

law. The Americans with Disabilities Act of 1990 requires nonprofit public service providers to ensure that persons with hearing, vision, and speech disabilities have the right to effective communication.¹¹

Owing to limited access to preventative services, patients who are deaf are more likely to seek care from the emergency department.⁴ For this reason, emergency nurses should be cognizant of their duty to provide safe care to this population. Emergency nurses should review policies regarding communication with patients who speak a different language than their own. If proper communication resources are not available, emergency nurses should advocate for the safe delivery of care and adequate means of communication by requesting those resources. Depending on the location of the emergency department, there is a variety of options to access interpreters for patients who are deaf, from employed interpreters and contracted agencies to freelance interpreters. With the increase in technology use in health care, many companies are incorporating video-interpreting services into their interpreting services. Gone are the days of interpreting services offered only via standard telephone. Now there is an option to have the same spoken-language interpreting services with the addition of video-interpreting services via a mobile computer or tablet. Within minutes a qualified interpreter can be on a screen ready to provide an effective means of communication with a patient.

My experience as an interpreter for individuals who are deaf before becoming an emergency nurse has allowed me to have a unique perspective on the care of patients whose primary language is ASL. It is our responsibility to ensure appropriate care for the patients who seek care in our departments. It is my hope that emergency nurses who read this article will evaluate their own practice and identify ways to improve care in this population.—*Brett Pickens, DNP, MSN-Ed, RN, CEN, CPEN, CNE, ENA Mississippi State Council, Assistant Professor of Nursing, Mississippi University for Women, Columbus, MS; E-mail: bapickens@muw.edu. ORCID identifier: 0000-0001-6319-1025.*

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Organ Donation and the Islamic Faith



Dear Editor:

The first successful organ transplant surgery was performed on the kidney in 1954. Organ donation has evolved since then with successful heart and liver transplants in the 1960s.¹ Each organ donor has the potential to save up to 8 lives.² Commonly acknowledged barriers to organ donation include financial concerns, fear of disfigurement of the deceased, and religious beliefs.³ As an emergency nurse with more than 10 years of practice in the United States and the Middle East, as well as a practicing Muslim, I have personally seen various ways in which religious beliefs can affect organ donation. The purpose of this letter is to increase awareness regarding burial practices of the Islamic faith and discuss how these beliefs may affect patients and families who are Muslim as potential organ donors in ED settings.

Islam and Organ Donation

MISCONCEPTIONS

Religion is personal and subjective to individual interpretation. There is no unanimous consensus regarding organ donation in the Muslim faith.⁴ In fact, there can be a misconception, based on clinical experiences, that Muslims do not believe in cadaveric organ donation.

In 1952, the country of Egypt ruled that organ procurement is not against the religion of Islam.⁵ In fact, there is no verse in the Quran that states organ donation and even an autopsy are impermissible. However, there are still Muslims who believe it is. I admit that I fall into this category. As a practicing Muslim, I assumed that organ donation was against the religion I was raised in because it wasn't a topic that was discussed. In fact, I didn't really know what my beliefs were in terms of organ donation until I was in nursing school. It wasn't until I did my own research that I fully understood that it is not against the religion and became an organ donor myself.

In the Muslim faith, there is the belief that the body belongs to God and is a gift to the individual. There can be a fear that if a body part is removed for any reason (in this case, transplantation), then the body has been desecrated and will not be at peace in the eternal resting place.

MUSLIM BURIAL PRACTICES

- (1) Very time sensitive, may not seem feasible in a hospital environment where delays are innate.
- (2) Difference between if a patient is on a ventilator or not. If the Muslim has already died, delaying the care of the body for the burial is considered sacrilegious. If the Muslim is on a ventilator, there is time to engage the family in the decision-making process.

ORGAN PROCUREMENT AGENCIES

Organ procurement agencies can continue to raise awareness by collaborating with local religious leaders and providing educational resources. Muslim families may not be open to speaking with procurement representatives when they are in the emergency department dealing with a loved one's passing. Timing is everything.

What Can Emergency Nurses Do?

ADVOCATE FOR CULTURALLY COMPETENT PRACTICE IN THEIR WORKPLACE BY ENGAGING IN THESE CONVERSATIONS

Advocate for education regarding the culturally sensitive considerations that are available through procurement agencies in the community before death. Encourage forums and offer individuals of different faiths the opportunity to engage in the conversation with religious leaders.

EDUCATE COLLEAGUES AND PATIENTS

We don't learn everything there is to know about our profession in nursing school. There are culturally respectful ways of donating organs. Patients who are Muslim should be provided information on organ donation and be offered the opportunity to discuss the implications of what donating their organs mean with a religious leader such as an Imam.

Don't assume all Muslims are not organ donors.

ENGAGE IN THE COMMUNITY

Encourage critical conversations regarding organ donation to occur outside of the hospital as much as possible. This includes diverse conversations with individuals of different faiths to better understand their religious reasons on organ donation.

Have a forum in which emergency nurses are afforded the opportunity to engage in a respectful conversation with the Imam of a local mosque to better understand the Muslim stance on organ donation. This can also initiate further conversations on other culturally specific Muslim practices as it relates to health care.

Conclusion

There are more than 100 000 people waiting for a second chance at a better, healthier life and in need of an organ donation.⁶ Understanding religious barriers can play an important role in giving these patients a second chance. As emergency nurses, we need to advocate for culturally competent practice and educate colleagues and patients regarding the organ donation process. We can also engage in community partnerships to initiate discussion around organ donation and donor registry before patients/families

are faced with this life-and-death situation. *Jamla Rizek Bergman, MSN, MBA, RN, Ascension Borgess Hospital, 315-491-7020; E-mail: jamlabergman@gmail.com.*

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Job Stress Among Emergency Nurses

Dear Editor:



I would like to congratulate Karbakhsh et al¹ for their successful publication titled "The effectiveness of a time management workshop on job stress of nurses working in emergency departments: An experimental study," wherein the authors found no significant decrease in job stress among emergency nurses after a single 8-hour time management skills session.

Job stress has been well documented among emergency nurses, and numerous peer-reviewed articles have described the unpredictable work environment, job demand, lack of teamwork, and poor managerial support as contributing factors.²⁻⁴ Karbakhsh et al¹, however, had a foreseeable limitation to their study design. Specifically, they attempted to replicate 2 studies that demonstrated a decrease in job stress secondary to time management training.^{5,6} However, both studies were inapplicable for, and unable to be extrapolated to, emergency

nursing. The first study used 6 90-minute time management sessions and resulted in a statistically significant decrease in job stress among a random selection of nurses across numerous hospital departments and was not specific to emergency nursing.⁵ This is especially notable as there is a significant difference in job demand and time requirements between general staff nursing and emergency nurses.⁷ As Adriaenssens et al⁷ notes, emergency nurses therefore require vastly different managerial tactics and focused education when compared with other hospital nurses.

The second study that Karbakhsh et al¹ referenced demonstrated a negative correlation between job stress and time management behaviors among 30 head nurses, as tested by questionnaires.⁶ Again, not only did this study not focus on the emergency nursing population, let alone even general staff nursing, it also did not test an education strategy nor educate the head nurses on time management skills and strategies. Together, a study design that attempts to replicate these would quickly become invalidated when applied to ED floor nursing. Therefore, it was not unforeseen that a single 8-hour time management session would not produce a significant decrease in job stress among emergency nurses.

Emergency nursing job stress, burnout, and turnover rates have all been shown to have clear correlation with one another.²⁻⁴ Even more so, Ahwal and Arora² found that a decrease in *both* physical and psychological stressors would significantly improve patient care and nurse retention rates in the emergency department. Adriaenssens et al⁷ took this further and recommended that emergency nursing managers become aware of these stressors and proactively implement preventative measures.

Furthermore, team dynamics have been shown to have a *greater* impact on job stress than time management;⁴ group cohesion and general nursing staff retention improved after implementation of team-building interventions.⁸ Unfortunately, I have not found studies that explore these relationships specifically among the ED population and therefore would kindly like to call upon the emergency nursing community for further exploration of team dynamics and group cohesion on emergency nursing job stress.—*Hannah V. Wade, BSN, RN, CEN, El Paso, TX; E-mail: hannahvwade@gmail.com.*

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