



UNDERSTANDING HOW A MUSLIM'S WIDOW LIFE CHANGES AS A CHRONIC KIDNEY DISEASE PATIENT

Yuzana Mohd Yusop¹, Zakirah Ahmad Nawi², Mohamad Ariff Sharifudin³ & Harmy Mohamed Yusoff⁴

1. Department of Community Health, Faculty of Medicine, Universiti Sultan Zainal Abidin, Malaysia

2. Department of Orthopedic, Faculty of Medicine, Universiti Sultan Zainal Abidin, Malaysia

3. Department of Family Medicine, Faculty of Medicine, Universiti Sultan Zainal Abidin, Malaysia

Corresponding Author: Yuzana Mohd Yusop, Department of Community Health, Faculty of Medicine, Universiti Sultan Zainal Abidin, Malaysia

Email: yuzanayusop@unisza.edu.my

Received 13 September 2023; **Accepted** 28 September 2023; **Online Published** 20 Oktober 2023

Abstract

Many studies for chronic kidney patients are being conducted around the world, but they all focus on a variety of factors that have an impact on the patients' day-to-day lives. When a patient starts dialysis, they may face a range of changes and challenges. Patients' usual routines were significantly modified because of the treatment. Most of the studies being conducted among dialysis Muslim patients focus on certain issues such as fasting, and emotion distracted due to the situation. In this case study, the aim was to explore the living experiences of a Muslim widow who was a dialysis and chronic kidney disease patient. This is one of the 16 participants who were interviewed semi-structured based on the researchers' criteria for Muslim dialysis patients. Only one of them was chosen for this case study. All of the interviews, including this one, were taped, transcribed, analysed, and categorised into themes. She had talked about how she had been diagnosed as a patient with chronic kidney disease and the difficulties she had faced along the way. She was a chronic kidney patient, having dialysis three times a week, which dramatically altered her everyday routine. The circumstances had a significant impact on her life. She took the initiative to learn more about dietary requirements because she had to watch what she ate and drank. Considering the circumstances, she becomes more devoted to Allah Almighty as she looks up information about ibadah that is pertinent to her situation as a Muslim. She apparently accepted the situations that drastically altered her life and treated them as a challenge in life. Researchers concluded that in this case study, how a chronic kidney patients handle problems from dialysis regular changes throughout her life, would be made public.

Keywords: CKD patient, dialysis, Muslim, life changes, widow

INTRODUCTION

As we know, chronic kidney disease (CKD) is one of the leading causes of mortality worldwide. Patients with chronic kidney disease must restructure and adjust their lives to changes brought on by the disease's nature and treatment approaches. Dialysis treatment will have an influence on the patients' daily lives. When a patient begins dialysis, they may experience a variety of life changes and challenges. The treatment will completely transform the daily routine of the patients. Being a Muslim widow with an illness such as CKD is not easy. The fact that single mothers share primary parenting responsibilities with their children in the absence of a father has a substantial influence on their lives, especially mental health.¹ The journey as a single parent may be quite stressful. Single parents are often burdened with the task of combining childcare, employment duties, and the capacity to keep up a reliable financial source for living expenses. In addition to the current obstacles, when the head of a family is diagnosed with a chronic disease, they must face them and continue with their lives.

When working with Muslim patients, it is essential to understand the impact of the Islamic faith on healthcare treatment too. In Islam, religious ceremonies and worship of the *Allah* Almighty are extremely significant and obligatory.^{2,3,4,5} Some rituals are conducted on a regular basis, such as prayer, while others can be performed at any time. As a Muslim CKD patient, they must study and get knowledge on *ibadah* (all

aspects of life require obedience, submission, and dedication to Almighty) to make their life simpler. There is a guidance and advantage for Muslim CKD patients to do *ibadah* because of their health state and dialysis treatment. *Solah*, or prayer rituals, are five times-a-day ritual prayers performed by Muslims. Due to the dialysis treatment duration, Muslim dialysis patients should be aware of the benefits of combining the *solah* known as *jama'*. Not only that, but fasting is not obligatory, even during Ramadhan for dialysis patients. In Islamic law, this is a type of *rukhsah* that is provided to make things easier in difficult situations.²

As CKD patients, they must be concerned about a variability of considerations, including treatment fees, treatment duration, transportation to the dialysis centre, poor bodily condition, and changes in their immediate environment. Many people can continue to work after starting dialysis, but others may earn less money since their working hours are reduced. Doctor visits, tests, and prescriptions may be costly for dialysis patients. Furthermore, patients are dependent on dialysis machines and medical professionals⁶ limitations in eating and drinking habits, such as a strict diet that restricts the quantity of fluids they drink and the foods they eat.^{7,8} It is essential to have a nutritious diet as well as physical activity as part of the treatment.^{7,8} As a result, the severity of mental and physical symptoms has a significant impact on patients' insights of their life quality. Living with CKD and dialysis while

also being a Muslim single mother is difficult and full of challenges. On the other hand, each person's experience provides a unique chance for health care providers and academicians to better understand the impact of prevalent ailments on patients' quality of life. Researchers would like to show how a CKD patient copes with dialysis treatment and other problems throughout her life in this article. This case report was created in collaboration with a patient in this study who wanted to speak and share her story in the hopes of inspiring others. The purpose of this case exploration was to investigate the daily life of a Muslim widow who was on dialysis and had chronic kidney disease.

METHODOLOGY

The research had been conducted at Pusat Hemodialisis, Universiti Sultan Zainal Abidin, Gong Badak Terengganu. The study participants for this research were chronic renal patients from the dialysis centre who fulfilled the criteria of the study. The participants criteria are those who are 18 years above, those who are chronic kidney patients, those who are Muslim patients and willing and possible to be interviewed in a semi structured style during data collection. The sample size for the main study was 16 participants. But for the purpose of this case study one of them was chosen because the researchers wanted to delve into the details of a Muslim widow who had been diagnosed as a dialysis patient. All the interviews, including this one, were taped, transcribed, analysed, and

categorised into themes. Written consent would be obtained from them.

About the case

The study was authorised by the UniSZA Human Ethics Committee (UHREC), and the participant provided written informed consent. Due to confidentiality and sensitive considerations, the genuine patient's identity, the health centre where she received treatment, and the district where she worked had to be changed. For this qualitative method, a narrative case study was written about a real-life problem that provides enough background information to examine and explain the problem from the dialysis patient's perspective. In health research, narrative is becoming increasingly widely recognised as a useful tool for enhancing scientific practice and creating interactions with patients. This eccentric case report, written by researchers in collaboration with a patient, portrays a representative case of a middle-aged Muslim widow on dialysis for chronic kidney illness.

Patient profile

Researchers utilise Auntie Bella's interview transcription to highlight her life experiences as a Muslim and dialysis patient. Auntie Bella, who is 49 years old, is a single mother. When she agreed to be interviewed and signed the study agreement form with researchers, she expressed her preference to be addressed as Mummy. She is a teacher and the mother of an adolescent daughter.

And three years ago, when she consulted her general practitioner, she was eventually diagnosed with CKD. The illness had a huge impact on her later life. During that time, she went about her work as usual and never imagined she would be in such a serious predicament. She went about her duties as usual, never expecting to be in such a dire situation. She admitted that, due to a heavy workload, she used to put her health on the back burner. Due to her work and responsibilities as a teacher, she used to suffer from insomnia and would sleep late at night. She has also held various top administrative positions at the school. Her hypertension is exacerbated by these factors. Her spouse died in an accident when she was still in confinement and giving birth to their child. Her husband's death while their child was just a month old was a sad day for her. This was a difficult time for her because she was living alone with a tiny child. The baby gives her the power she needs to live and carry on without a husband. She realised she had to be tough when her spouse died.

Diabetes leads to the onset of kidney disease

This is where it all starts. Auntie Bella said that she made a blunder before being diagnosed with diabetes. She also took a dietary supplement in addition to the doctor's prescription. A product that promised to be able to provide energy and prevent diabetes intrigued her. After seeing it advertised and promoted, she decided to give the powder supplement a try. Her product's agent was

a friend of hers. Her companion persuaded her of the beneficial effects of the supply on her health.

“Now I was kicking myself for taking the powder supplement. My eagerness to try and be persuaded by my friend led me to purchase and take it for a long time. I also have a say in how the product is advertised.”

As a result, she took it without fail every time. She felt absolutely tired and lacked energy one day. She was taken to the hospital after several days of fainting. She was diagnosed with diabetes not long after.

“I passed out multiple times in the school where I work in a week. But, because I was exhausted, I simply ignored it, believing it was not a major matter. But one nice day at school, I fainted again and was rushed to the hospital by the personnel. I was admitted to the hospital for several days and was soon diagnosed with diabetes.”

Doctors discovered that her kidney's impact was significant after completing many tests. Auntie Bella used to take the powder supplement, and they inquired about it. Her illness deteriorated day by day throughout that time.

“During the appointment, I'll have to undergo several tests at the hospital. My nutritional habits were questioned by the medical staff. So, I'll admit that I used to take the powder supplement on a regular basis.”

Another incidence occurred when her blood sugar levels reached dangerously high levels, forcing

doctors to amputate her toe due to nerve damage. It was just another depressing moment for her. It was difficult for her to accept the amputation situation at first.

“When the doctor told me that I needed to have my toe amputated, I became depressed. I don't know how to show my sadness about it, but I don't have a choice.”

Her doctor told her that the supplement had played a bigger role in her sickness. Before beginning dialysis, she must get clearance from her doctors. She continues to seek medical counsel concerning her health problem. Finally, the doctor concluded and informed her that she would require dialysis because of her kidney dysfunction. It is tough for her to accept the situation.

“I had a lot on my mind when the doctor stated it was time for me to start dialysis. My life felt so jumbled up, and I was worrying about my life routine and treatment and so many other things.”

Because of illness, her life schedule has changed

When she first started dialysis, she had to reschedule her day. She must make a distinction between her social responsibilities and her spiritual obligations to *Allah* Almighty. In other words, her life would never be the same. Due to her dialysis treatment, she must limit her daily activities, as well as her diet and liquids. She will most likely not be able to take long vacations,

particularly those abroad, such as *Umrah* or *Hajj* (pilgrimage). Auntie Bella must tolerate the treatment's fatigue and maintain a three-times-a-week treatment schedule. She found that after dialysis, her exhaustion was more than before she was diagnosed with this illness. She did, however, try to remain optimistic about the best options for her situation even though she was terrified and apprehensive throughout the first treatment. Auntie Bella received her first dialysis treatment in 2019 at X dialysis centre. And, as she requested, the dialysis centre is close to her workplace. She is concerned about the logistics of getting to the centre three times a week. She sought treatment for the first session at the centre, which is at 6.30 am., because of her job schedule. The dialysis centre where she gets the treatment provides three sessions of treatment which start at 6.30 am, 12.00 pm and 4.00 pm. She must continue working at the school when the five-hour treatment is completed. The school reduced her administrative workload. Even though she was exhausted from treatment, she was able to drive herself to work, and her daughter would occasionally accompany her to the treatment centre. She gets up as early as 5.00 a.m. every day because her first treatment session started earlier. Her illness had acted as a reminder of the Almighty and His offer of an opportunity to repent and undertake various acts of *ibadah* (such as worship) instead of working as she had done for over 10 years.

“I don't have a choice but to drive myself to the centre and keep working to survive

and be paid. Naturally, I was fatigued after the treatment, but I had to keep working. My daughter would occasionally accompany me to the centre. And I'd say that this illness has made me realise my commitment to Allah, which I had neglected for a long time."

Information seeking behaviour

Auntie Bella was already suffering from hypertension. After her doctor told her she had diabetes, and chronic kidney disease, she wanted to see a dietician for nutritional guidance. Auntie Bella saw a dietician on a regular basis to get a better understanding of her daily food intake as a CKD patient. She must recognise the need to maintain a healthy food balance. She also learnt how to prepare healthy meals for people with illness, as well as how to avoid certain foods and beverages. She realised that her diet would be very different to what it had been previously. She is now aware of the need of a good diet for chronic kidney patients. She also prepares and cooks meals for herself practically every day as a patient. We see as researchers that she is really motivated to improve and maintain her health.

"I informed the doctor that I required a referral to a professional dietician to obtain food knowledge. I also prefer not to eat outside due to my medical condition. I prefer to prepare my own meals and bring them with me everywhere I go. I'll accompany my

daughter to dine outside, but I'll eat my own meals that I've prepared at home."

As a dialysis patient, she was told by medical staff that due to the treatment and the patient's condition, some of the *ibadah* as a Muslim could be eased. Sickness and ailment do not absolve one of his or her religious commitments.^{2,3} That is the concept of *rukhsah*.² To provide a comprehensive grasp of the complex issues of *rukhsah* in medical practice, a combination of theoretical rules and specific medical issues is necessary.^{2,3,4,5} She began her search for facts regarding *ibadah* that was relevant to her situation. For instance, the ease with which *solah* can be performed, which Islam refers to as *jama'*, or combination because of treatment period. She learnt that fasting during the month of *Ramadhan* is not mandatory for CKD patients, but it is encouraged.

"As a patient, I have to seek out new understanding on daily ibadah in Islam. Even though I am a patient, I have begun to follow and study more about ibadah from religious scholars in order to be able to do more ibadah. Now I know that even if we are unwell, there are numerous ways to conduct Ibadah, and because Islam is simple, there will be a way to accomplish it."

A sensation of being connected with the Allah Almighty

When the researcher questioned about a Muslim's *ibadah*, or religious regimen, Auntie Bella recounted how her *ibadah* had changed

because of dialysis treatment. She claimed that when she had to go to the hospital for treatment, she noticed that she had improved her *ibadah* more than in the past. She used to be very busy and focused with work during the day and night, and she used to perform only basic ibadah like *solah* as a Muslim. For her, it is a wonderful experience when getting treatment. Her condition had made her aware of her responsibilities as a Muslim. When she underwent dialysis treatment due to kidney failure, *Allah* Almighty had provided her with plenty of time to do more *ibadah*. She will be able to devote more time to ibadah before the dialysis procedure. For example, if she has a treatment scheduled for that day, she will wake up early and do sunnah ibadah, which refers to the Islamic *Prophet's* customs and practices.¹³ She can do *sunnah*, such as *solah tahajud*, *taubat*, *zikr*, and *Quran* recitation. When she was awarded in the hospital last time, she became aware of the *ibadah*.

"When I was admitted in the hospital, I realise I rarely practice most of the sunnah such as tahajud, zikr and recite Quran. The dialysis treatment had alerting me about all those ibadah and remind me to remember Almighty always."

Auntie Bella provided an answer concerning the ibadah practice to the researchers. She goes into great depth about it. Despite her illness, she does as much ibadah as she can every day. She made every effort not to miss reciting the Quran, *zikr* to Allah Almighty, and extra *solah* as sunnah daily. She also attempts to fast every Monday and Thursday, as Islam encourages. In this interview,

Auntie Bella says she is not concerned about hypoglycemia because dialysis patients are not required to fast throughout Ramadhan. She also practiced *sadaqah* by donating and assisting her students and neighbours in the form of both money and food. Not to mention the fact that she gave the youngsters more extra classes at no charge. She prays that *Allah* would accept her ibadah, and that the only thing she can do now that her strength is not fading from dialysis but is to rearrange her schedule.

What motivates and inspires her?

Researchers portrayed Auntie Bella as a strong woman who was bold and optimistic about her condition and the problems she faced. Researchers inquired as to how she had managed to stay motivated and cope well with her circumstances up to this point.

"First and foremost, I would want to state that my daughter is the focal point of why I am strong in the face of my life hardships," Auntie Bella remarked.

She continued,

"My daughter has been there for me in moments of agony, despair, my family crisis since she was a child, and professional accomplishment."

She remains thinking about her daughter. Therefore, she pushes herself to combat those diseases so that her daughter does not feel compelled to gaze at her in agony and suffering. She also stated that she felt stronger because of her experience living without her husband

following the tragedy. These are the things that motivate her to keep living. She does not need to show her unhappiness in front of others. She enjoys it when others see her smiling since she used to be a warm person.

DISCUSSION

We observed that the patient's life changes, which were difficult for Auntie Bella, contributed to her distress [9,10] at the start of dialysis treatment. She was concerned that she would be unable to cope with the scenario because she is a single mother with a child and the head of the household. Her daily routine, which includes treatment sessions, work schedules, ibadah practice, and nutritional intake, shifts dramatically. She gradually accepted her condition [11,12] and in Islam it is called *redha* which is accepting everything without feeling frustrated or unhappy. Normally, Muslim patients choose to *redha* and live their lives with positive thoughts, feelings, and attitudes. As a result, patients are no longer controlled by lingering feelings of sadness or dissatisfaction but are content with their lives despite the lack of entire physical aspect. In addition, as a patient, she became aware of the importance of learning more about health, particularly dietary issues and ibadah practice. Attributable to the schedule constraints, her daughter had been her support as she attempted to complete as much ibadah as she could and to devote more time to religious practice. She remarked in the interview that she must remain positive and persistent with her

predicament. Most people have a spiritual attitude, and it is becoming increasingly significant as a common coping mechanism during illness [14]. Religious and spiritual therapies are often recognised as useful strategies to assist patients cope with physical and emotional challenges [15]. Prior to falling ill, the subject recalls her everyday activities. She must now adjust her lifestyle to accommodate the treatment and her current health condition. Part of her typical quality of life has been taken away from her, but she now confronts significant changes and challenges as a CKD patient.

CONCLUSION

Many studies for chronic kidney Muslim patients are being conducted around the world, but they all focus on a single subject, such as the Ramadhan fasting pattern or *solah*. The purpose of this interview is to learn how a widow Muslim patient with chronic kidney disease cope with life changes and problems after starting dialysis. Completing this specific case study, which focused on the patient's life changes and challenges, has provided a reliable Islamic viewpoint that can be learned by the healthcare professional and community.

Ethical approval: The UniSZA Human Research Ethical Committee (UHREC) approved this study with the reference UniSZA/UHREC/2021/286.

Source of funding: This project was supported by the Qualitative Research Association of Malaysia (QRAM) and Fundamental Research Grant Scheme Ministry of Higher Education Malaysia (FRGS/1/2017/SKK01/UNISZA/01/1-RR-235).

Conflict of interest: The author(s) certify that they have no conflict of interest in the subject matter or materials discussed in this manuscript.

Acknowledgement: We would like to express our gratitude to the participants in this study.

REFERENCES

1. Damaske, S, Bratter JL, Frech A. Single mother families and employment, race, and poverty in changing economic times. *Social science research*. 2017; 62: 120-133. <https://pubmed.ncbi.nlm.nih.gov/28126093>. Accessed Jan 21, 2022.
2. Ariff MS. Ibadah and rukhsah in patients with diabetic foot diseases: What are our roles as medical practitioners. Paper presented at: The Diabetic Foot and Wound Management Workshop: Towards Better Management; September 5-6, 2014; Kuantan, Malaysia.
3. Ariff, MS., Aminudin CA, Mohd Adham, A, et al. A short descriptive study on inward Muslim patients with diabetic foot disease practices in performing physical cleansing and prayer. Paper presented at: The International Conference on Islamic Medical Education; October 5-7, 2015; Nilai, Malaysia.
4. Ariff, MS., Aminudin CA, Mohd Adham, A. The role of research in enhancing deliverance of the Islamic Input in Orthopaedics (IIO) Module: Religious perspective among inward Muslim diabetic foot patients as a case study. In: Sanip S, Zulkifli NF, Zainal NZ. *Integration Naqli and Aqli Series: Integration of Naqli & Aqli in Medical Education*. USIM Press; 2018: 58-68.
5. Ariff MS, Mai Nurul Ashikin T, Yuzana MY etc. Hospitalized Muslim trauma patients ibadah disability scale (HM[T] IDS). *Jurnal Islam dan Masyarakat Kontemporari*. 2022; 23(1): 50-61. <https://eprints.unisza.edu.my/4241>. Accessed April 25, 2022.
6. Dutkowska D, Rumianowski B, Grochans E etc. Comparison of the life quality of hemodialysis and peritoneal patients. *Problemy Higieny Epidemiology*. 2012; 93(3):529-535. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5916456>. Accessed March 2, 2022.
7. Kiszka W, Załuska W. Social dimension of dialysis. *Zdrowie Publication*. 2004; 4(1):89-92.

8. Kapka-Skrzypczak A, Lipin B, Niedzwiecka J etc. Subjective assessment of the quality of life of patients on dialysis using peritoneal dialysis and Hemodialysis. *Problems of Hygiene and Epidemiology*. 2012; 93: 790-797.
9. Musa AS, Pevalin DJ, Al Khalaileh M. Spiritual well-being, depression, and stress among hemodialysis patients in Jordan. *Journal of the American Holistic Nurses' Association*. 2018; 36(4):354–365. doi.org/10.1177/0898010117736686.
10. Kim, Y., Park, S. Factors influencing self-care behaviors of renal dialysis patients. *Korean Journal of Stress Research*. 2019; 27(4):320-327. doi.org/10.17547/kjsr.2019.27.4.320.
11. Pompey CS, Ridwan MN, Zahra AN etc. Illness acceptance and quality of life among end state renal disease patients undergoing hemodialysis. *Enfermeria Clinica*. 2019; 29:128-133.
12. Janiszewska, M., Baranska, A., Kanecki, K etc. Coping strategies observed in women with rheumatoid arthritis. *Annals of Agricultural and Environmental Medicine*. 2020; 27(3).
13. Qazi MA. *Concise dictionary of Islamic Terms*. Kitab Bhavan, 2000.
14. Cruz JP, Colet PC, Alquwez N etc. Influence of religiosity and spiritual coping on health-related quality of life in Saudi haemodialysis patients. *International Symposium on Home Hemodialysis*. 2017; 21(1), 125–132. doi.org/10.1111/hdi.12441.
15. Hojjati, H., Sarbani, A., Alimmohammadzadeh, K. The relationship between daily spiritual experiences and perceived stress in the spouses of war veterans with post-traumatic stress. *Journal of Military Medicine*. 2017; 19, 135–142.