

Perceptions of Muslim Patients of their dermatology care: a mixed-methods study

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Background

- The Muslim population is rapidly growing with 4.45 million Muslims living in the U.S.
- There is an increased interest in dermatology care for patients of color.
- Religion is often less discussed in dermatology despite it significantly contributing to the identity and health-seeking behavior of some patients.
- A few perspective articles provide recommendations for culturally competent care for Muslim patients in dermatology, but they're not based on patients' real experiences.

Objectives: to explore the impact of social and political lived experiences on Muslima patients' health-seeking behavior in dermatology, determine religious and cultural accommodations unique to Muslim patients, and recommend future interventions to advance dermatology care for this population.

Community Partner

Department of Dermatology, Residency Program Director: incorporate teachings around cultural and religious accommodations of Muslim patients in the cultural humility training for residents and medical students

Methods

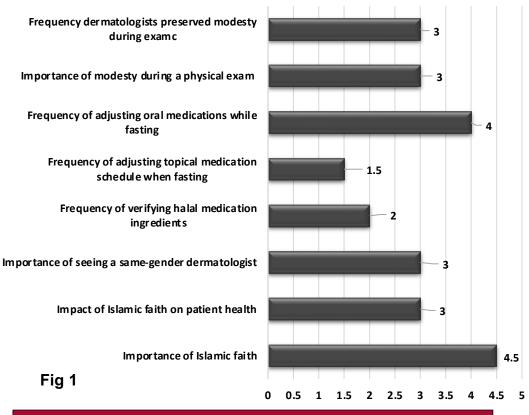
- Mixed-methods design, consisting of surveys and semistructured interviews.
- Interviews were audio-recorded, transcribed, coded, and analyzed via deductive thematic analysis.

Results

Seventeen participants: thirteen were female, six of whom wore a hijab (Islamic head coverage). Participants were nine Middle Eastern, seven South Asian, and one North African. Additional information, please scan code in the end.

Results

Thematic analysis identified two domains: 1) lived political and cultural experiences that impact dermatology care (figure 2, right side) and 2) cultural and religious accommodations pertinent to dermatology care (figure 1& 2, left side).



Recommendations

- Appreciation of the large diversity that exists within the Muslim community and the impact of Islam on their health-seeking behavior
- Further exploring the full extent to which the rise of Islamophobia impacts the health-seeking behavior of Muslim patients
- Precise stratification of race in dermatology as Middle Eastern and South Asian patients are grouped under White and Asian races. This will help to determine the risks of developing skin cancer in subgroups.

Results Poor access Medication accommodation Islamophobia Preference for same-gender providers & modesty Muslims' Poor providers' cultural Perceptions of competency dermatology care Positive experiences Challenge with daily religious in clinic practices when skin disease flaring

- cultural competency training
 Clearly label medication ingredients for patients with dietary restrictions
 - Raise awareness about common dermatological conditions through community outreach events

• Incorporate religious accommodations of Muslim patients into

Increase diversity in the dermatology workforce

Conclusion

Fig 2

This is the first study to highlight the diverse needs of Muslim patients in dermatology. Our findings emphasize the importance of skin-of-color education, cultural humility training, and greater diversity in the dermatology workforce.

Acknowledgment

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References and Additional Results



