



SE11 – Commitment to Community Involvement

SE11: Provide one example, with supporting evidence, of a nurse or group of nurses delivering culturally and socially sensitive care.

Example: Providing Parents of Neonates Culturally and Socially Sensitive Care: To Continue to Pray with their Babies During the Pandemic Restriction on Visiting Based on the Crescent of Care Model (COCM)

Background

KFSHRC-J has as a defined Professional Practice Model, which includes Shared Governance and Evidence Based Practice as the overarching themes for nursing care delivery. Within the Professional Practice Model, there is a defined nursing model known as the Crescent of Care Model (COCM), which is grounded in Islam and addresses physical, psychosocial, and spiritual care based upon organizational values such as safety and patient-centric. Sandra Lovering, DHSc RN, CTN-A, FAAN, former Executive Director, Nursing Affairs at KFSHRC-J from August 20, 2004, to January 20, 2020, developed this nursing theory as part of her Doctoral thesis at the University of Sydney, Australia. [See EP1EOa Figure 1. PPM, and Nursing Practice Plan, 2022 p.16](#)

The COCM is outlined in detail in the Nursing Practice Plan, 2022, and all nursing staff are educated on the COCM during the General Nursing Orientation.

The COCM recognizes:

- Islam is the core of existence for the patient and family, making decisions based on Islamic values.
- The need to respect cultural values, beliefs, and practices.
- The importance of the patient and family structure for the patient's holistic well-being.

Assessment of Cultural Need

With the emergence of the COVID-19 pandemic, hospital policies and regulations became restrictive concerning family visitation. Parents of neonates admitted to the Neonatal Intensive Care Unit (NICU) were identified as a group of stakeholders most impacted by these changes. Before the pandemic, NICU maintained open visitation

compared to other intensive care units within the hospital. Parents could visit their babies any time between 09:00 and 21:00 and were able to meet with physicians to discuss their baby's prognosis and ongoing plan of care. During the pandemic, KFSHRC General Organization restricted in-person visitation across all of its branches to prevent the spread of COVID-19. This meant that with very few exceptions, the parents of neonates could no longer visit their babies. One of the most significant activities affected by the curtailment in visitation was parents being present to pray for their babies.

The Importance of Praying for the Neonates

Staying connected with their babies, talking to them, praying and reciting "*Ruqyah*," and/or reading/playing recitation from the holy book of the Quran is an important spiritual practice in Islam. *Ruqyah* refers to a healing approach based on the Quran and Hadith through the recitation of the Quran, seeking refuge, remembrance, and supplication that is used as a means of treating sickness and other problems by reading verses from the Quran, the names and attributes of Allah, or by delivering prayers in Arabic. The use of *Ruqyah* as a treatment method is popular for protection from any harm or evil eye (The Jinn). Many parents reported their sadness and worry to the nurses about their inability to provide this spiritual care for their babies.

Nurses Delivering Culturally Sensitive Care

On April 6, 2020, NICU clinical nurses raised the parents' ongoing concerns during the daily interdisciplinary team rounds, which included the Primary Nurse, Charge Nurse, Nurse Clinician, Head Nurse, Neonatologist Consultant, Pediatrician Assistant Consultant, Resident Physician, Respiratory Therapist, Dietician, and Clinical Pharmacist. Knowing that *Ruqyah* is highly important to parents inspired Liza Cronje, MCur RN, Adv. Mid. Adv. NeonSc, Head Nurse, NICU, and her team to consider every alternative way to facilitate in-person-visit. The Neonatologist Consultant informed Liza that he had started using smartphone applications like Facetime and IMO (Instant messaging) platforms in other hospitals that he visited. The team agreed that these platforms could also be of value to their stakeholders.

The need for smart devices was also raised. Liza sought support and wrote to Emad Jamal, Information Technology Mega-Project Advisor, Healthcare Information Technology Affairs (HITA) department, on April 08, 2020, requesting a smart device to facilitate virtual parental visits during the COVID-19 pandemic. Liza justified the request that this was based on the unique needs of the parents and babies. By enabling parents to virtually visit and connect with their babies, the NICU healthcare team could provide the opportunity for parents to meet their cultural and spiritual needs. **Evidence SE11.1 Request for Smart Devices for NICU to HITA from Liza**

Following Liza's email, a telephone conversation occurred between Liza and the Technical Support department team to discuss the request. One tablet device, i.e., an iPad Mini was made available on Tuesday, April 21, 2020. Abdulilah Alfadel, Head of the Technical Support Department, was assigned by Emad to configure the iPad settings and make MIFI (restricted WIFI access) available to facilitate the virtual NICU visits by parents. Liza notified the NICU medical team and nursing staff via email as soon as the device was available. She shared the news of device availability and technical support tips. The medical and nursing teams determined, at this point, the designated suitable times for parents to call. Liza asked medical and nursing staff to share their feedback and ideas, and suggestions for improving the virtual visit service during this implementation period. A challenge was knowing which application to use to call the parent, i.e., not knowing whether parents used an Android or an Apple device. **Evidence SE11.2 Copy of Liza's Email to NICU Staff with Feedback and Guidelines**

Clinical nurse Gina Lape, BSN RN, Staff Nurse 1, NICU, suggested introducing a mobile list to include the mobile number of the parents' Android or Apple device and the time of the call allotted per day. Gina compiled the list, which proved to be very useful. Clinical nurse Gemmalyn Arroyo, RN BSN, Staff Nurse 1, NICU, compiled an information leaflet provided to parents upon admission as a guide on how to request a NICU virtual call and how to use the application for a virtual visit. NICU nurses' involvement during this stage focused on arranging the call, confirming with the parents which device was being used, establishing a plan for using Facetime or the IMO application, agreeing on a time, troubleshooting, and holding the device during the call to enable the parents to see and pray for their babies. **Evidence SE11.3 Form for phone numbers and device type and virtual visit booking; Information leaflet for parents request a virtual call and how to use the application, dated August 4, 2020**

The Outcome of Applying a Culturally Sensitive Approach of Care Delivery

The team agreed to document all virtual calls made by parents for the purpose of bonding and providing spiritual support to their babies in the Individualized Care section of the Nursing Handover Communication Report in the patient's electronic record. **Evidence SE11.AD1 Nursing Notes Demonstrating Virtual NICU Visits**

There were 116 virtual NICU visits conducted in 2020, with a further 229 conducted in 2021. The uptake of the virtual visit service and feedback from parents revealed that they greatly valued how the virtual visits enabled them to engage in their cultural and spiritual practices. The parents viewed this as a positive feature of the care and services provided by the NICU unit. The feedback was used as a pilot to implement virtual family visits on a larger scale within the organization on August 10, 2021 **Evidence SE11.4 Implementation of Virtual Visits within the Inpatient Units, 14 July, 2020**