

# Case study: Culture, religion, and tuberculosis care [preceptor version]

## PHN RESIDENCY FOR NEW GRADUATES

### Objectives

1. Describe various cultural and/or religious practices that may influence nursing interventions provided to clients in community settings.
2. Discuss the practice of Directly Observed Therapy (DOT).
3. Analyze current health care practices and provide examples of organizational changes to enhance inclusiveness for diverse clients.
4. Provide examples of nursing behaviors that promote development of trusting nurse/client relationships.

### Case study

The Public Health Nurse (PHN) working in the infectious disease unit has several clients from Somalia who have active tuberculosis disease (TB). Their treatment regimen requires public health staff to bring client medications to them every weekday and watch them take their pills for direct observation therapy (DOT). The clients with TB have told the PHN that Ramadan is coming in June, and they are not allowed to eat, drink, or take anything by mouth from dawn to dusk. This includes taking medication and using water to swallow their medication. Ramadan lasts for 30 days, so it is not possible to take a break in treatment during the length of Ramadan. The staff work hours are from 8:00 AM to 4:30 PM, and the sun rises around 4:30 AM and sets around 7:30 PM.

1. **List ways that a PHN can accommodate a client to ensure that treatment fits with everyday life or cultural factors. For example, how might Ramadan impact the client's DOT?**

**Answer: Acknowledge the importance of work, lifestyle, or cultural factors for client care.**

- You will be unable to complete DOT from sunrise to sunset during Ramadan.
  - Talk with the supervisor about adjusting work schedules to fit the client's needs.
  - Use technology to observe clients taking medications.
  - Meet clients at alternative locations.
  - Talk with client about other possible necessary accommodations.
2. **Review the article *Muslim patients in Ramadan: A review for primary care physicians* (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5525471/>). After reviewing the article, describe some of the reasons for fasting during Ramadan and possible exemptions from fasting.**

After talking with the supervisor, the PHN decides to see clients at 10:15 PM. The PHN can flex hours to work late in the evening so there are no overtime hours. The clients agree with this plan. Because these are late visits, other staff in the unit agree to rotate home visits during Ramadan.

On one of the shifts, the PHN is waiting for a client at the home to give the treatment, but the client is 15 minutes late. The PHN calls the client to see where he is, and he says that he forgot about taking the medicine and went to a friend's house that night for a Ramadan celebration. The PHN does not want to interfere with a cultural celebration, but according to the state law and best practice, the client must be

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observed taking the medication and must not miss a dose. The PHN also has another client to see and does not want to be late for that visit.

**3. List some options for the PHN in this situation.**

**Answer: The PHN could meet the client at his location or another location, or go see the second client and come back to this one.**

The PHN decides to go see the other client first and tells this client that it is required that he take his medication tonight, so the PHN will be coming to his friend's house. However, the PHN still wants to maintain confidentiality for the client so arrangements are made to meet him in the parking lot of his friend's apartment building. The client agrees and meets the PHN by the car. He apologizes for forgetting about his medication and states it will never happen again.

The next week, another staff reports the same client was not home again. The client went out of town because he had the day off work, so he was not available to take his TB medications. However, he said he would be back the following day.

**4. How might the PHN work with a client who is not taking their medications?**

**Answer: Assess and respond to the client's barriers to taking the medication. Examples of barriers might include:**

- Lack of understanding of the consequences of poor or non-adherence
- Transportation issues
- Side effects
- Differing cultural views of time
- Differing cultural beliefs about medications
- Stigma
- Other barriers identified by client

**5. Describe some ways your organization can work on creating a culturally friendly environment for people from different cultures and religions.**

**Answer:**

- Learn more about cultures represented in the community:
  - Read stories written by individuals from the culture.
  - Attend events in the communities.
  - Ask your clients about their culture.
- Include major religious or cultural holidays on the organizational calendar.
- Display artwork that represents those communities.
- Be sure to include community members from different cultures for decision-making or input.
- Review organizational policies for culturally appropriate practices.

## Concepts covered

Knowledge of and organizational barriers to the accommodation of work, lifestyle, religious, or cultural factors that impact client care; directly observed therapy; medication non-adherence; mandated services; adapting nursing interventions to meet client needs

## Additional resources

1. Abolaban, H., & Al-Moujahed, A. (2017). Muslim patients in Ramadan: A review for primary care physicians. *Avicenna journal of medicine*, 7(3), 81-87. Online: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5525471/>.
2. Stratis Health. (2020). *Culture Care Connection: Somali*. Online: <https://culturecareconnection.org/cultural-responsiveness/somali/>.
3. Minnesota Department of Health. *TB Information for Health Professionals*. Online: <https://www.health.state.mn.us/diseases/tb/hcp/index.html>.

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