

# Life after myocardial infarction from the perspective of Muslim patients and carers in Malaysia



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Myocardial infarction (MI) is a traumatic and life-threatening event that has a sudden and dramatic impact on patients and carers. Patients with MI and their partners reported similar post-MI stresses such as fear and anxiety [1] and described “struggling”, “suffering from loss of freedom”, “feeling guilty and ashamed about being weak”, “withholding feelings”, “feeling useless”, and “losing strength” [2]. Partners also experienced unexpected physical, psychological and economic difficulties which included the threat of loss of a partner, the trauma of separation, child and household care problems, financial strain, role change, self-esteem problems and an uncertain and unpredictable future.

The current global Muslim population is 1.57 billion (23% of the world population), the second largest religion [3]. Arguably, there is a widespread misunderstanding of Islamic concepts and practices within the context of health care and nursing practices [4]. The refusal of family members to end life support for “brain dead” Muslim patients is one of many issues leading to frustration and stress among health professionals. This study seeks to provide understanding on how Muslims’ patients and carers following MI perceived illness and death in Malaysia.

Qualitative methods, using semi-structured interviews, were used. Twelve respondents who were patients, and carers to patients and had been hospitalized for MI within the past one year, were purposively selected. Recruitment of index patient respondents took place at the outpatient clinic at the National Heart Institute (NHI) in Kuala Lumpur, Malaysia from August to September 2009. Ethics approval was obtained from relevant ethics committee and informed consent was obtained from each participant.

A semi-structured interview covered perceptions of the illness, emotional and physical changes in the household, support and coping mechanism, familial relationship, social activities and challenges and future views. Content analysis was used to analyze the data of 12 in-depth interviews (Table 1).

When asked about their perception of the illness in the context of the past, present and the future, all patients and carers responded in terms of faith, belief and hope. Religious faith helped patients and carers develop their approaches to life with the disease. Among all respondents, acceptance of the disease was common, regarded as fate, as a consequence of an individual’s past actions and as a test, not a punishment.

Death was not feared. Rather it was embraced, regarded as inevitable, despite anticipating loss when the time comes. It was a common belief that death is not only for the old or for the sick. Each person was destined to die at their respected time. Carers who were ill gave the same responses. The faith in the divine will and decree was evident among many who said that without it they would have long ago “given up on life”. Patients and carers stated that giving up was not an option, and that effort must be made to fight the disease with proper support, medication, perseverance and patience.

Calmness and peace with no worries about the future were the common responses among positive respondents who remained optimistic about returning to their previous circumstances.

Emotional distress days after an MI event for both patients and carers included anxiety, shock, sadness, worry, dread, denial, surprise, panic, anger, helplessness, and disbelief. After the novelty of the disease waned, most of the emotional distress dissipated leaving only fear and anxiety.

Child carers all agreed that looking after their sick parents was not a burden but an obligation required by their religion and culture. Undivided attention, moral support and encouragement were important in providing care. Paying others to look after them was not accepted. Money and gifts were not substitutes for love and time. Priority was reserved for the parents. Sacrifice was made whenever necessary. Patients reported heavy reliance on family and preferred to receive care from family carers rather than nurses during hospitalization. Increased responsibilities and experiencing trouble coping with the strain were frequently mentioned by all carers.

When asked about changes in religious activities that resulted from the MI, only one patient said they had become more religious than before.

Relationships among family members improved for the majority of the respondents. Wives felt closer to their husbands (patients) as they were home all the time. Child carers became more caring and concerned towards parents, siblings bonded and interaction improved.

Support and encouragement from families were deemed essential for survival by all respondents especially during difficult times. The majority admitted receiving financial and/or moral support from family and friends although at varying level from a lot to little.

This study highlights the life experience after MI from the perspective of Muslim patients and carers in Malaysia. Five themes emerged from the analysis. The influence of Islam was evident and appeared to be intertwined in every aspect of their lives. The acceptance of illness and death among Muslim patients and carers was strongly influenced by the religious belief in the divine will and decree. The divine will and decree dictated that the course of one’s life is predestined with matters such as illness and death determined from the beginning of life in the womb [5]. The notion that “when death comes it will neither be a second too early nor a second too late” was well-accepted by all informed Muslims as it was written in the Holy Quran that “Never will Allah delay a soul when its time has come” [6]. The belief not only helped Muslim patients and carers cope with the unpredictability of MI but also assisted them in dealing with the frightening aspect of an untimely death. These findings concurred with those of South Asian patients and carers who became more philosophical about their future and derived great comfort from spiritual and religious belief when thinking about death [5].

As highlighted by respondents in this study, the concept of predestination in Islam must not be confused with giving up with

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**Table 1**

Background information of interview respondents sampled from the National Heart Institute, Kuala Lumpur, 2009.

Respondent	Gender	Relationship	Age	Education	Occupation	Methods of payment
Patient 1	M	Husband	55	PSC <sup>a</sup>	Farmer	Self-paid & GGL <sup>b</sup>
Patient 2 <sup>c</sup>	M	Husband	60	PSC <sup>a</sup>	Lorry driver	GGL <sup>b</sup>
Patient 3 <sup>c</sup>	M	Husband	50	PSC <sup>a</sup>	Retired lorry driver	GGL <sup>b</sup>
Carer 4	F	Wife	45	MCE <sup>d</sup>	Government pensioner	GGL <sup>b</sup>
Carer 5	F	Wife	47	MCE <sup>d</sup>	Housewife	Self-paid & donation
Carer 6 <sup>c</sup>	F	Wife	57	PSC <sup>a</sup>	Housewife	GGL <sup>b</sup>
Carer 7 <sup>c</sup>	F	Wife	48	MCE <sup>d</sup>	Government pensioner	GGL <sup>b</sup>
Carer 8	F	Daughter (married)	30	Degree	Customer Service Officer	Self-paid
Carer 9	F	Daughter (single)	22	Diploma	Unemployed	Self-paid
Carer 10	M	Son (married)	28	MCE <sup>d</sup>	Hotel Supervisor	GGL <sup>b</sup>
Carer 11	M	Son (married)	33	MCE <sup>d</sup>	Grocery store assistant	Self-paid

<sup>a</sup> Primary school certificate (basic reading and writing).

<sup>b</sup> Government Guarantee Letter.

<sup>c</sup> Interviewed together.

<sup>d</sup> Malaysian Certificate of Education.

life. Complaining was intolerable as it was said that illness, suffering and dying are all part of life and as a test from Allah which carries tidings of forgiveness. Thus, any sick person should avoid complaining about his affliction; accept it with patience and gratitude while asking Allah to reduce his suffering [7].

Sense of moral obligation underpinning act of responsibility towards parents was said to stem from life-long attachments and affections between parents and children [8].

There was no mention of increased religious activities such as going to the mosque, performing additional prayers or reading the Quran; all obligatory duties were being performed as they were before.

Themes such as *Lifestyle changes and Familial relationship* from the study mirrored previous research among non-Muslim MI patients, for example, by Condon and McCarthy [9]. Life after MI was associated with some changes in lifestyle motivated by the “brush with death” and by the thought that the illness was a threat [10].

This study contributed an insight into the lives after MI and the influence of religion among patients and their carers from the perspective of Islam. It will also further assist health professionals to respond more effectively to the patients and carers who follow Islam throughout the world.

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