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Arab Muslim Nurses' Experiences of the Meaning of Caring

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Arab Muslim Nurses' Experiences of the Meaning of Caring

Abstract

The aim of this study was to understand the meaning of caring as experienced by Arab Muslim nurses within the context of Arab culture. A qualitative approach using interpretive, reflexive ethnographic methodology based on the approaches of Geertz (1973), Fitzgerald (1997) and Davies (1999) develops a description that embeds the phenomena of the nurses' meaning of caring within its cultural context. Data were generated by immersion in the experiences of Arab Muslim nurses within Saudi Arabia, conference presentations, individual and group interviews, use of narratives and review of documents over a four year period (2004-2007). The study found that Arab Muslim nurses have a religiously informed explanatory model where health is spiritual, physical and psycho-social well-being, and caring is an act of spirituality. The outcome of the research is the Crescent of Care nursing model representing Arab Muslim nurses caring for patients within the context of Arab culture and Islamic health beliefs.

Key words: Caring, Islamic health beliefs, explanatory models, Arab Muslim nurses, spirituality in nursing, ethnography

Introduction

Nursing has historical origins in spiritual and compassionate practices of many cultures, but in contemporary literature nursing, care and caring are defined from perspectives reflective of the Western Judeo-Christian and scientific traditions (Holden & Littlewood, 1991; Narayanasamy & Owens, 2001; Rassool, 2000), with an assumption that nursing has a universal belief system. Research conducted within Eastern, Asian and Native American cultures (Chen, 2001; Holroyd, Yue-kuen, Sau-wai, Fung-shan & Wai-wan, 1998; Shin, 2001; Spangler, 1991; Struthers & Littlejohn, 1999; Wong, Pang, Wang & Zhang, 2003; Yam & Rossiter, 2000) and some authors (Holden & Littlewood . 1991; Leininger, 1991; Kyle, 1995) suggest that the nurses' caring role is culturally determined.

In the Middle East, Arab Muslim nurses are concerned that nursing education and practice derived from the Western nursing perspective is not congruent with their cultural and religious beliefs or their patients (AbuGharbieh & Suliman, 1992; Al-Darazi, 2003; Barolia & Karmaliani, 2008) with recent calls for a nursing model based on Arab cultural values and Islamic health beliefs applicable to Muslim nurses and patients in Arab and Islamic societies (Lovering, 1996; Rassool, 2000). However, limited research has explicated the nursing values and beliefs practiced within this cultural context.

This research builds on the view that caring is a cultural construction and attempts to understand ways in which Arab Muslim nurses' explanatory models about beliefs about health, disease and healing are blended into and inform their caring

experiences. The outcome of the research is the Crescent of Care nursing model representing Arab Muslim nurses caring for patients within the context of Arab culture and Islamic health beliefs.

Context of caring in Middle Eastern nursing

Nursing history predates the era of Florence Nightingale in the Middle East. The first Muslim nurse recorded in Islam was Rufaidah bint Sa'ad, who lived in the 8th century during the time of the Prophet Mohammad (PBUH). Like Nightingale, Rufaidah set up a training school for nurses, developed the first code of nursing conduct and ethics, and promoted community health. She cared for patients in a tent erected outside the Prophets' (PBUH) mosque and led nurses to care for the wounded during the time of the Holy Wars (Al-Osimy 1994, 2004; Jan 1996). The recognition of Rufaidah as the first Muslim nurse and role model is a very recent phenomenon as Saudi nurses looked to their religion and history to place the nursing role within their religious framework (Lovering 1996, 2008). The story of Rufaidah symbolizes acceptance of nursing within the religion, gives legitimacy to the nursing role and nursing identity within the religion and culture (Lovering, 2008). The recognition of Rufaidah as the first Muslim nurse is now part of the heritage of nursing throughout the Middle East, as taught in nursing curricula and celebrated similarly to the Western nurses' recognition of Florence Nightingale.

The context of nursing in the Middle East draws on the interrelated aspects of Islam, Islamic health beliefs, the importance of family as the primary social unit, distinct gender roles and the perceived low status of nursing. Spirituality as grounded in the Muslim worldview is a theme that weaves throughout Arab culture and research on nurses' caring in the Middle East (Daly, 1995; Emami, Benner & Ekman, 2001;

Kulwicki, Miller & Schim, 2000; Luna, 1994; Nahas & Amasheh, 1999; Omeri, 1997; Wehbe-Alamah, 2008).

The Arab Muslim worldview is derived from the religion of Islam. Islam means total submission and obedience to the will of Allah (Al-Shahri, 2002) and is a complete way of life. The teachings and law of Islam are based on the Holy Qur'an and the *Sunnah* (traditions, sayings and actions of the Prophet Mohammad (PBUH)). Tawheed is a fundamental concept of Islam. *Tawheed* requires that a Muslim lives in a way that reflects unity of mind and body with Allah (Rassool, 2004) and implies that there is no separation of the spiritual and physical dimensions of health (Luna, 1995). Muslims also believe that life unfolds according to Allah's will (predestination) and life after death when Allah judges people for their earthly deeds (Al-Shahri, 2002). There are five pillars or foundations of Islam that must be followed: the profession of faith (*Iman*); prayer (*Salat*) performed five times a day; giving of alms or concern for the needy (*Zakat*); fasting (*Seayam*) for self-purification during Ramadan; and the pilgrimage to Mecca, Saudi Arabia (*Hajj*).

In Arab culture, the family, rather than the individual, is the core of the community with family commitment, honour and unity as central values. Family structure is predominantly patriarchal and based on an extended family system spanning three or more generations. This expanded structure provides stability, physical and psychological support, (Daneshpour, 1998; Dhami & Sheikh, 2008). Arab Muslims sacrifice individuality to maintain family cohesiveness as self image; security and identity are derived from the family relationships (Daneshpour, 1998).

The need to maintain chastity is a religious requirement for both genders, but of greater significance for females. Maintaining chastity is located within the

important Arab cultural value of family honour, a shared value for Arab Muslim and Arab Christians. Regardless of gender, an Arab is not an individual who may act freely as all actions reflect on the honour of the family, tribe or community. The woman has responsibility to maintain the honour of the family group by maintaining her own purity and chastity through respectful behaviour, and honour is maintained by the social institutions of veiling, seclusion of women and strict segregation of sexes.

Society views nurses in the Middle East as having a low status and compromised moral standing (El-Sanabary, 2003; Jackson & Gary, 1991; Mansour, 1992). Multiple factors contribute to the perception of low status and moral compromise: cultural taboos against mixing of genders in work places, low academic achievement, the confusion of multiple levels of entry into practice, dominance of the medical profession over nursing education, practice and management (Al-Aitah, Cameron, Armstrong-Stassen & Horsburgh, 1999) and a history of nurses coming from lower classes in society in the Middle East. Although society views are beginning to change, families are reluctant to let their women enter nursing or nursing is chosen when the woman is unable to study medicine due to lower academic achievement (Boyle, 1989; Lovering, 1996).

Limited research within the Middle East suggests spirituality as the basis of nurses' caring, and the impact of gender on caring practices (Fooladi, 2003; Mebrouk, 2008). Mebrouk's (2008) study on the perceptions of nursing care by Saudi female nurses found that Islamic values provided the framework for nursing care. The impact of Islam on the caring experience was a taken-for-granted concept, where the nurse and patient had shared values. Gender differences impacted on the nature and role of

touch and eye contact between female and male patients, reflecting Arab culture and religious teachings. Barolia and Karmaliani (2008) identified the need to balance physical, ideological, ethical, spiritual and intellectual needs for nurses to provide care from an Islamic perspective.

The caring experiences of immigrant Middle Eastern populations have been studied by several nurse researchers (Kulwicki, Miller & Schim, 2000; Luna, 1994; Nahas & Amasheh, 1999; Omeri, 1997; Wehbe-Alamah, 2008). The common themes from these studies reveal the meaning of caring as defined within the worldview of Islam, the importance of spirituality, the need to fulfil equal but different gender roles, the need to maintain family honour and family ties and the need to preserve traditional customs and health care practices.

Aim of the Study

The purpose of this study was to understand the meaning of caring as experienced by Arab Muslim nurses within the context of Arab culture. Data generation and analysis focused on answering the following questions: 1) What is the explanatory model used by Arab Muslim nurses in the caring experience? 2) What is the meaning of caring as expressed through the narratives of the Arab Muslim nurses?

Methodology

Study design and participants

Reflexive ethnographic methodology based on the approaches of Geertz (1973), Fitzgerald (1997) and Davies (1999) provided a broad approach to synthesise the complex interplay between Arab cultural values, Islamic beliefs, the professional values of the nursing system as a distinct cultural system, and the explanatory models

used by Arab Muslim nurses in their practice. According to Geertz (1973), the aim in ethnography is to develop thick description that embeds the phenomena within a cultural context.

Nurses from Saudi Arabia, Lebanon, Jordan, Egypt and Oman from hospital and education settings caring for Arab Muslim patients within Saudi Arabia participated in the study. English is the working language of the hospitals and academic settings and the primary language of this study.

Data generation

Consistent with ethnographic methodology, data generation and analysis was a simultaneous process using multiple methods in accordance with the approach of Fitzgerald (1997). Data generation strategies included immersion into the experiences of the nurses, conference presentations, taped and transcribed individual and group interviews, elicitation of narratives and review of documents. Prolonged engagement and immersion in the cultural world of the Arab Muslim nurses over a four year period (2004 — 2007) as documented in extensive field notes contributed to achieving results that are accessible, relevant, significant and credible.

Multiple methods were used to interpret, re-interpret and construct theories of meaning. Initial data analysis focused on developing low level theoretical concepts and ethnographic moments were used for reflexive data generation and analysis. Core concepts and theoretical constructions developed through analytical writing and development of conceptual diagrams took the analysis to a higher theoretical level. An extensive validation process included member checking, presentation of preliminary findings to expert insiders and regional nursing conferences.

Several focus group validation sessions at the end of the study resulted in the development of the Crescent of Care nursing model that participants co-created. Thus, through extensive validation with the Arab Muslim nurses, the findings demonstrate utility, credibility, validity and significance to the participants.

Findings

Nurses' explanatory models

Explanatory models are culturally based explanations related to the experience of health, illness and healing (Kleinman, 1980). The Arab Muslim nurses' explanatory model encompasses interrelated aspects of health, Islam, and culture and blends the scientific basis of the Western biomedical model with the Eastern view that emphasises the whole human being (8). One nurse explained, "I read about nursing from the West; I think about nursing from the East". Another noted, "You learn the scientific thing from the Western view…but when you deal with the patient, you have to deal as you are from the East". Rashidi and Rajaram explain that, 'care in the Islamic view is a reflection of the Eastern worldview that emphasises the whole human being and integrates and balances the spirit (*rouh*), body (*badan*) and emotion (*naphs*) [soul].' (32, p. 56). Arab Muslim nurses' views on disease, illness, healing and death mirror the Islamic teachings on health and disease and the belief in predestination. Within this worldview, Allah predetermines disease and cure, however, a person should try to prevent disease and care for their health.

Health is defined as complete physical, psychological, social and spiritual well-being, as outlined in a World Health Organization (Eastern Mediterranean Region) document titled: *Health, An Islamic Perspective (*Al-Khayat, 1997). The

Qur'an provides guidance on caring for health and maintaining the body. Muslims are required to practice healthy ways as a duty to care for the body as health is viewed as a gift or reward from God. These healthy practices include maintaining cleanliness and personal hygiene, eating healthy food, avoiding forbidden substances that will harm the body, taking exercise and rest (Brooke & Omeri, 1999; Lovering, 2008; Wehbe-Alamah, 2008). Muslims are also required to live a satisfactory life in preparation for the Day of Judgment.

Illness, suffering and dying are all part of life and Muslims should receive illness and death with patience, meditation and prayer (Al-Shahri, 2002; Rassool, 2004; Wehbe-Alamah, 2008). Illness is considered a natural occurrence as well as a test of faith, opportunity for greater reward in the hereafter if accepted with patience, or as atonement for sins. Illness is not seen as a form of punishment from God. According to Allah's will, disease may enable the person to achieve greater knowledge of God, or to encourage rest and better care of the body. Response to medical treatment is preordained by God. Death is part of the journey to meet Allah and a natural and inevitable phenomenon of life's journey (Hedayat & Pirzadeh, 2001, Salman & Zoucha, 2010). The Qur'an teaches that it is Allah who gives life and causes death (Qur'an 3:156). The belief that illness, suffering and dying are all part of life is a continuous thread underpinning the health beliefs and the caring role of the Arab Muslim nurse (Lovering, 2008).

Reading of verses from the Qur'an and use of *ruqyah* (Islamic prayer formulas) are healing methods used since the beginning of Islam. Different supplications are used in the care of patients such as during labour and birth of a baby, to assist in healing, protection of the patient's health and prior to giving medications.

Preservation of daily prayer rituals, use of traditional Arabic medicine and healers, folk remedies, and Western health care are also accepted sources of healing (Al-Shahri, 2002; Lovering, 2002).

Cultural beliefs exist along side medical and religious explanations for disease and illness. The existence of the evil eye and the *jinn* (spirits) are accepted as a cause of disease, with a belief that Allah has the overriding power to cause and cure illness. The belief in the evil eye as a cause for disease is an Arab cultural belief held by many Arab Muslim nurses (Lovering, 2008) and is a common belief in many cultures (Helman, 2001), including parts of Europe, the Middle East, and North Africa. Belief in the evil eye predates Islam and there is reference to the evil eye in the Qur'an (113:1-5). The evil eye is cast, intentionally or not, by someone jealous of another person's fortune or beauty, or through admiration of others' possessions. Newborns, children, and pregnant women are more vulnerable to harm from the evil eye than adults and the elderly. Protection from the evil eye comes from saying the words *'Masha'allah'* (what God has willed). In many Middle Eastern cultures, blue beads or a blue stone such as lapis are worn as protection. To cure the evil eye, a religious person prescribes actions that will always include readings from the Qur'an and Islamic prayer formulas (Al-Jauziyah, 2003; Luna, 1994; Lovering, 2002). In their caring, the Arab Muslim nurses incorporate actions to prevent the evil eye by saying *'Masha'allah'*, particularly when dealing with newborns.

The Qur'an identifies *jinn* as good or bad spirits which may cause abnormal physical or mental behaviour and is cured by a special religious healer who will read from the Qur'an and use psychology to get rid of the possession. Where the patient

and family believe the evil eye or jinn caused the illness, nurses request the assistance of a religious healer in the care of a patient (Lovering, 2008).

Islam is at the central core of the Arab Muslim nurses' explanatory model. The importance of meeting spiritual needs before physical needs emerged as a significant care pattern. The definition of health as physical, psychological, social and spiritual well-being requires the meeting of spiritual needs as well as physical and psycho-social needs. Muslims believe that humans are judged on the health of their inner being (spirit) and spiritual disease could lead to physical disease. From this belief, it follows that meeting spiritual needs may have priority over physical and psycho-social needs. Examples of the importance of meeting spiritual needs include use of religious healing methods, and ensuring patients are able to pray before providing care even if resulting in delay of medical or nursing care in the emergency setting, taking a patient to the operating room, or making treatment decisions. The care pattern of placing spiritual before physical needs is not explicitly documented elsewhere in the nursing literature.

Meaning of Caring

The story of Rufaidah as the first Muslim nurse firmly anchors the Muslim nurses' identity and caring in their spiritual roots, and spirituality is an inseparable aspect of their professional and personal identity. Throughout the study, nurses referred to Rufaidah as their role model, and grounding their caring within their religious framework. As noted by one participant, "nursing comes from our Prophet Mohammed (PBUH) so we have to be careful when we touch the patient and how we will deal with the patient".

The relationship between the nurse and God is the starting point for the caring experience. Similar to the example of Rufaidah, nurses practice through their faith in God. This faith is the basis of their commitment to nursing and shapes their relationship with their patient with whom they share the same values. As noted by Mebrouk, (2004, p. 58), "Nurses (all Muslims) enter a relationship with their patients based on shared humanity including religion". One nurse noted that while "we have the nursing books and the Qur'an, sometimes we are not working by the nursing books, but by the spirit of God". The focus of caring is to assist the patient's belief in and relationship with God, which is about the nurse being a facilitator of the Muslim faith.

Many nurses shared examples of the integration of their shared faith into the care of patients through the use of religious teaching, religious words and reinforcing the patient's belief in God. Examples included telling the frightened patient that if you believe in God, you will be okay. Another tells the patient to believe in God as it is their destiny what will happen in the operating room. A nurse "went around with earphones to ICU patients and put on tapes with the Qur'an". Nurses assist the patient to read the Qur'an to relax the patient and also linked religious teachings from the Qur'an to patient teaching. The use of the word '*Bismallah*' (by the name of God) was used to make a spiritual connection with and to calm the patient before performing any procedure, such as starting an IV, beginning an operation or giving chemotherapy. The word '*Ishalla'ah'* (God's will) was used as part of treatment, meaning it is God's will that the patient will get better. The need to say the '*Ash-Shahadah'* (testimony of faith) at the time of a patient dying was emphasised as an important nursing spiritual caring action.

A fundamental belief in Islam is that you live your life in preparation for reward in the afterlife. The nurses linked the importance of their caring actions to a verse in the Qur'an (5:32) that gives significance to saving another's life: "if anyone has saved a life, it would be as it he has saved the life of mankind". Receiving recognition and reward from God and appreciation from the patient were frequent themes in the narratives of the nurses. "Reward comes from the patients praying for the nurse and reward from God as you are doing God's work"; and "there are angels all around you and the patient". One nurse stated, "We are the angel in the air"; which captured the essence of caring as an act of spirituality and central to their meaning of caring. The imagery resonated strongly with the nurses, caring for and being guardians of a patient's spiritual and physical health.

Discussion

Arab Muslim nurses' spiritual foundation for caring is historically and culturally distinct from the Western nursing tradition. While spirituality was part of the nursing role in both traditions, Western nursing has evolved away from its spiritual foundation towards a secular orientation. A review of the various Western and non-Western cultural constructions of health in the nursing literature finds a shared historical understanding of health, healing and spirituality between the Muslim, Jewish and Christian religions (Dawson, 1997; Tinley & Kinney, 2007; Thorne, 1993; VanDan, 2004). Historical changes in Western philosophical thought (often attributed to Descartes) led to a separation of body and spirit for healers and continues to influence the bio-medical approach to healing in present Western and non-Western societies (Dawson, 1997; Thorne, 1993). The recent holistic health

movement incorporates Eastern philosophical concepts of balance and body-mind integration, challenging the dominant bio-medical professional system.

The health beliefs held by Arab Muslim nurses is distinct when compared with Western-derived nursing concepts of health and non-Western nursing explanatory models as documented by Native American (Hunter et al., 2006; Labun & Emblen, 2007; Struthers & Littlejohn 1999) and Eastern nurses, such as Chinese (Chen, 2001, Pang et al, 2004), Korean (Shin, 2001), and Japanese (Hisama, 2001) nurses. Protestant Christian faith-based nursing incorporates Biblical concepts of health and healing (Chase-Ziolek, 1999; VanDover & Pfeiffer, 2007) and are similar to the Arab Muslim nurse's model emphasising spiritual health and balance.

A review of research examining health beliefs of Arab Muslim populations (Brooke & Omeri, 1999; Emami et al. 2001; Wehbe-Alamah, 2008) confirms the centrality of spirituality and that health beliefs are informed by the Muslim worldview, which is further validated by this study. However, neither these nor other studies report the care pattern of meeting spiritual needs before physical needs. This may relate to the lack of research directed at understanding the belief system that informs explanatory models of health.

At the beginning of the study, there was an assumption that professional models of health and healing would be dominant in Arab Muslim nurses' health beliefs models. Limited research on nurse's explanatory models in non-Western societies and the dominance of Western theoretical perspectives in the nursing literature reinforced this assumption. The culturally distinct explanatory model expressed by Arab Muslim nurses and a review of literature describing non-Western nursing beliefs of health and healing supports the view that professional models are

incorporated into the indigenous worldview of nurses in a way that makes sense within his or her cultural world (Salas, 2005). This blending ensures that nurses provide care based on a worldview that is culturally appropriate to those receiving nursing care.

Understanding the health beliefs of Arab Muslim nurses contributes to building theory that explains the practice of nursing. As noted by Pang et al. (2004, p. 257), "a theory of nursing derived from nurses' experiences can reflect indigenous practice values and collective understandings in nursing, which in turn can act as a fertile source of ideas and inventiveness in developing a relevant knowledge base to inform practice."

The inseparability of religion and spirituality contributes to a distinct form of caring by Arab Muslim nurses, which is culturally and historically distinct from the Western nursing tradition. Caring is an act of spirituality, where the outcome of nurses' caring is spiritual, physical and psycho-social well being, which is the meaning of health in the worldviews of Arab Muslim nurses and patients.

The current discourse on spirituality in nursing finds a lack of consensus as to definition, its place in nursing theory and the relationship between religion and spirituality (Chiu et al. 2004; Draper & McSherry, 2002; Dyson et al. 1997; Malinski, 2002; Martsolf & Mickely, 1998; Miner-Williams, 2006; Tinley, & Kinney, 2007). The holistic health movement promotes an understanding of spirituality from the Christian theological tradition (Dawson, 1997; Narayanasamy & Owens, 2001; VanDover & Pfeiffer, 2007), but there is little research on spirituality from a cultural context, or studies concerned with spirituality and Muslim populations (Chui et al,

2004). Chiu et al. (2004) propose that spirituality is culturally constructed, which is supported by the findings of this study.

Similar to the Arab Muslim nurses' form of caring, spirituality is an integral aspect of Christian faith-based nursing provided by nuns and Parish nurses (Boggatz & Dassen, 2006; Nelson, 2001; Van Dover & Pfeiffer, 2007). The basis of the caring relationship with their patient is the shared faith, which gives a shared meaning to the caring relationship. The theological difference between the Muslim and Christian faith-based nurses concerns the nature of the human relationship with God as a focus of caring action. Recognising the similarities of the Arab Muslim and Christian faith-based nursing reveals the essence of caring as an act of spirituality and raises areas for further examination of similarities and differences.

The concept of shared meanings and shared spirituality is an important finding of this study and an area for further investigation. The nature and intensity of this shared spirituality within nurses' caring is fluid and will depend on the spiritual need of the patient, the nurses' and patients' own spiritual values and whether the patients expect or accept spiritual caring.

Crescent of Care nursing model

The Crescent of Care nursing model (Figure 1) was co-created by the Arab Muslim nurses during the validation focus groups, and illustrates the values impacting on the care of Arab Muslim patients and the components of caring action. The aim of nursing care is to restore the health of the patient. The outer circle identifies the values that impact on the care of the patient, in particular related to health meanings of the patient and professional nursing care: Spiritual values (derived from Islam); Cultural

values (beliefs from the Arab cultural worldview); and Professional values (values and standards arising from the nursing profession).

In the centre of the model are the patient and family as the focus of care; reflecting the cultural importance of family as the primary social unit in Arab culture. The inner circle captures the components of professional nursing care which include: Spiritual care (actions to meet the spiritual needs of the patient and family); Psycho-social care (actions to meet the psychological and social needs of the patient and family); Cultural care (actions to meet the cultural needs, and supports the values, beliefs and traditions of patient and family); Interpersonal care (aspects of care related to the relationship between the nurse and patient, includes patterns of communication) and Clinical care (physical and technical nursing care).

The crescent (a symbol of Islam) surrounds the components of care and symbolizes the inseparability of nurse's caring and Islam. The linking of the crescent of Islam and care components captures the shared spirituality between nurse and the patient and family.

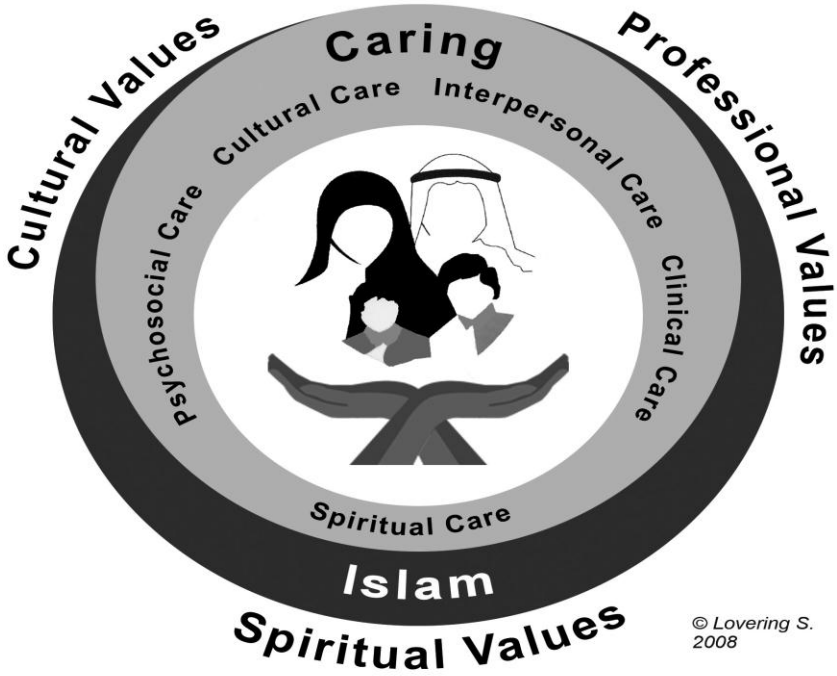

Figure 1: Crescent of Care Nursing Model

Conclusion

The Muslim worldview is the foundation for Arab Muslim nurses' caring and their beliefs about health, illness and healing. Arab Muslim nurses blend the science of nursing from the Western bio-medical model with spiritual and holistic caring from their Muslim worldview. The professional view based on Western nursing science is incorporated into the nurses' existing cultural value system. In this worldview, predestination determines the presence of disease and effectiveness of medical treatment and other healing. The Western biomedical model of pathology and the science of curing are subject to Allah's will, as is the patient's response to the medical treatment. While Arab Muslim nurses acknowledge the technical aspects of their role, cultural and religious beliefs about health and disease blend and dominate their

scientific caring model in a way that makes sense within their culture. Seamlessness exists between their religiously informed health beliefs, and their professional caring model. Caring is also an act of shared spirituality between Arab Muslim nurses and patients, where the nature of the shared spirituality is fluid, depending on the patient's spiritual needs.

The Crescent of Care nursing model is a holistic model that captures the blending of Western nursing science with spiritual and cultural caring from the Muslim worldview. Understanding the nature of caring within their culture enables Arab Muslim nurses to articulate their model of caring as the basis for the education and practice of nursing in the Middle East. In addition, the Crescent of Care model can assist the practice of non-Muslim nurses caring for Arab Muslim patients.

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