

**ASSESSMENT OF THE SIGNIFICANCE OF MUSLIM
WOMEN PARTICIPATION IN NURSING PROFESSION IN
KADUNA STATE**

BY

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EDUC/00260/2008-2009

P13EDAS8070

**DEPARTMENT OF ARTS AND SOCIAL SCIENCE EDUCATION
AHMAD BELLO UNIVERSITY, ZARIA**

MARCH, 2019

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**BEING A DISSERTATION SUBMITTED TO THE SCHOOL OF
POSTGRADUATE STUDIES, AHMADU BELLO UNIVERSITY, ZARIA IN
PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF
THE DEGREE OF MASTER OF EDUCATION (M.ED) IN ISLAMIC STUDIES**

MARCH, 2019

DECLARATION

I declare that this Dissertation: **ASSESSMENT OF THE SIGNIFICANCE OF MUSLIM WOMEN PARTICIPATION IN NURSING PROFESSION IN KADUNA STATE**, has been carried out by me in the Department of Arts and Social Science Education. The information derived from the literature has been acknowledged in the text and a list of references are provided. No part of this was previously presented for another degree or diploma at this or any other institution.

MUSTAPHA, Fatima Saleh

MED/EDUC/00260/2008-2009

Signature/Date

DEDICATION

This research work is dedicated to my Husband and my children may Allah bless them Ameen.

CERTIFICATION

This research work titled: **ASSESSMENT OF THE SIGNIFICANCE OF NURSING PROFESSION AND MUSLIM WOMEN PARTICIPATION IN KADUNA STATE**, by MUSTAPHA, Fatima Saleh has been read and approved as meeting the requirement governing the award of Master of Education Degree in Islamic Studies, Ahmadu Bello University, and is approved for its contribution to knowledge and literary presentation.

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Glory be to Almighty Allah, the most beneficent, the merciful who has indeed made it very possibly for me to have successfully completed my course. May the peace and blessings of Allah be with our beloved prophet Muhammad (S.A.W), his household and all faithful Muslims up to the Day of Judgment.

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ABBREVIATIONS

ABUTH:	Ahmadu Bello University Teaching Hospital
AD:	After Death
ANA	American Nursing Association
BC:	Before Christ
COMO	Congregation of Muslim Organizations
COPSNPAM	Committee of Principals of Schools of Nursing, Psychiatry and Midwifery
CRNM	Nursing Education Programmes. Manitoba
DFID	Department for International Development
FCT	Federal Capital Territory
FDA	Food and Drug Administration
ICN	International Council of Nurses
JTI	JamaatuTajdeedil Islam
LGA	Local Government Area
MSSN	Muslim Student Society of Nigeria
MULAC	Muslim League for Accountability
MULAN	Muslim Lawyers Association of Nigeria
MW	Minimum Weather
NACOMYO	National Council of Muslim Youth Organization
NMCN	Nursing and Midwifery Council of Nigeria
PBUH	Peace Be Upon Him
R.A	Radiyallahu Anhu (may Allah be pleased with him)
RCN	Royal College of Nursing
RN	Registered Nurses
S.A.W	Sallallahu Alaihi Wasallam (Peace and Blessing of Allah be upon him)
S.I.M.	Sudan Interior Mission
S.W.T	Subuhanahu Wa Ta'ala (The Praised and Exalted)
SCSN	Supreme Council for <i>Shariah</i> in Nigeria
UK:	United Kingdom

H; Hijra

ABSTRACT

The study titled: “Assessment of the Significance of Muslim Women Participation in Nursing Profession in Kaduna State”. The work examines the importance of the nurses and the Muslim women to see how they make their own role in the profession. In the nursing profession within the well-being that focused on the care of individual, families and communities. Although nursing encompasses autonomous and collaborative care of individual of all ages. Furthermore, this work in order to show how nurses participate in shaping health policy to patients and health management. Therefore, the basic aim of Islam is to guide man to the worship of Islam and to respect the rights of other creatures and to be helpful to mankind. The study also intends to observe the relevance of nursing profession to Muslim females in Kaduna state, evaluate the challenges faced by female Muslim nurses in Kaduna state and to identify the sources of support from Muslim female nurses. The research design for this study is descriptive survey design. This design is used because it is directed towards determining the nature of situation as it exists at the time of the study. Descriptive survey design is considered more appropriate for this study because it identifies, describes and interprets conditions or relationships that exist, practice that prevails, beliefs and peoples point of view. Based on the research work the following findings are therefore made, most people choose nursing profession because of the value Islam attached to it. Similarly, it was also revealed that financial constraint is the challenges facing nursing students in Kaduna state. This is because the students' only sources of support was their parents and family members without much support from the government, lack of good attention of the Muslim societies to the nursing, profession is the reason for devaluing the nursing profession. The study concluded with the recommendation that, the relevance of nursing in Islam should be preached at all times and parents and husbands should encourage and support daughters and wives to enroll for the nursing programme, parents and husbands should trust and have confidence in their daughters and wives that are into nursing so as to encourage them, the government also should encourage and support nursing by sponsoring students and also have good welfare package for the nurses working in the hospitals in Kaduna State.

CHAPTER ONE:

INTRODUCTION

1.1 Background of the Study.

Praise be to Allah (SWT), who creates and guides man to the right path and to Whom all seek for assistance. May the peace and salutations of Allah (SWT) be upon the seal of Prophets, Muhammad (SAW), who conveys perfectly the messages of guidance, and may Allah be pleased with the companions of the Prophet (SAW) for their patience to learn the religion of Islam and sincerely convey it to the next generation.

The basic aims of Islam are to guide man to the worship of Allah (SWT), respect of the rights of other creatures and to be helpful to mankind. This is the concept of *Ibadah in* Islam; therefore, worship (Ibadah) in Islam comprises of whatever Allah (SWT) loves and commanded. The religion of Islam is set as requirement to attainment of the pleasure of the Creator and acceptance of his fellow creature is by obedience to Allah and offering essential services to his fellow creatures. Among the essential service that man renders to his fellow creatures after educating them in matters of their religion is the provision of what could safeguard their health as well as promote it. Perhaps on this basis, the Prophet (SAW) in his several sayings emphasizes on issues of health and medications. He says:

عَنْ رَسُولِ اللَّهِ -ﷺ- أَنَّهُ قَالَ « لِكُلِّ دَاءٍ دَوَاءٌ فَإِذَا أُصِيبَ دَوَاءُ الدَّاءِ بَرَأَ بِإِذْنِ اللَّهِ عَزَّ وَجَلَّ ».

There is remedy for every sickness, and when the remedy is applied to the disease it is cured with the permission of Allah, the Exalted and Glorious. (Sahih Bukhari: 1986)

The above quoted saying of the Prophet (SAW) therefore shows the necessity of Muslim community to engage in searching for what would cure or safeguard their health. The struggle to provide or take medicine does not negate the concept of *Tauhid*. A Muslim believes in making efforts and solemnly rely upon Allah (SWT) for the outcome; hence he does not become arrogant and never violates the ethical teachings of Islam in the course of searching or doing medication. The Prophet (SAW) explains as reported in (Sunan Abi Daud) that:

قَالَ رَسُولُ اللَّهِ ﷺ - « إِنَّ اللَّهَ أَنْزَلَ الدَّاءَ وَالذَّوَاءَ وَجَعَلَ لِكُلِّ دَاءٍ دَوَاءً فَتَدَاوُوا وَلَا تَدَاوُوا بِحَرَامٍ ».

Surely Allah descend diseases and remedies, and he made for every disease a remedy but do not make remedy with haram (Abu Daud, 3876)

The significance of medical care to man becomes inevitable and obligatory on the entire Muslim *Ummah* to acquire the knowledge of medicine. However, when section of the community stands to know it, it then suffices the rest members of the community. (Al-jazair: 2012) Nurses may be differentiated from other health care providers by their approach to patient's care, training and scope of practice. Many nurses provide care within the ordering scope of physicians, and this traditional role has come to shape the historic public image of nurses as care providers. However, nurses are permitted by most jurisdictions to practice independently in a variety of settings depending on level of training. Nurses develop a plan of care, working collaboratively with physicians, therapists, the patient, the patient's family and other team members, that focus on treating illness to improve quality of life.

Moreover, in the contemporary world particularly the society of Kaduna state which is mixed in culture and religion while each is struggling to protect their own personal interest as well as their religion, it is therefore not befitting of the Muslim *Ummah* to be left behind. But the disheartening situation is that the growth of health care and health personnel among the Muslim community in Kaduna State is inadequate and not commensurate with the growth of population and hence there are several complaint even though they were not established by court of jurisdiction that Muslim females were not properly attended to and were molested in the government hospitals dominated by non-Muslims or in areas dominated by non-Muslims.

This research therefore is designed to assess the Significance of the Nursing Profession and Muslim Women Participation in Kaduna State.

1.2 Statement of Problem

The nurses are the first and the closest medical practitioners to pregnant women in particular especially when they are about to deliver their pregnancy. This inform the importance of trust and confidence in the activity of a nurse especially when the privacy of female Muslim would be exposed to her. Perhaps on this reason Islam prohibits the non-Muslim to view the privacy of a female Muslim. The disheartening situation is that the Muslims have the highest population of those who require the services of nursing but are in dare need of having nurses from within the Muslim ranks. However, nurses' dressing in public hospitals in Nigeria does not comply with the Islamic dress code and the attitude of free mingling between males and females in whatever time of the day may sound challenging to the Muslims. The nursing regulations in the Nigerian Constitution is a secular western design and hence does not give the Muslim nurses the ability to practice the profession in accordance with the Islamic injunctions. Thus, could be the reason for

the inability of Muslims to meet the challenges of lack of having enough qualified nurses among the Muslim communities in Kaduna or could the reason be for the fear of influence of female Muslims into western culture especially when they are not well grounded in the knowledge and guidance of Islam? The questions that remains do Muslims' perceive nursing profession as a matter of necessity and hence the need to allow female to participate in the profession in order to safeguard their Islamic personality? If the Muslim *Ummah* decide to forsake the profession for its violation of the *Shari'ah* what would be their fate in the hands of their opponents? To what extent can they influence the profession to suite Islamic regulations?

1.3 Objectives of the Study

The study intends to achieve the following objectives:

1. To examine the relevance of nursing profession to females Muslim in Kaduna state.
2. To evaluate the challenges faced by female Muslim nurses in Kaduna state.
3. To evaluate the factors that will boost the female Muslim Nursing Professionals in Kaduna state
4. To evaluate the factors that will boost the female Muslim Nursing Profession in Kaduna State.
5. To identify the reason for devaluing the right of the female Muslims nurses in Kaduna State.
6. To appraise the factors that lead to the change of attitudes in the level of participation of Muslim women in nursing profession in Kaduna State.

7. To examine the significance of nursing profession to female Muslims in Kaduna State.
8. To proffer solutions in the light of Shariah to the challenges of female Muslims in the nursing profession in Kaduna state

1.4 Research Questions

The study intends to provide answers to the following research questions:

1. To what extent nursing profession could be relevant to Muslim Females in Kaduna State?
2. What are the challenges faced by female Muslims nurses in Kaduna State?
3. What are the sources of support for the Muslim female Nursing Profession in Kaduna State?
4. What are the Factors that will boost the female Muslim Nursing Profession in Kaduna state?
5. What are the reasons for devaluing the right of the female Muslim Nursing Profession in Kaduna State?
6. What are the factors that lead to the change attitudes in the level of participation of Muslim women in nursing profession in Kaduna State?
7. What is the significance of nursing profession to the female Muslims in relation to Kaduna State?
8. What are the solutions in the light of shariah to the challenges of female Muslims in the nursing profession in Kaduna state?

1.5 Significance of the Study

The study is significant in view of the following:

- i- The findings of this study will reveal to the Muslims the essence of the nursing profession and the challenges in it. Hence, this would awake them in addressing the challenge appropriately.
- ii- The study may influence more participation of female Muslims and this would assist in the maintenance of female Muslims honor and the dignity of the Muslims at large.
- iii- To have more health personnel is a means of promoting the health status of people and this would have a positive impact on the promotion of economic and social cohesion.
- iv- The presentation of Islamic guidance on the nursing profession the target of this research would bring about the promotion of moral values in the profession and hence attracts the participation of those who objected to it on moral grounds.
- v- The study would also present the comprehensiveness of Islam and its beauty in addressing all human needs.

1.6 Scope /Delimitation of the Study

The scope of the study is restricted to the assessment of nursing profession and Muslim women participation in Kaduna State. The study includes: School of Nursing, Ahmadu Bello University Teaching Hospital, Tudun Wada, Zaria, School of Nursing Wusasa, Zaria, School of Nursing Kafanchan, School of Nursing St. Gerard Kaduna, Department of Nursing ABU, Zaria, the research covered the period between 2000-2017

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

This chapter reviewed some important and relevant literature to this research and it as well discussed some relevant issues that explained some of the objectives of the research. Thus it examined the following sub-headings: the concept of nursing profession, an overview of Kaduna State, the attributes of nurses, perception of Muslims towards Health and Illness, Nursing and Health Care in Islam, historical development of nursing profession in Islam, participation of Muslim Women in Nursing profession, Nursing profession in Nigeria, challenges faced by female Muslim Nurses in Kaduna state and achievements of female Muslim nurses in Islam.

2.1 Overview of Kaduna State

Kaduna is the state capital of Kaduna State in north-central Nigeria, it is a trade centre and a major transportation hub for the surrounding agricultural areas with its rail and road junction. According to the National Population Commission, the 2006 census puts the population of Kaduna state at 6,113,503 people (NPC, 2006). Rapid urbanisation over the past decade has created an increasingly large population, now estimated to be around 1.3 million. Kaduna's name derives from the Hausa word "kada" for crocodile ("Kaduna" being the plural form) (Galanti, 2003)

Kaduna State was the former centre of the Northern Regional Government from 1957 – 1967. Later the state was known as North Central State between 1967 – 1975. In 1976, when General

Murtala Mohammed administration created seven new states in Nigeria, North Central State, with capital at Kaduna, it was renamed Kaduna State. Kaduna was made up of the two colonial provinces Zaria and Katsina. In 1987 Kaduna State was divided into two to create Katsina State out of the then Kaduna State. There are twenty-three local government areas (LGAs) in the state, although the number of ethnic groups is much larger. (Hayab, 2014).

The state was created in 1967, and modified by the subtraction of Katsina State in 1987. Kaduna State has a political significance as the former administrative headquarters of the North during the colonial era. It shares boundaries with Niger State to the west, Zamfara, Katsina and Kano states to the north, Bauchi and Plateau States to the east and FCT Abuja and Nassarawa state to the south.

The Christian missionary activities in the area began formally from the 1900s with the west arrival of Sudan Interior Mission (S.I.M.) in the Home town of (Kwoi) hence today these people are predominantly Christians. Culturally, the people of the southern Zaria who now see themselves as southern Kaduna, with some exception it must be acknowledged that a lot in the cultural practices of marriage rites, naming, burial, farming, social organizations, kinship, etc. Until a full scale research is undertaken, the diversity of Kaduna state remains blurred as some ethnic groups are so small in population that they are often overshadowed by the larger groups who live near them. (Fernando, 2016).

2.2 Religion and Culture

Kaduna State has a rich cultural heritage in terms of festivals, music, dance, drama, craft and even administration. Culturally, Kaduna State is the home of the internationally acclaimed Nok

culture in Nok village in Jaba Local Government of the State. This is where the Nok Terracotta head was discovered dating as far back as 500 BC. It has 32 autonomous traditional institutions in the form of Emirate councils mostly in the northern part and chiefdoms, in the southern part. The people of Kaduna State are highly religious; the major religions in the State are Islam and Christianity, with Islam predominantly practiced in northern part and Christianity in the southern part. Traditional religion is still practiced in some areas within the State side by side, the two divine religions.

2.3 Educational Establishments in the State

Kaduna state has a lot of educational centres in Nigeria. These includes: Nigerian Defence Academy, Ahmadu Bello University, Zaria, Nuhu Bamalli Polytechnic Zaria, Kaduna State University, Federal Polytechnic Kaduna, Nigerian College of Aviation Technology Zaria, College of Education Gidan Waya-Kafanchan, Ameer Shehu Idris College, Zaria, School of Health Technology Makarfi, College of Nursing-Kafanchan, Institute of Leather Research-Zaria, Federal College of Education-Zaria, National Open University of Nigeria Kaduna, National Water Resources Institute Kaduna, Nigerian Institute of Transport Technology Zaria, National Teachers Institute Kaduna, School of Midwifery St. Gerard, Kaduna. (Usman, 2009).

2.4 Government Established Hospitals and Health Centers

Kaduna State has over 1,000 primary healthcare facilities to cater for every resident - even in the most remote village or ward of the state. To further improve on healthcare delivery, in 2016, the Kaduna State Government partnered with the UK Department for International Development

(DFID) to install over 1.3MW of Solar Systems in primary healthcare facilities across the state (Hussain, N., 2000).

2.5 The Concept of Nursing Profession

Nursing is a profession within the health care sector that focused on the care of individuals, families, and communities. Although nursing practice varies in responsibilities in the hospital but none is insignificant. According to International Council of Nurses (ICN, 2007), nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Support, promotion of a safe environment, research, participation in shaping health policy, patient and health systems management, and education are also keys to nursing roles.

Nursing is the use of clinical judgment in the provision of care to enable people to improve, maintain or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever the disease or disability, until death.

In the same vein, nursing is the protection, promotion, optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human responses, and advocacy in health care for individuals, families, communities and populations. (Majalis, A, 2009).

2.6 The Attributes of Nurses

This section intends to discuss the basic prerequisite requirements for the nursing profession:

1. **A Good Nurse Should be a Good Communicator:** Solid communication skills are a basic foundation for any career. But for nurses, it is one of the most important aspects of their job. A nurse has to have an excellent communication skills, especially when it comes to speaking and listening. Based on team and patient feedback, they are able to problem-solve and effectively communicate with patients and families. Nurses always need to be on top of their work and make sure that their patients are clearly understood by everyone else. A nurse should be able to advocate for her patients and anticipate their needs. Furthermore, a nurse must be a member of an amazing, supportive community that will be there whenever she is needed. A problem shared is a problem solved, and when working in the nursing profession you are never alone, so a nurse should open up to the people around, and enjoy the incredible life-long relationships that will build over the course of the career.
2. **A Nurse Should be emotionally stable:** Nursing is a stressful job where traumatic situations are common. The ability to accept suffering and death without letting it get personal or crucial. A nurse should be able to manage the stress of sad situations, but also draws strength from the wonderful outcomes that can and do happen.
3. **A nurse Should have empathy to Patient:** Nurses should have empathy for the pain and suffering of patients. They should be able to feel compassion and provide comfort. Being sympathetic to the patient's hospital experience can go a long way in terms of improving patient care. An empathetic nurse should be patient and look forward for her or his patients care. Being in the hospital is a traumatic and emotional experience. One of the most important nursing qualities is the ability to empathize. Never think of, or treat your patients as a burden. To understand how patients are feeling, we should put ourselves in shoes to give them emotional support they need.

4. **A Nurse should have Attention to Detail:** Every step in the medical field is one that can have far-reaching consequences. The nurse pays excellent attention to detail should be careful not to skip steps or make errors. From reading a patient's chart correctly to remembering the nuances of a delicate case, there is nothing that should be left to chance in nursing. When a simple mistake can spell tragedy for another's life, attention to detail can literally be the difference between life and death. Great nurses are detail-orientated and write down everything. This is important because even a seemingly throw away comment from a patient might hold the key to helping them. Make notes, and most importantly, listen – really listen – to their patients..
5. **A Nurse should be Flexible:** Being flexible and rolling with the punches is a staple of any career, but it's especially important for nurses. A nurse should be flexible with regards to working hours and responsibilities. Nurses are often required to work long periods of overtime, late or overnight shifts, and weekends. Know that it is part of their work. The upside is that a fluctuating schedule often means you're skipping the 9 to 5, cubicle treadmill.
6. **A Nurse Should have Physical Endurance:** Frequent physical tasks, standing for long periods of time, lifting heavy objects (or people), and performing a number of tasking maneuvers on a daily basis are staples of nursing life. It is definitely not a desk job. Always on the go, a nurse maintains her or his energy throughout her shift, whether she is in a surgery or checking in on a patient. Staying strong, eating right, and having a healthy lifestyle outside of nursing is important too! Being a nurse means long days that will sometimes have little or no breaks. To get through a day, a nurse must have outstanding physical and mental endurance. Exercise will help her train her body and make it easier to get through the day, as will brain training applications and games. Invest in comfortable footwear. You will be amazed at the

difference good shoes make when you're stood up all day. Many retailers will help you find shoes that fit your feet properly, supporting the key areas of her foot, and body – so a nurse should take the time to do this. Most importantly, she should take a break whenever she can. Tiredness has a profound effect on the body and mind, so if she get the chance to grab a quick nap to chip away at her sleepiness, let her take it.

7. **A Nurse Should be Kind:** Nurses has sympathy, compassion, and helping others inherently. Therefore, it is under a divine love. According to the Holy Quran, nursing is among the attributes of the benevolent and Allah loves those who are attributed to kindness. Suratul Nahal C.16:v 90. states:

إِنَّ اللَّهَ يَأْمُرُ بِالْعَدْلِ وَالْإِحْسَانِ وَإِيتَاءِ ذِي الْقُرْبَىٰ وَيَنْهَىٰ عَنِ الْفَحْشَاءِ وَالْمُنْكَرِ وَالْبَغْيِ
يَعِظُكُمْ لَعَلَّكُمْ تَذَكَّرُونَ

Verily, Allah orders justice and kindness, and giving (help) to the relatives, and He forbids immoral sins, and evil and tyranny. He admonishes you, so that perhaps you may take heed.

Allah tells us that He commands His servant to be just, i.e., fair and moderate, and that He encourages kindness and good treatment. (Qur'an 16:90).

8. **A Good Nurse Should have Interpersonal Skills:** Because they are the link between doctors and patients. A nurse should have excellent interpersonal skills and works well in a variety of situations with different people. They work well with other members of the staff. Nurses are the glue that holds the hospital together. Patients see nurses as a friendly face and doctors depend on nurses to keep them on their toes. A nurse balances the needs of patients and doctors as impeccably as possible. Therefore, other personal skills are as follow:

- i. A Nurse Should be of a Caring Nature: So, what makes a good nurse? The best nurses are those that truly, and deeply, care for the patients. Being able to comfort and support people who are ill, vulnerable, or scared, is the key to being a successful nurse. They must take their time to make their patients feel happy wanted, supported, and be there as a friend, as well as the person assigned to look after them. Their patients will appreciate it immensely, as such they will form a bond that only exists in this wonderful career.
- ii. A Nurse Should be Organized: Being organized is an absolute must as a nurse! Remembering when to give patients medication is the foundation of the job, so they should keep track of everything and be on time – no excuses!
- iii. A Nurse Should be Adaptable: As a nurse, every day is different. They never know what is going to happen, and if you ever think they do, something will come along to surprise them. As a result, nurses have to be incredibly efficient. They must be prepared for any casualties, and be able to act quickly when needed.
- iv. A Nurse Should be a Quick thinker (and have great judgement): Nurses must be able to think quick on their feet and get decisions right – it could mean life or death for their patients. They can not always wait for information, and must be able to use their knowledge, expertise, and experience to make swift judgement calls. There is no substitute for experience, but knowledge is the key to being able to make good decisions. Read and learn constantly, especially if there are areas for improvement.
- v. A Nurse should be Hard-Working: Not only if they have to constantly keep learning as a nurse, but they also have to be naturally hard-working. Be passionate about what they do, and strive to be the best. Go the extra mile with their patients, and prove to

themselves that they are an inspiring person. By doing this for themselves, they find it easier to be motivated and those around them will be impressed.

- vi. **A Nurse Should be the type of Solving Problem and Skills:** A nurse can think quickly and address problems as or even before they arise. With sick patients, trauma cases, and emergencies, nurses always need to be on hand to solve a tricky situation. Whether it is handling the family, soothing a patient, dealing with a doctor, or managing the staff, having good problem solving skills is a top quality of a nurse.
- vii. **A Nurse Should have Quick Response:** Nurses need to be ready to respond quickly to emergencies and other situations that arise. Quite often, health care work is simply the response to sudden incidences, and nurses must always be prepared for the unexpected. Staying on their feet, keeping their head cool in a crisis, and a calm attitude are great qualities in a nurse.
- viii. **A Nurse Should have Respect:** Respect goes a long way. Nurses respect people and rules. They remain impartial at all times and are mindful of confidentiality requirements and different cultures and traditions. Above all, they respect the wishes of the patient him- or herself. Nurses respect the hospital staff and each other, understanding that the patient comes first. And nurses who respect others are highly respected in return. (Akram S., 2013)

2.7 Concept of Health and Illness in Islam

Islam made Muslims to perceives that health and illness as certain, sickness may be cured with patience, medication and prayers. Thus, illness, suffering and death are natural part of life and a test from Allah.

Allah (SWT) says in the glorious Qur'an:

وَلَنَبْلُوَنَّكُمْ بِشَيْءٍ مِّنَ الْخَوْفِ وَالْجُوعِ وَنَقْصٍ مِّنَ الْأَمْوَالِ وَالْأَنْفُسِ وَالثَّمَرَاتِ وَبَشِّرِ
الصَّابِرِينَ

Be sure we shall test you with something of fear, hunger, some loss in wealth, lives or the produce (of your toil), but give glad tidings to those who patiently persevere (Al-Baqarah 2:155)

Consequently, seeking treatment for illness is not considered as a sign of conflict with confidence in Allah for a cure.

Prophet Muhammad (SAW) said:

قَالَ رَسُولُ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ : تَدَاوُوا عِبَادَ اللَّهِ ، فَإِنَّ اللَّهَ عَزَّ وَجَلَّ لَمْ يُنْزِلْ دَاءً إِلَّا أَنْزَلَ لَهُ شِفَاءً غَيْرَ دَاءٍ وَاحِدٍ : الْهَرَمُ

Seek treatment, because Allah did not create a sickness but has created a treatment for it except for old age. (Mu-watta Malik, 19781).

According to Al-Jibaly (1998) an unwell Muslim should keep in mind that his sickness is a check from Allah which carries tidings of forgiveness and mercy for him. Thus, avoiding too much complain of such suffering, accepting it with patience and satisfaction and asking Allah to reduce distress, all are completely encouraged.

2.8 History of Nursing and Health Care in Islam

According to Rassol (2000), Islam has made great contributions to the arts, sciences and civilization as a whole. One of the major contributions was the establishment of hospitals as institutions for treating patients and training physicians. The history of Islamic hospitals goes back to before the 8th century. In the Islamic era, hospitals were established to provide medical and psychological care. These early hospitals employed medical staff, Nurses male and female to serve as centers for medical treatment. Early Islamic hospitals provided health care to all people, regardless of their religious affiliation (Usman, 2009).

The Islamic Empire extended from the Atlantic Ocean on the West to the borders of China on the East. Only 80 years after the death of the Prophet Muhammad (PBUH), the Muslims crossed to Europe to rule Spain for more than 700 years. In the ninth century, Islamic medical practice had advanced from talisman and theology to hospitals with wards. The doctors had to pass tests to be considered professional and technical terminology began to be used (Syed, 2009). For more than 1000 years, the Islamic caliphate remained the most advanced and civilized nation in the world. In the early ages of Islam, Muslims conquered the great university and hospital of the Persian City of Jundi-Shapur. Its pattern was the basic for later Islamic medical schools; the medical education was serious and systematic. Teaching was designed to include both the lectures and clinical sessions based on the apprentice system. (Galanti, 2003).

According to some writers they asserted that those things were incumbent on the students of nursing. Nurses should constantly attend the hospitals and maternities, to pay unremitting attention to the conditions and circumstances of the patients in company with doctors, to investigate the state of the patients, bearing in mind that what they see about the patients (Syed,

2009). On the other hand they gave them guidance and counsel them to bear in mind the sickness. They used to study the patients' cases and prepare them for student presentation. Clinical reports of cases were written and preserved for teaching; registers were maintained. (Bowler, 2005).

Only some physicians in Baghdad had separate schools for studying basic sciences. Medical students received basic preparation from private and self-study. In Baghdad, they were dissecting the apes for skeletal studies, and their intention was teaching anatomy. Other medical schools used lectures and illustrations for such goal. After finishing the basic training, the students were admitted as an apprentice to a hospital. (Strasen, 1992).

There was a great focus on the clinical practice; the students moved gradually from simple cases to the most difficult cases then they moved from the inpatient areas to the outpatient settings. Regarding the curriculum, there was a difference in the clinical curriculum among various schools. The major focus was on internal medicine but also surgery was included. After completing the basic courses, some students specialized either under famous specialists or in clinical training. In orthopedics, the use of plaster for casts was widely taught, however it was rediscovered in the West in 1852. Although ophthalmology was practiced widely, it was not taught regularly in medical schools. (Strasen, 1992).

Ibn Sina and Razi both widely practiced and taught psychotherapy. Completing the training was not enough to allow the medical graduate to enter practice without passing the licensing examination. The idea of licensing examination was made by Caliph Al-Muqtadir in 931 C.E in Baghdad when he knew that several patients died as a result of physicians' errors. Licensing Boards were set up under a government official called Muhtasib. The Muhtasib also inspected

weights and measures of traders and pharmacists. The current Food and Drug Administration (FDA), in America today, was done in Islamic medicine 1000 years ago. European medical schools followed the pattern set by the Islamic medical schools and even in the early nineteenth century, students at the College could not graduate without reading Ibn Sina's Qanun (Cannon). (Girard, 2003).

The development of efficient hospitals was an outstanding contribution of Islamic medicine. The hospitals were run by government and the directors of hospitals were physicians. Services were offered free to all citizens regardless of their color, religion, sex, age or socio-economic status (Syed, 2009). There were hospitals and separate wards for male patients and female patients. Each ward was furnished with a nursing staff and gatekeeper from the same gender. Different diseases such as fever, wounds, infections, mania, eye conditions, cold diseases, diarrhea, and female disorders were allocated in different wards (Syed, 2009). Patients who were approaching healing had separate sections.

Hospitals provided patients with unlimited water supply and with bathing facilities. They had housing for students and house staff. They contained pharmacies dispensing free drugs to patients. Hospitals had their own conference room and libraries containing the most up-to-date books (Syed, 2009).

For the first time in history, these hospitals kept records of patients and their medical care. From the point of view of treatment, the hospital was divided into an out- patient department and an in-patient department. The system of the in-patient department differed only slightly from that of today. At Tile Tulun hospital, on admission the patients were given special apparel while their clothes, money, and valuables were stored until the time of discharge. On discharge, each patient

- received five gold pieces to support himself until he could return to work. Healthy people were said to have pretended illness in order to enjoy its food. In the time where there was a separate hospital in Damascus for lepers, in Europe, up to six centuries later, condemned lepers were burned to death by royal decree. (Galanti, 2003).

The Qay-rawan Hospital (built in 830 C.E. in Tunisia) was characterized by spacious separate wards, waiting rooms for visitors and patients, and female nurses from Sudan, an event representing the first use of nursing in Arabic history. The hospital also provided facilities for performing prayers. The Al-Adudi hospital (built in 981 C.E. in Baghdad) had interns, residents, and 24 consultants attending its professional activities, An Abbasid minister, Ali ibn Isa, requested the court physician, Sinan ibn Thabit, to organize regular visiting of prisons by medical officers. At a time when Paris and London were places of mud streets and hovels, Baghdad, Cairo, and Cordova had hospitals which incorporated innovations which sound amazingly modern. (Kasule, 1998).

In general, there were two types of hospitals - the fixed and the mobile. The mobile hospitals were transported from one place to another and were erected from time to time as required. The physicians in the mobile clinics were at the same level of those who served at fixed hospitals. Similar moving hospitals accompanied the armies in the battle fields. The field hospitals were well equipped with medical supplies, tents and a staff of doctors and nurses. The traveling clinics served the totally disabled, the disadvantaged and those in remote areas. These hospitals were also used by prisoners, and by the general public, particularly in times of epidemics.

2.9 Historical Development of Nursing Profession from the Period of the Prophet (SAW)

The first professional nurse in the history of Islam is a woman named, Rufaidah Bint Sa'ad, from the Bani Aslam tribe in Madina. (Kasule, 2008). She lived at the time of the Prophet Muhammad (SAW) her history illustrates all the attributes expected of a good nurse. She was kind and empathetic. She was a capable leader and organizer, able to mobilize and get others to produce good work. She had clinical skills that she shared with the other nurses whom she trained and worked with. She did not confine her nursing to the clinical situation; she went out to the community and tried to solve the social problems that lead to disease. She was a public health nurse and a social worker. She has inspiration for the nursing profession in the Muslim world. She was among the first people in Madina to accept Islam and one of the Ansar women who welcomed the Prophet (SAW) on arrival in Madina, she played a very good and active role on the battle field of Badar.

When the Islamic state was well established in Madina, Rufaidah devoted herself to nursing. In the peace time, she set up a tent outside the Prophet's mosque in Madina, where she nursed the sick. During war she led groups of volunteer nurses who went to the battle-field and treated the casualties. She participated in the battles of Badar, Uhud, Khandaq, Khaibar, and others. Rufaidah's tent became very famous during the battles and the Prophet (SAW) used to direct his Sahabah to take the casualties to her. (Kasule, 1998). At the battle of the trench (Ghazwat al Khandaq), Rufaidah set up her hospital tent at the battle-field. The Prophet (SAW) instructed Sa'ad Bin Ma'adh who has been injured in the battle was moved to the tent of Rufaidah who nursed him, carefully removed the arrow from his forearm and achieved homeostasis, with the help of some of the Sahabah (Kasule, 1998). The Prophet visited Sa'ad in the hospital tent

several times a day. Sa'ad died later at the battle of Bani Quraidhat. Rufaidah had trained a group of women companions as nurses (Kasule, 1998). When the Prophet's army was getting ready to go to the battle of Khaibar, Rufaidah and her group volunteered as nurses and went to the Prophet (SAW) and asked him for permission, which the Prophet (SAW) permitted them to go. The nurse volunteers did such a good job that the Prophet assigned a share of the booty to Rufaidah and her share was equivalent to that of soldiers who had actually fought (Kasule, 2008). This was in recognition of her medical and nursing work. Rufaidah had a kind and empathetic personality that soothed the patients in addition to the medical care that she provided. The human touch is a very important aspect of nursing that is unfortunately being forgotten as the balance between the human touch (Kasule, 2008).

2.10 Participation of Early Muslim Women in Nursing Profession.

Nursing is not considered a respectable profession for women in those days, in some northern part of Nigeria, despite its long respected history from the period of Prophet Muhammad (SAW). Nursing was ranked last in the list of appropriate occupations for women because of the nature of their work and working hours, as they must fulfill obligations as wife and mother role (Timilty, 2001).

Jammal (2003), argued that Nigerian women by virtue of their Islamic society do not need to compete with men for jobs except those that are fit for them such as needlework, sewing and teaching. Marriage is a high priority in the Islamic religion and any issue that interferes with marriage is taken very seriously (Batarfi, 2008).

However, there are some examples of some Muslim women who contributed to the advancement of medicine and health care. The title of the first nurse of Islam is credited to Rufayda Bint Saad Al Aslamiyah. But names of other women were recorded as nurses and practitioners of medicine in early Islam: Nusayba Bint Kaab Al-Mazeneya, one of the Muslim women who provided nursing services to warriors at the battle of Uhud (625H), Umm Sinan Al-Aslami (known also as Umm Imara) who became a Muslim and asked permission of the Prophet Muhammad (SAW) to go out with the warriors to nurse the injured and provide water to the thirsty, Umm Matawi, who volunteered to be a nurse in the army after the opening of Khaybar, Umm Waraqa Bint Harith, who participated in the battle, providing her nursing services to the warriors at the battle of Badr. (Kasule: 2008) The following are two notable females who participated fully as nurses during the battle of Badr.

i. Rufayda Al-Aslamiyyah

Rufayda Bint Sa'ad, also known as Rufayda al-Aslamiyyah, considered the first nurse in Islamic history, lived at the time of the Prophet Muhammad (SAW). She nursed the wounded and dying in the wars with the Prophet Muhammad (SAW) in the battle of Badr on 13th March 624CE. Rufayda learnt most of her medical knowledge by assisting her father Saad Al Aslami who was a physician. She devoted herself to nursing and taking care of sick people and she became an expert healer. She practiced her skills in field hospitals in her tent during many battles as the Prophet (SAW) used to order all casualties to be carried to her tent so that she might treat them with her medical expertise. Rufayda is a kind, empathetic nurse and a good organizer. With her clinical skills, she trained other women to become nurses and to work in the area of health care.

She also worked as a social worker, helping to solve social problems associated with diseases. In addition, she helped children in need and take care of orphans, the handicapped and the sick.

ii. Shifa'ah Bint Abdullah

The companion Al-shifa'a Bint Abdullah al Qurashiya al-Adawiyah had a strong presence in early Muslim history as she was one of the wise women of that time. She was literate at a time of illiteracy. She was involved in public administration as a nurse and health care provider. Her real name was Laila, however, "al-shifa", which means "the healing", is partly derived from her profession as a nurse and medical practitioner. Al-shifa often to use a preventive treatment against ant bites and the Prophet approved of her method and requested her to train other Muslim women. (Abdel-Hamid, 2000).

2.11 Nursing Profession in Nigeria

In Nigeria, nursing is a profession which came into existence as early as human existence. It is the foremost caring profession. It rested, savored and consolidated its position through the ages by developing its own language, rituals, arts and sciences from the physical, psycho-social and spiritual needs of the patients. The history of nursing education and practice in Kaduna is closely linked with the history of nursing as a universal profession itself.

Modern scientific nursing started with the crusading efforts of Miss. Florence Nightingale (1820-1910) during and after the Crimean war (1854-1856). She combined Christian ideals, strict discipline and a sense of mission to open the door for what is known today as the nursing profession. Nursing was the first profession in the health industry to form an international organization- the International Council of Nurses formed in 1899, the Royal College of Nursing

was founded in 1916, while in 1919, the General Nursing Council for the England and Wales came into existence (Bilgili et al, 2007).

The early missionaries who arrived in Nigeria in the early nineteenth century, had the strong belief that Jesus Christ is the spiritual king, the greatest nurse and physician who was capable of caring for and healing whatever affects the body, mind and soul. They combined their missionary work with the provision of medical and nursing care to the sick. With the Amalgamation of the colony and the protectorates of Nigeria into one country in 1914, Nigeria became a colony of Britain. Nursing like all other professions developed and witnessed rapid changes to meet the changing needs of the society it serves. The first and second world war also had impact on the growth and development of the nursing profession which is being regulated by the Nursing and Midwifery Council of Nigeria (Bowler, 2005).

The Nursing and Midwifery Council of Nigeria is a category B parastatal of the Federal Ministry of Health established by Decree No. 89, 1979 now known as Nursing and Midwifery (Registration) Act Cap.N143, Laws of the Federation of Nigeria, 2004. The Council is the only regulatory body for all cadres of nurses and midwives in Nigeria. It is one of the only legal, administrative, corporate and statutory body charged with the performance of specific functions on behalf of the Federal Government of Nigeria in order to ensure the delivery of safe and effective nursing and midwifery care to the public through quality education and best practices. The Council is mandated by Law to regulate the standards of nursing and midwifery education and practice in Nigeria and to review such standards from time to time to meet the changing needs of the society with its headquarters in Lagos before but now in Abuja, with zonal offices in Kaduna, Bauchi, Enugu and Port Harcourt. The Council also works in partnership and

collaboration with non-governmental organizations in developing and implementing various health programmes, projects, workshops/seminars and so on, aimed at uplifting the standard of Nursing and Midwifery Education and practice in the country (International Council of Nurses, 2007).

The Council is headed by a Secretary General/Registrar and is assisted by professionals and non-professional staff. They are responsible to a Board headed by a Chairman with members drawn from various institutions and zones in the country (www.nmcnigeria.org 2/5/12).

For an individual to be qualified as a nurse, he/she must pass through the nursing training institutions either schools of Nursing or Department of nursing science in Nigerian universities and be licensed by the Nursing and Midwifery council of Nigeria, after passing the Nursing and Midwifery Council examination.

In Kaduna state, there are four schools of nursing (School of Nursing, ABUTH, Zaria T/Wada, School of Nursing- St Luke's Anglican Hospital, Wusasa, School of Nursing Kafanchan, and School of Nursing- St Gerrald, Kaduna), one Department of Nursing Science in the ABU Zaria main campus, one school of psychiatric Nursing program, Kakuri- Kaduna and three schools of midwifery (school of midwifery- Wusasa, school of midwifery-Kafanchan and school of midwifery, ABUTH Zaria).

All these schools play an important role in the training and practices of nurses in Kaduna state with the approval of Nigeria Nursing and Midwifery Council to ensure the delivery of safe and effective nursing and midwifery care to the public.

2.11.1 The Female Nurses Dress Code in the Hospital

The code of professional conduct for nurses and midwives in Nigeria stipulated that members of the profession must always appear neat and decently dressed, without using bogus dresses, dangling ear-rings, long hairdo and big wigs (all hairdo must not extend below the neck level), high heeled shoes, long painted nails and elaborate make up while on duty and in uniform. All staff with clinical responsibilities are required to wear designated uniform when they have clinical patient contact. The policy further stated that uniforms must be made of a non-clinging, opaque material and skirt length will not be shorter than the middle of the knee or longer than 4 inches below the knee. Appropriate undergarments will be worn and will not be visible by style or color. Clothing that reveals too much cleavage, ones back, chest, feet, stomach or underwear is not appropriate. Clothing must be neat, clean and not to expose their body.

In 2001, after considering the multi-religious setting of Nigeria, the council approved the use of trousers and gowns with long-sleeve for male nurses and in addition to initial standard for women, the female nurses were given the choice to either wear a cap for Christians or a shoulder length *hijab* for the Muslims. However, emphases were made on the following unacceptable items of clothing, either on the grounds of health and safety or for public image. The unacceptable clothes include, over tight or revealing clothes, mini-skirts, tops revealing the midriff and leggings and floor length dresses, jeans, tracksuits, T-shirts, shorts, combat trousers, sweat-shirts, baseball caps/hats and all clothing bearing inappropriate slogans (Usman, 2009).

2.11.2 Reasons behind the Hospital Dress Code

The objectives of a sound dress code are to allow the nurse to work comfortably in the workplace, projecting a professional image to potential nurse. The image of the nurse represents the image of the hospital; appropriate dress reinforces the professionalism of the hospital. The reason for a dress code in a hospital setting would therefore include, to decrease tiredness and lack of focus, increased productivity and discipline.

The essence of the dress code is to:

- 1- Uphold statutory regulatory requirements.
- 2- Ensure appropriate clothes including for the activity being undertaken.
- 3- Secure care-provider's hair and garments at shoulder length away from face and client contact.
- 4- Ensure that staffs adhere to infection control in health and safety environment.
- 5- Patient and care provider's safety.
- 6- Promotes professional demeanor, discipline, morale and productivity.
- 7- Emphasize the seriousness of the work of a health care provider. (Usman, 2009).

2.11.3 Monitoring and Dress Code Enforcement

The Dress code issued must not be altered or added by the individual. If changes are required, they should be undertaken by seeking the approval of the Chief Nurse and Director of Clinical Services for approval. When appropriate measures are taken not to create unacceptable risks of safety and infection control, the modified dress could then be approved.

Health institutions constantly re-evaluates, rewrite and enforce their dress code policies. This is also to acknowledge that no dress code can cover all contingencies, which unfortunately is not the case for the Nigerian Nurses. In enforcing the policy or each department is charged with the responsibility for monitoring the dress code and must be consistently enforced throughout the hospital. If clothing fails to meet these standards or breaking the rule of law, then disciplinary action will be handled by the supervisor in accordance with standard hospital disciplinary procedures. If the problem persists, the employee would be given a verbal warning for the first offense followed by a more formal action. Supervisors that failed to enforce this policy would attract disciplinary action against them. Usman (2009).

The hospitals were of two types, mobile and stationary. With regard to the mobile hospitals, the first such hospital known in Islam was at the time of the Prophet Muhammad (SAW), during the battle of al-Khandaq, when a tent was set up for the wounded. When Sa'd ibn Mu'adh was struck in the medial arm vein (which is the vein used for bloodletting or venesection), the Prophet Muhammad (SAW) said:

Put him in the tent of Rufaydah so- that he will be close to me and I can visit him. (Abu Azeez: 2004)

This was the first mobile war hospital in Islam, then such hospitals became widespread during the times of the Sahabas, until mobile hospitals became equipped with all the things that the patient would need of medicines, food, drink, clothes, doctors and pharmacists. The hospital would move from village to village in regions where there were no stationary hospitals. The vizier 'Eesa ibn' Ali al-Jarrah wrote to Sinan ibn Thabit, who was in charge of the hospitals in Baghdad and elsewhere, saying:

I thought about those who are in the villages, for there is no village in which there are not sick people who have no doctors there because there are no doctors in the villages. So send some doctors and a store of medicines and potions to go around among the villages and stay in each area for as long as they are needed to treat the people there, then move on to another village. (al-Nadwi: 2000)

Some of the mobile hospitals during the time of the Seljuk sultan Mahmud were so huge that they needed forty camels to transport them. With regard to stationary hospitals, many of them were in the cities and capitals, and even small towns in the Muslim world, at that time each had one or more hospitals. In Cordoba alone there were fifty hospitals.

The hospitals were of various kinds. There were hospitals for the army, run by specialist doctors, apart from the doctors of the Caliphs, leaders and governors. There were hospitals for prisoners, in which the doctors would go around every day and treat the sick prisoners with the necessary medicines. One of the things that the vizier 'Ali ibn 'Eesa ibn al-Jarrah wrote to Sinan ibn Tabbat, the head doctor of Baghdad:

I thought about the issue of those who are in jail, and that because their numbers are so large and the places in which they stay are so rough, many of them get sick. We should appoint doctors for them, to visit them every day and give them medicines and potions; these doctors should go around to all the prisons, treating the sick people there.

There were also emergency stations which were set up near the mosques and public places where people are usually crowded. Al-Maqrizi tells us that when Ibn Tulun built his famous mosque in Egypt, he built a place for *wudu'* (ablution) in the back of it, and a pharmacy which contained all kinds of medicines; there were servants to look after it, and a doctor would be present on Fridays, to treat worshippers who fell sick.

There were also public hospitals, which opened their doors to treat the masses. They were divided into two separate sections, one for the males and one for the females. Each section had numerous wards, each ward for a certain kind of disease. So there were wards for internal diseases, for the eyes, for wounds, for broken limbs and orthopaedics, and for mental disease. The internal diseases ward was further divided into rooms, with a room for fever, a room for diarrhoea, and so on. Each section had doctors, with a doctor in charge, so there would be a head of internal diseases, a head of surgeons and orthopaedics, a head of eye doctors, etc. Each section had a general head who was called *sa'ur*, which was a title given to the head doctor in the hospital. The doctors used to work in shifts, with each doctor having an allocated time when he was obliged to stay in his ward and treat the sick. Each hospital also had a number of cleaners, both men and women, and nurses and assistants, all of whom had set, generous salaries. In each hospital there was a pharmacy called *khaziinat ash-shirab* (potions store) in which were kept all kinds of potions, treatments, exotic jams, different kinds of medicine, and top-quality perfumes which were not found anywhere else; there were also surgical instruments and glass and china vessels etc, such as could only be found in the store rooms of kings.

The hospitals were also medical institutions; in every hospital there was a large hall for lectures, where the senior doctors would sit with other doctors and students, with instruments and books beside them. The students would sit in front of their teacher, after he had finished checking on the patients and treating them, and the teacher and students would discuss medical matters and read from medical books. Often the teacher would bring his students with him inside the hospital, to give them practical lessons on treating the sick, as happens nowadays in the hospitals that are attached to medical colleges. *Ibn Abu Usaybi'ah* who is one of those who studied medicine in the *an-Noori* hospital in Damascus - said,

I used to go around with the doctor Muhadhdhab ad-Dill and the doctor 'Imran when they treated inpatients, then when we finished, I would sit with Shaykh Radiy ad-Dill ar-Rahbi to learn how to diagnose diseases, and I discussed a lot of diseases and their treatment with him. (Nadwi: 2000)

A doctor was not allowed to set up in practice on his own until he took an examination before the senior scholars of the state, where he would present a thesis in this field in which he wanted a license to practise; this would either be a thesis that he had written himself, or a commentary he had written on a book written by one of the senior medical scholars. He would be examined and questioned about everything that had to do with this field. If he answered well, the senior doctor would give him a license which would permit him to practise the profession of medicine. In 319 AH/ 931 CE, during the reign of the Caliph *al-Muqtadir*, it was agreed that some doctors had made a mistake in their treatment of a man who had then died, so the Caliph issued orders that all the doctors of Baghdad should be examined afresh. They were tested by Sinan ibn Thabit, the senior doctor of Baghdad. The number of doctors in Baghdad alone was eight hundred and sixty-odd; this is apart from the number of famous doctors who were not examined, and apart from the doctors of the Caliph, viziers and governors.

We should not omit to mention that attached to every hospital there was a library filled with books on medicine and other sciences which the doctors and their students needed. It was said that in the hospital of Ibn Tulun in Cairo there was a library which contained more than one hundred thousand volumes on all branches of science.

With regard to the system for being admitted to the hospital, it was free for everyone, with no distinction between rich and poor, stranger or local resident, clever or dull-witted. The sick person would first be examined in the outer ward. If a person was only mildly sick, a prescription

would be written for him, and he would go to the hospital pharmacy to have the prescription made up. If a person's sickness warranted admission to the hospital, his name would be written down and he would enter the bathroom where he would take off his clothes, which would be put in a special store. Then he would be given special hospital clothes, and he would enter the ward that was devoted to people with the kind of sickness that he was suffering. He would be given his own bed, with fine linens and covers, and he would be given the treatment that the doctor had specified for him, and the food that would restore him to good health, in the amounts specified. The food given to the sick included lamb, beef, poultry and chicken, and the sign of recovery was that the patient would eat a whole loaf of bread and a whole chicken in one sitting. When the patient reached the final stage of recovery, he would be admitted to the recovery ward where, once he was fully recovered, he would be given a new set of clothes and an amount of money that would be sufficient for him until he was able to start working again. The rooms of the hospital were clean, with running water, and its wards were fitted with the finest furnishings. Every hospital had inspectors who would check on cleanliness, accountants to take care of its financial affairs, and often the Caliph or governor himself would check on the sick and supervise their good treatment.

This was the system that prevailed in all the hospitals that were established in the Muslim world, whether in the west or in the east, in the hospitals of Baghdad, Damascus, Cairo, Jerusalem, Makkah, Madinah, the Maghreb and Andalusia.

2.11.4 Rules and Regulation of Nursing in the Light of Islam

Islam urges decency and modesty and that the general Islamic principles aim at preserving people's dignity and honor. Yet, the application of such general rules should be referred to

scholars. In other words, Muslims are required to learn the Islamic etiquettes pertaining to their professions from trusted scholars; but they are not supposed to act according to their own understanding, because this can lead to serious mistakes, even when one is generally observing the general rules of Islam. There are two different principles that one has to consider with regard to this issue:

- i- The impermissibility of looking at or touching of the ‘*awrah* (parts of the body that must be covered) of anyone, whether of the same sex or of the opposite sex. Certainly, this is more emphasized when it comes to the ‘*awrah* of a member of the opposite sex. Islam greatly emphasizes this because it represents a fortress that is meant to protect social cohesion, prevent moral deterioration, and prevent sexually transmitted diseases. (Hatem: 2015)

Al-Buhuty (2010) stated that it is permissible for physicians and their likes to look or touch [the ‘*awrah* of patients] when there is a [medical] need. Also, Ibn Al-Qasim added that this is like the one who looks after a male or female patient, and helps him or her with *wudu*‘ [ablution] or *istinjaa*‘ [washing of the private parts]. These positions are in accordance with the balance between the basic principles mentioned above and the various authentic reports indicating that female Companions such as Ar-Rubayi`, Umm `Atiyyah, and `A`ishah who would follow Muslim armies to provide soldiers with water and treat the wounded.

On the other hand, Hatem (2012) opined that if there is no any nurse from the same sex to look after the same sex and for the greater benefit of giving comfort to a patient. Therefore, they recommended the following guidelines for the female nurses who are faced by this dilemma:

1. They should seek appointment in specialties or settings where they would not encounter this problem.
2. If they work in fields that involve caring or treating male patients, and they cannot arrange with male colleagues to exchange duties, where they can handle female patients and their male counterparts handle male patients, then they should:
 - a. Perform the job that is considered part of their obligation as nurses.
 - b. Look at and touch only that which is necessary for the performance of their job.
 - c. Use barriers, such as gloves, which are required anyway by the standards of health-care work.
 - d. Avoid seclusion.
 - e. Limit interaction to the professional aspect of their job.
 - f. Perform what is required while avoiding socializing with patients from the opposite sex.

Almighty Allah says,

فَاتَّقُوا اللَّهَ مَا اسْتَطَعْتُمْ

So fear Allah as much as you can. (Qur'an 64:16) Suratul Taghabun.

On the same vein, If a woman finds that she has to work because of necessity, she is permitted to work outside the home, as is indicated by the fact that the two daughters of Shu'ayb used to water the sheep, and the story of Asma' bint Abi Bakr working outside the home. If a woman is

widowed with children, and has no breadwinner and is receiving no money from the *Bayt al-Maal* (treasury), it is permissible for her to earn a living. Although we say that a woman is permitted to work outside the home when it is necessary, she should nevertheless do only the work she needs to do in order to meet her needs. If a woman has professional skills which not every woman possesses, and which are needed by other women and society as a whole, then it is permissible for her to practice her profession outside the home, so long as she adheres to the conditions prescribed by shari'ah and has the permission of her legal guardian. The evidence that it is permissible for the woman to work outside the home in a field where there is a need for her work, as long as she adheres to the conditions prescribed by shari'ah, is to be seen in the fact that at the time of the Prophet Muhammad (SAW), midwives used to attend to women in labour, and skilled women used to practice circumcision, and he did not condemn them for doing so. It is also known that Rufaydah al-Ansaariyyah used to treat the wounded in her tent, which had been set up in the mosque for that purpose. She was very skilled in treating the sick, and her work was done with the knowledge and express permission of the Prophet Muhammad (SAW). Sa'd ibn Mu'aadh was transferred to her tent for treatment. This indicates that it is permissible for a woman to practice her profession outside the home.

But this permission is given on the condition that this work does not affect her duties towards her own home, husband and children, and that she has her husband's permission, because these duties are her individual duties (*fard 'ayn*), which take precedence over her responsibilities towards the community (*fard kifaayah*). When there is any conflict, her individual duties must come first. (Abd al-Kareem: 2005).

In another hadeeth which describes Muslim women at the beginning of Islam practising nursing profession as narrated by Hafsa Umar Ibn Al-Khatab and reported in *Sahih* Al-Bukhari that a woman came and stayed at the fort of Bani Khalaf, and told us about her sister's husband who used to go out on military campaigns with the Prophet Muhammad (SAW) and she and his wife accompanied him, the wife narrated as follows in the hadiths:

قَالَتْ كُنَّا نَعُزُّو مَعَ رَسُولِ اللَّهِ - ﷺ - نَسْقِي الْقَوْمَ ، وَنَخْدُمُهُمْ ، وَنَرُدُّ الْقَتْلَى
وَالْجَرَحَى إِلَى الْمَدِينَةِ

Rubai' bint Mu'avwidh bin 'Afra said: We used to go for military expeditions along with Allah's Messenger, we provided people with water, served them and bring the dead and the wounded back to Al-Madina. (Bukhari 5679)

But a woman's work as a nurse or doctor is regulated by the rules indicated in other Islamic texts. Al-Haafiz ibn Hajar, may Allaah have mercy on him, commenting on the above hadeeth, mentioned some of these conditions: "What we learn from this hadeeth is that a woman is allowed to offer medical treatment to a non-mahram man (one to whom she is not related), so long as this takes the form of bringing medicine to him, for example, or other forms of indirect treatment (i.e. with no touching or direct contact involved) – except in cases where it is necessary and there is no fear of temptation (such as in an emergency situation or in the event of a disaster)."

If a woman works in complete *hijab*, without touching a male patient, or being alone with him in any way, and as long as there is no fear that she may be the cause of temptation or be tempted herself, and she is not neglecting a more essential duty such as taking care of her husband or children, and she has the permission of her guardian, then it is permissible for her to work. In

principle, men should be treated by male doctors and nurses, and women by female doctors and nurses. There should be no mixing of the sexes in medical treatment, except when it is necessary and as long as there is no fear of temptation. The Prophet Muhammad (S.A.W) says:

عَنِ النَّبِيِّ - ﷺ - قَالَ « عَلَى كُلِّ مُسْلِمٍ صَدَقَةٌ ». فَقَالُوا يَا نَبِيَّ اللَّهِ فَمَنْ لَمْ يَجِدْ قَالَ « يَعْمَلُ بِيَدِهِ فَيَنْفَعُ نَفْسَهُ وَيَتَصَدَّقُ ». قَالُوا فَإِنْ لَمْ يَجِدْ قَالَ « يُعِينُ ذَا الْحَاجَةِ الْمَلْهُوفَ ». قَالُوا فَإِنْ لَمْ يَجِدْ . قَالَ « فَلْيَعْمَلْ بِالْمَعْرُوفِ ، وَلْيُمْسِكْ عَنِ الشَّرِّ فَإِنَّهَا لَهُ صَدَقَةٌ »

The Prophet O, said, "On every Muslim there is enjoined (a compulsory) Sadaqa (alms) ." They (the people) asked, "If one has nothing?" "He should work with his hands so that he may benefit himself and give it in charity." They said, "If he cannot work, or does not work?" He said, "Then he should help the oppressed unhappy person (by word or action or both)." They said, "If he does not do it?" He said, "Then he should enjoin what is good" or said "what is Al-Ma'ruf (i.e., Islamic Monotheism and all that Islam has ordained)". They said, "If he does not do that?" He said, "Then he should refrain from Ash-Shar (doing evil - e.g., practising polytheism of different kinds and all that is evil and bad), for that will be considered for him as a Sadaqa (charity)." (Al-Bukhari 6022)

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

The focus of this chapter is to outline the methodology used in conducting the study. The chapter therefore described the research under the following sub-topics: Research design, population of the study, sample and sampling procedure, data collection procedure, instrument for data collection, validity and reliability, research instrument and data analysis procedure.

3.2. Research Design

The research design for this study is descriptive survey design. This design is used because it is directed towards determining the nature of situation as it exists at the time of the study. Descriptive survey design is considered more appropriate for this study because it identifies, describes and interprets conditions or relationships that exist, practice that prevails, beliefs and peoples point of view (Nworgu, 2004).

3.3. Population of the Study

The target population of this study is the entire female Muslim students of schools of nursing and department of nursing in Ahmadu Bello University, Zaria Kaduna state. The total population of female Muslim students in the schools and department of nursing stands at 680. The breakdown of the total population is as follows according to schools and department of nursing in Kaduna state. In table 3.1 below

Table 3.1 List of Institution and Participant Population

S/N	Institutions	No of Female Muslim	Location
1.	School of Nursing, ABUTH, Tudun Wada Zaria	122	Zaria
2.	School of Nursing, Wusasa, Zaria	16	Zaria
3.	School of Nursing, Kafanchan	6	Kafanchan
4.	School of Nursing, St Gerard, Kaduna	9	Kaduna
5.	Department of Nursing, ABU Zaria	480	ABU, Zaria Main Campus
6.	School of Psychiatric Nursing, Barnawa, Kaduna	18	Kaduna
7.	School of Midwifery, ABUTH, Tudun Wada, Zaria	24	ABUTH, Zaria
8.	School of Midwifery, Wusasa, Zaria	4	Zaria
9.	School of Midwifery, Kafanchan	1	Kafanchan
	Total	680	

Source: Field Survey, 2017

3.4 Sample and Sampling Procedure

The fish bowl method was used to select five Schools of Nursing out of the nine schools of Nursing in Kaduna state. By this sampling procedure, the researcher wrote all the names of the nine schools of Nursing on slip of papers, puts them in a bowl, shake and then pick, recording and replacement until the required sample of five schools of nursing are obtained. The researcher then used random sampling technique to sample 250 respondents as sample size which according to Kasule (2008), a population of 700 will have a sample size of 248, so with the population of female Muslum Nursing students in schools and Department of Nursing being 680, a sample size of 250 respondents is reasonable for the study.

Table 3.2 Sampled Participant of the Study

S/N	Name of institutions	Location of Participant	No of Participant
1.	School of Nursing ABUTH, T/Wada, Zaria	Zaria	130
2.	School of Nursing Wusasa, Zaria	Zaria	4
3.	School of Nursing Kafanchan	Kafanchan,	1
4.	School of Nursing St. Gerard Kaduna	Kaduna	9
5.	Department of Nursing, ABU, Zaria	Zaria	106
	Total		250

3.5 Instrument for Data Collection

The research instrument that was used for this study is self-structured questionnaire, designed in two sections to obtain information from the respondents based on specific objectives and

research questions. Section A deals with questions for the Nurses only and section B solicits information on school of nursing/midwifery administrative staff which requires the respondents to show their level of agreement or disagreement with the item in the questionnaire. In addition to this Section “C” dealt with public opinion.

3.6 Validation of Instrument

The researcher has carefully designed the questionnaire and presented it to the supervisor for vetting and approval for data collection. In the process, some items in the questionnaire were reframed and others completely dropped and in that way, the face and content validity of the instrument was ensured.

3.7 Procedure for Data Collection

A total of three hundred Questionnaires were administered in the five selected schools of nursing in the Kaduna state and only 250 questionnaires were retrieved back to the researcher for the analysis. The researcher went round to the respective schools and collected the questionnaire after it has been administered to the respondents. (Ogunlaye, M, 2000).

3.8 Data Analysis Procedure

The well completed questionnaires were collected and analyzed using descriptive statistics of frequency counts and percentages, which can be seen in the next chapter.

CHAPTER FOUR

DATA PRESENTATION AND DISCUSSION

4.1 Introduction

This dealt with the data presentation, interpretation and discussion of findings. The results of the study are organized around the items of the demographic data and 'research questions. Data collected on the significance of nursing profession and the participation of Muslim women in Kaduna State are analyzed in this chapter. The chapter consisted of an analysis of the opinion on the Variables analyzed along the Study's objectives and research questions.

4.2 Results

Table 4.2.1: Gender of the Respondents

	FREQUENCY	PERCENTAGE
Male	-	-
Female	250	100%
Total	250	100%

Table 4.2.1 above' shows that 250 respondents representing 100 percent were female health caregivers. It implies that 100 percent constitute the majority are female Muslims nurses.

4.3 Research Questions

Research Question One

To what extent nursing profession could be relevant to Muslim Females? Which of the following motivates you to choose the nursing profession?

Table 4.3.1: Motivating Factors for Choosing Nursing as Profession

	FREQUENCY	PERCENTAGE
To gain employment	40	16%
Because of the value Islam attached to it	180	72%
To assist humanity	30	12
Total	250	100%

Table 4.3.1 shows the result of what motivates the respondents to choose nursing as a profession. 40 respondents representing 16 percent agreed that they choose the nursing profession to gain employment, 180 respondents representing 72 percent choose 'nursing profession because of the value Islam attached to it, while 30 respondents representing 12 percent choose nursing to assist humanity. It implies that most respondents choose nursing profession because of the value Islam attached it. It is important to note that there is something that actually motivated the female Muslim to choose nursing as a profession, and these motivating factors are embedded in Islam. The findings of this study agrees with the work of Munirat Ogunlayi (2000) who stated that caring in Islam is more than an act of sympathy; that instead, it consist of being responsible for, sensitive to, and concerned with those in need, namely the weak, those suffering and the outcasts

of the society. The findings of this study also is in line with that of Abdullahi Orire (2006) a young person whether a male or female should start thinking about planning their future, to become successful. In this life and hereafter, goals are what we want to achieve in life and the hereafter when we devote our effort towards achieving them.

**Which of the following was a challenge to you before becoming a nurse? Table 4.3.2:
Challenges Facing Nursing Muslim Students**

	FREQUENCY	PERCENTAGE
Financial constraint	120	48%
Academic challenges	80	32%
Societal approach	30	12%
Nature of the interactive and behavior of studies	20	8%
Total	250	100%

Table 4.3.2 shows the challenges before becoming a nurse. 120 respondents representing 48 percent agreed that financial constraint was the greatest challenge before becoming a nurse, 80 respondents representing 32 percent agreed that academic problems were the challenges before becoming a nurse, 30 respondents representing 12 percent said that societal approach was the challenge before becoming a nurse while 20 respondents representing 8 percent said that the nature of the interactive and behavior of students was the challenges before becoming a nurse. The major challenges facing nursing Muslim students was financial constraints, this is because majority of the nursing students were from poor homes hence their parents cannot meet their educational needs. Another challenge facing nursing students is that of academic workloads in

form courses they are taking as prerequisite for graduation. With these large number of courses, it tend to affect their concentration, which in most cases leads to attrition among the students.

Which of the following are the challenges facing/nurses generally?

Table .4.3.3: Challenges Facing Muslim Nurses

	FREQUENCY	PERCENTAGE
Suspicious and lack of confidence of female in the society on nursing activities.	210	84%
Fewer numbers of Muslim nurses	10	10%
Lack of cooperation and support from the part of Muslim society	30	30%
Total	250	100%

Table 4.3.3 shows the result of the challenges facing Muslim Nurses. 210 respondents representing 84 percent agreed that suspicious and lack of confidence of female Muslims in the society on nursing activities, 10 respondents representing 4 percent agreed that there are fewer number of Muslim nurses, 30 respondents representing 12 percent agreed that lack of cooperation and support from the part of the Muslim society. The result of this study indicated that there was suspicious and lack of confidence of female Muslim nurses in the state. Abdullahi M. (2009) found out that the Ministry of Health in School of Nursing Tudu Wada are losing married female nurses as a result of societal attitudes and that it has also caused low enrolment into nursing programmes. Abdullahi (2009) reported that Kaduna female nurses prefer working

in Primary Health care or maternity town urban clinic more than the 24 hours at the hospitals. These are some of the challenges facing the nursing profession in Kaduna State, Nigeria.

Which of the following supported your nursing profession among Muslims?

Table 4.3.4: Sources of Support for the Muslims Nurses Profession

	FREQUENCY	PERCENTAGE
Scholarship from the government	30	12%
Sponsorship from the Muslim community	20	8%
Parents/family support	200	80%
None of the above	0	0%
Total	250	100%

Table 4.3.4 shows the result of the support for the Muslim nurses profession. 30 respondents representing 12 percent agreed that scholarship from the government is the support they had, 20 respondents representing 8 percent said sponsorship in the Muslim community while 200 respondents representing 80 percent said that parents and family are the source of support the female Muslim students had. The result of this study revealed that the major sources of support for nursing' Muslim students is support, from parents and family members, the support from the government is minimal which is not encouraging at all, considering the government agenda of health for all. The government need to take full responsibility for the training of nurses in the state and the country as a whole.

Which of the following do you consider may boost nursing profession among the Muslims?

Table 4.3.5: Factors that may boost the Nursing Profession

	FREQUENCY	PERCENTAGE
Financial support from the Muslim society	10	4%
Respect and value to nursing profession from the Muslim society	180	72%
Establishment of schools of nursing in accordance with the dictates of shariah	20	8%
Changing the system and activities of nursing profession to conform with Islamic value	30	11%
None of the above	10	5%
Total	250	100%

Table 4:3.5 shows the results of what may boost the nursing profession. 10 respondents, representing 4 percent said that financial support from the Muslim society will boost nursing profession, among the Muslims, 180 respondents representing 72 percent said that respect and value to the nursing profession from the Muslim society will boost the profession among Muslims, 20 respondents representing 8 percent said that establishment of schools of nursing in accordance with the dictates of shariah will boost the nursing profession, 30 respondents representing 12 percent said that changing the system and activities of nursing profession to conform with Islamic values while 10 respondents representing 4 percent indicated none of the above. The result of this study shows that respect and values for the nursing profession from the Muslim societies will boost the nursing profession among the Muslim. In this respect, parents should encourage their daughters to enroll into the nursing profession, husbands should likewise

encourage their wives to go into nursing. When parents and husbands support their daughters and wives that are nurses, it will reduce the social pressure associated with their work environment. Ogunlayi (2000) revealed that the female Muslim nurses were experiencing social pressure associated with working in socially unacceptable mixed gender settings and having to cover long hours of unfavorable nights and weekend duties. The society should encourage the female folks by supporting their dreams of becoming nurses in the society.

Do you consider religious rights of female Muslims being valued in the nursing profession?

Table 4.3.6: Rights of Female Muslims in the nursing profession

	FREQUENCY	PERCENTAGE
Yes	238	95.2%
No	12	4.8%
Total	250	100%

Table 4.3.6 shows the opinion of the respondents on the religious rights of female Muslim to having value in the nursing profession. 238 respondents representing 95.2 percent agreed that they consider religious rights of female Muslims being valued in the nursing profession while 12 respondents representing 4.8 percent disagreed, it implies that they consider the religious rights of female Muslim as value in nursing profession. The result revealed that religious rights of female Muslims are valued in the nursing profession. All what it requires is the support of all and sundry to achieve their heart felt desire among the female Muslim nurses in our society.

If no to the above question, which of the following do you consider as reason for devaluing the rights of Muslim female nurses?

Table 4.3.7: Reasons for devaluing the Rights of Female Muslim Nurses

	FREQUENCY	PERCENTAGE
Secular system of government	90	36%
Fewer number of Muslims in medical profession	45	18%
Nature of the system that establishes hospitals, non-challant attitudes	50	20%
The non-challant attitudes of some female Muslim nurses to the religious injunctions	25	10%
Lack of good attention of the Muslim societies to the nursing profession	24	9.6%
All of the above	16	6.4%
Total	250	100%

Table 4.3.7 shows the results of the reason why the rights of Muslim female nurses are devalued. 90 respondents representing 36% percent agreed that secular system of government is the reason for devaluing the rights of the Muslim female nurses, 45 respondents representing 18% percent agreed that fewer numbers of Muslim in medical profession is the reason for devaluing the right of Muslim female nurses, 50 respondents representing 20% percent said that nature of the system that establishes hospitals and none challant attitudes, 25 respondents representing 10% percent said that the none challant attitudes of some female Muslim nurses to the religious injection, 24 respondents representing 9.6% percent agreed that lack of good attention of the Muslim societies to the nursing profession while 16 respondents representing 6.4% percent indicated none of the above. It means that lack of good attention of the Muslim societies to the nursing profession is

the reason for devaluing the right of female Muslim nurses. The result of this study found that lack of good attention of the Muslim societies to the nursing profession is the reason for devaluing the right of female Muslim nurses. Ogunlayi (2000) study revealed that the female Muslim nurses were experiencing social pressure associated with working in socially unacceptable mixed gender settings and having to cover long hours of unfavorable nights and weekend duties. The society should encourage the female folks by supporting their dreams of becoming nurses in the society.

Do you consider the attitudes of the female Muslim nurses as contributing to discouraging nursing profession in Muslim societies?

Table 4.3.8: Attitudes of Female Muslim Nurses

	FREQUENCY	PERCENTAGE
Yes	215	86%
No	35	14%
Total	250	100%

Table 4,3.8 shows the result of the attitudes of female Muslim nurses in discouraging nursing profession in the Muslim society. 215 respondents representing 86 percent agreed that they consider the attitudes of the female Muslim nurses as contributing to discouraging nursing profession in the Muslim society while 35 respondents representing 14 percent disagreed. It indicated that the attitudes of the female Muslim nurses have contributed in discouraging nursing profession in the Muslim society. It was found that the attitudes of the female Muslim nurses contributed to discouraging the profession in Kaduna State. The female Muslims nurses are to live as role models for the younger ones to emulate them.

Which of the following do you consider has the capacity of bringing change to the negative attitudes of female Muslim nurses?

Table 4.3.9: Factors that will lead to change of attitudes of Female Muslim Nurses

	FREQUENCY	PERCENTAGE
Religious awareness	30	12%
Emphasis on Islamic moral education as a core subject in nursing profession.	170	68%
Close monitoring of the guidance of parents and husbands to the activity of the nurses.	40	16%
Changing the systems of activity of nurses	10	4%
Total	250	100%

Table 4.3.9 shows the result of what has the capacity of bringing change to the negative attitude of Muslim nurse. 30 respondents representing 12 percent said that religious awareness has the capacity of bringing change to the negative attitudes of female Muslim respondents representing 68 percent said that emphasis should be on Islamic core subject in nursing profession, 40 respondents representing 16 percent said motoring of the guidance and parents, husbands to the activity of the nurses while 10 respondents representing 4 percent said that changing the systems of activity of the attitudes of female Muslim nurses. It is indicated that emphasis should be on Islamic moral system as a core subject in nursing indicated that emphasis should be on Islamic moral system as a core profession. When Islamic moral system is included in the curriculum of the students, it will make more meaning than when it is not part of the training. The findings of this study agrees with the work of Ogunlayi (2000) who stated that caring in Islam is more than

an act of sympathy; that instead, it consist of being responsible for, sensitive to, and concerned with those in need, namely the weak, those suffering and the outcasts of the society.

Do you consider the role of female Muslim nurses in the hospital as being important to the Muslim societies?

Table 4.3.10: Importance of the female Muslim nurses in the hospital

	FREQUENCY	PERCENTAGE
Yes	180	72%
No	70	28%
Total	250	100%

Table 4.3.10 shows the result of what is considered as the role of female Muslim nurses in hospital as being important to the Muslim societies. 180 respondents representing 72 percent agreed that they consider the role of female Muslim nurses in the hospital as being important to the Muslim societies while 70 respondents representing 28 percent disagreed. It implies that the role of female Muslim nurses in the hospital are important to the Muslim societies.

If yes to the question above, which of the following do you consider as her significance?

Table 4.3.11: Significance of Female Muslim Nurses

	FREQUENCY	PERCENTAGE
Sympathy and love to the female Muslims	60	24%
Respect and proper attention to the female Muslims	70	28%
Representing the interest of the female Muslims in the hospital	50	20%
Curtailling of possible harm or molestation to female Muslims in the hospitals	60	24%
All of the above	10	4%
Total	250	100%

Table 4.3.11 shows the result of the significance of female Muslim nurses in the hospital to the Muslim societies. 60 respondents representing 24 percent said that the female Muslim nurses had sympathy and love to the female Muslims, 70 respondents representing 28 percent said that the female Muslim nurses had respect and give proper attention to the female Muslims, 50 respondents representing 20 percent said that the female Muslim nurses are representing the interest of the female Muslims in the hospitals, 60 respondents representing 24 percent said that they help in preventing possible harm and molestation of female Muslims in the hospitals while 10 respondents representing 4 percent indicated all of the above, meaning they agreed that the female Muslim nurses shows sympathy and love to the female Muslims, they respect and give proper attention to the female Muslims in the hospitals, they represent the interest of female

Muslims in the hospital and they work against possible harm and molestation of female Muslims in the hospitals. This is in line with the findings of Hussain (2000) who stated that caring in Islam is more than an act of sympathy; that instead, it consist of being responsible for, sensitive to, and concerned with those in need, namely the weak, those suffering and the outcasts of the society.

4.4 Summary of the Findings of the Study

4.4.1 To what extent nursing profession could be relevant to Muslim Females

The findings revealed that most people choose nursing profession because of the value Islam attached to it.

4.4.2 Challenges facing Nursing Profession

The findings revealed that suspicious and lack of confidence of female Muslims in the society on nursing activities is one of the challenges facing the nursing profession. Similarly, it was also revealed that financial constraint is the greatest challenge facing nursing students in the state. This is because the students' only sources of support was their parents and family members without much support from the government.

4.4.3 The Sources of Support for female Muslim Nursing workers in Kaduna state

The findings of the study shows that parents and family members are the only source of support for the female nursing workers in Kaduna State.

4.4.4 Factors that may boost the Nursing Profession in Kaduna State

The findings of the study revealed that respect and value to nursing profession from the Muslim society is the major factor that may boost the nursing profession in the state.

4.4.5 Reason for devaluing the Rights of the female Muslim Nurses

The result of the findings revealed that lack of good attention of the Muslim societies to the nursing profession is the reason for devaluing the nursing profession.

4.4.6 Factors that may lead to change of attitudes of Female Muslim Nurses

The findings of the study revealed that emphasis should be on Islamic moral system as a core subject in the nursing training.

4.4.7 Significance of Female Muslim Nurses

The findings revealed that respect and proper attention to the female Muslim is one of the significance of female Muslim nurses in the state.

4.4.8 Solutions in the light shariah to the challenges of female Muslims in nursing profession in Kaduna state?

The findings revealed that the female Muslims Nurses in Kaduna state should abide by the teachings of Islam in their physical and moral disposition.

4.5 Discussions of research Findings

Based on the above findings the researcher is of the view that:

4.5.1 Female Muslim nursing profession in Kaduna states is facing several challenges which include the public image of the nurse appears to be negative where strong cultural traditions severely restrict the participation of women with Kaduna state Muslim nurses inclusive.

Analysis of interviews with the female nurse participants suggested that they were experiencing social pressure associated with working in socially unacceptable mixed-gender settings and having to cover long hours of unfavorable night and weekend duties. (Gazzal Z., 2009). Society looks at nurses with some suspicion and disrespect so that female Muslims are afraid of joining nursing even if they like it. Some ladies had to terminate their study in order to get married because their parents and their families do not accept nursing as a profession. Some families do not like women to work at nights and to work late or long hours or to work during weekends. They see nurses as an assistants of doctors.

As reported in a study carried out in Saudi Arabia, lack of public awareness about nursing as an occupational choice is due to a number of factors such as lack of career counseling and advisory services at schools level, inadequate marketing interventions on the part of academic institutions and poorly represented media coverage on nursing and nurses. Lack of awareness on nursing coupled with a preference for prestigious academic fields of study and lack of family support explains lack of interest in nursing as an occupational choice. In addition, media was frequently cited by the participants as having a major influence on the prevailing negative images of nursing and nurses. (Gazzal, 2009).

Nigerian society with Kaduna state inclusive places utmost value in the woman's reputation and subsequently her family honour. Timulty (2001) opined that nursing is not viewed as a honourable profession by many Nigerians because nursing forces the girl to mix or mingle with

males in which the female Muslim among are not exempted, they stay long hours away from home and to work during night shift, these working hours are prohibitive for Muslim women as they must fulfill obligations of the wife as mother.(Usman, 2009) Also because of the nature of their dress code, they are subjected to sexual harassment by either their male nurses colleagues or other health workers and this has great implication on their marriage.

4.5.2 Muslim society in Kaduna state only 4.8% devalue the profession of Female Muslim nurse. They perceive negative image of nursing that remains in the minds of many Kaduna state Muslim parents. Thus, many Muslim families in Kaduna state do not see nursing as an appropriate area of study for Muslim women thereby leading to low level of participation of them in the profession. Mothers are reluctant to consider a nurse as an acceptable wife for their sons, this sentiment is also entrenched in the minds of the younger Nigerian Muslim population, as this affect their marriages thereby leading to low level of their participation in the nursing profession in Kaduna state.

4.5.3 Muslims anywhere should abide by moral teachings of Islam. Nursing profession is an example of the study, as the study identified that female Muslim nurses in Kaduna state are performing their duties diligently but this is not without some challenges. This includes warning, issuing of query and termination of their appointment should they dare wore any dress that identified their religious inclination. These became a reality on the 23rd March, 2009 when a female Muslim nurse by name Safiya O. Ahmed's appointment was terminated. The management of ABUTH, Zaria alleged that she was wearing an un-prescribed hijab. It was a sad incidence; an unpalatable to both the story teller and the listener. But the question is who was right? Does it matter? "It is not who is right but what is right that matters. What is of paramount

importance to all serious minded Nigerians is the peace and tranquility that was threatened by the hijab issue. Nigeria is a multi-ethnic, multi-religious and multi-cultural society. Religious freedom and mutual respect for different religions is an important underlying principle of multiculturalism and democracy. It is based on this that service providers who recognize value and promote cultural and religious diversity are expected to fully address the needs of various members of the society including their staff and client. One of the cardinal hospital reforms is respecting the roles of religions and cultures of people as part of courteous ethical and professional behavior, which promotes a just and equitable society. That underlined the hijab issue in Kaduna state in particular and Nigeria in general. What is actually wrong in the young girl's dressing? Islamic dress? This simply means that, she must have worn a hijab covering her feminine features. This according to the hijab issue was not approved. So what is the hospital dress code that is approved? Is it the neckline and breast-line hijab or the skimpy, overly tight or revealing clothes, mini-skirts, tops revealing the midriff and leggings? Are these the dresses that the majority enjoy seeing, exhibiting the female staff two-third percent nude? Is this the dress code that the hospital is upholding? No, the question of a dress code has never been closely examined before the hijab issue.

The various captions in the media that a Muslim was dismissed because she wore a hijab which was small, the information have been disastrous, if not for the intervention of some well-influential Nigerians, including his Royal Highness, the Emir of Zazzau, Dr. Shehu Idris. The Emir after receiving complaints and some of the circulated leaflets immediately set up a committee under his distinguished Wazirin Zazzau, Alhaji Ibrahim Aminu. The committee was instrumental in cooling some nerves and spearheading the wading of Islamic clergies into the matter. It is tireless efforts of the Islamic scholars that today culminated into reinstating Safiya

Ahmed into the hospital payroll once again. This intervention and other initiatives played a significant role in averting a catastrophic intra-religious crisis in Zaria.

The bone of contention was that the appointment of a young lady, barely less than six days, still on probation (temporary employment) in the teaching hospital was terminated. The ‘victim’- Safiya Ahmed and her husband took their case to the court of public opinion, canvassing for religious sympathy and help. The husband stated that Safiya did not contravene any law, but that she was just a victim of religious bigotry over her sense of dress. That she was sacked simply because she wore a hijab, just that! So, the husband, Malam Muhammad Isa, on the authority of being a student of Ahmadu Bello University and a prominent member of the Muslim Student Society of Nigeria (MSSN), thus by proxy a member of the Congregation of Muslim Organizations (COMO), Supreme Council for *Shariah* in Nigeria (SCSN), Council for Imams and Ulama, Jamaatu-Tajdeedil Islam (JTI), National Council of Muslim Youth Organization (NACOMYO), Muslim Lawyers Association of Nigeria (MULAN) and Muslim League for Accountability (MULAC) solicited the support of these bodies to come to his rescue and get his wife reinstated or reabsorbed back to her work.

On the other hand, the hospital management ducked by the public court was shuffling her defense notes in justifying their action. They said that they gave Safiya appointment in good faith but she turned around and stabbed them by her misconduct, insubordination and flagrant disregards to set down rules and regulations. In their narration, the management stated that Safiya’s attention was drawn to this improper mode of dressing on several occasions by her supervisors, superiors and other Muslim interest groups. Indeed, her husband too was equally contacted on several occasions on this same issue. But all efforts to make them reason proved

abortive. The management went extra length to write her a letter advising her to comply in her own interest, the advice she totally disregards. She was then issued with a query letter which she failed to respond to and it is based on these facts that all other allegations of being disrespectful to her superior, rudeness and insubordination were labeled against her.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

In this chapter, a summary of the findings, conclusions, recommendations and suggestions for further study are presented.

5.2 Summary of the Study

The purpose of this research work was to establish the respondents' opinion on the significance of the nursing profession and the participation of Muslim females in Kaduna State. Eight research questions were formulated to guide the study. The research design used was descriptive survey. There were also literature review covering conceptual, theoretical and empirical studies. The sample for the study consisted of fifty (50) administrative staff, one hundred (100) students and one hundred (100) members of the public, making a total number of two hundred and fifty (250) respondents that took part in the study.

The different components of the study are contained in various chapters that constitute the main nucleus of the study. All the major issues discussed in the study are all embedded in these chapters. Chapter one x-rayed the core fundamental issues that are considered very vital to the achievement of the objectives of the study. The background of study, problem statement, objectives that guided the study, research questions, significance of the study and delimitation of the study are all contained in this chapter.

Chapter two displayed all literatures reviewed in various areas of the study that formed its basic components. All variables on which hypothetical statements which were used as the anchor of the study were passed through the search light of literature reviewed. They were considered in the light of the work of others who have made valuable contribution to that effect.

Chapter three discusses the research design used in conducting the study, the population, sample size, the survey design, instrumentation process, data collection process, and analysis. In data analysis, the normal electronic package (ANOVA) for data analysis was also applied in the analytical process of this study.

Chapter four saw the actual analysis and interpretation of data. Tables were used to display the results of the data. Basic findings of the study are all contained in this chapter. Also, the summary of the findings was demonstrated in form of discussion and appropriate literatures used as back up for the findings. Hence, the findings in most cases agree with initial results while in some cases disagree with them. Finally, chapter five contains summary, conclusion, and recommendations.

5.3 Conclusion

The following conclusions were made; Most people choose nursing profession because of the value Islam attached to it. Suspicion and lack of confidence of female in the Muslim society on nursing activities is one of the challenges facing the nursing profession. Parents and family members are the only sources of support for the nursing profession in Kaduna State. Respect and value to nursing profession from the Muslim society is the major factor that may boost the nursing profession in the state. Lack of good attention of the Muslim societies to the nursing

profession is the reason for devaluing the nursing profession. Emphasis should be on Islamic moral education as a core subject in the nursing profession. Respect and proper attention to the female Muslim is one of the significance of female Muslim nurses in the state.

5.4 Recommendations

Based on the outcome of this study, the following recommendations were made:

- i. The relevance of nursing in Islam should be preached at all times and parents and husbands should encourage and support their daughters and wives to enroll into the nursing programme.
- ii. Parents and husbands should trust and have confidence in their daughters and wives that are in the nursing profession so as to encourage them.
- iii. The government should encourage and support girls to go for nursing by sponsoring them to have good welfare package for the nursing profession in the hospitals in Kaduna State.
- iv. Islamic moral system should be included in the curriculum of the nursing professional training in Kaduna State.

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APPENDIX 1

ASSESSMENT OF THE SIGNIFICANCE OF NURSING PROFESSION AND PARTICIPATION OF MUSLIM WOMEN IN KADUNA STATE

SECTION “A” BIO-DATA

NURSES

1. Which of the following motivates you to choose nursing profession?
 - a. To gain employment []
 - b. Because of the value Islam attached to it. []
 - c. To assist humanity []
 - d. All of the above []
 - e. None of the above []
 - f. Others []
 - g. Please specify.....
2. Which of the following was a challenged to you before becoming a nurse?
 - a. Financial constrains []
 - b. academic challenge []
 - c. societal approach []
 - d. Nature of the interactive and behavior of studies []
 - e. All of the above []
 - f. None of the above []
 - others specify.....
3. Which of the following challenges facing nurse?
 - a. Suspicious and lack of confidence of female in the society on nursing activities []
 - b. Fewer number of Muslim Nurse []
 - c. Lack of cooperation and support from the part of Muslim society []
 - d. All of the above []
4. Which of the following supported your Nursing profession
 - a. Scholarship from the government []
 - b. Sponsorship in the Muslim community
 - c. Parents/family supports []
 - d. None of the above []

- e. Others
5. Which of the following do you consider will boost nursing profession among the Muslims?
- a. Financial support from the Muslim society []
 - b. Respect and value to nursing profession from the Muslim society []
 - c. Establishment of school of nursing in accordance to detected of sharia[]
 - d. Changing the system and activities of nursing profession to conformed with Islamic sharia []
 - e. None of the above []
 - f. Others specify
6. Do you consider religious rights of female Muslim are value in nursing profession?
- a. Yes []
 - b. No []
7. If (No) which of the following so you consider as reason for devaluing the rights of Muslim female Nurse?
- a. Secular system of the government []
 - b. Fewer number of Muslims in medical profession []
 - c. Nature of the system that establishes hospitals, none challenged attitudes []
 - d. The nonchalant attitude of some female Muslim nurse to the religions injunction (injunctions) []
 - e. Lack of good attention of the Muslim societies to the nursing profession []
 - f. All of the above
 - g. Others specify

8. Do you consider the attitude of the female Muslim nurse as contributing to discouraging nursing profession societies?
- a. Yes []
 - b. No []
9. Which of the following do you considers has the capacity of bringing change to the negative attitude of the female Muslims nurse
- a. Religious awareness
 - b. Emphasis on Islamic moral system as a core subject in nursing profession []
 - c. Close monitoring of the guidance and parents, and husbands to the activity of the nurse []
 - d. Changing the systems of an activity of a nursing []
 - e. None of the above []
 - f. Others specific
10. Do you consider the role of female Muslim nurse in hospital are importance to the Muslim societies?
- a. Yes []
 - b. No []
11. If yes which of the following so you consider as her significance
- a. Sympathy and love to the female Muslim []
 - b. Respect and proper attention to the female Muslims
 - c. Representing the interest of female Muslims in hospitals
 - d. Denial of possible harm or molestation to female Muslims in hospitals
 - e. All of the above.

SECTION “B” BIODATA

FOR SCHOOL OF NURSING/MIDWIFERY

1. Name of the Schools
2. Status Nursing/Midwifery
 - a. Nursing [] b. Midwifery [] c. All of the above []
3. Location
 - a. Kaduna Zaria [] b. Zone A [] c. Zone B [] d. Zone C []
4. Which of the following is the basis of your admission of students in your institutions
 - a. Catchment area only [] b. merit/catchment area [] d. merit/only
5. How do you rate the general performance of the female Muslims in yours institutions?
 - a. Excellent [] b. Very Good c. Good d. Fair [] e. Poor f. Undecided
6. Which of the following could best explain the behavior of the female Muslim student in your institutions?
 - a. Excellent [] b. Very Good c. Good d. Fair [] e. Poor
 - f. Undecided
7. Do you consider the rate of female Muslims number in the school as appreciative?
 - a. Yes []
 - b. No []
 - c. Undecided []
8. If it is no which of the following attributes do you consider as a reason?
 - a. Nature of the activities of Muslims profession. []
 - b. Academic challenges of nursing profession []

- c. Inability of the female Muslim to attain to the basic requirement of admission []
 - d. Lack of interest of the female Muslims []
 - e. All of the above []
 - f. Other specify
9. Which of the following do you consider will promote female Muslims attendance in nursing profession?
- a. Improvement in the quality of their studies in secondary schools []
 - b. Awareness of the significance of nursing profession []
 - c. Reformation of the activities of nursing profession to conform with Islam dictates []
 - d. Enforcing the studies of nursing profession on the female Muslim []
 - e. None of the above []
 - f. Others specify

PUBLIC QUESTIONS RANGE

SECTION “C” BIODATA

1. Gender Male [] Female []
2. Marital Status Single [] Married [] Widow/Widower []
3. Have you ever need and require services of nurse?
 - a. Yes []
 - b. No []
4. If yes how do you rate your relate with them?
 - a. Excellent [] b. Very good [] c. Good [] d. Fair [] e. Poor [] f. undecided []
5. Do you consider the need to have a female Muslim nurse?
 - a. Yes []
 - b. No []
 - c. Undecided
6. If ‘yes’ which of the following in your view necessitate the need to have a female Muslim nurse?
 - a. They value and respect Muslim females []
 - b. They sympathizes more with the Muslim []
 - c. They are mostly sincere []
 - d. All of the above []
 - e. Others specify.....

7. If 'no' which of the following in your view you considers as not necessary to have female Muslim nurse?
- a. They are not hardworking [] b. They have no proper attention []
 - c. they hide under the use of Islam not to perform their expected duty []
 - d. they are not serviceable [] f. All of the above [] g. Others specify
8. Do you consider the nature of nursing profession suitable to a female Muslim?
- a. Yes [] b. No [] c. Undecided
9. If no which of the following you consider as a challenge to a female Muslim?
- a. The nature of the dressing []
 - b. They are free mingling with male []
 - c. Night duty system []
 - d. All of the above []
 - e. None of the above []
 - f. Others specify []
10. Which of the following do you consider will assist in boosting nursing profession among the female Muslims
- a. Proper guidance and counseling in secondary schools []
 - b. Involvement of the Muslim community in assisting female studies []
 - c. Financial assistance to female studying nursing profession by Islamic organizations.
 - d. Guiding the government to remove aspect in nursing profession which is not in conformity with the Islamic regulations []
 - e. Involvement of the Muslims scholars to give awareness to the Muslims community []