can rest in bed and not have to worry about feeding the family.

Husbands will also take care of their wives by being present for them and making themselves available for them and for the children. Many female informants reported that their spouses took time off from their work to take care of them when they were very ill, or when they gave birth to their children. One informant related that when she gets sick, her husband checks on her, sits by her to keep her company, covers her with a blanket, and strokes her hair. A male informant added that he attempts to lift his wife's spirits by bringing her flowers and helping out around the house as much as he can. The majority of informants affirmed that the caregiving role of men is a source of pride as opposed to shame. One male informant said that in other cultures, men might consider engaging in physical acts of caring as a shameful thing to do. He added that this is not the case for the vast majority of Syrian people.

When asked about the differences in the caregiving role of men in Syria and the US, many informants maintained that the Syrian husband will care for his wife in the same way regardless of which country he lives in, but that one has to factor in the presence of other family members in Syria. Such family members tend to be females who gladly take on the caregiving role and who usually offer/provide a lot of emotional and physical support to other female relatives or friends. One informant said that the majority of Syrian men fit the image of a caring individual but that not all of them do. Another informant explained that some men in Syria feel that their wives should take care of themselves and of their kids even if they were sick.

Traditionally, Syrian men are also in charge of financial care. Husbands are responsible for their family's medical expenses regardless of whether the wife works or not. Brothers and fathers are financially responsible for the complete expenses of the unmarried sister or daughter. Sons bear the religious and moral obligation of caring for the financial, physical, and emotional needs of their retired or elderly parents. One informant maintained that he is not only responsible for the financial and emotional stability of his immediate family, but that he is also accountable for his parents'. He explained that when his father retires, he and his brothers will take over the financial expenses of their parents. He added that if his parents get to the point where they can no longer live independently and require somebody to care for them, he would have to either bring them to the US or move back to Syria in order to be able to care for them. He explained that one of the ways he currently provides for his parents' emotional needs is through weekly international calls that enable his mom and dad to hear his voice and the voice of his wife and kids.

The majority of informants agreed that when the husband gets sick, it is usually the wife who provides physical and emotional care. Typically, the wife will give her husband or any other ill family member medicine and/or some home remedies. She will attempt to keep the kids quiet so the sick husband or family member can rest. One informant said that his wife provides him with a good environment when he gets sick, makes sure the kids do not disturb him, and cooks special foods for him like chicken soup. He added that women customarily express more emotional care than men. In addition, women care for children by providing them with nutritious foods, a clean house, and by being available for them at all times in order to address any problems they might have. One informant

said that women are supposed to be there for their kids all the time because when kids have a problem, the first person they tend to go to is usually the mom.

As far as children were concerned, it was agreed that they show care to parents and other family members by keeping quiet, helping around the house, and refraining from picking on other kids. According to one informant, children show care by hugging and kissing and checking on the sick relative. Another informant said that children show tenderness and emotion and inquire if the sick person needs any help. A different informant related that when she is sick, the children clean the house, stay quiet, and give her lots of hugs. A male informant stated that children try to lift the spirit of a sick individual and avoid mentioning negative things around him. He related that when he was a child, he used to visit his sick grandfather, be kind to him, and do little things here and there to make him feel better and more comfortable.

Visiting the sick person is extremely important in Syrian society. In addition to being identified as a way of caring, visitation is considered a cultural expectation, a religious obligation, and a source of blessing. One informant said that visitors usually bring flowers or chocolates with them when visiting an ill person. Another informant shared that the prophet is reported to have said that God rewards people who visit the sick by erasing a sin for every step they take to reach the house or the hospital where the ailing person is staying. She added that the angels pray for the people who visit the ill, and that individuals who visit a sick person should ask that ill person to pray for them as the prayer of the ailing is usually answered by God. A different informant held that she went to a hospital to visit a Syrian family who was involved in a car accident. She maintained that when she entered the room, she thought there was a party going on

because of the number of people who were there. She described how nurses were looking at them and at each other in amazement as if they did not know what to do. Several informants told the researcher that it is not uncommon for Syrians living in the US to have to travel to Syria to visit and spend time with a sick parent, especially if the ill individual had a serious or terminal illness.

In addition to visitations, friends and relatives are expected to lend a caring hand when needed. Typically relatives will offer to physically and emotionally care for a sick woman and her children. The children are seldom sent to day care as a relative or a friend will usually offer to baby sit or care for kids until the sick person recovers. In the community where this study took place, Syrian Muslims devised their own care plan. Accordingly, whenever a woman gets sick or delivers a baby, other women develop a schedule and take turns in cooking, delivering healthy food, and/or cleaning her house. In addition, they take her children over to their houses or drive them back and forth from and to school until the woman recovers or gets better. Presence and prayer are two other expectations or roles of relatives and friends. One informant said that the best thing one can do for his brother is *dua'* (prayer/supplication). Another informant added that when her friend went to the hospital for surgery, she sat by her side, read the Qur'an, and prayed for her.

Syrian Muslims associate caring with safeguarding and protecting people's honor and pride while caring for them. One informant explained that there are many people in the local community who might not be able to afford to buy medicine. These people tend to hide this fact so as not to appear like or be treated as *beggars*. He added

that when he finds out about these people, he and his close friends offer private monetary contributions to assist these families in buying the needed medicine.

Folk Beliefs Related to Health and Illness

Health was viewed by many informants as a blessing from God and/or the absence of illness. Some informants associated health with happiness, strength, and living a good life. Health was found to have spiritual, physical, and emotional/psychological dimensions and involved the well-being of the body, mind, and soul. One informant said that health has a wide spectrum that incorporates physical, emotional, and psychological aspects. He added that a person needs to have a healthy body, mind, and soul to be considered free of illness. Another informant relayed that health is a blessing from God but that it is also a test of faith. God tests healthy people by examining how they live their life and how many good deeds they do for others. A different informant held that health is a priceless gift from God.

Health was also considered as a requirement as well as a contribution to one's faith. One informant maintained that health was a prerequisite to caring. She explained that one needs to be in good health in order to be able to care for oneself and for others. Syrian Muslims believe that they are to keep their bodies in a healthy shape in order to be able to practice the requirements of their faith, such as prayer and fasting. On the other hand, another informant maintained that health is strengthened by the application of religion. He described that drifting away from his religion is detrimental to his spiritual health and well-being, whereas getting closer to God lifts his spirits and improves his spiritual, emotional, and consequently physical health.

Numerous interpretations were given to illness. One informant said that illness means being weak and non productive. Some informants viewed illness as a time for self-reflection on their lives and shortcomings. Other informants looked at illness as a physiologic or a religious wake up call. One informant said that illness is the body's way of telling you to slow down and rest. Another informant held that illness can be God's way of reminding you that you forgot about Him, and that it is time to address Him through prayers, because He wants to hear from you.

Some informants considered illness as an act of fate that may not be prevented in some cases. One informant said that their belief in fate does not mean that sick people should not seek treatment. Another informant elaborated by saying that God says in the Qur'an that He has created a cure for every sickness. As a result, sick people are encouraged to seek medical and professional treatment for their illnesses. A different informant declared that ill people should pray to God to heal them anyway because He is the ultimate healer and not the physicians. The proof she said is that doctors themselves sometimes tell a patient that they did all they could and the rest is in God's hands. Some informants maintained that illness was a natural occurrence linked to biologic or physiologic origins. They confirmed that illnesses could happen from shaking hands with somebody who has a cold.

The majority of informants felt that illness is a test of one's faith and a blessing in disguise. Believers who do not question God's existence or decision when they get sick and remain instead patient throughout their illness in order to pass the test and get rewarded by God. Syrian Muslims believe that illness erases sins and that by inflicting illnesses God is not only showing a sign of love but is also rewarding people and

elevating them. Many informants stated that they were hopeful and optimistic about illness because they considered it a means to erase their sins. They maintained that believers look at illnesses and other difficulties they go through in a positive way as a result of this interpretation. Several informants held illnesses can be prevented through the application of religion. Many informants explained that religious persons are less susceptible to certain illnesses, such as AIDS and drug addictions, because of their social behavior.

Folk Care Beliefs and Practices Related to Death and the Dying Patient

Death was described by some informants as the end of one life and the beginning of another, and as a bridge to an eternal life. Several informants reported that in Syria the decision to inform the patient of his prognosis or impeding death is usually left to the immediate family. One informant said that doctors taking care of a dying patient usually consult his family members to ask them if they should inform the patient or not that he is going to die. Another patient added that the way family members are told that their loved one might be approaching the end of his life should be very gentle and sensitive, and that it should always be done in a way that maintains some hope as in the end, life and death are always in God's hands. A different informant held that if a Syrian Muslim patient is dying in a hospital, it is extremely important that his family surrounds him and that nurses stay out of the way as much as possible. She added that the family knows what should be done so they should be left alone with the patient.

Typically, family members will do their best to assist their loved one in dying in a state of Islam. Accordingly, they attempt to provide him with a quiet environment that is free of any objects or symbols that might render his death more difficult or prolonged.

One informant said that nurses need to understand their culture and religion and not feel offended if the relatives asked them not to touch their dead or if they are asked to leave the family alone. She explained that they believe that their dying loved one might suffer if a woman who is not dressed according to the Islamic law enters the room. She also added that any crosses, statues, magazines, or picture frames in the room portraying living creatures should be either covered or removed from the room as their presence is believed to be responsible for keeping the angels away thus prolonging the suffering of the dying person.

Other caring actions include reading the Quran in a low voice near the dying patient and saying Shahada (proclamation of faith) once in front of the dying patient in an indirect way as if one was speaking to another person in the same room. Shahada is the first pillar of Islam and consists of saying *Ashhadu Anna La Ilaha Illallah, Wa Ashhadu Anna Muhammadan Rasouloullah*, which means I testify that there is no God but God, and I testify that Muhammad is the messenger of God. It is believed that Shahada is the last thing a person should say before he/she dies. One informant explained that they do not directly tell the dying person to say Shahada out of fear that suffering and pain might make him/her say something against the religion and therefore die on a state of *Kufr* or non belief. If possible, the bed of the dying patient should be positioned so that the head faces the direction of prayer known as Qiblah which is northeast in the US.

Preserving the dignity of the dead is another caring practice and is usually done through covering the dead, ensuring that same sex care providers are handling them, and burying them as soon as possible after death. One informant said that to honor a dead person is to bury him. Another informant maintained that when a Muslim patient dies, he

should be covered as soon as possible and washed in a special way by people of the same gender. After the washing known as *Ghusul*, the dead person is wrapped in a *Kafan*, which looks like a white sheet. The researcher attended a workshop that taught participants and allowed them to practice doing Ghusul and wrapping with the Kafan on practice mannequins. It took about six people per mannequin to do these procedures. During the workshop, privacy was emphasized and participants were instructed to refrain from looking at the mannequin's body, joking about it, or making any derogatory remarks about it. Three large white sheets were used as well as other specially cut pieces of cloth to wrap the body after washing it several times in a ritualistic pattern.

Friends and family are encouraged to visit the dead person, make dua'(prayer/supplication) in his/her presence, and say their goodbyes. Typically, when a person dies, the Qur'an is played in the room where the dead person is laying as well as throughout his/her house. Several informants related that it is preferable to have the dead person buried the same day. Informants shared that there are no funeral homes in Syria as the dead are not shown in coffins unlike the custom in the US. Several informants expressed concern at the fact that funeral homes will sometimes apply make up to the dead person or flush out his internal organs and clarified that this is against Islamic traditions. They maintained that Muslims bury the whole body and do not take out any parts and explained that in Syria the dead are buried in the ground without coffins. As a result Syrians in the US will often put some sand or earth inside the coffin to compensate for the fact that they are not allowed to bury the dead directly into the ground.

Following burial, friends and family visit the house of the deceased to pay their respect and read Qur'an or do *Tasbeeh*, which involves saying religious expressions or

verses from the Qur'an while using a rosary, on behalf of the dead person. The researcher went to the house of an informant who had lost a relative overseas and participated with other women in doing Tasbeeh. She observed female visitors selecting sections of the Quran to read. Coffee and tea were displayed in a corner and most visitors were very quiet and read the Qur'an in a low voice.

Care Beliefs and Practices Related to Magic and the Evil Eye

Most informants maintained that they believe in magic and the evil eye which are mentioned in their holy book and in several of the prophet's *ahadeeth* (sayings). Many informants stated that although they believe in these phenomena they do not live their lives in fear or expectation of harm. One informant said that she does not believe that someone will just come out and put her under a spell. Another informant said that people should not go to extremes and interpret any bad thing that happens to them as the product of the *Saybit ain* (evil eye). The most vulnerable to the evil eye were reported to be people with low faith in God who do not pray or read Qur'an a lot. People who are not modest in their way of life and who show off their fortune to others can also be affected by the evil eye. Several informants held that the evil eye tends to happen mostly to good looking children when they dress up and look very nice.

The evil eye was reported to be the result of envy, which sometimes can be unintentional. Many informants shared that a mother may give the evil eye to her own children. Other informants reported that there are scientific explanations behind the evil eye. Two informants said that the human eye emits gamma radiation which can be powerful enough to cause harm and added that the blue color can absorb this radiation and render it harmless. One informant said that when a person feels envious, his body

discharges an electrical current that can cause the evil eye and explained that knocking on wood can diffuse this electrical charge and prevent the evil eye.

Many informants shared with the researcher personal encounters with the evil eye. One informant said that her daughter was one day doing flips in front of her friend and her friend's mother. The friend was not able to do good flips and her mother looked at the informant's daughter who instantly fell and hurt her ankle. Another story involved a husband who was dressed up in a suit and was ready to leave the house when a female visitor commented to the wife that her husband was too tall. The informant reported that the second she finished her sentence, the husband collapsed and had to be taken to a hospital.

The majority of informants said that the evil eye can be prevented or treated by mentioning God's name or reading special chapters from the Qur'an known as *Al-Muawwathat* (The Exorcists). Many informants reported that he evil eye as well as magic can also be prevented by saying religious expressions and by eating seven dates from Medina (a city in Saudi Arabia where the prophet lived for a long time and where he is buried) every morning. Religious expressions designed to prevent the evil eye include *Mashallah* (What God wills) or *Subhanallah* (Glory be to Allah).

Many informants reported that they do not believe that blue beads can prevent the evil eye and stated that this is an old belief that is no longer held. However, some informants did say that they believe that wearing the blue beads can attract the gamma rays produced by the eye which would detract the rays from the original target. One informant said that pinning gold emblems or blue beads on a baby's clothes detracts attention from the baby itself and therefore prevents the evil eye.

Another informant said that the messenger taught his followers a supplication that words off the evil eye and harm. The dua' called *Dua' Al Tahseen* goes as follows:

اللهم اني أعوذ بكلمات الله التامة من شر كل شيطان و هامة و من شر كل عين لامة

Allahumma ennee aouthou bekalemaatellahe ttamah min sharre koulle shaytanin wa hammah wa min sharre koulle aynin laamah (Oh God I seek refuge in God's complete words from the evil of all devils and beasts and from the evil of the evil eye). The informant explained that her sister said this dua' to her daughter who later got poked in the eye with a pencil. When the mother took the daughter to a Saudi Arabian doctor, he asked her if she was saying a dua' for her daughter, and said that there could be no other explanation why the eye was not lost. In addition to reciting The Muawwathat, the evil eye can be treated by going to a sheikh (Muslim priest) who typically would do some readings from the Qur'an. Many informants reported that the evil eye is also treated by having the water from a bath taken by the person who had caused the evil eye and pouring it on the person afflicted by it.

Folk Care Health Maintenance and Illness Prevention Beliefs and Practices

The majority of informants maintained that most of the care actions they engage in to maintain or improve their health and to prevent illness are derived from their religion and the recommendations of the prophet. It was very common to hear an informant say that he or she performs a particular care practice because it was suggested or done by the messenger. It was also not rare to have an informant state that they abstain from doing certain things that are harmful to their health because of clear instructions provided by their religion. In addition, many informants reported engaging in scientifically based care practices. One informant cited a famous Arabic proverb: *Dirham Wikayah khayron min*

kintare 'ilaj (a penny/an ounce of prevention is better than a ton of cure). The following is a listing and a discussion of the numerous care practices used by Syrian Muslims to maintain health and prevent illness:

1. *Consuming healthy food in moderation:* The vast majority of informants maintained that they cook Middle Eastern food in their homes, which they described as healthy because it contains a lot of olive oil and fresh vegetables. Many informants stated that they stay away from fast foods. Other informants reported that they abstain from eating a lot of meat in their diets which they watch very carefully. One informant said that the prophet recommended that people eat in moderation. As a result, Syrian people try not to fill their stomach when they eat. Another informant said that Syrian people include dried fruits such as apricots in their diet to maintain regular bowel movements and to prevent constipation.
2. *Mixing honey with black seeds or warm water:* One informant said that the messenger of God recommended that people eat *Habbet el Barakeh* known as *the Black Seed* in the morning which is supposed to boost the immune system and prevent illnesses. He also recommended that people eat honey in the morning for the same reason. Some informants told the researcher that they mix honey with warm water and drink it in the morning. One informant held that her 76 years old father every morning takes two teaspoons of honey mixed with two teaspoons of black seed. She maintained that her father, who looks younger than her own husband, is physically fit and has good mental health and attributes his condition to his daily morning intake of the above described mixture.

3. *Fasting:* Abstaining from eating and drinking from dawn to sunset is a religious requirement during the month of Ramadan. Some informants mentioned that the prophet also recommended fasting on Mondays and Thursdays as well as on the 13th, 14th, and 15th of every lunar month when is moon is full. It is believed that fasting rests the stomach, helps to decrease weight, and improves spiritual and mental health.
4. *Eating seven dates in the morning:* This is another tradition of the prophet. Many informants reported that they eat dates when they break their fast following the example of their messenger. Several informants reported that the prophet advised people to eat seven dates from the city of Medina every morning to ward off different illnesses. One informant said that the prophet said that eating dates the way he recommended protects from magic, the *Juzam* (infection of the skin that leaves scars on the face), and the *Ta'oun* (plague).
5. *Exercising:* Many informants reported that exercise is good for the body. One informant held that exercise is very important because a strong believer is more beloved to God than a weak believer. Another informant reported that he tries to exercise as much as he can by going to the park and staying active. Several informants shared that although they believe that exercise is good for one's health, they do not feel that they are exercising enough. One informant stated that he tries to exercise through sports and going up stairs instead of using elevators but admitted that he does not do that often.
6. *Abstinence from alcohol, drugs, smoking, pork products, premarital sexual relations, and homosexuality:* All informants maintained that they abstain from

drinking alcohol and blood, taking mind altering drugs, and eating the meat of dead animals and pork products such as ham, pepperoni, lard, sausage, gelatin, and bacon because of their religion which forbids these actions as they are harmful to health. One informant said that pork is not good because it contains a parasite that can cause illness (trichinosis). Several informants complained of the fact that US hospitals serve Jello and use medications that contain pork derived gelatin. There was a consensus among informants that smoking is harmful to health. However, some informants considered smoking to be forbidden by religion while others said that it was not. One informant held that taking care of one's body and mind is a religious obligation and therefore one should not intentionally harm his body by smoking or doing any of the harmful actions outlined above. All of the interviewed informants were non smokers. Several informants maintained that Syrian Muslims avoid sexual relations outside of marriage, adultery, and homosexuality which are prohibited by their religion. One informant held that the religion provides protection because engaging in such practices can convey several diseases such as STDs and AIDS.

7. *Waking up and going to bed early:* Many informants reported that the prophet recommended that people go to bed early and wake up early. One informant held that the prophet said *La Samara Ba'adal Isha'* (no chatting after evening prayer), and that going to bed early gives one strength and energy in the morning. She added that the best and most beneficial sleep children can get is the one during the first third of the night. Another informant said that he tries to finish his studying

as early as possible and that if he does not have a reason to stay awake he does not.

8. *Maintaining a clean body and environment:* Many informants maintained that cleanliness is part of the religion which encourages people to live in a clean environment and have hygienic bodies. One informant quoted a popular Arabic saying: *Annazafatou Minal Iman* (cleanliness is from faith). She added that prayer is not accepted by God unless it was performed in a clean place by a clean person wearing clean garments. Another informant held that washing hands before eating is recommended by the prophet as is using the toothbrush and *siwak* (tree stick used for cleaning teeth). He went on to describe how making *Wudu* or ablution 5 times a day before prayer is another healthy practice that maintains health and keeps illness away by getting rid of germs. In addition, the researcher noticed a watering can in the bathrooms of several informants. The watering can was used to clean the private parts after each bathroom use.
9. *Staying warm during cold weather:* A few informants reported that staying warm during cold weather keeps them healthy and prevents them from catching colds. One informant said that she and her baby will stay inside the house when it is too cold outside. Another informant stated that she will make sure her family is well covered before leaving the house during the winter season.
10. *Boosting immunity with fruit cocktails, herbal and green teas:* One informant said that she and her husband do a lot of fresh carrot or fruit cocktails for their kids and drink green tea because of the anti-oxidants that boost the immune system. Another informant held that her mom everyday makes a pot of tea consisting of a

mixture of herbs including sage, fennel, anis, and ginger. She herself tried it and felt that it gave her energy and boosted her immunity. Two informants stated that some Syrians drink raw eggs with milk in the morning to get good nutrition and energy. They felt that this was an almost extinct practice nowadays.

11. *Taking vitamin and mineral supplements:* Several informants reported taking vitamin and mineral supplements to maintain or improve their health. One informant said that she took her mom to Wal-Mart when she came to visit her from overseas and bought her gelatin-free calcium supplements for her bones.
12. *Staying up to date with vaccinations:* Several informants relayed that they make sure their children are up to date with their required vaccinations. One informant said that she took the Hepatitis A and Hepatitis B vaccines before going on a trip to Syria. Another informant stated that she updates her tetanus shot every 10 years.
13. *Maintaining annual and routine medical check ups:* Some informants reported that another way of maintaining one's health is through regular annual physicals. One informant said that she sees an obstetrician on an annual basis and takes her kids to the dentist every six months for a checkup and teeth cleaning.
14. *Applying the Zennar to prevent hernias and/or colic:* One informant stated that a wide thin cotton belt called *zennar* is applied around a newborn's abdomen to prevent hernias. Another informant said that the zennar is one of many other items that are typically provided for a first time pregnant woman. She explained that she had received one from her mother but that she had never used it. She added that it

is sometimes used to prevent colic in babies but that it is not commonly used any more.

15. *Saying different supplications, reading the Qur'an, and praying:* In addition to Dua' Al-Tahseen which was mentioned earlier, there are other dua' which are supposed to protect the person and ward off harm and illnesses. One informant said that she says *Bismillah allathi la yadurrou maa'smihi shay'* (In the name of God whom nothing can cause harm with His name) to protect herself from food poisoning or if she feels worried or suspicious about something. Another informant reported that she says the different supplications taught by the prophet to use in varied situations. For example, she says a dua' that is supposed to protect her while using any form of transportation when riding a car; she says another supplication before going to bed. She added that she feels that the prayers are helping her stay safe from harm. Several informants stated that reading certain verses from the Qur'an such as Al-Muawwathat, which have a protective function, play a role in preventing harm and thus preserve health.
16. *Stimulating the mind through meaningful discussions & memorization:* Some informants reported that it is not enough to maintain physical health but that one has to also promote mental health as well. One informant said that reading and meaningful discussions stimulate the human mind. Another informant stated that memorization and recitation of Qur'an improve memory and retard Alzheimer's disease.

Folk Health and Illness Care Beliefs and Practices

Most informants affirmed that they used their folk healing practices or home remedies either as a first line treatment or in conjunction with medications. A few informants admitted that they tend to jump to antibiotic use at the first sign of a cold or cough as they get medication samples from physician friends. One informant said that he rushes to the medicine cabinet to take a pill when he feels a sickness coming on because he knows his body. Some informants shared that they occasionally self-diagnose and use left over medications from previously experienced illnesses such as colds and the flu. Other informants relayed that they feel that antibiotics are overused and expressed their dislike at using them unless their use was declared as necessary by a primary care provider. One informant expressed her dismay at the fact that some people want to give their kids antibiotics two days into a fever and explained that the fever might just be of viral origin. The following is a listing of the home remedies discovered during this study:

1. *Herbal teas and warm drinks:* Herbal teas are by far the most common home remedies used by Syrian Muslims. *Zhourat* (tisane) is a mixture of herbs that are boiled to make a tea that is used for multiple purposes, including throat pain, cough, cold, flu, constipation, and stomachache. Mint tea is used to treat colds, coughs, stomachache, the flu, diarrhea, and gas. Chamomile is used for stomachaches, colds, coughs, the flu, and colic. It is also believed to be calming and soothing to the nerves and is occasionally given to soothe cranky babies. Sage is boiled with regular tea to treat stomachache. Anise is used to treat colic and stomachache, and is used as a sleep aid for cranky babies. Cumin was reported as the ideal treatment for gas, stomachache, and colic. Several informants affirmed

that they used it and obtained successful results. *Maleeseh,* an herb from the family of mint is boiled and used for colds and the flu. A tea made from fennel, sage, anise, and ginger is believed to have diuretic effects. One informant stated that it worked for her and decreased the swelling around her ankles. Another informant said that she heard of an herb called *Zoofa* that is used to help people urinate but that she had never tried it. A different informant reported that insomnia used to be treated with a tea from a plant known as *Khashkhash* or corn poppy. She stated that Syrians stopped using this herbal tea as it was discovered that it contained a narcotic (opium). Nowadays insomnia is treated with warm milk. Warm milk is also mixed with honey to relieve sore throats.

2. *Honey and black seed:* Eating honey and black seed alone or mixed with each other was reported earlier as a way of preventing different illnesses. Several informants maintained that the prophet also reported that the black seed, known in Arabic as the seed of blessing, and honey are supposed to treat all sorts of illnesses, including respiratory infections. One informant said that God mentioned in the Qur'an that honey contains a cure for people.
3. *Dry apricot and prune juice:* A few informants reported that dried apricots are commonly used by Syrians to treat constipation. One informant added that prune juice is also used for this reason and added that it had worked for her in the past.
4. *Olive oil eardrops and shampoos:* Three informants shared that olive oil is used in several ways for medicinal purposes. One informant said that olive oil is used as a shampoo that is applied on the hair for one hour prior to taking a bath. She explained that this is supposed to render the hair silky and stimulate its growth.

She added that olive oil is also warmed and used as eardrops to remove any wax or insects trapped in the ear canal. Two informants shared that olive oil eardrops are used to treat earache.

5. *Vitamin C, lemonade, and orange juice:* Several informants reported taking Vitamin C supplements to prevent and treat colds. Some preferred its natural form and affirmed that they drink a lot of orange juice and lemonade when they catch a cold or the flu.
6. *Boiled potatoes, yogurt, milk, 7-up, fruits, and salads:* Another popular home remedy is the ingestion of boiled potatoes and yogurt to treat diarrhea. One informant stated that she gives her kids Pepto Bismol and regular black tea which so far has worked very good for her. Another informant added that 7-up is great for the dehydration associated with diarrhea as well as for nausea. Some informants stated that they feed their constipated family members fruits and salads to loosen their bowels if they are constipated. An older informant shared that she used to drink soup or warm goat milk whenever she got constipated.
7. *Hujamah (Cupping): Hujamah* was declared by many informants as an old home remedy that dates back all the way to the time of the prophet and is currently experiencing a comeback. One informant demonstrated cupping on the researcher and burned the researcher's hand in the process! Cupping consists of lighting a piece of paper and putting it inside a glass cup and then placing the cup in the middle of the back. As soon as the glass is placed on the back, a vacuum seal is created and causes a suction that accumulates the person's *bad blood* under the skin. The suction seal is broken when the lighted paper in the glass is consumed.

The process is repeated three times, at the end of which the skin over the bad blood is cut with a sterilized blade. Another cup is placed over the small cut and a paper is again lit inside it. The newly created suction draws out the bad blood which is then collected in the cup. The informant, who had taken lessons in cupping in Syria, explained that this practice is recommended as a treatment for diabetes and hypertension and is usually done once a year during the springtime early in the morning and on an empty stomach. According to her, cupping was extremely popular about 50 years ago in Syria and people are now going back to it because of its long lasting effects despite the fact that it leaves bruises on the back for a month. The informant shared that cupping lowered her sugar by 100 points after one session and decreased her systolic blood pressure from 150 to 130. The systolic blood pressure of the informant's mother went down from 180 to 120 after two treatments.

8. *Zamzam water: ZamZam* water is holy water usually brought home from Saudi Arabia during the Hajj season. It comes from a well in Mecca and is believed to have healing powers. One informant said that zamzam water cures all sicknesses and that one is supposed to say a special prayer before drinking it, in which he/she would ask God to heal him/her for illness.
9. *Toothpaste, Vaseline, and ripe tomatoes:* Some informants reported successfully using toothpaste to treat minor burns. An older informant shared that slices of a ripe red tomato can be used to treat skin burns. One informant said that Vaseline is believed to be an excellent treatment for dry skin.

10. *Herbs to treat vaginal infections:* The following home remedy used in the past to treat female vaginal infections is seldom used today. Two herbs called Hoummaydah and Hasheeshat al zujaj used to be boiled with a kilogram (2.2 pounds) of barley and lots of water. The herbs were then separated from the water that was then poured in a tub or a big bucket. The affected woman would then sit in that water and clean her private area with it; then sit in it twice a day for three days.
11. *Ground coffee:* Ground coffee was reported by several informants as an excellent way for stopping minor bleeding. An informant explained that a lot of ground coffee is placed over the bleeding area and that something in the coffee causes coagulation which causes the bleeding to stop.
12. *Licorice:* One informant said that licorice increases blood pressure and is therefore very good for people with low blood pressure who tend to faint a lot and for people with ulcers. The researcher observed several informants as well as other Syrian Muslim women drink a cold beverage made from licorice at the end of a fasting day during the month of Ramadan.
13. *Cold and hot water compresses:* A few informants mentioned the use of cold water compresses to reduce fever. One informant described that cold wet compresses are typically placed on the forehead. Another informant reported that hot showers are usually recommended for muscle aches. She added that hot water bags or pads are used to treat stomachache.
14. *Home-made humidifiers:* Home-made humidifiers were described as an excellent treatment for colds and chest or head congestion. An informant described the

practice as follows: One puts a large pot of water on the stove to boil, then puts the pot on a low table and sits in front of it with a towel over his head so that the steam from the pot is trapped between the pot and the face of the person.

15. *Faith:* Faith was described by several informants as an important factor in the recovery from illness. Syrian Muslims rely on their faith to seek recovery and treatment for illnesses. The informants almost unanimously reported that their holy book contains verses that are believed to cure people. One informant stated that Syrian Muslims believe that the Qur'an heals psychiatric diseases such as depression as well as organic illnesses. Another informant maintained that one has to have faith in the words of God for their healing powers to occur. A different informant said that when he or his kids get sick, he prays to God for healing.
16. *Garlic for bee stings:* Garlic was reported to be a very good management tool for bee stings. An informant described that when a person gets a bee sting, the skin should first be squeezed to let the stinger out. The skin should next be rubbed with a peeled garlic clove. This treatment is supposed to prevent infection and provide pain relief.
17. *Arabic Kohl:* The application of Arabic Kohl to newborns' eyes was described as a controversial practice designed to protect the eyes of the newborn from infection and to make them larger and thus more attractive. One informant said that the old Arabic Kohl used to have lead in it which is harmful to babies but the new Arabic Kohl does not have lead in it. She added that Arabic Kohl has mercury in it which is a good thing to put on the eyes of newborns to prevent infection, but nowadays

hospitals apply their own medications to the eyes of newborns so people tend to use it more to make the eyes of their kids bigger (which is a mark of beauty).

18. *Raw liver:* Raw liver is believed to be rich in iron and would therefore be an excellent food for a person who is anemic or has iron deficiency. Ingestion of raw liver was common in Syria in the past. Many informants described it as an extinct treatment. Some informants shared that raw meat is also part of a very popular Syrian dish called *Kibbeh Nayyeh.* One informant reported that she feels guilty when she eats it but she still eats it anyway because she loves the taste. She added that she has tried a vegetarian imitation dish that tastes the same and plans to use it as a permanent replacement.
19. *Mandeel:* An older informant described the use of *Mandeel* to treat headache and explained that this procedure is extremely rare these days. According to her, a mandeel is a big handkerchief that is made out of heavy cotton and is triangular in shape. It is wrapped tightly around the head and a knot is formed over the migraine site where a big key is placed. The technique consists of applying pressure to the migraine site.
20. *Gasoline:* Another almost extinct folk remedy is the application of gasoline to hair to get rid of head lice. The informants who reported this practice were quick to point out that shampoos have replaced gasoline in treating head lice.

Alternative Care and Curing Systems

Alternative care and cure healing systems were discovered during this study. Accordingly, Syrian Muslims with no health insurance and/or low income tend to seek medical advice and medications from physician friends and/or family members who work

in the health care field. One informant related that her physician husband tells the people who call him on the phone for diagnosis and treatment that he has to see them before making any recommendations. It is also common to ask a person traveling to the holy land to visit or to perform Hajj to pray for the healing of a sick person. Several informants reported that a Muslim *Sheikh (*priest) is often sought for counseling and/or asked to pray for a sick person. One informant shared that some people have *acceptable dua',* meaning that their dua' usually comes true. Such people are therefore approached by ill people and their relatives and asked to pray for the healing of the sick. In Syria, people who cannot afford to see a physician tend to seek medical diagnosis and treatment from pharmacists. One physician informant reported that she saw a pharmacist dispense the wrong treatment for a customer after delivering an incorrect diagnosis solely based on the customer's description of symptoms.

Experiences with Professional Care

The majority of informants reported experiencing positive encounters with nurses and other health care professionals. However, some informants shared negative experiences with the researcher. Most informants affirmed that nurses were very caring, understanding, and accepting of their cultural and religious beliefs which they tried to accommodate to the best of their abilities. The researcher was given story after story that illustrate the caring, acceptance, and understanding of nurses. One informant shared that she was brought an Arabic speaking nurse when she was living in Dearborn, Michigan (a city with the largest concentration of Arab Muslims in Michigan) because she did not speak English at the time. She added that nurses used to knock on her door to inform her when a male physician would come in so that she could have time to cover her hair.

Another informed said that she was giving birth in the hospital without family as her husband was home with her other kid. The nurse gave her her hand and told her to squeeze it. The informant affirmed that she squeezed the nurse's hand so hard that she must have hurt her but the nurse, who made the informant feel like she was being cared for by her mother, never complained and just kept on being supportive.

Many informants felt that nurses had many questions about their beliefs and practices but never attempted to get them answered. Others felt that nurses were accepting but did not seek to understand the rationale behind their patients' requests. One informant said that nurses try to accommodate their specific care requests but do not seem to understand their point or the general picture. She added that she believes that the nurses' culture which teaches people not to interfere with others makes it hard for them to understand the rationale behind the care requests of Syrian Muslims. Another informant shared that she put a sign on her door that read *Please knock* and was surprised when a male nurse came into her room after knocking on her door but without waiting for her permission to come in. She was not wearing her hijab at the time and felt very bad that the male nurse saw her hair and cried for hours afterwards as a result.

Modesty and privacy were identified as major concerns and areas requiring accommodations from nurses and other health care professionals. Alcohol and pork products often served in hospitals were second on the list. The majority of informants reported that they requested to have same sex caregivers. This request was only allowed to be overlooked when no same gender providers were available or in cases of emergency. Most female informants either personally put signs on their doors prohibiting

entrance to men, or requested nurses to put such signs up. Even the more liberal Syrian informant stated that she prefers to have females for health care providers.

Nurses working in labor and delivery in areas with major concentrations of Muslims were found to be more caring, sensitive, and knowledgeable about the cultural beliefs and practices of Syrian Muslims than nurses working in surgery and radiology. The presence of Muslim health care providers in the workplace was associated with increased knowledge about the beliefs and needs of Muslim patients. Several informants who worked as health care professionals in private practices and hospital settings reported that they teach nurses and other colleagues about the needs and beliefs of Muslim patients. One informant who worked in surgery reported that the nurses working with him know not to expose the patient except for the body part that is being operated on. Many informants who entered hospitals as patients affirmed that the presence of many Syrian Muslim physicians on staff has contributed to increasing the knowledge of nurses and other health care providers related to caring for Muslim patients.

Negative care experiences revolved around lack of caring, ignorance of cultural and religious beliefs, cultural imposition, language barriers, disregard for posted requests, and preconceived stereotypes. One noncaring experience was told by an informant who reported that she developed a very bad allergic rash when she was pregnant with her fifth child. The informant was not able to take pain medication until after the delivery. She added that a nurse came into her room and informed her that the new hospital rules indicate that the newborn is to be cared for by the mother. The informant explained to the nurse that she needed to rest and was in a lot of pain because of her rash and maintained that she truly was incapable of caring for her baby when she was so tired and in need of

sleep. The nurse still insisted that the informant was to take care of the baby by herself in accordance with the hospital's new rules.

Radiology nurses were described by some informants as mechanical and emotionless and were found to treat people like machines. One informant could not understand why nurses tend to expose a lot more body parts then needed during certain hospital procedures and surgeries. Another informant reported that surgical nurses asked her in a judgmental way why she wanted to have her hair covered during surgery when her body was exposed and did not respect her request because when she woke up her hair was showing for all to see.

Several informants reported that their culturally congruent requests were disregarded and ignored. A few informants declared that despite the sign they had posted on their doors indicating that no men were allowed admittance into their rooms, several male health care providers still entered their rooms unannounced and caught them in an indecent state (their hair was not covered and their arms were bare). One informant said that a physician came into her room with five residents without knocking first on her door and giving her time to cover herself. She yelled "no men, no men" and felt very bad afterwards for two reasons: She was embarrassed that they had seen her hair and arms and was ashamed at the way she reacted for she felt that she gave a very negative image about her religion and culture. She reported that she cried for days afterwards and never took her hijab off again during the rest of her hospital stay. In addition, several informants indicated that short sleeved hospital gowns were incongruent with their culture and religion.

Some informants reported that health care providers are either completely ignorant about the basic beliefs and practices of Muslim patients, or tend to impose their own cultural and religious beliefs on them. One informant shared that she left her obstetrician when she was into the 28th week of her pregnancy because he kept on pressuring her to have a tubal ligation when he found out that she already had five children. She explained to him that this was normal in her culture and informed him that he was the one who needed one because he had four children himself which is not the norm in the American culture. She was upset at the fact that the physician seemed to have put her into a pre-established category and tried to impose his own values and beliefs on her. Another informant stated that some nurses are just completely ignorant about certain very basic beliefs of Muslim patients. She explained that she was supposed to take a shower after surgery and was very weak. She was sent a male nurse to assist her with the shower. The nurse entered her room without announcing himself, saw her without hijab, handed her a towel, and asked her to call him if she needed help in the shower!

Folk Emic Expectations of Professional Care

When asked about their expectations of professional nursing care, the informants offered the following suggestions:

1. *Preserve modesty and privacy:* Informants were adamant that preserving modesty and privacy is extremely significant for Syrian Muslim patients regardless of gender, but is especially imperative for female clients. An informant suggested that nurses should only expose body parts undergoing examinations or procedures. A second informant recommended that all providers seek permission before entering the room of a Muslim patient to give him or her time to cover

himself or herself. A third informant proposed that nurses find a way to render hospital gowns more modest. A fourth informant requested that nurses do not describe the hair or other beautiful features of a Muslim woman to men. A fifth informant advised that questioning a Muslim patient, especially females, about sexual practices should be done sensitively only when necessary and in private.

2. *Provide same sex providers:* Informants maintained that providing a same sex care provider generates a feeling of comfort as this is congruent with their religion and culture. However, informants wanted nurses and other health care professionals to realize that if an alternative was not available and in cases involving emergencies, providing same sex providers is completely acceptable. Informants shared that it would be greatly appreciated if an effort was made during emergencies to warn the female patient that a male professional is coming.
3. *Broaden your knowledge base about Islamic and cultural beliefs and practices in relation to care:* The majority of informants stated that most of their beliefs are rooted in their religion and believed that learning about basic Islamic beliefs and practices in relation to care will assist nurses in caring for Syrian Muslim patients as well as in caring for other Muslim clients. Other informants felt that hospitals should provide more brochures for nurses about different cultures and offer cultural awareness and orientation classes. Several informants wanted nurses to know that they appreciate the emotion and empathy displayed by nurses, but indicated that hugging, kissing, and shaking hands with a person from the opposite sex is not congruent with their religion and culture.

4. *Provide pork and alcohol free diet and medications:* Several informants maintained that both Muslim and Jewish patients are forbidden to consume pork products and clarified that some gelatin, such as the kind found in Jello and medicine, is derived from pigs. In addition Muslims are prohibited from consuming alcohol. Many informants pointed out that wine is commonly used in cooking and that some medicines contain alcohol. There was a unanimous request among informants to provide pork and alcohol free diets and medications. Many informants affirmed that Muslims may ingest a medication that contains either of the two forbidden substances if there were no other alternatives. One informant said that the United States definitely has the alternatives such as beef gelatin and medicines in liquid or tablet formats instead of the traditional gelcaps (which contain gelatin). She felt that it is time for the responsible parties to acknowledge the diverse needs of the US population and strive to provide acceptable alternatives to all.
5. *Develop culture competency skills and hire translators:* Some informants felt that it was not necessary for nurses and other health care professionals to study about all cultures, but found that a simple and easy solution is to question their clients about their particular needs. One informant said that nurses should ask their patients from a culture that is different from their own about their likes and dislikes and incorporate their requests into their care plans. He added that the answer might often be very simple and the changes requested minimum. Many informants pointed out the need for Arabic speaking translators to assist the non English speaking Arabic patients.

6. *Respect diversity and our religious and cultural beliefs and practices:* Several informants stated that nurses and other health care professionals should respect diversity and differences in religious or cultural beliefs. One informant maintained that the US is the land where diversity should be mostly celebrated.
7. *Provide professional nursing care:* Many informants shared that they would like to be taken care of by skilled nurses who know what they are supposed to be doing. One informant said that nurses should be knowledgeable about their duties and responsibilities and should give the medications on time.
8. *Smile, comfort, and be kind:* Many informants stated that nurses should always smile, comfort, and be nice to their patients as these care actions show that they are caring and contribute to enhancing the overall hospital experience.
9. *Respond quickly to our calls:* Most informants maintained that nurses should respond quickly to their patients when they are called upon, and felt that doing so reflects on them as caring and professional individuals.
10. *Accommodate Muslim patients during prayer:* Some informants mentioned that they would still pray if they were admitted to a hospital and suggested that it would be extremely helpful if nurses provided them with a clean private place to perform prayer and if they were able to point them in the direction of the *Qiblah*, which is northeast in the US. One informant said that typically the patient or his family would bring a prayer rug with them, but that nurses should have one to offer it to the patient in case of emergency or if he did not have one.
11. *Abandon preconceived stereotypes and avoid cultural imposition:* Some informants requested that nurses and other health care professionals refrain from

stereotyping them and judging them, and that they keep an open mind instead. One informant said that nurses should avoid fitting patients in molds created for other cultures and should avoid telling them how to live their lives.

12. *Know that we value you and respect you:* Two informants asked the researcher to tell nurses in the US that they respect them and have a high opinion of them. They added that they want them to know that they do not differentiate them from other Muslims and believe that they are equal, despite the fact that they might have different beliefs because both groups are human.

Care Diversities between the US and Syrian Health Care Systems

There was a common consensus among informants that the health care system in Syria is not comparable to the one in US mainly due to lack of resources, weak technology, and poor economy. One informant said that the physicians in Syria are good, but that they are hindered by lack of resources because the country is poor. Another informant stated that technology in Syrian hospitals is in no way comparable to the technological advancements available in the US. One informant proposed that unlike the US, the health care system in Syria does not overlook the poor and provides coverage for all citizens. She explained that Syria has private hospitals, public ones, as well as university hospitals that are run by university medical professors and residents where rich and poor people alike can receive free health care including medications, surgeries, and cancer treatments. She added that the US health care system overlooks many people, requires numerous forms and investigations, and does not provide affordable coverage for foreign visitors. She clarified that it is very stressful to have to worry about health

coverage for guests visiting from overseas since any services they might require will have to be paid for out of one's own pocket.

Other informants maintained that while university hospitals in Syria do provide free services, the services are often inconsistent and lack quality control. One informant explained that some people might have wonderful experiences at these hospitals while others might have miserable ones. One informant reported spending two years of torture in the university hospital as a physician resident. He described some physicians working there as noncaring and inhumane. The majority of informants felt that while Syrian hospitals have *good* and *very good* physicians, they tend to have *bad* nurses. One informant described nursing in Syria as substandard and explained that Syrian nurses traditionally undergo 6 months to one year of training in basic skills. She portrayed Syrian nurses as mean and emotionless. Another informant maintained that nursing as a profession is looked down upon in Syria and that nurses are treated like maids and are not respected. However, several informants who had recently been in contact with nurses in Syria reported that nursing is improving in Syria. One informant shared that she was shocked at the way Syrian nurses treated her in the hospital because they were very nice and pleasant. She commented that she thought she was in the States. She also stated that she was told by relatives that the nursing profession is improving in Syria as physicians are only choosing good nurses to work with these days. As a result, nurses are seeking more education and are attempting to sharpen their skills in order to secure employment.

Economic Care Factors

Seven out of the 30 interviewed informants did not have health insurance at the time of the researcher's interviews. Informants who did have health coverage reported

that they did not have medication coverage. Some informants only had coverage for hospital visits. All informants reported that they knew of other Syrian Muslims who did not have health insurance. Many informants shared that they are personally familiar with people who need health care services but who do not get these services because they cannot afford them. Several informants reported postponing health care and seeking it during trips made to Syria. All informants who reported lack of health insurance attributed their status to expensive insurance costs.

Alarmingly, several self-employed physicians were among the people without health insurance. They reported that the cost of insurance programs was too pricey even for them. The majority of the uninsured physician informants felt that they do not need health insurance because they can diagnose and treat their own family members themselves or through obtaining free consultations from Syrian Muslim colleagues. They also stated that they can obtain free medication samples from drug representatives. It is important to mention that all uninsured informants maintained that they would definitely buy health insurance if they could afford it.

The main concern shared by uninsured informants was expenses incurred from hospitalization. Many informants shared that if they were to get hospitalized, then they would try to negotiate paying the hospital back in installments. Some informants calculated what they would pay for insurance companies over a year versus what they would have to pay a hospital for a three day hospital stay and felt that they would still come ahead if they did not buy health insurance.

One informant shared that her family tried to buy health insurance a few months ago. She explained that she needed to see the doctor and ended up paying anyway for all

her office visits because she had a high deductible. As a result, her husband cancelled the insurance. Recently this informant ended up paying $1000 out of her own pocket for lab work. On the other hand, an insured informant reported that two years ago their family was involved in a car accident that resulted in $60, 000 in medical bills and expenses. They ended up paying only $5,000 of this amount while their health insurance plan (which they had at the time) paid the rest. An insured self-employed informant commented that in his opinion the Syrians who are not buying health insurance are making a big mistake because one hospitalization could *wipe them out* financially.

Political Care Factors

Several political events happened during the data collection phase of this study. London's transport network was targeted with a series of bomb attacks in July of 2005 by terrorists of Muslim origin, and Syria was blamed for the assassination of the ex-prime minister of Lebanon, Mr. Rafik Al-Hariri. Tension rose between Syria and Lebanon, the country of origin of the researcher. US demands for the complete withdrawal of Syrian troops from Lebanon coupled with massive Lebanese demonstrations resulted in the removal of all Syrian soldiers from Lebanese soil on April 26th, 2005. Luckily, the situation between both Middle Eastern countries did not affect participation in this research project.

The majority of informants maintained that the political situation in the US did not affect their physical health. However, almost all of them reported experiencing varying degrees of anxiety, stress, depression, and feelings of fear and insecurity as a result of the aftermath of September 11th as well as the national and foreign US policies that affect Syrians and other Muslims in the US and in other countries. One informant shared with

the researcher that she experienced depression after the September 11th tragedy, and developed headaches and hypertension. Several informants reported feeling worried about the threats and sanctions made by the US against Syria. One informant stated that she would like to visit Syria but is afraid to do so just in case the US decided to attack Syria while she was visiting. Another informant said that life in the US is getting to be *very bad* for Muslims and that she feels *bad* because the Americans will probably go to her other country and destroy her city. Many informants verbalized concerns for Muslims in Iraq and Palestine and stated that the US foreign policies involving these two countries have resulted in the death or injury of thousands of innocent civilians.

Many informants declared that the September 11th event resulted in laws such as the Patriotic Act that legitimized the invasion of privacy and took away basic civil rights. Several informants reported knowing or hearing about innocent Muslims who were taken in for questioning by government officials, denied access to a lawyer, and imprisoned for a long time before being released. A female informant maintained that what happened on September 11th emboldened prejudiced people to exercise their prejudice on larger scales by formulating laws designed to target Muslims. However these laws ended up affecting all Americans. Several informants reported that the government might be tapping the phones of Muslims, checking their computer, or going through their houses without their knowledge.

Many informants affirmed that their charity donations done in the past are coming back to haunt them. Several informants reported that they were investigated for donations made a long time ago to charitable organizations that have since been linked to terrorist

activities. These informants reported feeling concerned about being suspected of having terrorist involvement.

Several informants reported that the security and existence of all Muslims in the US could be seriously jeopardized if another terrorist attack was to happen in the US. One informant said that it is a definite concern and possibility that if the US was to ever get attacked again by Al-Qaeda, American Muslims might be put in camps like the Japanese Americans were before them. One informant said that she feels like she has to defend herself and say that she is not a terrorist and feels that she and other Muslims in this country are suffering from being caught between the radical Muslim extremists and the American extremists.

Some informants shared with the researcher that their home country poses a threat to them as well. One informant affirmed that he does not feel safe to go back to Syria where 10 of his relatives were killed in political retaliation. Another informant maintained that he does not go to Syria because of political issues. A few informants described the political situation in Syria as similar to what is currently being experienced in the US as a result of the Patriotic Act.

Several informants reported concerns that the political situation in the US is slowly deteriorating. Many of them attributed this deterioration to ignorance of policy makers and the American public about what constitutes the true religion of Islam. The majority of the informants felt that the American people are *good* and *nice* but held that life would improve for Muslims in the US if the tarnished image of Islam was corrected. One informant said that she trusts in the American people and believe that they will be able to bridge the gap created between the two nations. Another informant pointed out that the

inability of people identified as Muslims through their names or their style of dress to secure jobs is greatly affecting their health care (or lack of).

Most of the informants believed that the political leaders in this country do not care about the welfare of Arabs and Muslims in the US and abroad. They felt that caring politicians would appoint Arabs to government positions, take away unfair laws like the Patriotic Act, avoid giving orders to other countries, treat all Americans fairly and justly, clear the religion of Islam from its media imposed connection to terror, and change laws to make health care more affordable to all.

Technological Care Factors

Many informants felt that the advanced technology in the US can contribute to the delivery of better health care. Some informants held that too much dependence on technology can be detrimental in that it places a large focus on machines versus human expertise. One informant said that reliance on technology makes health care providers lose their clinical skills. Technology development was found to be congruent with Islam and was considered to be an act of worship. However the way technology is used was open for interpretation. Accordingly, any technology that plays a role in saving a human life is considered lawful or *halal*, while any one that destroys life is believed to be unlawful or *haram*.

Several examples were given by informants to illustrate unlawful uses of technology. Cosmetic plastic surgery done out of vanity or to enhance beauty is placed under this category. However plastic surgery aimed at correcting disfiguration or treating psychological problems is considered lawful. One informant said that doing plastic surgery to change a facial feature that you are not satisfied with like Michael Jackson did

is unacceptable in Islam because it is considered changing God's creation. She added that plastic surgery to correct cleft lips or other disfiguration is considered halal.

In-vitro fertilization was described as halal if it involved the plantation of the egg and sperm of a married couple and was considered haram if it involved donated eggs or sperm. One informant said that as long as the egg and sperm are from the husband and wife, then in-vitro fertilization is okay. Permanent sterilization was identified as unlawful. An informant stated that tubal ligations and vasectomies are haram because they are irreversible; however temporary birth control pills are allowed. Cloning and genetic DNA manipulations were classified as haram by a few informants. Euthanasia was also considered to be unlawful, as was committing suicide.

Domestic Violence and Divorce

When asked about domestic violence and divorce among Syrian Muslims, some informants shared that domestic violence in Syria is minimal and added that it is often inflated when portrayed by the Western media. Most informants felt that domestic violence is not a prevailing phenomenon in Syria and is limited to a very small percentage of the population. They also held that domestic violence among Syrians in the US is almost non-existent. Several informants maintained that domestic violence is related to low educational and economic levels. A female informant maintained that in all honesty, she feels that the men in Syria are abused by women, not physically, but by being overworked and bombarded with never ending demands.

Divorce was reported to be on the rise in Syria compared to two or three decades ago. It was also felt to be increasing among Syrian Muslims living in the US only at a much slower pace. One informant said that divorce is definitely rising in Syria compared

to 20 or 30 years ago and attributed this phenomenon to the fact that more Syrian women are independent these days due to educational and financial stability. Another informant stated that the majority of divorces tend to occur in the first year of marriage or after the children get older and leave the house. A few informants linked divorce to low educational and financial status. Some informants held that traditionally, the Syrian culture emphasizes the importance of marriage and self-sacrifice for the benefit of the family/children. A female informant shared that women are taught to be patient and to avoid using divorce as an escape route to marital problems. Another informant held that divorce is increasing because fewer women are willing to put up with unhappy marriages. The majority of informants emphasized that the divorce rate among Syrians in Syria is much less than the national divorce rate in the US.

Barriers to Care

Several barriers to care were uncovered during this study. These included lack of health insurance due to cost, personal pride and dignity, inability to speak the English language, and paucity of interpreters who speak both the Arabic and English languages. One informant shared that there are many people in their community who do not have insurance and who cannot afford to pay for medical services or medications. He added that these people avoid seeking assistance out of a sense of pride and in order to preserve their dignity. Another informant held that her daughter who is in medical school is very frequently called upon to assist with translation and to facilitate communication with Arabic speaking patients. She added that hospitals need to hire more translators in order to provide appropriate care to their non English speaking patients.

PRESENTATION OF PATTERNS AND THEMES

Analysis of the above presented categories revealed fourteen patterns and four major themes. The patterns included: (1) Syrian Muslims have pride and satisfaction in caring for others; (2) care decision-making and practices are shared by husband and wife; (3) care is being honest, respectful, tolerant, and accommodating; (4) care is worrying about others; (5) care is an act of worship; (6) care is family and community unity; (7) Syrian nurses are less caring than US nurses; (8) Syrian Muslims reported diversities in care provided by US nurses within different hospital contexts; (9) Syrian nurses are less knowledgeable and skilled than US nurses; (10) Syrian nurses receive less respect and are less trusted than US nurses; (11) abstaining from noncaring actions according to Islam prevents illnesses; (12) engaging in caring actions according to Islam promotes physical and psychological health; (13) illness is a caring practice from God; and (14) language is protective care.

The major themes derived from this study included: (1) Syrian Muslim men and women share caregiving responsibilities and practices to promote healthy family and community lifeways; (2) Caring for family members, friends, all living creatures, and oneself is embedded in Islam; (3) Islamic spiritual care is health promoting and illness preventing for Syrian Muslims; and (4) Syrian Muslims have experienced diverse and similar nursing care beliefs, values, and practices in Syrian and US hospital contexts.

A thorough discussion of the patterns and themes presented in this section will be presented in the next chapter.

Summary

This chapter presented findings derived from interviews with key and general informants as well as from the researcher's observations and participation in social and religious activities with Syrian Muslims in the Midwestern US. A plethora of generic care beliefs and practices were discovered. The worldview and culture of Syrian Muslims were found to be deeply embedded in Islam. A strong kinship system characterized the Syrian Muslim family and community. Care was related to love, respect, and religion. Caring attributes encompassed smiling, presence, empathy, understanding, and support. Men, women, and children engaged in caregiving. Health was considered as a blessing as well as a requirement and a contribution to one's faith. Illness was viewed as a sign of love from God and a time for self-reflection. Findings included numerous folk health maintenance and illness prevention and treatment care practices, fourteen patterns, and four themes.

CHAPTER 5

DISCUSSION OF THE FINDINGS

Introduction

The domain of inquiry for this study was the generic and the professional care meanings, beliefs, and practices related to health and illness of Syrian Muslims living in several urban communities in the Midwestern United States. The goal of this study was to fully discover generic and professional care practices that promote health and beneficial lifeways for Syrian Muslims and to understand how worldview, cultural context, social structure dimensions influence the Syrian Muslims' generic and professional care beliefs and practices while living in the US. Achieving this goal was held as an important means to improve nursing care decisions and actions for Syrian and possibly other Arab Muslims living in the US. Informed nursing actions were predicted to lead to the provision of culturally congruent care and to improving the health and lifeways of Syrian Muslims in the US.

The ethnonursing method was used to discover primarily the emic views of Syrian Muslims related to the domain of inquiry. Etic observations of the researcher were also part of this study. The researcher spent more than a year within the environmental context of the Syrian Muslim community to study the domain of inquiry. She also immersed herself in that community for two years prior to actively engaging in the data collection phase of this study. The time spent in doing research and the extensive data collected helped to substantiate evidence related to qualitative research criteria of credibility, confirmability, meaning-in-context, recurrent patterning, saturation, and transferability.

The discussion of the findings in this chapter will center on the patterns and themes that were discovered in relation to the Culture Care Theory. The findings are grounded in extensive evidence presented in the previous chapter in relation to the care, worldview, cultural context, and social structure dimensions of Syrian Muslims living in the Midwestern US. Leininger's Four Phases of Ethnonursing Analysis of Qualitative Data were instrumental as the study evolved to tease out the patterns and themes from the descriptors and observations presented in Chapter four. Enablers helped to identify and examine data from the worldview, cultural context, and social structure dimensions of key and general informants. Recurrent patterns were abstracted from the data and were examined to see if they met the qualitative research criteria of meaning-in-context, credibility, and confirmability. Universal or common themes were abstracted as major research findings from the synthesis of the patterns and the findings derived from the first three phases of analysis.

The themes that emerged from this study were: (1) Syrian Muslim men and women share caregiving responsibilities and practices to promote healthy family and community lifeways; (2) Caring for family members, friends, all living creatures, and oneself is embedded in Islam; (3) Islamic spiritual care is health promoting and illness preventing for Syrian Muslims; (4) Syrian Muslims describe differences and similarities in care provided by Syrian and US nurses in hospital contexts. In the following sections, each theme will be presented, discussed, and substantiated by supporting patterns. The three predicted modes of nursing care actions and decisions will be presented as identified and abstracted from the patterns and themes in order to guide culturally congruent care for Syrian Muslims in the Midwestern US.

Theme One: Syrian Muslim Men and Women Share Caregiving Responsibilities and Practices to Promote Healthy Family and Community Lifeways

This universal theme was derived from the informants' worldview and religious and cultural beliefs, values, and practices. The care patterns that supported this theme were: (a) Syrian Muslim men and women have pride and satisfaction in caring for others; (b) care decision-making and practices are shared by husband and wife; (c) care for Syrian Muslim men and women is being honest, respectful, tolerant, and accommodating; and (d) For Syrian Muslim men and women care is worrying about others. Numerous descriptors supported these patterns and theme.

The universal pattern of *deriving pride and satisfaction from caring for others* was derived from the male and female informants' worldview, religious beliefs, and cultural values. A sense of pride emanated from fulfilling religious and social obligations and from meeting cultural expectations. Syrian Muslims believe that caring for family members, friends, and community members begets honor, admiration, and respect. Caring for others satisfies religious obligations and results in feelings of contentment and gratification. Numerous informants reported that Islam requires Muslim men and women alike to provide care for their family and community members. One informant said that caring for family members such as parents, grandparents, siblings, aunts, uncles, as well as unrelated people is a religious obligation to all Muslims. Another informant said that the most beloved to Allah are those who love and help others. Consequently caring for others is a gratifying experience in that it brings Syrian Muslims closer to God. The majority of informants confirmed that caregiving is a source of pride for women and for men in particular. They affirmed that the Syrian culture does not consider direct physical

caring actions performed by men to be shameful in contrast to other Middle Eastern cultures.

The pattern of having pride and satisfaction in caring for others was synthesized from descriptors and observations that revealed that Syrian Muslims derive and exemplify honor and fulfillment in caring for the elderly. Caring for the elderly is considered a cultural expectation, a religious obligation, and a source of pride for Syrian Muslims. The majority of Syrian Muslim men and women associate placing an elderly relative in a nursing home with dishonor and disgrace and considers such an act to be shameful. Most informants maintained that caring for the elderly is an act of worship and that placing them in a nursing home is an action that is frowned upon by the Syrian culture and society. One informant said that he would be suspicious of any Syrian Muslim who would place his/her elderly parents in a nursing home for this action reflects an erroneous understanding of the Syrian culture. Another informant said that he would leave the US and go back to Syria to care for his aging parents if they were unable to come to the US. He added that he would personally care for them himself as opposed to asking his wife to do so.

The pattern of having pride and satisfaction from caring for others is also embedded in providing outstanding hospitality. This pattern was supported by descriptors from key and general informants that gave credibility and confirmability to the researcher's observations. As mentioned in chapter four, the informants were very generous and hospitable with the researcher and offered her beverages, pastries, and snacks during interviews. One informant insisted on paying the restaurant bill where an interview took place. In addition, several informants maintained that generosity and

hospitality were two caring characteristics of Syrian people. They affirmed that Syrian Muslims show caring by offering the sick chocolates or flowers when visiting them. They also take pride in cooking and delivering healthy foods to sick people. Several informants maintained that they feel proud to be part of a community developed system designed to provide care to sick community members and to women who have just given birth. They explained that they take turns in cooking and taking care of the children of individuals needing care.

Not surprisingly, this care pattern was also evident in Syrian men who took great pride in being able to provide financially for their families and communities. Sharing in caregiving responsibilities and practices encompassed all aspects of caring except for the financial one revealing some diversity in this otherwise universal care pattern. While men and women alike are encouraged to provide physical, emotional, and spiritual care to family and community members, Syrian men believe that financial care is their own responsibility and not that of Syrian women. Several male informants maintained that their wives are free to dispose of their wealth in any way they want and that they are not to contribute to financial expenses unless they absolutely wanted to. One informant said that although he is paying for his wife's college education, his wife will have no financial obligation towards the family. He added that as a man he will be the primary breadwinner of the family and the person responsible for the financial care of his immediate family, his aging parents, and needy community members. He added that if his wife offered financial contributions to the family, he would initially resist them and would only accept them if she remained persistent in her position.

The second pattern contributing to this theme is that *care decision-making and practices are shared by the husband and wife*. Numerous descriptors from key and general informants as well as observations made by the researcher supported this care pattern. The majority of informants maintained that Syrian men and women value each other's input in care decision-making and participate actively in the caregiving process. The researcher observed a Syrian husband defer to the medical opinion of his physician wife after their youngest child fell down the stairs and broke his right arm. The researcher also received numerous accounts of incidences involving care delivery by husbands as well as wives. One informant said that her husband prepared delicious breakfasts for the family when she was recovering from a c-section delivery. She added that he got up in the middle of the night to get the baby so she could breastfeed. Many other descriptors that support this pattern were provided in chapter four.

In addition the majority of informants maintained that Syrian men and women engage equally in the provision of physical as well as emotional care. The men typically provide emotional support through actions while the women tend to be more expressive and outspoken. Physical care involves cooking healthy meals for the sick spouse, cleaning the house, and helping with the children's homework. Presence was valued by Syrian men and women alike. Many informants reported that their husbands took time off from work to be physically present with their sick wives. Presence as care was found to contribute to the emotional and spiritual well-being of Syrian Muslims. Syrian Muslim men and women engage in other care practices such as the use of generic home remedies, professional care services, and financial care. As discussed earlier, financial care is considered to be the responsibility of the Syrian man; however, Syrian women are free to

do whatever they want with their own money. The researcher attended several social activities during which Syrian women donated money to raise funds to help with the medical expenses of a terminally ill Arab child.

Another universal care pattern that supports the first theme is that care is being honest, respectful, tolerant, and accommodating. This pattern is derived from male and female informants' worldview and religious beliefs. Syrian Muslims view life as a test from God. They also believe in the Islamic mandates of piety and righteousness. Accordingly, Syrian men and women believe that caring encompasses being respectful, honest, as well as tolerant and accommodating of other people and religions. They also believe that following the mandates of Islam assists in promoting healthy family and community lifeways. One informant said that respect is conveyed to parents and grandparents by kissing their right hands when greeting them and by lowering the voice when addressing them. Allah clearly states in the Qur'an that people are to be respectful and kind to their parents:

> "Your Lord has commanded that you worship none but Him, and be kind to your parents. If either or both of them reach old age with you, do not say 'uff' to them or chide them, but speak to them in terms of honor and kindness. Treat them with humility, and say, 'My Lord! Have mercy on them, for they did care for me when I was little." (Qur'an 17:23-4)

Syrian Muslims believe that in addition to respecting the elderly respect, honesty, and tolerance should be part of everyday activities with all people. In addition the majority of informants maintained that caring involves tolerance and accommodation of the religious beliefs of other people. Several informants reported that they view honesty

in daily activities as a commandment of religion. One liberal informant maintained that when she visits conservative people, she wears modest clothes out of respect to their religious beliefs. Syrian Muslim men and women believe that they can promote healthy family and community lifeways by being tolerant and accommodating of various religious beliefs as opposed to imposing their own beliefs on others. Indeed God says in the Qur'an:

"There is no compulsion in religion" (Qur'an 2: 256)

The last pattern that supports this theme is that care is worrying about others. Syrian Muslim men and women believe that worrying about others promotes healthy family and community lifeways by leading to preventive and protective caring actions to counteract the identified concerns and by promoting emotional, physical, and financial support. Worrying about others is expressed through calling or visiting to check on sick people. Such actions provide emotional support to the ill and may result in the identification of certain needs that could be met through the provision of financial or physical care. Most informants reported that when a family or community member gets sick, they call or visit this person to check on him/her, bring home-made healthy meals, and offer rides to physicians' offices.

Worrying about others also involves checking up on the background of future husbands and wives. Parents believe that healthy family units can be promoted through marriage matches with qualified applicants. Out of concern for the future well-being of sons and daughters Syrian Muslims investigate the ethical, moral, religious, financial, social, and educational background of potential in-laws. This process was described in detail in chapter four. When such examinations reveal serious character flaws or areas of

concerns, marriage offers are withheld or refused in an effort to prevent possible future unhealthy family lifeways.

The pattern of worrying about others was also expressed in developing empathy towards the plight of others and through the delivery of spiritual care. Several informants reported praying for the victims and survivors of the 2004 Indian Ocean Tsunami disaster. Many others expressed concerns about the safety of Muslims in the US and abroad. They maintained that Syrian Muslims use prayers and supplications as a means to address their worries and to show solidarity with people afflicted by calamities and illnesses. Developing empathy and engaging in spiritual care as a result of worrying is believed to promote healthy family and community lifeways. Syrian Muslims are not the only ones who associate worrying with caring. Care-as-worry was described as a complex moral-emotional relation of responsibility (Van Manen, 2002). Worrying was also held to be a dominant cultural form of expressing solidarity with a nation. Accordingly caring turns into worrying when threats surround what one cares for (Hage, 2003).

In a study conducted by Luna (1989) with Lebanese Muslims in a Midwestern community, it was discovered that care encompassed equal but different gender role responsibilities. This theme was also discovered by the researcher in an earlier study done with Lebanese Muslims (Wehbe-Alamah, 1999). Luna (1989) also found that care was individual and collective meanings of honor. This is congruent with the findings of this study which identified care as a source of pride and satisfaction. The findings of this study show that Syrian Muslim men and women reflect more universal caring roles and responsibilities. The discovery that Syrian Muslim men and women engage in similar

caring gender roles and responsibilities reflect a diversity when compared with findings from earlier studies conducted with Lebanese Muslims during which gender caring roles and responsibilities were identified as equal but different (Luna, 1989; Wehbe-Alamah, 1999).

Theme Two: Caring for Family Members, Friends, all Living Creatures, and Oneself is Embedded in Islam

This universal theme was derived from the informants' worldview, religious and cultural beliefs, values, and practices, and kinship dimension. The care patterns that supported this theme were: (a) care is an act of worship; (b) care is family and community unity; (c) care is being respectful, tolerant, and accommodating of others; and (d) care is worrying about others. Numerous descriptors gave credibility and confirmability to the researcher's observations and supported this theme.

The universal pattern of *care as an act of worship* was derived from the worldview and religious beliefs and practices of Syrian Muslims. The majority of informants identified care as an act of worship and maintained that Islam mandates caring for family and community members, animals, and oneself. Syrian Muslims believe that the human body and mind are gifts entrusted to them by God; therefore they are required to care for and preserve this trust. One informant said that he cares for himself by eating healthy foods, going to bed and waking up early, and abstaining from actions that are known to be harmful to the body such as smoking. Several informants reported that cleanliness is half of their faith and maintained that caring for oneself and others involves maintaining clean environments and bodies.

Syrian Muslims consider caring for family members, friends, neighbors, and needy people acts of worship because such actions were decreed by God in the Qur'an. Several informants maintained that Islam demands that people care for their parents. In addition, several informants described a caring system developed by community members to care for sick people requiring assistance. The following verses from the Qur'an support the pattern of care as acts of worship:

> "It is not righteousness that you turn your faces towards East or West; but it is righteousness … to spend of your substance, out of love for Him, for your kin, for orphans for the needy, for the wayfarer, for those who ask; and for the freeing of captives; to be steadfast in prayers, and practice regular charity… Such are the people of truth, the God-conscious." (Qur'an 2:177)

> "…and render to the relatives their due rights, as (also) to those in need, and to the traveler..." (Qur'an 17:26)

Caring for animals is also mandated by Islam. An informant reported that the prophet was once performing ablution for prayers from a pot of water. A cat passed and turned its eyes at the pot of water with a thirsty look. The prophet realized at once that the cat was very thirsty so he stopped the ablution and placed the pot before the cat. The prophet resumed the ablution only after the cat had fully quenched its thirst. Syrian Muslims consider such stories as clear indicators of the necessity and obligation to care for God's living creatures. This is supported by God's statement in the Qur'an:

> "There is not animal (that lives) on the earth, nor a being that flies on its wings, but (forms part of) communities like you..." (Qur'an 6: 38).

The pattern of *care as family and community unity* is derived from the worldview, cultural, religious, and kinship dimensions of Syrian Muslims. Caring for family members, friends, and neighbors fosters unity and cohesion. The social structure of Syrian Muslims is characterized by a close kinship system that is continuously reinforced through caring actions. Family and community unity is highly valued by Syrian Muslims. As mentioned earlier, informants maintain family and community unity through social visitations, phone calls, and caring network systems devised at the local community level. Most informants who are capable of traveling visit their family members in Syria during the summer to maintain and nurture kinship bonds. Maintaining a close family bond is also considered a religious requirement. One informant said that God named the uterus *Al-Rahim* after the Arabic derivative of Mercy and told it that whoever pleases it, pleases Him, and whoever "cuts it" (abandons it), misses on His Mercy. As a result, family members, especially members born of the same uterus, remain close to each other and refrain from deserting one another or becoming estranged in order to avoid displeasing God. Support for the pattern of care as family and community unity was found in the following verses from the Qur'an:

> "And those who break the covenant of Allah, after its ratification, and sever that which Allah has commanded to be joined [sever the bond of kinship by not being good to their relatives] and work mischief in the land, on them is the curse, and for them is the unhappy home [Hell]" (Qur'an 13:25)
>
> "…be favorable unto parents and family members and the orphans and the destitute and the near neighbor and the distant neighbor and the traveler and your slaves…" (Qur'an 4:36)

In addition Syrian Muslims express their family unity by caring for their parents in their own homes as opposed to sending them to nursing homes. They show community unity by inquiring about, visiting, calling, and helping each other in times of need.

Another pattern that supports theme two is that *care is being respectful, tolerant, and accommodating of others*. This pattern is embedded in the worldview and religious beliefs and practices of Syrian Muslims. The worldview of Syrian Muslims is deeply influenced by Islam which fosters high moral standards and promotes respect, tolerance, and acceptance of others. Syrian Muslims associate caring with being respectful, tolerant, and accommodating. Therefore, conveying respect and accommodating the religious and cultural beliefs of others constitute caring practices emanating from the religion of Islam. As discussed earlier, caring practices that embody respect include kissing the hands of parents and grandparents. Respect also involves preserving other people's pride and dignity. Several informants shared that they knew of other community members who were in need of financial and medical care. Special care was taken to address such needs in a discrete way out of respect to the individuals needing help and to preserve their pride and dignity.

Tolerant and accommodating caring practices are congruent with the religion of Islam which maintains that there is no compulsion in religion. The researcher observed Syrian Muslims interacting with people of other faiths and with liberal Muslims who do not confirm to the rules of modesty in Islam and found them to be very friendly, respectful, and tolerant in their interactions. Numerous descriptors provided by informants confirmed the researcher's observations and supported this pattern. Many informants said that they are tolerant of people who do not share their beliefs because

Islam mandates tolerance of other religions. The majority of informants maintained that caring practices should accommodate other people's beliefs and practices. The researcher observed liberal informants dress conservatively when entering the prayer area in the mosque during a religious holiday.

The pattern of *care as worrying about others* visited under the first theme was also reflected in the second theme. Caring expressed through worrying about others was found to be embedded in the religion. Islam's emphasis on fostering family and community unity and on caring for relatives and strangers promotes a feeling of responsibility in relation to others. Syrian Muslims associate the responsibility of caring for others with worrying about them especially during times of need. Numerous supporting descriptors were shared by informants. One informant said that the messenger declared that people should look out for seven neighbors on each side of their house and that he is reported to have said:

"He is not a believer who eats his fill when his neighbor beside him is hungry"

Another informant related a story that clearly illustrates the pattern of caring as worrying. Reportedly, a Jewish neighbor used to put trash in front of the door of the prophet every night and every morning the prophet would remove the trash from his own door. One day, the prophet found no trash by his front door so he got worried about his Jewish neighbor and went to check on him. The Jewish neighbor turned out to be sick. The prophet took care of him, and the Jewish neighbor never put trash in front of the prophet's door again.

In addition, informants expressed experiencing mild to moderate levels of stress, anxiety, and fears stemming from uncertainties about the future of Muslims in the US and

abroad. They also linked caring to checking up on others and inquiring about their health and well-being. One informant said that a person who cares about others worries about them and wonders if they are okay. Another informant shared that she worries about her daughter when she goes to school because she is afraid somebody might hurt her since she is Muslim. The tumultuous political past and present of Syria contribute to feeding into this pattern, as does the ongoing instability in the Middle East. In addition, the connection between the religion, the worldview, and caring encourages Syrian Muslims to think or worry about others in an effort to exercise solidarity with them in times of need. One informant said that as a Muslim and a human being she can not help but worry about and pray for people who are going through bad times like she did when the tsunami hit Sri Lanka and Indonesia.

The theme of caring for family members, friends, all living creatures, and oneself as embedded in Islam was also found in a previous study conducted by the researcher with Lebanese Muslims in the Midwestern US (Wehbe-Alamah, 1999). The researcher had found that Lebanese Muslims considered caring in general as a religious duty. This theme was also found in another study conducted with Lebanese Muslims in the US (Luna, 1989). Luna found family obligations to care to be embedded in the religious worldview of Islam.

Theme Three: Islamic Spiritual Care is Health Promoting and Illness Preventing for Syrian Muslims

The theme of Islamic spiritual care as health promoting and illness preventing for Syrian Muslims was supported by the following patterns: (a) abstaining from noncaring actions according to Islam prevents illnesses; (b) engaging in caring actions according to

Islam promotes physical and psychological health; (c) illness is a caring practice from God; and (d) language is protective care. This theme was derived from the worldview and cultural and religious dimensions of Syrian Muslims and was supported by numerous descriptors and observations.

The pattern of *abstaining from noncaring actions according to Islam as preventing illnesses* was supported by the majority of informants who held that the religion prohibits actions that are harmful to health. Noncaring actions that cause illness include eating in excess, smoking, consuming pork products, drinking alcohol or blood, taking illicit drugs, homosexuality, and engaging in sexual activities outside of the marriage bond; therefore abstaining from all of the above prevents illness. Additional noncaring actions according to Islam include going to bed late, shaking hands, hugging, kissing, and intermingling in intimate ways with members of the opposite sex. One informant explained that applying Islamic teachings yield protective care effects such as preventing sexually transmitted diseases, drug addictions, and alcohol problems. Another informant said that Islam shields people from several problems that are common in Western societies such as the high divorce rate, broken families, and drug and alcohol abuse.

The pattern of *engaging in caring actions according to Islam to promote physical and psychological health* was supported by the majority of informants who maintained that Islam fosters care actions that positively influence physical and psychological health. Syrian Muslims believe that the teachings of Islam and having faith in them provide a sense of peace that promotes spiritual health. Reading the holy book and engaging in prayer were credited for enhancing spiritual, emotional, physical, mental, and

psychological health. One informant said that listening to the Qur'an or reading it makes her feel better when she is depressed. Several informants shared that trusting in their faith makes them feel safe, secure, happy, fulfilled, and stress-free. One informant said that drifting away from his religion is detrimental to his well-being whereas getting close to it lifts his spirits and improves his emotional and psychological health.

Health promotion is valued by Syrian Muslims who believe that they have to maintain good health in order to be able to practice and meet the requirements of their faith. The belief that Muslims should care for their bodies and health was also supported by Abdal Ati (1998) who maintained that Muslims believe that they are trustees of the gifts bestowed upon them by God and should therefore handle this trust to the best they can. Caring actions that promote health according to Islam include exercising, sleeping early, waking up early, fasting, praying, maintaining cleanliness, eating in moderation, and following the example of the prophet. God clearly said in the Qur'an:

> Eat and drink, but avoid excess (20:81)

On the other hand, cleanliness is maintained by performing ablution, brushing the teeth, showering, cleaning the genitalia, and trimming nails. The researcher observed the presence of watering cans in the informants' bathrooms. When asked about the significance of this object, informants shared with the researcher that watering cans are used to keep the private areas clean after each bathroom use. The informants also reported using a small tree stick called *Miswak* to brush their teeth following the example of the prophet.

The care practices of fasting and praying which informants explained as benefiting health were supported by several authors. Accordingly, fasting fine tunes the body and

sheds it of obesity (Hamid, 1996). In addition, it ensures the body and the soul against all the harm which results from overburdening the stomach (Abdal Ati, 1998). Ramadan fasting was identified as the ideal care practice for the treatment of obesity, essential hypertension, and mild to moderate stable type II Diabetes as it was found to lower blood sugar and systolic blood pressure (Athar, 2005). Furthermore, in addition to the benefit of exercise, the care practice of prayer was found to help Muslims in maintaining a sense of health and well-being, intellectual meditation, spiritual devotion, and moral elevation (Abdal Ati, 1998; Luna, 1989; Wehbe-Alamah, 1999).

Illness as a caring practice from God was the third pattern identified in support of Theme Three. The majority of informants maintained that illness is a sign of love from God. Syrian Muslims believe that illnesses erase their sins in this lifetime and take away from their punishment in the afterlife; therefore, illness is viewed as a blessing in disguise. Syrian Muslims believe in the existence of heaven and hell. Islam maintains that people may get rewarded or punished for the way they live their lives in this life known as *Dunya.* In the afterlife, people are rewarded by being allowed admittance to heaven. They are punished by being committed to the hellfire. However, God may choose to substitute some or all of the punishment reserved for a person in the afterlife with a punishment in this life. This punishment may take on the form of illness or may take on other forms. If it takes on the form of an illness, the illness will no longer be intended/considered a punishment, but will really be meant to be a sign of mercy and loving care from God.

Illness was also viewed by Syrian Muslims as a physiologic and spiritual wake up call. Accordingly, illness alerts Syrian Muslims to the need to pay attention and

provide better care to the body. It also reminds them of the need and duty to remember and worship God. One informant said that illness is the body's way of telling a person to slow down and rest. Another informant said that illness is God's way of reminding a person that he/she has forgotten about God, and that it is time for that person to address God through prayers. Illness as a care practice to erase one's sins was discovered in another study done by the researcher with Lebanese Muslims (Wehbe-Alamah, 1999).

Syrian Muslims use their *language as a religious protective caring practice*. The numerous emic descriptors in the form of paraphrased informant quotations cited throughout this paper supported this fourth pattern. The interviews conducted with Syrian Muslim informants were punctuated with Arabic religious expressions designed to praise God and His prophets, protect people, and preserve or bless material possessions. Expressions like *Inshaallah* (God willing) and *Subhanallah* (Glory be to God) were prevalent in all the interviews conducted in both the English and Arabic languages. Language was used to recite specific chapters from the Qur'an known as *Al-Muawwathat* or The Exorcists. The recitation of these chapters is believed to ward off and treat the evil eye. Other chapters from the Qur'an are read to assist women in labor or individuals undergoing surgeries. Several informants reported reciting *Surat Yasseen* while their friends or relatives were giving birth or undergoing surgeries. They believed that reciting this chapter would protect the person it was meant for. Other informants affirmed that reading *Surat Al-Baqarah* every three days would prevent the devil from entering the house and causing trouble among the owners of the house where this chapter was read.

In addition to using language to recite or read verses from the Qur'an, language is employed to prevent the evil eye or harm by using simple short verbal expressions such

as *MashaAllah* (what God wills) before communicating admiration. Language is also used to provide supplications to God known as *Dua'*. Supplications are designed to ask God to protect oneself and others. One informant shared with the researcher a supplication called *Dua' Al-Tahseen* that reportedly protects people from harm. The informant relayed how her niece's eye was saved because of this dua'. This supplication is found in Chapter Four in both the English and Arabic languages as well as in transliteration format. Following the example of the prophet Syrian Muslims say different supplications before performing simple daily activities in an effort to protect themselves and their offspring. Accordingly, different supplications are said when entering the bathroom, leaving the bathroom, having sexual intercourse with spouses, riding in a car or any other means of transportation, prior to eating, and after finishing meals. Language as protective care was also discovered in another Middle Eastern Arab culture. Lebanese Muslims were also found to consider language as protective care in two other studies (Luna, 1989; Wehbe-Alamah, 1999).

Theme Three was also supported in the literature. The belief that God's prescriptions are in the best interest of mankind and His prohibitions are aimed to protect it was found to be a common belief shared by the majority of Muslims (Abdal Ati, 1998). A review of the literature revealed that religious people tend to have healthier lifestyles and fewer physical and mental disorders. In addition, religion was seen to have a direct preventive health effect by promoting the avoidance of unhealthy habits and the promotion of a strong social support network (Koenig, 1999).

Theme Four: Syrian Muslims Have Experienced Diverse and Similar Nursing Care Beliefs, Values, and Practices in Syrian and US Hospital Contexts

Four patterns supported this theme which reflected both diversities and universalities. These were: (a) Syrian nurses are less caring than US nurses; (b) Syrian Muslims reported diversities in care provided by US nurses within different hospital contexts; (c) Syrian nurses are less knowledgeable and skilled than US nurses; and (d) Syrian nurses receive less respect and are less trusted than US nurses. These patterns derived from emic descriptors provided by informants showed the influence of the cultural, educational, and technological dimensions on Syrian Muslims.

The pattern of *Syrian nurses as less caring than US nurses* showed universalities as well as some diversity. The majority of informants maintained that US nurses were more caring than Syrian nurses and that Syrian nurses are in general noncaring. However, some informants shared that they did encounter noncaring US nurses. In addition one informant related being pleasantly surprised at the way Syrian nurses took care of her sick son during her last trip to her home country. She described the type of caring received from Syrian nurses during her recent visit as *very nice and pleasant and almost similar* to the caring ways of US nurses. This study revealed that the majority of Syrian Muslims associate US nurses with being caring, friendly, humane, sensitive, kind, pleasant, nice, polite, unselfish, supportive, cooperative, comforting, and understanding. Syrian nurses were often referred to as rude, emotionless, and uncaring. As mentioned earlier, some informants reported that they are beginning to see a positive shift in the caring attitude of nurses in Syria. They attributed this change to the Syrian nurses' desire of getting hired by well known physicians in prominent hospitals.

The second pattern, *Syrian Muslims reported diversities in care provided by US nurses within different hospital context*s, was derived from the numerous descriptors provided in Chapter Four. The majority of informants reported that US nurses working in obstetrics are more caring than nurses working in radiology or surgery. Radiology nurses were described as *mechanical* and *inhumane*. Informants faulted nurses working in surgery for not accommodating the religious and cultural beliefs and practices of Syrian Muslims. Many informants felt that nurses working in labor and delivery were more knowledgeable about Muslim patients than nurses working in surgery and radiology. They affirmed that obstetric nurses attempt to provide culturally congruent care to their Muslim patients by taking active steps to preserve or accommodate the modesty of their patients in contrast with nurses working in radiology and surgery.

Several informants cited instances where obstetric nurses posted signs on their door indicating that no men were allowed admittance into the room without seeking permission first in an effort to provide them with culturally congruent care. Examples were also shared about radiology nurses who were portrayed as mechanical and emotionless individuals who treat people like machines. Many informants felt that surgical nurses can be more accommodating of their religious and cultural beliefs by exposing only the body part needed for surgery. They maintained that surgical nurses do not value the importance of preserving the modesty of the Muslim patient. One informant shared that a surgical nurse commented in a judging way that it was surprising for the informant to ask to have her hair covered during surgery when the rest of her body was exposed for all to see. The informant was very upset when she woke up in the recovery

room and found that her request to keep a surgical cap on her head had not been met and that all the workers in the recovery room could see her hair.

Syrian nurses were found to be less knowledgeable and skilled than their US compatriots. This was considered a universal pattern and was related to educational and technological as well as other factors stemming from the Syrian Muslim cultural and social structures dimensions. The majority of informants reported that the technology in Syria cannot be compared to the technology in the US and considered that it would not be reasonable to expect a third world country to be as competitive technologically as the most powerful country in the world. In addition, informants maintained that the vast majority of Syrian nurses have basic educational preparation that ranges from six months to one year. As a result, Syrian nurses are less skilled and knowledgeable about the nursing professional care practices than US nurses. One informant said that nursing preparation in Syria is believed to rely largely on training in basic clinical skills. Several informants said that individuals who seek to become nurses in Syria tend to come from rural areas or the suburbs and are usually considered uneducated.

The pattern of *Syrian nurses as having less respect than US nurses* was related to the other patterns under Theme Four. When asked about the status of the nursing profession in Syria, several informants maintained that the Syrian society frowns upon the nursing profession and considers it to be *substandard*. The majority of informants viewed Syrian nurses as mean and emotionless. One informant said that nurses in Syria are *out to get a husband*. Many informants maintained that nurses in Syria are treated as maids and are therefore not respected, in contrast with American nurses who are considered highly qualified and trustworthy. The views that Syrian nurses tend to be

uneducated or poorly educated, and that they tend to come from rural areas contribute to the poor image of nursing in Syria. On the other hand, US nurses are viewed as caring, knowledgeable, and skilled. While Syrian Muslims were found to associate Syrian nurses with the image and status of maids, they seemed to consider US nurses as professionals. However as mentioned earlier, some informants relayed that nursing in Syria is starting to earn the respect of its people by expanding its knowledge base and improving its caring image. This pattern was discovered by the researcher in another ethnonursing study involving Lebanese Muslim Americans (Wehbe-Alamah, 1999).

DISCUSSION FOR CULTURALLY CONGRUENT NURSING CARE

In accordance with Leininger's Culture Care Theory (1991) this study discovered culture care practices and beliefs of Syrian Muslims in urban communities in the Midwestern US. Leininger proposed that the discovery of universalities and diversities in human care in a specific culture enable nurses to plan and provide culturally congruent care for members belonging to that culture. The discovery of culture care practices of Syrian Muslims could enable nurses to make care decisions and initiate care actions that are culturally congruent with the beliefs, values and lifeways of Syrian Muslims living in the US and of other Arab Muslims as well. Such care decisions and actions are guided by the three modes of care in the Culture Care theory: (1) cultural care preservation and/or maintenance; (2) cultural care accommodation and/or negotiation; and (3) cultural care repatterning and/or restructuring (Leininger, 1991).

C*ultural care preservation and/or maintenance:*

In order to preserve or maintain the cultural care of the Syrian Muslim/Arab patients, nurses and other health care providers are encouraged to do the following:

1. *Learn to ask culturally sensitive questions:* This is especially important when handling questions related to privacy issues and sexual activities. Care should be taken to explain the rational of such questions and to ask them in a private setting so as not to offend or embarrass the patient. Queries about the sexual practices of single, divorced, or widowed Syrian Muslim women should especially be asked in a culturally sensitive way.
2. *Do not be the first to offer to shake hands with your Muslim patient if you do not share the same gender:* Most Syrian Muslims and Arab Muslims only shake hands with, hug, or kiss, people from the same sex and believe this practice to be congruent with their religion. The more liberal Muslims will shake hands with a person from the opposite sex. It is preferable to wait for the patient of a different gender to initiate the hand shaking to avoid embarrassing situations. Congruent with the findings of this study, Connelly et al. (1999) maintained that hand shakes between nonrelated men and women are against Islamic norms, and that same-sex providers should generally be made available to Arab Muslim patients with the exception of life-threatening emergencies. However, one should keep in mind that some Muslims do shake hands with members of the opposite sex, and do not object to receiving care from them.
3. *Respect your patient's cultural and religious beliefs:* This could be done by removing any negative preconceived ideas and prejudices, by being accepting of the patient's diversity, and by refraining from making derogatory remarks involving the patient's religion.

4. *Provide alcohol and pork-free meals and medications:* This includes such things as pork based insulin, foods containing gelatin including Jello, marshmallows, and rice crispy treats. Medications that should also be avoided include elixirs and mouthwashes containing alcohol, as well as vitamins and drugs that contain gelatin as an ingredient such as capsules. This is easily done by reading the contents of medicine and the food labels in order to rule out the presence of gelatin and/or alcohol.
5. *Provide privacy and a clean place to perform wudu' (ablution) and prayer:* Cleanliness is very important for Syrian Muslims and is considered part of their faith. Nurses can help their patients preserve this practice by assisting them with making ablution and by providing them with a clean and private place to pray. Ablution consists of washing the hands, rinsing the mouth and nostrils, cleansing the face, wiping the hair, cleaning the ears, and washing the arms and feet.
6. *Know North East direction:* This is the direction of prayer for Muslims in the US. Patients wishing to pray in medical or nursing settings might ask for this direction in order to perform their obligatory prayers. In accordance with the care discoveries related to prayer, Connelly et al. (1999) held that health care professionals should be aware and respectful of the Muslim patient's needs for prayer and they should not be taken aback if they were asked to point out the direction of prayer.
7. *Check with the patient related to gender preference of health care providers:* As a rule, traditional Muslims prefer same sex providers. This is especially important for female patients on obstetric floors. However, in emergency cases, exceptions

could be made to this rule. Still, nurses are strongly encouraged to inform their female patients if male healthcare providers are to be called over to assist with the emergency. Same sex providers should be assigned to dead Muslim patients as well.

8. *Refrain from touching the Qur'an unless if wearing clean gloves or if given permission:* Only people who have showered since their last menstrual period or sexual intercourse are allowed to touch the Qur'an. Health care providers are discouraged from placing anything over the Qur'an out of respect to this sacred and holy book.
9. *Do not pressure relatives of a dead person to give consent for autopsy or organ donation:* Autopsy is discouraged except in cases where criminal foul play is suspected. Muslims consider their bodies to be a gift from God and consider themselves to be the trustees of this gift. As a result, they are required to care for their bodies and preserve them in the best possible shape.
10. *Allow relatives or friends of a dead Muslim patient to perform the special washing of the dead and wrapping with the white garb called Kafan:* This action is congruent with the beliefs and practices of Syrian Muslims. Only Muslims are supposed to wash the body of a dead Muslim. The process of *ghusul* is rigorous and is supposed to be conducted as soon as possible following death to speed the burial process since Muslims believe that to honor the dead is to bury them.
11. *Cover pictures, crosses, and statues in the rooms of dying Muslim patients if requested by their families:* Muslims believe that such items might prolong the suffering of the dying by retarding the angel of death from entering the room to

collect the soul of the dying person. Be aware that in some cases, the families of the dying Muslim patient might hesitate to make such requests out of fear of offending non-Muslim health care providers.

12. *Ensure that no men enter the room of traditional Muslim women who wear veils without their knowledge and consent*: This is extremely important as female Muslim patients who place a great emphasis on modesty might take their veil off for comfort when in their rooms. Suggestions to ensure privacy include posting a sign on the client's door that requests healthcare providers to obtain permission before entering the room.

Cultural care accommodation and/or negotiation:

In order to accommodate for or negotiate cultural care with Syrian/Arab Muslims, nurses and other health care providers are encouraged to do the following:

1. *Allow for a large number of visitors:* Presence of a supportive network of family members and friends is extremely important for Syrian Muslims, especially since this is considered a sign of caring, as well as a social and cultural obligation/expectation. It is also believed to be an act of worship that is beneficial for the sick as well as the visitors. Nurses can bend the rules of visitation hours and visitors' number or negotiate with the client and family members the number of visitors allowed per visit. The literature supports the finding that Syrian Muslims receive and benefit from having a lot of visitors when ill. It is common for Muslim community members who are not related to the patient to visit the sick. Health care professionals should understand that the extensive social support received by the hospitalized Arab patient is an important part of recovery, and

does not impediment medical therapy (Connelly, Hammad, Hassoun, Kysia, & Rabah, 1999).

2. *Provide Halal or vegetarian meals if possible or allow patients to bring home-made foods to the hospital*: Hospitals can purchase halal meats from local merchants to accommodate the dietary needs of their patients. If Halal meat is unavailable, seafood or vegetarian meals may be substituted. Nurses are also encouraged to allow families to bring homemade foods for the patients. Connelly et al. (1999) explained that lard, gelatin (unless specified as beef gelatin), and some forms of non soy lecithin, are pork products that are generally widespread in processed foods, and prominent in prepared foods, which justifies the weariness felt by Arab Muslim patients towards hospital meals.
3. *Negotiate with hospital officials to provide Muslim patients with culturally congruent hospital gowns:* Such gowns should have long sleeves and should reach all the way down to the ankles in order to accommodate the modesty needs of Muslim patients.
4. *Nurses working in surgical, delivery, radiation floors, as well as any other departments should take special care in only exposing the needed body parts of their Muslim patients during different procedures:* Preserving modesty is congruent with Islam and the Syrian culture. Nurses working in labor and delivery, surgery, and radiation are encouraged to accommodate their patients by covering their body and exposing only the body parts needed for the required procedures at hand.

5. *Allow a patient's wife or mother to spend the night in the patient's room:* It is congruent with the Syrian culture for a mother or a wife to spend the night in the hospital room taking care of the husband or the son. Nurses are also encouraged to allow a family member to be with patient in the recovery room.
6. *Provide/prescribe alternatives to medicines containing pork derivatives:* When nurse practitioners and other health care providers are not able to preserve the culture care of their Syrian Muslim patient by prescribing non pork or alcohol based medications, they are encouraged to locate liquid and tablet alternatives to medications or vitamins containing gelatin or alcohol.
7. *Accommodate the needs of fasting Muslim patients:* For fasting patients, health care providers should negotiate the timing of scheduled medications from daytime to nighttime. For hospitalized patients, nurses are encouraged to arrange for a light meal to be consumed by the patient shortly before dawn. For patients wishing to have *Iftar* meals with their families, nurses should provide them with the appropriate private space. Health care professionals are advised to remember that not all Muslims will fast during Ramadan as Muslims are permitted to abstain from fasting when ill.
8. *Negotiate with hospital administrators to provide qualified translators for Syrian/Arab patients who do not communicate in English:* For patients unable to communicate in the English language, provide Arabic interpreters (same sex interpreters are preferable) who are sworn to confidentiality to assist with the identification of clients' needs and to deliver culturally congruent care.

9. *Negotiate to meet cultural expectations:* Health care providers are encouraged to ask their patients about their cultural expectations such as involving family members in the health care plan in order to avoid cultural clashes, imposition, and pain, and in order to provide their patients with culturally congruent care.

Cultural care repatterning and/or restructuring:

In order to repattern or restructure some of the potentially harmful health practices of Syrian Muslims, health care providers are encouraged to:

1. Educate clients about medical issues associated with marrying relatives such as first cousins. Health care providers can explain the slight increase in genetic defects with offspring of consanguineous marriages and the need for further medical research in this field. A review of the literature revealed that the incidence of consanguineous marriages in Syria is more than one in four. Children of consanguineous marriages were found to have, on average, about two-and-a-half times the rate of congenital malformations or genetic disorders that is normally found in nonconsanguineous marriages. However, a review of nine genetic studies indicated that offspring of first-cousin marriages exhibited a malformation rate that was only 0.2 percent higher than the malformation rate associated with unrelated marriages. The researcher deducted that while first-cousin marriages slightly increase the likelihood of malformation, the results were not considered genetic disasters. Social advantages such as family solidarity and pooling of financial resources were associated with positive aspects of consanguineous marriages (Wertz, 2000).

2. Educate clients about the harmful effects of medication sharing and of taking medications without receiving proper diagnosis by a primary health care provider. Health care professionals should encourage clients to consult with a physician or nurse practitioner before consumption of any lay or self-prescribed medications.
3. Educate clients about dangers of consuming raw meat. The popular Middle Eastern dish called *kibbe nayyeh* consisting of raw ground beef or lamb may cause bacterial food poisoning. Clients should be educated about proper food handling, cooking, and storing techniques. Clients may also be encouraged to use vegetarian imitations of this dish. One alternative described by an informant is vegetarian Kibbeh made with cracked wheat, onions, tomato paste, and pepper paste.
4. Encourage and assist new immigrants who smoke cigarettes or the water pipe to quit smoking. Explain the health dangers associated with smoking, as well as the effect of second hand smoke inhalation (passive smoking) on non-smokers.
5. Provide Syrian Muslim clients with information about appropriate resources that can assist them in purchasing or locating affordable health care. Explain potential danger from relying solely on a social network for health care.
6. Lobby political leaders to change laws affecting civil rights of all US citizens so as to prevent discrimination practices.
7. Lobby political leaders to introduce laws that provide universal health insurance and regulate medication costs
8. Lobby political leaders to require pharmaceutical companies to provide alternative forms of medications containing gelatin or alcohol ingredients

9. Educate Syrian Muslim clients about stress coping techniques.
10. Explain to clients using lead based kohl for eyes about the dangers of lead poisoning and provide them with information related to alternatives. Hashmi Surma is Kohl that is imported from Pakistan and does not have lead in its ingredients. Eye kohl was reported to have been used by Syrian people on the eyes of newborns to enhance their beauty. Kohl was found to have a lead composition of up to 83%. Several studies were done to examine the relationship between lead based kohl and lead poisoning. It was discovered that lead is absorbed into the blood stream through the conjunctiva resulting in increased blood levels and lead poisoning (Khan & Munir, 2005).
11. Educate clients about importance of checking for interactions between generic home remedies and prescribed or over the counter medications. For example, chamomile, a popular Syrian herbal tea, should not be taken by a patient receiving warfarin or any other blood thinner except under close medical supervision.
12. Encourage Syrian Muslims to exercise and engage in physical activities. Discuss effect of exercise on health.

Theoretical Formulations

The researcher derived two theoretical formulations from the findings of this study. The first one is that the more religious the person, the more likely it is for the culture to be embedded in and eclipsed to a certain degree by the religion. The eclipse is not complete however, for the culture retains its identity. It is the researcher's stance that the culture of religious people is intertwined with their religion which feeds into the culture. As a result one can look at culture as the sun and to religion as the moon. In a

typical solar eclipse, the moon moves gradually over the sun and eventually it covers the sun except for a bright ring around its circumference which reminds viewers that it is still there. In the case of religious Muslims, the more attached they are to their religion, the more it is likely for their religion to overshadow the culture. The religion becomes the culture, but the culture does not become the religion. This is how it retains its identity. The realms of religion and culture are almost superimposed and the more powerful religious force subdues the cultural one. Most religious informants told the researcher that they do not like the term "culture", for they do not believe in it, and prefer instead to acknowledge the authentic source of their beliefs and practices, which is the religion. More liberal informants acknowledge the effect of both culture and religion on their lifestyles.

The researcher's second theoretical formulation is that the more a Muslim patient adheres to his/her religion, the more care accommodations will likely be needed by health care providers to provide him/her with culturally congruent care. Liberal informants and ones who described themselves as less conservative than others were less demanding when asked about needed professional care accommodations by health care providers. More religious and conservative informants verbalized more concerns and requests for cultural/religious care accommodations. Accordingly, health care professionals can provide religious patients with culturally congruent care when integrating faith with modern science. Since religious Muslim patients require more care accommodations by health care providers, health care professionals might want to explore how integrating faith with modern science can result in the provision of culturally congruent care to religious patients.

Nursing Implications

Implications for Nursing Theory

In this study, Leininger's Culture Care Theory served as the theoretical framework to uncover specific culture care practices of Syrian Muslims. Findings from this study will contribute to the body of nursing knowledge in relation to the care of Syrian Muslim patients, and the generic and professional care practices that promote their health and well being. The impact of these discoveries will expand the awareness of the importance of generic and professional care in the promotion of health and well-being of Syrian Muslims in the US. The study will also contribute to the discipline of nursing and Leininger's theory by adding to the evolving body of transcultural nursing care knowledge related to the care of Syrian Muslims, and other Arab Muslims as well. In addition, the discovered themes and theoretical formulations made by the researcher may result in future theory development.

In addition, findings from this study supported some of the assumptive premises of the Culture Care theory. The discovery of universality and diversity within the identified themes and patterns supported the assumptive premise of Leininger's theory that cultural differences and commonalities about human care exist among and within all cultures worldwide. The findings from this study also supported the assumptive premise that care is embedded in people's social structure, worldview, language, and environmental context as evidenced by the themes and patterns discovered in this study.

Implications for Nursing Education and Practice

The knowledge gained from this study may be incorporated into nursing curricula when addressing culture specific practices with regards to theory. The publication of the

themes abstracted from these findings may enhance the knowledge of professional nurses and students regarding the health and well-being of Syrian Muslims in the US. Nurses are increasingly caring for patients from cultures other than their own due to increased globalization. Dissemination of the findings from this study will provide nurses and other health care professionals with knowledge about culture care beliefs and practices that are cherished by Syrian Muslims. Knowledge of these findings may be used by U.S. health care providers, such as registered nurses, nurse practitioners, and others to provide Syrian Muslims all over the U.S. with culturally congruent and holistic care within outpatient and inpatient hospital care contexts. This may be achieved through the incorporation of the findings from this study into care provision for Syrian Muslim patients. The findings of this study may guide other Syrian Muslims seeking Western health care. Culturally sensitive care may be provided to these clients through the use of Leininger's care modes which include culture care preservation or maintenance, culture care accommodation or negotiation, and culture care repatterning or restructuring.

Implications for Nursing Research

The findings from this ethnonursing study which utilized the Culture Care Theory as a theoretical framework may play a role in refining and developing credible transcultural knowledge. Ethnonursing is a research methodology that seeks to discover the emic perspective of informants as well as the etic view of the outsiders and is therefore concerned with delivering credible data (Leininger, 1991). The use of the Observation Participation Reflection enabler (see Appendix E) reduces cultural bias by grounding the researcher first in observational experiences with the population under study and by building his/her skills, perceptions, cultural awareness and cultural

sensitivity. This data collection process increases the credibility and confirmability of the research findings. In addition, the time spent by the researcher in preparation for entry into the field which often surpasses the time spent in direct contact with informants during interviews, has a direct impact on the quality of the research findings. As a result, the rigor of ethnonursing research reduces potential researcher bias and yields data that are highly credible. In addition, conducting this study was intended to provide the basis for future transcultural research with other cultural groups in the US and other countries using Leininger's theory.

Recommendations for Future Research

The following are research topics to consider for future studies:

1. Examine how spiritual healing can be integrated with modern science in nursing care.
2. Explore the relationship between job satisfaction and caring beliefs, expressions, and practices of nurses.
3. Investigate the effects of folk remedies on health and illness.
4. Discover the culture care beliefs, expressions and practices of other Middle Eastern groups living in the US.
5. Discover the effect of acculturation on second generation Syrian Muslims' generic care beliefs, expressions, and practices.
6. Discover the influence of the US political context on the care and health of Syrian/Arab Muslims in the US.
7. Investigate language use as protective care.

Reflections on the Study

The review of the literature which revealed a paucity of articles addressing the Syrian people in the US justified the need for this study. However, many of the findings of this study were supported in the literature although not in direct relation to the Syrian Muslim people. For example, the belief in the envious evil eye and the protective Qur'anic reading and emblems was documented as a finding in an ethnonursing study involving Lebanese Muslims (Wehbe-Alamah, 1999). It was also supported by Connelly et al. (1999) who advised that care should be taken to mention God's name when complimenting children so as to eliminate jealousy that might make them ill. Furthermore, the use of Zennar for newborn babies to prevent and treat stomachache and gas in infants was found to be also practiced by Lebanese Americans (Luna, 1989; Wehbe-Alamah, 1999).

The researcher discovered that the use of herbal teas to treat the cold, sore throat, stomachache and gas was extremely common among the Syrian people. One of the most frequently used herbal teas is called Zhourat. In order to discover the ingredients of this tea, the researcher purchased a package from a Middle Eastern store in Dearborn, Michigan. The label on the package included the following ingredients: marshmallow roots, chamomile, almond, licorice roots, zizyphus, dry jujube, and mixed herbs. One of the components of zhourat, licorice, is described in the literature as a treatment used for abdominal colic. Chamomile is described as a digestive aid and a mild sedative. In Germany, it is licensed as an over the counter drug for internal use against gastrointestinal spasms and inflammatory diseases of the gastrointestinal track (Chopra, 1995). Almond is a natural source for salicylic acid, and Naanaa (dry mint) and Yansoon

(Anise) are common herbs used for the treatment of different problems of the digestive system (Al-Housayney, 1992). Use of herbal teas to treat minor upper respiratory problems was also found to be prevalent among Lebanese Muslims in the US (Wehbe-Alamah, 1999).

While the practice of cupping known as Hujamah was reported to be staging a comeback in Syria, it was reported to be almost extinct by Lebanese informants in an earlier study conducted by the researcher (Wehbe-Alamah, 1999). However, during a trip to Lebanon made in June of 2005, the researcher discovered a center for Hujamah in the capital Beirut. In a study involving 300 patients, it was discovered that cupping played a role in curing several diseases including hemophilia, leukemia, lymphoma, migraine headache, hypercholesterolemia, gout, paralysis, asthma, rheumatism, and certain heart diseases. Cupping was found to be beneficial when done in the spring season, early in the morning, and on an empty stomach (Arabicnews.com, 2001). This is congruent with the recommendations given by the Syrian informant who had taken Hujamah lessons.

The review of the literature revealed that the black seed, known in Arabic as the *Blessed Seed*, used by Syrian Muslims to boost immunity and prevent/treat multiple illnesses, was researched in several scientific studies that revealed the following: Black Seed has bronchodilating, antibacterial, and antimycotic effects. It was associated with stimulating bone marrow and immune cells, raising interferon production, protecting normal cells against cell destroying effects of viruses, destroying tumor cells, and raising the number of anti-bodies producing B cells (Amazingherbs.com, 1999).

Many of the informants in this study reported acts of stereotyping and discrimination. Stereotyping against Arab Muslims was documented in the literature and

was found to exist even prior to September 11th. In a previous study conducted by the researcher with Lebanese Muslim immigrants prior to the September 11th tragedy, it was discovered that these people suffered from being stereotyped as terrorists. Many informants maintained that the media played a major role in enforcing negative stereotyping which was also exhibited by and affected the attitude of some U.S. health care providers (Wehbe-Alamah, 1999). Stereotyping is often the result of ignorance of the meaning of some foreign cultural beliefs and practices. Connelly et al.(1999) maintained that the myths, ignorance, and stereotyping about Arab and Islamic cultures stand in the way of providing sensitive and quality health care to Arab patients. One way to prevent incidences that could be associated with stereotyping is to encourage health care providers to learn to ask culturally sensitive questions, to avoid jumping to assumptions, and to evaluate each patient using a number of cultural cues.

Researching the generic health care beliefs, expressions, and practices of Syrian Muslims was a very challenging and rewarding experience. It took the researcher a year and a half to conduct this study, not including the two years that she spent immersing herself in the culture. The immersion experience proved to be extremely valuable in establishing trust between the researcher and the informants. The researcher was eventually invited to engage in different volunteer activities in the community where most of the research took place.

In addition, the Arab Muslim heritage of the researcher helped to facilitate her entry into the Syrian Muslim community. The informants were encouraged to participate in this study due to the fact that they shared a mutual cultural identity with the researcher (Arab Muslim) and because they could talk with her in either the English or Arabic

languages. This factor helped the researcher to include in the study people who were knowledgeable about the domain of inquiry and who could not speak the English language fluently, and assisted her in collecting rich and credible data. In addition, the researcher's friendly positive approach and openness towards the informants helped her gain their trust and friendship. The use of Leininger's Stranger to Trusted Friend Enabler Guide helped the researcher assess the gradual improvement in her relationship status with the informants.

Some of the informants were extremely supportive in helping the researcher locate other research participants and showed genuine interest and enthusiasm related to the study. The community gatekeeper was especially helpful in this regard. Several informants commended the researcher on her work by saying *Jazaky Allah Khayran* (May God reward you with goodness) because they felt that her work could benefit them and other Muslims. Many of the informants interviewed for confirmability of the findings informed the researcher that her discoveries apply to other Arabs as well and wondered why the study was limited to the Syrian Muslims alone.

The researcher tried to include a variety of informants in the study who could reflect the views of most Syrian Muslims. She was able to include single and married participants from both genders. However, the researcher could not locate any Shi'ah Muslim informants and as a result, all of the informants were Sunni Muslims. Both liberal and conservative informants participated in this study; however, the vast majority of informants who resided in the community where this study took place were traditional conservative Muslims and as a result, most of the interviewed informants were religious in nature.

Conducting this research was extremely gratifying to the researcher and has helped her make new friends, discover the beautiful side of Syria and its people, and gain insight into their generic health care beliefs, expressions, and practices. It has also helped erase many preconceived misconceptions and opened her eyes to future research areas awaiting exploration.

Conclusion

This study proposed to discover the generic or folk care beliefs, expressions, and practices related to health and illness of Syrian Muslims living in the Midwestern US. It attempted to discover generic care practices that promote health and beneficial lifeways for Syrian Muslims and to discover how Leininger's nursing care modes can be used to provide culturally congruent care. This investigation was conceptualized within Leininger's Culture Care Theory and used the ethnonursing research method which fit well with the purposes of this study. Several qualitative enablers designed by a transcultural nursing expert to guide researchers in the process of data collection and analysis were used. In addition to answering the research questions, patterns and themes were discovered and discussed, theoretical formulations were presented, and future research ideas were proposed. The strengths and limitations of the study were also discussed.

APPENDICES

Appendix A

Leininger's Phases of Ethnonursing Research

1. Identify the general intent or purpose(s) of your study with focus on the domain(s) of inquiry phenomenon under study, area of inquiry, or research questions being addressed.
2. Identify the potential significance of the study to advance nursing knowledge and practices.
3. Review available literature on the domain or phenomenon being studied.
4. Conceptualize a research plan from beginning to the end with the following general phases or sequence factors in mind.
   a) Consider the research site , community, and people to study the phenomena.
   b) Deal with the informed consent expectations
   c) Explore and gradually gain entry (with essential permissions) to the community, hospital, or country wherever the study is being done.
   d) Anticipate potential barriers and facilitators related to: gatekeepers expectations, language, political leaders, location, and other factors.
   e) Select and appropriately use the ethnonursing enabling tools with the research process, e.g. Leininger's Stranger-Friend Guide and Observation-Participation-Reflection Guide and others. The researcher may also develop enabling tools or guides for their study.
   f) Chose key and general informants.
   g) Maintain trusting and favorable relationships with the people conferring with ethnonursing research expert(s) to prevent unfavorable developments.
   h) Collect and confirm data with observations, interviews, participant experiences, and other data. (This is a continuous process from the beginning to the end and requires the use of qualitative research criteria to confirm findings and credibility factors).
   i) Maintain continuous data processing on computers and with field journals reflecting active analysis and reflections, and with discussions with research mentor(s). Computer processing with Leininger/Templin/Thompsons's software is a helpful means to handle large amounts of qualitative data.
   j) Frequently present and reconfirm findings with the people studied to check credibility and confirmability of findings.
   k) Make plans to leave the field site, community, and informants in advance
5. Do final analysis and writing of the research findings soon after completing the study.
6. Prepare published findings in appropriate journals.
7. Help implement the findings with nurses interested in findings.
8. Plan future studies related to this domain or other new ones.

From: Leininger, M. (1991). Culture Care Diversity & Universality: A Theory of Nursing. New York: National League for Nursing Press.

Appendix B

Leininger's Stranger to Trusted Friend Enabler Guide*

The purpose of this enabler is to facilitate the researcher (or it can be used by a clinician) to move from mainly a distrusted stranger to a trusted friend in order to obtain authentic, credible, and dependable data (or establish favorable relationships as a clinician). The user assesses him or herself by reflecting on the indicators as he / she moves from stranger to friend.

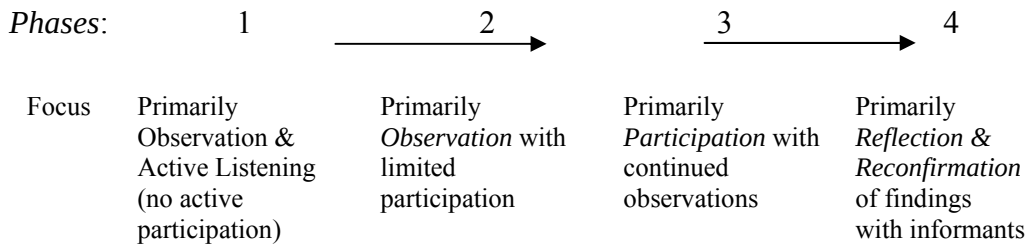
Indicators of Stranger (Largely etic or outsider's views)	Date Noted	Indicators as a Trusted Friend (Largely emic or insider's views)	Date Noted
Informant(s) or people are: 1. Active to protect self and others. They are "gate keepers" and guard against outside intrusions. Suspicious and questioning. 2. Actively watch and are attentive to what researcher does and says. Limited signs of trusting the researcher or stranger. 3. Skeptical about the researcher's motives and work. May question how findings will be used by the researcher or stranger. 4. Reluctant to share cultural secrets and views as private knowledge. Protective of local lifeways, values and beliefs. Dislikes probing by the researcher or stranger. 5. Uncomfortable to become a friend or to confide in stranger. May come late, be absent and withdraw at times from researcher. 6. Tends to offer inaccurate data. Modifies "truths" to protect self, family, community, and cultural lifeways. Emic values, beliefs, and practices are not shared spontaneously.		Informant(s) or people are: 1. Less active to protect self. More trusting of researchers (their "gate keeping is down or less"). Less suspicious and less questioning of researcher. 2. Less watching the researcher's words and actions. More signs of trusting and accepting a new friend. 3. Less questioning of the researcher's motives, work and behavior. Signs of working with and helping the researcher as a friend. 4. Willing to share cultural secrets and private world information and experiences. Offers most local views, values and interpretations spontaneously or without probes. 5. Signs of being comfortable and enjoying friends and a sharing relationship. Gives presence, on time, and gives evidence of being a "genuine friend". 6. Wants research "truths" to be accurate regarding beliefs, people, values and lifeways. Explains and interprets emic ideas so researcher has accurate data.	

*Developed and used since 1959: Leininger

From: Leininger, M. (1991). Culture Care Diversality & Universality. New York: National League for Nursing Press

Appendix C

Leininger's Ethnonursing Observation-Participation-Reflection Enabler



From Leininger, M., & McFarland, M. (2002). Transcultural Nursing concepts, theories, research, & practice. NewYork: McGraw-Hill Companies, Inc.

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Appendix D

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: Generic and Professional Health Care Beliefs, Expressions, and Practices of Syrian Muslims living in the Midwestern United States

INVESTIGATOR: Hiba Wehbe-Alamah, APRN, BC, MSN.
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SOURCE OF SUPPORT: This study is being performed as partial fulfillment of the requirements for the doctoral degree in Nursing at Duquesne University. This study is supported by a grant from Transcultural Nursing Society.

PURPOSE: You are being asked to participate in a research project that seeks to investigate the meanings, beliefs, expressions, and practices of care of Syrian Muslims in the Midwestern U.S. You will be asked to allow me to interview you. The information obtained during the interview will be coded, studied, and used for the purposes of increasing the understanding of the beliefs and practices related to health and well being.

RISKS AND BENEFITS: There are no known risks or direct benefits from participating in this study; however, changes may occur in patient care and nursing education after the study is completed.

COMPENSATION: You will not be compensated for participating in this study. However, participation in this study will require no monetary cost to you.

CONFIDENTIALITY: Your name will never appear on any survey or research instruments. No identity will be made in the data analysis. Transcribed tapes will be returned to you as this is congruent with your culture and religion. Your responses will only appear in summaries. All written informed consent forms will be stored in a locked file in the researcher's home or bank and will be destroyed 7 years after the completion of the study, with the exception of consent forms which will be destroyed at the end of the study.

RIGHT TO WITHDRAW: You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time.

SUMMARY OF RESULTS: A summary of the results will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT: I have read the above statements and understand what is being requested of me. I understand that if I do not feel comfortable signing this form, that I may substitute my signature with a sign that is meaningful to me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board (412-396-6326).

_____ _____

Participant's Signature Date

_____ _____

Researcher's Signature Date

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Appendix E

الموافقه على المشاركه فى دراسة بحث

عنوان: الاعتناء الصحى المحترف و الشعبى لمعاني، و معتقدات، وتعابير، و ممارسات السوريين المسلمين القائمين في وسط غربي الولايات المتحدة الامريكية

اسم الباحثة: هبة وهبي علامه، م م م م، م ب، م ع ت
3596 دزرت درايف ساغينو ميشيغن 48603

مستشار: الدكتور ريك زوها
مدرسة التمريض في دوكاين يونيفرسيتي
4123966545

مصدر الدعم: هذا البحث يجرى حاليا كوفاء جزئي لتطلبات شهادة الدكتوراه في التمريض في جامعة دوكاين. هذا البحث قد حصل
على منحة من قبل جمعية التمريض الدولية

هدف: انك تسأل حاليا المشاركة في بحث دراسي يهدف الى اكتشاف المعاني، و المعتقدات، و الايضاحات، و الاعراف الشعبية و المحترفة، و الاعتناء الصحى الممارس من قبل السوريين المسلمين المهاجرين في وسط غربي الولايات المتحدة الامريكية. سوف يطلب منك أن تسمح لي باجراء مقابلة معك. المعلومات التي سوف تؤخذ منك خلال المقابلات سوف تمنح مصطلحات خاصة، تحلل،
و تستعمل من أجل زيادة فهم المعتقدات و الممارسات المتعلقة بالصحة و المرض.

الاخطار و الفوائد:لا يوجد اخطار متوقعه أوفوائد مباشره من الاشتراك في هذا البحث. ولكن, هناك تغيرات ممكن ان تحدث في طريقه الاعتناء بالمرضى وبالدراسات التمريضيه عند انتهاء البحث.

تعويضات: لن تعطى تعويضا مقابل الاشتراك في هذا البحث كما أن الاشتراك في هذا البحث لن يكلفك مالا أيضا.

سريه المعلومات: لن يظهر إسمك في أيه إحصاآت أو أدوات البحث. لن تذكر شخصيتك في التحليلات. كل الموافقات الخطيه، سوف تخزن في خزنه مقفوله في بيت الباحثه. سوف تعاد الأشرطة لك عند الانتهاء من استنساخها اتفاقا مع حضارتك و دينك. أجوبتك سوف تظهر فقط في الملخصات. جميع المعلومات الخطيه من المقابلات سوف تتلف بعد إنتهاء البحث.

حق الانسحاب: لست مستلزما للاشتراك في هذا البحث. يمكنك أن تسحب قبولك للاشتراك في هذا البحث في أي وقت.

موجز النتائج: موجز نتائج هذا البحث سوف يقدم لك عند الطلب بدون مقابل.

الموافقه التطوعيه: لقد قرأت ما سبق وأفهم ما يطلب مني. أنا أفهم أنه في حاله عدم شعوري بالارتياح لتوقيع هذه العريضه، أنه بامكاني أن أستبدل توقيعي بعلامة ذات معنى خاص لي. هذه العلامة سوف تعبر عن موافقتي للاشتراك في هذا البحث. أنا أفهم أيضا أن إشتراكي متطوع وأنه بإمكاني سحب موافقتي في أي وقت و لأي سبب. بناء على هذه البنود، أشهد أني موافق (ه) على الاشتراك في هذا البحث.

أنا أفهم أنه في حاله وجود أسئله تتعلق بإشتراكي في هذا البحث بإمكاني الاتصال بالدكتور بول ريتشر، رئيس لجنه المراجعه التأسيسيه لجامعه دوكاين على الرقم التالي 4123966326

توقيع المشارك: ---------- تاريخ ----------

توقيع الباحثه: ---------- تاريخ ----------

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Appendix F

Transcriptionist's Consent to Confidentiality

I, ---------- , agree to transcribe the contents of audio cassettes given to me by Mrs. Hiba Wehbe-Alamah and promise to keep all information I gain access to through my transcribing service confidential. I will return all documentation and audiotapes to Mrs. Hiba Wehbe-Alamah and delete the original transcription from the hard drive of my computer at home whenever she instructs me to do so.

Signature: ---------- Date: ----------

Witness: ---------- Date: ----------

Appendix G

Generic and Professional Care of Syrian Muslim Immigrants in the U.S.

Original Open Inquiry Guide for Mini-Study

ETHNODEMOGRAPHICS – Part I

Codename:	Religious affiliation:
Interview date:	Years of education:
Age:	Occupation:
Sex:	Languages spoken:
Place of birth:	Years in U.S.:
Midwestern City:	Residency status:

OPEN-ENDED QUESTIONS

ENVIRONMENT

1. Tell me where you were born. When did you come to the U.S.? Where do you live?
2. Tell me about your decision to come here to live.
3. How is your life different since you came to the US.? How is it the same?
4. Who lives with you in your household?
5. Do you have concerns about the environment in which you live here in the U.S.?
6. Do you feel safe living in this area?

Appendix G

Generic and Professional Care of Syrian Muslim Immigrants in the U.S.

Original Open Inquiry Guide for Mini-Study

ETHNODEMOGRAPHICS – Part II

Codename:

KINSHIP/SOCIAL FACTORS

1. Do you have family living in this area?
2. How often do you visit with your family and friends? How often do you visit Syria?
3. Who is the decision-maker in your family? What is your role/status in the family?
4. How do you spend a typical day and night?
5. Who helps you when you are sick or need care?

CULTURAL/RELIGIOUS FACTORS

1. Can you tell me about your customs and cultural lifeways?
2. Which cultural group do you identify yourself with?
3. Which religious holidays do you observe and how do you celebrate them?
4. Can you tell me about your experiences living the U.S. as an Arab Muslim?
5. Do you find any areas of conflict or concern between yourself and nurses whose values and beliefs about care differ from yours?
6. Can you describe to me incidents that illustrate how nurses and other health care providers were or were not considerate of your cultural values, beliefs, and practices
7. What does religion mean to you? How do you practice it and how does it help you?

Appendix G

Generic and Professional Care of Syrian Muslim Immigrants in the U.S.

Original Open Inquiry Guide for Mini-Study

ETHNODEMOGRAPHICS- PART III

Codename:

TECHNOLOGICAL FACTORS

1. How does your culture view/value technology in relation to health care?
2. Are there any types of technology that are sought after?
3. What types of technology are forbidden or discouraged by your religion?
4. How does technology affect the care you receive in the hospital or clinic?

ECONOMICAL/POLITICAL FACTORS

1. What type of health insurance do you have?
2. What are your concerns about your economic situation in relation to care?
3. Who is in charge of the budgeting in your family?
4. How does your economic situation affect your health and well-being?
5. What are, if any, political factors affecting the safety of your environment?
6. How has your health been affected by recent events and political changes?
7. How do political factors conflict with your cultural beliefs and practices?
8. What are your concerns about the political situation in this country? In your country of birth?
9. How do/can political or professional leaders show care/caring to you as an individual and to all Arabs/Syrians in general?

Appendix G

Generic and Professional Care of Syrian Muslim Immigrants in the U.S.

Original Open Inquiry Guide for Mini-Study

ETHNODEMOGRAPHICS – Part IV

Codename:

HEALTH, ILLNESS, AND WELL-BEING

1. What does the word health mean to you? What does "well- being" mean to you?
2. Describe activities you do to maintain good health.
3. Describe any culture based practices you do to improve or maintain your health. Are there certain foods, medicine, or home remedies that you believe keep you healthy or improve your health?
4. What does the word "illness" mean to you?
5. Describe any culture based practices you do to treat your illnesses.
6. In what ways does care affect your health and well being?
7. In what ways has nursing care affected your health?

CARE

1. What does the word "care" mean to you?
2. What are signs of a caring person? A caring nurse? A noncaring nurse?
3. Describe to me incidents during which you received care from a family member or friend when you were ill.
4. Describe to me incidents during which you received care by a caring and/or noncaring RN in a Western health care facility.
5. In your culture, how do men, women, children, family members show care?
6. What should nurses and other healthcare professionals know/do to provide you with culturally congruent care?

Appendix H

Generic and Professional Care of Syrian Muslims in the US

Updated Open Inquiry Guide

ETHNODEMOGRAPHICS – Part I

Codename:		Religious affiliation:	
Interview date/location:		Years of education:	
Age:	Sex:	Occupation:	
Marital status:	Children:	Spouse's occupation:	Blood Relation:
Dress Code:		Languages spoken:	
Place of birth:		Years in U.S.:	
City of Residence:		Residency status:	

OPEN-ENDED QUESTIONS

ENVIRONMENT

1. Tell me where you were born. When did you come to the U.S.? Where do you live?
2. Tell me about your decision to come here to live.
3. How is your life different since you came to the US.? How is it the same?
4. Who lives with you in your household?
5. What concerns do you have about the environment in which you live here in the U.S.?
6. How safe do you feel living in this area?

Appendix H

Generic and Professional Care of Syrian Muslims in the US

Updated Open Inquiry Guide

CULTURAL & SOCIAL STRUCTURE DIMENSIONS– Part I

Codename:

KINSHIP/SOCIAL FACTORS

1. Do you have family living in this area?
2. How often do you visit with your family and friends? How often do you visit Syria?
3. Who is the decision-maker in your family? What is your role/status in the family?
4. How do you spend a typical day and night?
5. Who helps you when you are sick or need care?

CULTURAL/RELIGIOUS FACTORS

1. Which cultural group do you identify yourself with?
2. Tell me about your customs and cultural lifeways? How do you install them in your children?
3. Which religious holidays do you observe and how do you celebrate them?
4. Tell me about your experiences living the U.S. as an Arab Muslim?
5. What are areas of conflict or concern between yourself and nurses whose values and beliefs about care differ from yours?
6. Describe to me incidents that illustrate how nurses and other health care providers were or were not considerate of your cultural values, beliefs, and practices?
7. What does religion mean to you? How do you practice it and how does it help you?

Appendix H

Generic and Professional Care of Syrian Muslims in the US

Updated Open Inquiry Guide

CULTURAL & SOCIAL STRUCTURE DIMENSIONS- Part II

Codename:

TECHNOLOGICAL FACTORS

1. How does your culture view/value technology in relation to health care?
2. What types of technology are encouraged by your religion?
3. What types of technology are forbidden or discouraged by your religion?
4. How does technology affect the care you receive in the hospital or clinic?

ECONOMICAL/POLITICAL FACTORS

1. What type of health insurance do you have?
2. What are your concerns about your economic situation in relation to care?
3. Who is in charge of the budgeting in your family?
4. How does your economic situation affect your health and well-being?
5. What are, if any, political factors affecting the safety of your environment?
6. How has your health been affected by recent events and political changes?
7. How do political factors conflict with your cultural beliefs and practices?
8. What are your concerns about the political situation in this country? In Syria?
9. How do/can political or professional leaders show care/caring to you as an individual and to all Arabs/Syrians in general?

Appendix H

Generic and Professional Care of Syrian Muslims in the US

Updated Open Inquiry Guide

CULTURAL & SOCIAL STRUCTURE DIMENSIONS- Part III

Codename:

HEALTH, ILLNESS, AND WELL-BEING

1. What does the word health mean to you? Tell me about your own health
2. Describe activities you do to maintain good health. Include any culture based practices you do to improve or maintain your health, such as foods, medicine, or home remedies/alternative curing systems that you believe keep you healthy or improve your health
3. What does the word "illness" mean to you? Death?
4. Describe any culture based practices you do to treat your illnesses, or dying patients?
5. What is your belief about magic and the evil eye, what causes it, and how do you treat it?

CARE

1. What does the word "care" mean to you?
2. What are signs of a caring person? A caring nurse? A noncaring nurse?
3. In what ways does care/nursing care affect your health and well being?
4. How is health care here different from health care in Syria?
5. Describe to me incidents during which you received care from a family member or friend when you were ill.
6. Describe to me incidents during which you received care by a caring and/or noncaring RN in a Western health care facility.
7. In your culture, how do men, women, children, family members show care to family and friends?
8. What should nurses and other healthcare professionals know/do to provide you with culturally congruent care?

APPENDIX I

Leininger's Phases of Ethnonursing Analysis for Qualitative Data*

Fourth Phase

Major Themes, Research Findings, Theoretical Formulations, and Recommendations
This is the highest phase of data analysis, synthesis, and interpretation. It requires synthesis of thinking, configuration analysis, interpreting findings, and creative formulation from data of the previous phases. The researcher's task is to abstract and present major themes, research findings, recommendations, and sometimes theoretical formulations.

Third Phase

Pattern and Contextual Analysis
Data are scrutinized to discover saturation ideas and recurrent patterns of similar or different meanings, expressions, structural forms, interpretations, or explanations of data related to the domain of inquiry. Data are also examined to show patterning with respect to meanings-in-context and along with further credibility and confirmation of findings.

Second Phase

Identification and Categorization of Descriptors and Components
Data are coded and classified as related to the domain or inquiry and sometimes the questions under study. *Emic* or *etic* descriptors are studied within context and for similarities and differences. Recurrent components are studied for their meanings.

First Phase

Collecting, Describing, and Documenting Raw Data (Use of Field Journal and Computer)
The researcher collects, describes, records, and begins to analyze data related to the purposes, domain of inquiry, or questions under study. This phase includes: recording interview data from *key* and *general* informants; making observations, and having participatory experiences; identifying contextual meanings; making preliminary interpretations; identifying symbols; and recording data related to the phenomenon under study, mainly from an *emic* focus, but attentive to *etic* ideas. Field data from the condensed and full field journal is processed directly into the computer code

*Leininger, M. M., (1987, 1990, and current revisions in 1991).

From: Leininger, M., M. (1991). Culture Care Diversity & Universality: A Theory of Nursing. New York: National League for Nursing Press

Appendix J

Free Nodes Created for Use in This Study with the QSR NUD*IST 4

Qualitative Research Software Based on Leininger's Coding Data System

Number	Description
1	Ethnodemographics
2	Ethnohistory
3	Environmental Context/Concerns
4	Kinship/Social Lifeways and Norms
5	Folk Caregiving Roles and Expectations
6	Cultural Beliefs and Practices
7	Religious Beliefs and Practices
8	Worldview
9	Experiences as Arab Muslims/Discrimination
10	Experiences with Professional Care
11	Folk Health Maintenance and Promotion Beliefs and Practices
12	Folk Health Illness Prevention Beliefs and Practices
13	Folk Health Illness Treatment Beliefs and Practices
14	Folk Health Beliefs and Practice of the Dying Patient
15	Folk Health Beliefs and Practices of the Evil Eye
16	Alternative Care and Curing Systems
17	Beliefs Related to Care

18	Generic and Professional Signs of Caring and Noncaring
19	Diversities Between Syrian and US Health Care System
20	Folk Expectations of professional Care
21	Technological Relation to Care
22	Political Effect on Care
23	Economical Effect on Care
24	Domestic Violence/Divorce
25	Future Research Ideas
26	Interviewer's Observations and Comments
27	Culture Care Maintenance or Preservation
28	Culture Care Accommodation or Negotiation
29	Culture Care Repatterning or Restructuring
30	Themes
31	Barriers to Care
32	Researcher's observations/Comments/Material Culture

Figure 1

Leininger's Sunrise Model Enabler to Depict Dimensions of the Theory of Culture Care Diversity and Universality

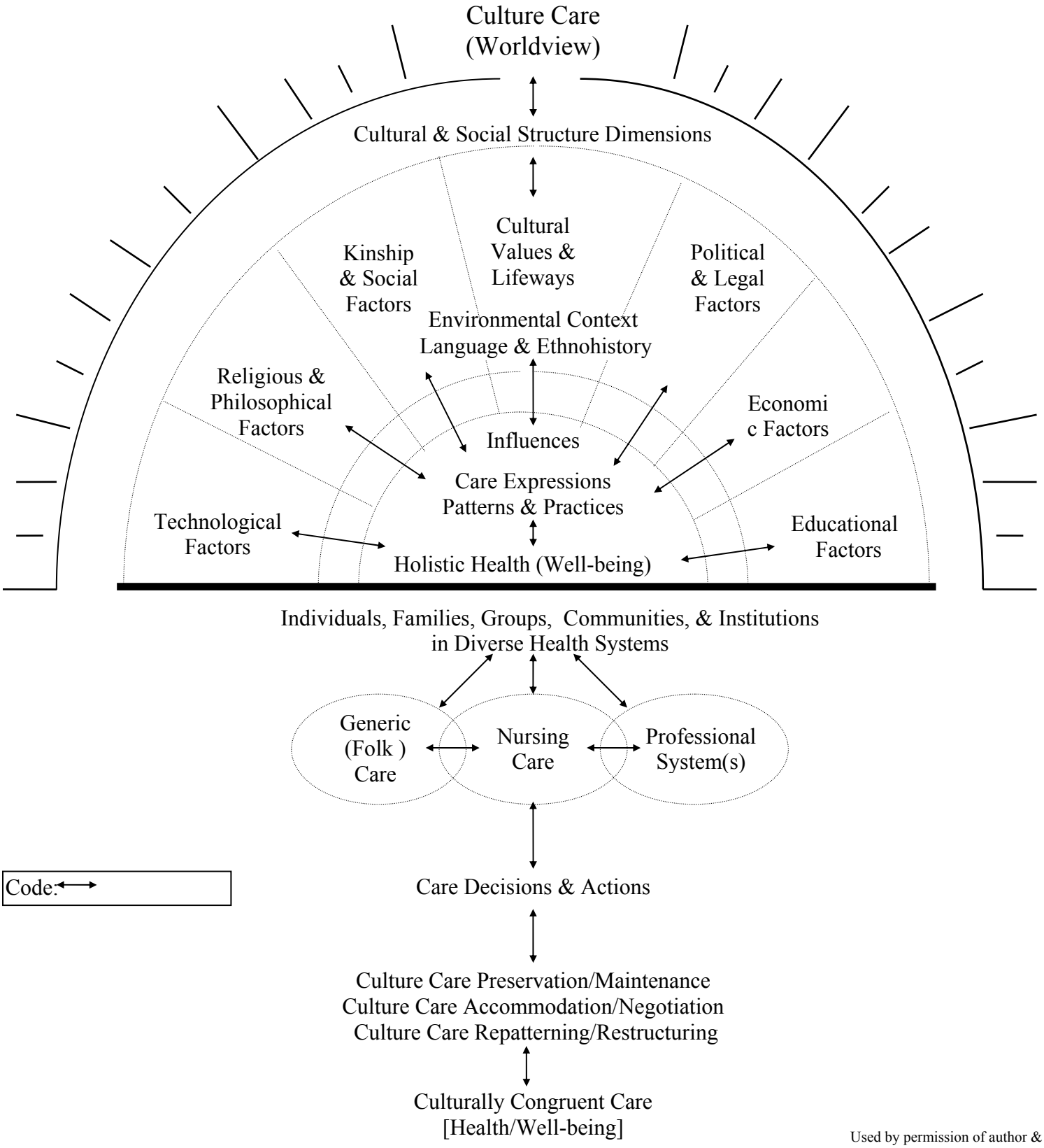

Figure 2

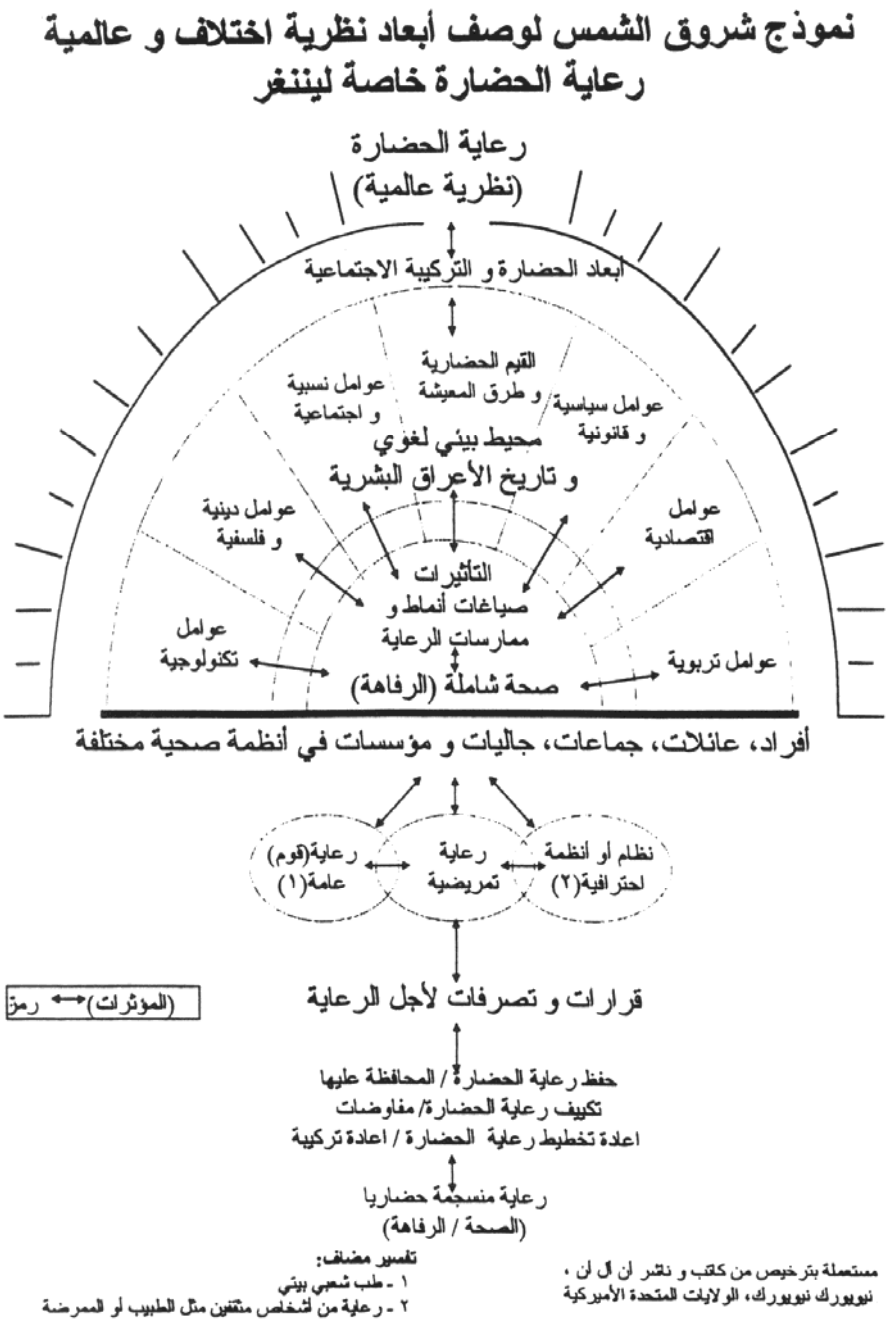
نموذج شروق الشمس لوصف أبعاد نظرية اختلاف و عالمية رعاية الحضارة خاصة لينننغر
رعاية الحضارة
(نظرية عالمية)
أبعاد الحضارة و التركيبة الاجتماعية
القيم الحضارية و طرق المعيشة
عوامل نسبية و اجتماعية
عوامل سياسية و قانونية
محيط بيئي لغوي و تاريخ الأعراق البشرية
عوامل دينية و فلسفية
عوامل اقتصادية
التأثيرات
صياغات أنماط و ممارسات الرعاية
عوامل تكنولوجية
عوامل تربوية
صحة شاملة (الرفاهة)
أفراد، عائلات، جماعات، جاليات و مؤسسات في أنظمة صحية مختلفة
رعاية(قوم) عامة(١)
رعاية تمريضية
نظام او أنظمة احترافية(٢)
قرارات و تصرفات لأجل الرعاية
رمز (المؤثرات)
حفظ رعاية الحضارة / المحافظة عليها
تكييف رعاية الحضارة/ مفاوضات
اعادة تخطيط رعاية الحضارة / اعادة تركيبة
رعاية منسجمة حضاريا
(الصحة / الرفاهة)
تفسير مضاف:
١ - طب شعبي بيتي
٢ - رعاية من أشخاص متقنين مثل الطبيب او الممرضة
مستعملة بترخيص من كاتب و ناشر ان ال ان ، نيويورك نيويورك، الولايات المتحدة الأميركية

Figure 3 –Map of Syria

http://syria.kacmac.com/map/syria_map.jpg

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