

Is there a Room for Religious Sensitivity in Dementia Care?



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Opinion

The number of older people with a migration background in West-European cities like Brussels is growing fast. At this moment one-third of the older adults above 65 years in Brussels has a migration background, in 2020 this will be one in two older adults. This growing group of older people seems to be more susceptible to dementia, yet we know little about the dementia experience and dementia care for this group.

A large number of aspects in the dementia experience, such as accepting a chronic illness, anxiety and doubt, burden of care for the caregiver,... are primarily human and universal. However, migration, culture and religion also seem to be affecting the experiencing of dementia (Berdai-Chaounu & De Donder, 2018). Often these factors are difficult to separate from each other. However, this opinion article is zooming in on the importance and the role of religion in the lived experience and caring for older people with migration background. We base our arguments on the experience of 30 family caregivers of Moroccan and Turkish origin with a Muslim background, participating in our Divers Elderly Care-project, on dementia experiences of migrants and their caregivers in Belgium.

Religion Defines the Experience of Dementia

According to the majority of the carers participating in this study, religion plays a role in the experience of dementia. Dementia is considered a 'disease of God' by a number of participants, complementary to the biomedical model of dementia. Religion can be experienced both positively and negatively. Most carers consider the positive connotation, seeing dementia as a test, a chance on earth to increase your chance of a place in heaven. Praying gives a certain structure and time orientation for some persons with dementia. At the same time, it

can be a source of stress when the person with dementia himself realizes that he or she no longer assesses the time, or no longer properly performs the acts of prayer. At the same time, the loss of competence to perform prayer can be a signal for the family caregivers to start a diagnostic process.

Religion has a Potential to be used as a Care Tool

Family caregivers experience that verses of the Koran can be helpful to address behavioral challenges of persons with dementia like agitation. They use the familiar and soothing verses to calm their family member with dementia. Also, a visit to the mosque can give this effect to the older Muslims with dementia. However, this depends on how the other mosque visitors react to the dementia related behavioral changes.

Religion Influences the Daily Dementia Care Practice, Professional Care use and Experience

Religious values in Islam such as respect for parents, reciprocity in care and mercy influence the initial reflex of the majority of the carers to take care of the older family members with dementia. However, some family caregivers give own interpretations of certain religious texts in order not to participate in caring for the older family member. The above-mentioned values determine what is good care for an older person with dementia: you give good care if you care with a compassionate heart, respectfully and patiently.

Consequently, these values also play a role in family caregivers' search for, and acceptance of professional care. The presence of these values in the professional care providers determine if the care by the professional can be continued, together with the respect for the own religious habits, such as

halal food, possibility of prayer, wearing a headscarf... Practical aspects, such as speaking the same language, play less a role in deciding to maintain the professional care. Only few family caregivers encountered professional caregivers with an open and respectful attitude towards the religious identity of the older person with dementia. In such cases, we see that quality care relationship arise between the elder, the carer and the care professional, even when there is a language barrier. The majority of the respondents experience a lack of residential care that takes into account these Islamic habits and religious identity of the elder, when the care can no longer be carried out by the family carers themselves.

Religion is an Important Coping Strategy in Dealing with Dementia

Religion shows, among others, to be an important coping strategy for most carers. Religious practices such as prayer, pleas and the promise that Allah is also pleased with the act of family carer, gives the practicing Muslim carers consolation and strength to keep up during difficult periods. At the same time, religion can also be a source of concern for some carers when they experience that they fail in always being equally merciful and patient with the older with dementia. Giving religiously inspired affirmation by older person with dementia, the immediate environment or the Muslim community, is considered to be a support for the carer.

Need Voor Religion Sensitivity within Dementia Care

These preliminary results clearly show that religion is an important factor in the lived experience of dementia for Muslim caregivers, and it can be a positive factor in the provision of

care. This finding is in line with other studies that remind us of the importance of religion in addition to the pure biomedical framework in the definition of perception of dementia. These results also emphasize the need to give religion a place in the search for a more suitable care for older people with a migration background that meets their multi-layered identity. It is important that professional care providers, despite their own beliefs, are aware of the potential of this religious and spiritual reality of these older Muslims and their family caregivers. Recognizing and naming religion and spirituality as part of the dementia experience offers opportunities for a better and more human care. This often encounters resistance in our current society where it is difficult to acknowledge religion as a supporting factor. This can be extended to the issue of appropriate, suitable care for the elder with a migration background, where everything is placed under the heading ' Culture '. In other words, there is a need for religion-sensitivity within the (culture sensitive) care.

This article fits within the frame of the Divers Elderly Care study, a practical-oriented research project at Erasmushogeschool Brussel (2016-2021). The study explores the lived experience of dementia by the elder people and carers of Moroccan, Turkish and Italian origin. At the same time, the study explores how dementia care is provided and experienced by the older person, the family caregiver and professional care provider. With the insights from this study, recommendations will be made on how dementia care can match the needs of these older people with dementia. This opinion shows the preliminary findings of the analysis of carers's data of Turkish and Moroccan origin. The findings of the carers of Italian origin are not integrated in this opinion.



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