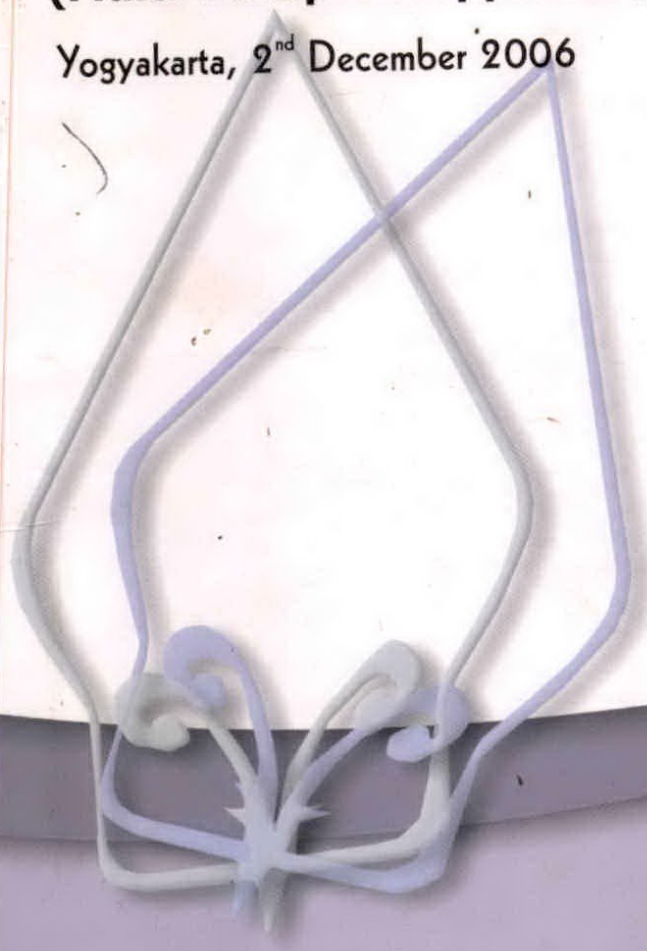


Proceeding

International Joint Seminar

**Muslim Countries and Development :
Achievements, Constraints and Alternative Solutions
(Multi-Discipline Approach)**

Yogyakarta, 2nd December 2006



Organized by:



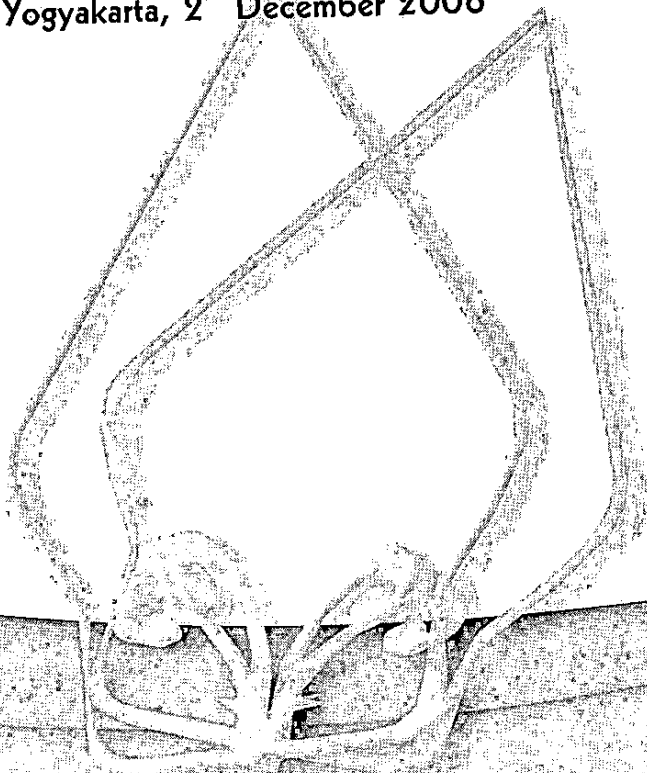
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Organized by:



Universitas
Muhammadiyah
Yogyakarta



International
Islamic
University
Malaysia



Education and
Cultural Attache
Embassy of The Republic
Indonesia in Malaysia

**MESSAGE FROM THE RECTOR OF
UNIVERSITAS MUHAMMADIYAH YOGYAKARTA (UMY)**

Assalamu'alaikum warahmatullahi wabarakatuh

All praise be to Allah SWT, Lord of the world. Peace and blessings on Muhammad SAW, His Servants and Messenger.

First of all, as the rector of Universitas Muhammadiyah Yogyakarta (UMY), I would like to welcome to the honourable guests, Rector, Dean of Postgraduate Studies (CPS), Dean of ISTAC, Dean of IRKHS, Deputy Deans and Head Departments from various Kulliyah, lecturers, postgraduate students of International Islamic University Malaysia (IIUM), and all participants in this joint seminar.

Academic cooperation between UMY and IIUM started several years ago. The cooperation between us is based on a solid foundation; both us are Islamic universities having same missions to develop Islamic society, to prepare future generations of Islamic intellectuals, and to cultivate Islamic civilization. In fact, improving academic quality and strengthening our position as the producers of knowledge and wisdom will offer a meaningful contribution to the development of Islamic civilization. This responsibility is particularly significant especially with the emergence of the information and knowledge society where value adding is mainly generated by the production and the dissemination of knowledge.

Today's joint seminar signifies our attempts to shoulder this responsibility. I am confident to say that this joint program will be a giant step for both of us to open other pathways of cooperation. I am also convinced that through strengthening our collaboration we can learn from each other and continue learning, as far as I am concerned, is a valuable ingredient to develop our universities.

I sincerely wish you good luck and success in joining this program

Wassalamu'alaikum Wr, Wb.

Dr. Khoiruddin Bashori

Rector, UMY

**MESSAGE FROM THE RECTOR OF
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA (IIUM)**

Assalamu'alaikum warahmatullahi wabarakatuh

In the name of Allah, the most Gracious and the most Merciful. Peace and blessings be upon our Prophet Muhammad (S.A.W).

First and foremost, I felt honoured, on behalf of the university to be warmly welcomed and to be given the opportunity to work hand in hand, organizing a respectable conference. Indeed, this is a great achievement towards a warmer bilateral tie between the International Islamic University Malaysia (IIUM) and Universitas Muhammadiyah Yogyakarta (UMY) after the MoU Phase.

I would also like to express my heartfelt thanks to Centre for Postgraduate Studies (CPS), Postgraduate Students Society (PGSS), contributors, paper presenters, participants and our Indonesian counterpart for making this program a prestigious event of the year.

This educational and cultural visit is not only an avenue to foster good relationship between organizations and individuals and to learn as much from one another but a step forward in promoting quality graduates who practices their ability outdoor and master his or her studies through first hand experience. The Islamic platform inculcated throughout the educational system namely the Islamization of knowledge, both theoretical and practical, will add value to our graduates. This comprehensive excellent we strived for must always be encouraged through conferences, seminars and intellectual-based activities in line with our lullaby: The journey of a thousand miles begin by a single step, the vision of centuries ahead must start from now.

My utmost support is with you always. Looking forward to a fruitful meeting.

Ma'assalamah

Wassalamu'alaikum Wr, Wb.

Prof. Dato' Dr. Syed Arabi Iddid

Rector, IIUM

**MESSAGE FROM EDUCATION AND CULTURAL ATTACHE
EMBASSY OF THE REPUBLIC OF INDONESIA
KUALA LUMPUR**

Assalamu 'alaikum warahmatullahi wabarakatuh

All praise be to Allah SWT. This is the moment where implementation of MoU between Universitas Muhammadiyah Yogyakarta (UMY) and International Islamic University Malaysia (IIUM) comes in the form of action by organizing this Joint Seminar. The efforts of both sides to implement the MoU are highly appreciated, especially, in the context of which both universities effort to enhance the quality of education.

Substantially, I believe that this Joint Seminar will bring many benefits. In term of the development of knowledge, it is a means for developing academic quality, for exchanging of information on academic development, as well as for constructing intellectual atmosphere at both universities. In term of international relations, both universities have taken part in increasing close relationship between Malaysia and Indonesia. RUM and UNY as well are using 'soft power' to increase bilateral relations among citizens which brings a lot of benefits for both nations.

Therefore, I hope that both RUM and UMY can make use of this program as a 'kick-off' for other programs in the future, especially in using UMY's vast networks with other Muhammadiyah Universities in various cities in Indonesia as well as IIUM's network. The support of IIUM for UMY also means a progress for IIUM and UMY. I hope such joint program will continue in future for betterment of both Indonesia and Malaysia. Embassy of the Republic of Indonesia in Kuala Lumpur will always support these efforts.

To our honorable guests, Rector, Dean of Postgraduate Studies (CPS), Dean of ISTAC, Dean of IRKHS, Deputy Deans and Head Departments from various Kulliyah, lecturers and students of IIUM, I warmly welcome you to Yogyakarta. I hope you enjoy your stay in the cultural city of Yogyakarta.

Finally, as the Attache of Education and Cultural, Embassy of the Republic of Indonesia, Kuala Lumpur, I sincerely wish you good luck *and a successful program with unforgettable memories.*

*Wabillahit Taufiq Wal Hidayah
Wassalamu 'alaikum warahmatullahi wabarakatuh.*

M.Imran Hanafi

Education and Cultural Attache, Embassy of the Republic of Indonesia

MESSAGE FROM DEAN CENTRE FOR POSTGRADUATE STUDIES

Assalamu'alaikum warahmatullahi wabarakatuh

Praise be to Allah. May the peace and blessings of Allah be on the last prophet and messenger, our master Muhammad and on his household and companions. It is a great privilege for me to foreword this message to this wonderful event that is jointly organized by the Universitas Muhammadiyah Yogyakarta (UMY) and International Islamic University (IIUM).

First and foremost I would like to record my special gratitude to management of Universitas Muhammadiyah Yogyakarta for their co-operation.

In order to obtain comprehensive excellence, the Centre for Postgraduate studies has always facilitates postgraduate students of the university to achieve the highest quality in their academic work. This seminar is one of the many programs that Centre for postgraduate studies has to ensure quality graduates.

I would therefore like to thank all the participants and programme coordinators who have worked hard to realize this event.

May Allah SWT shower His blessing upon us.

Wassalamu'alaikum Wr, Wb.

Prof. Dato' Dr. Wan Rafei Abdul Rahman
Dean, Centre For Postgraduate Studies

**MESSAGE FROM THE ACTIVE
PRESIDENT OF POSTGRADUATE STUDENTS'**

Assalamu'alaikum warahmatullahi wabarakatuh

On behalf of Postgraduate Students' Society (PGSS), my gratitude and appreciation to our beloved Dean of Studies, the Embassy of Indonesia in Kuala Lumpur, Muhammadiyah Yogyakarta and the organizing committee of IIUM and the Universitas Muhammadiyah Yogyakarta for their huge success. Postgraduate Students' Society (PGSS) under the supervision of the Center for Postgraduate Studies (CPG) is pleased to host this event.

As I strongly believe that the initial stages of unity are the key to building the new generation, who will represent the future more, such programs, not only achieve the mission of our universities but to achieve the global mission and vision. Therefore, I believe today, we have to have understanding and then only we can appreciate our diverse cultures. We should acknowledge the different strengths and weaknesses through knowledge in this age of information. I am sure this joint seminar will initiate unity among the future leaders along with integrating them.

Thank you,

Mohd Nabi Habibi

Active President Postgraduate Students' Society (PGSS)

MESSAGE FROM PROGRAM DIRECTOR

Assalamu'alaikum warahmatullahi wabarakatuh.

Praise be to Allah. May the peace and blessings of Allah be on the last Prophet and Messenger, our master Muhammad and on his household and companions.

Honestly speaking, we are pleased to be trusted by Postgraduate Students' Society (PGSS) and Centre for Postgraduate Studies (CPS) to organize the programme named Educational and Cultural Visit to Yogyakarta, Indonesia. For this, We express our gratitude to the management of both PGSS and CPS. This programme is of immense value. It has the potentials to promote intellectual endeavor, develop leadership capabilities and enrich cross-cultural understandings. We sincerely believe and hope that program of this kind will be organized in a regular fashion in future.

It is a great privilege for us to play twofold role in organizing this event: *as a host* and *as guest*. In fact, this is a fascinating experience to manage this event. Since our inception here, we have found meaningful interaction of students in an interweaving of cultures into complicated, yet beautiful, embroidery of social fabric. We are proud to say that this dearly loved university has produced graduates of high quality, who are distinct from those of the local universities.

Finally, we wish to express our special thanks to Bapak M.Imran Hanafi, Education and Cultural Attache of Indonesian Embassy, Bapak Herdaus, S.H., Assistant of Immigration Attache of Indonesian Embassy, Bapak Tharian Taharuddin for their immensely valuable assistance and co-operation in making this program a success. I sincerely appreciate all local committees at Yogyakarta, the colleagues and program coordinators and committee members who worked diligently to materialize this event. We wish to pass on good wishes to the PGSS for their valuable efforts it expended for this event.

May Allah s.w.t shower His blessing upon us.

Wassalam,

Nasrullah

Programme Director

Todi Kurniawan

Co-Programme Director

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Nursing and Its Contribution to The Health of *Ummah*

Aishah Ali*
Kulliyah of Nursing
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Abstract

Nursing in Islam has developed long before if not the same time with the birth of medical scholars and Islamic medicine. Their contributions to the health of ummah can be traced during the time of Prophet Muhammad (pbuh) and his sahabah. Though the Muslim nurses' contribution is not well-publicized in books or journals of today, their stories are narrated throughout the years during the time of Islamic excellence and downfall both in the Holy Quran and Hadith. One of the areas where nurses play major roles is during war. Muslim nurses then are also involved in community services, social workers, resource person and help in the development of Islam. Today in the time of peace nurses' scope and contributions widens and expended. Nurses today are service providers, educators, researcher, policy makers, and politicians. They work locally and internationally from the very smallest unit of health setting such as hospital to biggest health organization such as Center for Communicable Disease to the World Health Organization. The set back to all this is the lack of Muslim nurses in all the prestigious health agencies particularly world organizations. Muslim nurses today are far behind in all the areas if it was to compare with the non Muslim nurses. Many factors are involved. One of which main factors is the poor recognition of the profession by the government and community at large where nurses are seen as a "low class job."

Keywords: nursing; ummah; Islam; medical scholars; Islamic medicine.

Introduction

The universal role of nursing which is appearing in every culture making nursing the most diverse of all healthcare professions. The practice of nursing involves altruistic behavior guided by nursing research and is governed by a code of ethics, and by law. Entrance to the profession is regulated by national, state, or territorial boards of nursing. There are a number of educational paths to becoming a professional nurse, which involve extensive study of nursing theory and practice and training in clinical skills. A trained professional nurse thus is legally responsible and accountable for their practice.

Nurses constitute the largest health care occupations worldwide. In America, registered nurses ratio to other health care occupation is about three to five. Malaysia currently has about 48,000 nurses a short of 72,000 for the projected need nurses of 120,000 by the year 2010. It is projected that registered nurses are to create the second largest number of new jobs among all occupations; job opportunities in most specialties and employment settings.

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Definition of Nursing

Earlier definition of nursing focuses on assisting individuals, families and communities in attaining, re-attaining and maintaining optimal health and functioning. The definition was later added by giving focus on promoting quality of life as defined by persons and families, throughout their life experiences from birth to the end of life.

The American Nursing Association defined nursing as "the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations "

The Royal College of Nursing of United Kingdom's definition of 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 their disease or disability, until death."

History of Nursing in Islam

Though nursing suggested to start in the Muslim world during the time of the Prophet Mohammed, there is little information or documented papers about nursing. If there are documents, many which are steeped in holy wars, reveal few references to nursing. Ancient medical systems consisted of treatment solely by doctors, who would visit the patient at home, prescribe medicines with the relatives to provide the ongoing care. Thus, there was little need for nurses. The available documentation does exist consist primarily of commentary by physicians of that period. The physician al-Razi as, who wrote many books, did suggest that care delivered by physician may have been more nursing orientated. Al-Razi himself is a compassionate person who also provided nursing care (Anon, 2005). Through medicine and healing liquids (Al-Osimy, 1994). The female nurse was referred as "AlAsiyah" from the verb, *aasa*, meaning curing the wounds. Between 1000 and 1500 AD the Arabs built well-constructed hospitals and introduced new method Islamic civilizations, included segregated male and female wards, with male and female nurses caring for patients of their own gender (Donahue, 1985; Al-Osimy, 2004).

One woman from that period who has been identified as practicing nursing long before Nightingale was Rufaida Al-Asalmiya (Tumulty, 2001; Al-Osimy, 1994, Kasule 2003). Hussain (1981) attributed Rufaida with providing care to injured soldiers during the holy wars, as well as providing shelter from the wind and eat of the harsh desert for the dying. Rufaida devoted her life to developing and improving nursing. In addition to providing nursing care, Rufaida also was the leader and founder of the first school of nursing in the Islamic world, although its location has not been reported (Jan, 1996). Rufaida advocated for preventative care and recognized the importance of health education. She not only trained a group of women to become nurses, she also became involved in social work within the community. The Prophet Mohammed (PBUH) gave permission for her to erect a tent within a mosque and deliver health-related teachings to the

community (Al-Osimy, 1994). Tales of Rufaida's heroic deeds have been handed down verbally from generation to generation of Saudi nurses and continue to be savored by many modern Saudi nurses and some nurses from other Muslim nations. And the tale or the historical records of nursing remained sparse post Prophetic Era (Al-Osimy, 1994) and continue today.

For modern nursing, Muslims can be proud of a Saudian Lutfiyyah Al-Khateeb. She was named as the first Saudi nurse-midwife (El-Sanabary, 2003). She received her nursing diploma in Cairo, Egypt in 1941 and returned to Saudi where she dedicated her life to the improvement of education for women and the acceptability of nursing as a suitable profession for Saudi women. Al-Khateeb lobbied throughout the 1960s for the establishment of the health institutes and has been acknowledged by local Saudi leaders and has won the support of many (El-Sanabary, 1993). Samira Islam, who is not a nurse but a pharmacology professor, became the next advocate of nursing and the nursing profession in Saudi Arabia for many years after Lutfiyyah (El-Sanabary, 2003). Interestingly, the accomplishments of these two latter pioneers are not presented in the literature in great depth.

The status of Nursing in the Muslim countries

With times, with increased male dominant in the Islamic culture in the Arab world, nursing and nurses' role become less noticed and not the work of choice for many. Due to cultural values, Muslim women of today particularly in rich Muslim nation, such as Saudi have not undertaken employment, which open door to expatriate. In 189 expatriate started to invade health care work force in Saudi when a group health care of doctors and nurses from Bahrain were invited to travel to Riyadh to care for King Saud and his immediate family in the late 1890s (Armerding, 2003). Nursing workforce in Saudi has relied on international expatriate to be the backbone of until 2000 with heightened terrorist activity, uncertainty throughout Middle Eastern countries together with a global nursing shortage. Hence making nursing recruitment to Saudi Arabia has dwindled making it necessary, to recruit Saudi women to establish and sustain a national nursing workforce. The departure of non-Saudi men and women from the country has led to increased participation of Saudi women in the workforce (Littlewood & Yousuf, 2000). The Saudi Ministry of Health is targeting nursing, the largest group of workers, for recruitment efforts (Aboul-Enein, 2002). This scenario is supported by the limited relaxation of cultural beliefs which allows Saudi women to actively sought employment. Saudi women have been recruited into nursing preparation courses conducted at degree level.

The relaxation on the policy and the need to have own nurses still do not make nurse a job of choice for many Saudi female and male. Saudi, a society which is largely patriarchal, the male population strict codes conduct remain unchanged on Saudi females. Not many the women are reluctant to challenge them. The principal roles of Saudi females have been wife and mother with no out of the house employment (El-Sanabary, 1993). Jammal (1986) argued that women in Saudi by virtue of their Arab Islamic society do not need to compete with men

for jobs except those that are fit for them such as needlework, sewing and teaching girls"(cited in EI-Sanabary 1993, p. 1336).

Saudi Arabian society is divided in its view of the nursing profession. Nursing is not considered a respectable profession for women in Saudi Arabia, despite its long, respected history during the period of Prophet Mohammed (PBUH) (Mansour, 1994). In 1991, nursing was ranked last in the list of appropriate occupations for women (Jackson and Gary, 1991) for a very simple reason which was the inadequate financial rewards and working hours.

Al-Omar's (2003) study in Saudi Arabia on high school students' perceptions of nursing as a possible career concluded that community image, family disagreement, cultural and communal values, long working hours, mixing with members of the opposite gender, and the worry of not being a "marriageable" prospect were the main reasons why Saudi females did not choose nursing as a career. Additionally, both historically and currently, nurses have been viewed as an extension of the physician (Jackson and Gary 1991; EI-Sanabary, 2003) a stereotype of nursing that occurs in other cultures (e.g. Australia [Darbyshire 2000]). EI-Sanabary (1993, 2003) suggested that stereotyping of the nurse as an uneducated subservient female hospital worker discourages many Arab women from entering the nursing profession. It was claimed that when a girl gets into nursing it allows these girls to mix with men, to stay long hours away from home and to work night shift.

With marriage being placed high priority in Saudi, any issue that interferes with it is taken very seriously (Batarfi, 1997). The perceived negative image of nursing remains steadfast in the minds of many Saudi parents. Mothers are reluctant to consider a nurse as an acceptable wife for their sons. A study by Jackson and Gary recorded that 64% claimed that they would not marry a nurse. "Social" reason was given as the main determinant for their response. Jackson's study population was secondary and university students. Another study by (EI-Gilany & Al-Wehady, 2001) notes that 69% of male secondary school respondents say they would not marry a nurse. The finding of the study also noted that young Saudis, both male and female, prefer careers that offered higher prestige and financial remuneration than nursing.

Members of the medical profession also hold negative views of the nursing profession. Samira Islam, a former dean of the colleges of medicine and medical sciences at King Abdul Aziz University, cited evidence from her professional experiences of non acceptance of nurses by medical staff. She further explains, women physicians, although spent their first academic years in the same classes alongside female nursing students, consider them to be inferior, less intelligent and less capable (EI-Sanabary, 2003). Islam further stated that the medical staff like the idea of power and prestige associated with the medical profession and that they viewed the nurses as servants.

These negative images and stereotypes of nurses in most Muslim nations including Malaysia reflect similar images previously held in Australian, European, and American society (Darbyshire, 2000). Some of these images still pervade some segments of these societies; many have been overturned by educating the public about what constitutes women's, and especially nurses', work. Correcting the erroneous societal perceptions is the responsibility of all nurses through their positive contributions.

In Saudi for example despite their limitations, and strong patriarchal influence, women there are slowly come out and becoming employed as doctors, nurses and allied health workers. But Saudi females who choose nursing as a career face many obstacles, primarily from religious and social norms rooted in the society. Nursing suffers from a poor image in Saudi society, which considers it a job for "maids" or uneducated women. The same goes to Saudi men who choose nursing. The too face strong criticism from family and friends.

Similar problems as far is nursing status is concern in many Arabs and Muslim worlds. Haddad (2006) says UAE had 3% nursing workforce who are of UAE nationalities. Even though Emirati women have been recently empowered to join the national workforce, not many have joined the nursing profession. The factors in UAE, which may be contributing to the limited number of UAE nationals in the nursing profession include the low status of nursing, the variations in basic nursing program in the country; the lack of Arabic educational resources; the affluent life style of UAE nationals as well as the strict cultural norms and religious values by which they live.

In Malaysia, nursing is one of most business commodity avenue, getting recruit is not a major problems. Candidates who enter nursing school are not because of their love and passion for the profession and to serve the country, but with intention of going abroad where they get better incentives and remuneration. In Malaysia despite the flourishing number of nursing programs offer, nurses remain the second class citizen of health care workforce and are seen as handmaiden to doctors (Aishah 2001).

The obstacles, the culture, the moral values which claimed to be the reason for poor uptake and developing of nursing, do not stop nursing leaders continue to work in ensuring nursing to become a more respectable and profession of, choice nursing continue to develop and becoming more specialized.

Nursing specialties

Nursing of today has expanded and evolved to meet the demand and need of clients and the complexity of disease and illness of today. Because of that nursing now has opened to so many different kinds of specialties. Many or these nursing specialties are certified and by professional organizations. Nursing specialties can be divided into four categories:

- work setting or type of treatment;
- disease, ailment or condition;
- organ or body system type; and
- population.

Nurses of specialized work setting

Ambulatory care nurses for example, who treat patients with a variety of illnesses and injuries on an outpatient basis, can either working in physicians' offices or in clinics. *Telehealth* of telemedicine is another type of ambulatory care whereby nurses in this specialty usually provides care and advice through electronic

communications media such as videoconferencing or the internet. *Critical care nurses* work in critical or intensive care hospital units. They provide care to patients with cardiovascular, respiratory, or pulmonary failure. *Emergency, or trauma, nurses* work in hospital emergency departments and treat patients with life-threatening conditions. Some emergency nurses are also *flight nurses*, who provide medical care to patients who must be flown by helicopter to the nearest medical facility. *Holistic nurses* provide care such as acupuncture, massage and aroma therapy, and biofeedback, which are meant to treat patients' mental and spiritual health in addition to their physical health. *Home health care nurses* provide at-home care for patients who are recovering from surgery, accidents, and childbirth. *Hospice and palliative care nurses* provide care for, and help ease the pain of, terminally ill patients outside of hospitals. *Infusion nurses* administer medications, fluids, and blood to patients through injections into patients' veins. *Occupational health nurses* provide treatment for job-related injuries and illnesses and help employers to detect workplace hazards and implement health and safety standards. *Transplant nurses* care for both transplant recipients and living donors and monitor signs of organ rejection.

Nurses of specialized disease, ailment or condition

Nurses of this category are employed virtually in all work settings, including physicians' offices, outpatient treatment facilities, home health care agencies, and hospitals. *Addictions nurses* are nurses who treat patients who seek help for alcohol, drug, and tobacco addictions. *Developmental disabilities nurses* provide care for patients with physical, mental, or behavioral disabilities. *Diabetes management nurses* help diabetics to manage their disease by teaching them proper nutrition and showing them how to test blood sugar levels and administer insulin injections. *Genetics nurses* provide early detection screenings and treatment of patients with genetic disorders, including cystic fibrosis and Huntington's disease. I

Nurses of specialized organ or body system

This specialty is when the nurses are employed in specialty physicians' offices or outpatient care facilities, hospital specialty or critical care units. For example, *cardiac and vascular nurses* treat patients with coronary heart disease and those who have had heart surgery, providing services such as postoperative rehabilitation. *Dermatology nurses* treat patients with disorders of the skin, such as skin cancer and psoriasis. *Gastroenterology nurses* treat patients with digestive and intestinal disorders, including ulcers, acid reflux disease, and abdominal bleeding. Some nurses in this field also specialize in endoscopic procedures, which look inside the gastrointestinal tract using a tube equipped with a light and a camera that can capture images of diseased tissue. *Neuroscience nurses* care for patients with dysfunctions of ~ nervous system, including brain and spinal cord injuries and seizures. *Ophthalmic nurses* provide care to patients with disorders of the eyes, including blindness and glaucoma, and to patients undergoing eye

surgery. *Orthopedic nurses* care for patients with muscular and skeletal problems, including arthritis, bone fractures, and muscular dystrophy. *Respiratory nurses* provide care to patients with respiratory disorders such as asthma, tuberculosis, and cystic fibrosis.

Nurses of specialized in specific population / group

The commonly populations these nurses deal with are newborns (neonatology), children and adolescents (pediatrics), adults, and the elderly (gerontology or geriatrics). Registered nurses of this category may provide basic health care to patients outside of health care settings in such venues as including correctional facilities, schools, summer camps, and the military. Some RNs travel around the country and abroad providing care to patients in areas with shortages of medical professionals.

Some RNs prefer to become advanced practice nurses, commonly known as primary health care practitioners. They work independently or in collaboration with physicians. A *clinical nurse specialist* for example will provide direct patient care and expert consultations in one of many of the nursing specialties. *Nurse anesthetists* administer anesthesia, monitor patient's vital signs during surgery, and provide post-anesthesia care. *Nurse midwives* provide primary care to women, including; gynecological exams, family planning advice, prenatal care, assistance in labor and delivery, and neonatal care. *Nurse practitioners* provide basic preventive health care to patients, and increasingly serve as primary and specialty care providers in mainly medically underserved areas. The most common areas of specialty for nurse practitioners are family practice, adult practice, women's health, pediatrics, acute care, and gerontology; however, there are many other specialties. In some countries such as United States and New Zealand, advanced practice nurses can prescribe medications.

There is another group of nurses whose job requires little or no direct contact with patients. *Case managers* ensure that all the medical needs of patients with severe injuries and illnesses are met, including the type, location, and duration of treatment. *Forensics nurses* combine nursing with law enforcement by treating and investigating victims of sexual assault, child abuse, or accidental death. *Infection control nurses* identify, track, and control infectious outbreaks in health care facilities; develop methods of outbreak prevention and biological terrorism responses; and staff immunization clinics. *Legal nurse consultants* assist lawyers in medical cases by interviewing patients and witnesses, organizing medical records, determining damages and costs, locating evidence, and educating lawyers about medical issues. *Nurse administrators* supervise nursing staff, establish work schedules and budgets, and maintain medical supply inventories. *Nurse educators* teach student nurses and also provide continuing education for RNs. *Nurse informaticists* collect, store, and analyze nursing data in order to improve efficiency, reduce risk, and improve patient care. RNs also may work as health care consultants, public policy advisors, pharmaceutical and medical supply researchers and salespersons, and medical writers and editors. Some nurses are attorneys and others work with attorneys as legal nurse consultants, reviewing patient records to assure that adequate care was provided and testifying in court.

Though these nurses do not have direct contact with patient they do require an active practicing certificate.

List below show some of the areas of specificities in nursing

Ambulatory practice nursing	Oncology nursing	Perianesthesia nursing
Behavioral health nursing	Occupational health nursing	Perioperative nursing
Camp nursing	Obstetrics gynecology nursing	Plastic and reconstructive surgical nursing
Cardiac nursing	Nursing management	Psychiatric and mental health nursing
Cardiac catheter laboratory nursing	Nursing informatics	Private duty nursing
Clinical nurse specialist	Nurses practice settings	Pulmonary nursing
Clinical research nurse	Nursing educators	Quality improvement nursing
Community health nursing	Nurse practitioner	Radiology nursing
Correctional nursing	Nurse-midwife	Renal nursing
Critical care nursing	Nurse anesthetist	Research
Developmental disabilities nursing	Neuro-surgical nursing	School nursing
District nursing	Neonatal nursing	Substance abuse nursing
Emergency nursing	Public health nursing	Telemetry nursing
Environmental health nursing	Military and uniformed service nursing including public health services	Telephone triage nursing
Flight nursing	Medical surgical nursing	Transplantation nursing
Forensic nursing	Maternal-child nursing	Travel nursing
Gastroenterology nursing	Legal nurse investigator	Urology nursing
Genetic nursing	Legal nursing	Wound care nursing
Geriatric nursing	Infectious disease nursing	Rehabilitation nursing
Health visiting nursing	Intravenous therapist nursing	Renal dialysis nursing
Hematology oncology nursing	Hyperbaric oxygen therapy nursing	Case management nursing
HIV/AIDS nursing	Hospice nursing	
Home health nursing	Pain management and palliative care nursing	
Ostomy nursing	Pediatric nursing	
Orthopedic nursing		
Operating room nursing		

Nurse practice setting

There are a wide range of setting registered nurses can work depending on their specialties and interest. Listed below are some of the examples;

Hospital	School
Home	Correctional institution
Pharmaceutical company	Prison
Cruise ship	Long term facilities
Military	Insurance company

Nurses practice in a wide range of settings from hospitals to visiting people in their homes and caring for them in schools to research in pharmaceutical companies. Nurses work in occupational health settings or industrial health settings. For those working with insurance companies, they act as advisors and consultants to the healthcare and insurance industries. Registered nurses regardless of specialty or work setting, still have to perform basic duties which include treating of patients, educating patients and the public and providing advice and emotional support to patients' family members. Registered nurses also record patients' medical histories and symptoms help to perform diagnostic tests and analyze results, operate medical machinery, administer treatment and medications, and help with patient follow-up and rehabilitation.

Conclusion

Nursing though, is still experiencing mixed reactions that truncate its development and diminish its appeal to many women; with continuing negativism continue to be the key profession in the health care system and has helped many who seek help. The number of women entering the profession is increasing and with collaboration international network between nursing leaders between developed and developing countries. In contrast to Rufaida, today's nurses do not readily have the blessing of the religious sector. Rather, in order to be accepted by all facets of society, they are expected to prove they can work within traditional Islamic boundaries, and uphold family honor while professionally engaging with others, both men and women, in the care of the population. These barriers which discouraged women from entering nursing and the negative perception will ease off overtime, with the positive contribution nurses are making. In countries where nurses received better recognition as professionals will be the aspiration to other nurses. Nurses will continue to strive for professional autonomy and an increase in nursing influence, presence and participation in all levels of health policy and decision making.

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