

## ORIGINAL ARTICLE

# The Perception of Islamic Nursing Ethics among Nurses in Pahang, Malaysia

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## ABSTRACT

**Introduction:** A recent international survey discovered that nurses face a wide variety of ethical dilemmas. The intrinsic value of human thought and reliability can still be argued in major nursing ethics theories, such as deontology and utilitarianism. A Muslim nurse must be versed in Islamic thought. The issue is the extent to which Islamic nursing ethics can be applied to nursing practice continues to be debated. This study aims to examine nurses' perceptions in two government hospitals in Pahang, Malaysia, regarding Islamic nursing ethics. **Method:** Between February and March 2017, a self-administered questionnaire assessing the comprehension of Islamic nursing ethics was developed, validated, tested, and distributed to nurses at Pahang's Tunku Ampuan Afzan Hospital and Sultan Haji Ahmad Shah Hospital (tertiary care hospitals). Convenience sampling was applied in this study. **Results:** The study collected complete data on 118 nurses. The frequency with which nurses encountered ethical dilemmas ranged from 'daily' to 'yearly'. Only 24.6 per cent of nurses reported encountering ethical dilemmas in their work. 43.2 per cent of nurses responded that they are 'moderately' knowledgeable about the Islamic nursing ethics applicable to their work. Over half (69.5 per cent) of nurses scored at a moderate level, while 17.8 per cent perceived Islamic nursing ethics competently. Only 20.3 per cent of respondents believed that adherence to patients' wishes is consistent with Islamic nursing ethics. **Conclusion:** Nursing and religious authorities should take more actions to develop the understanding and awareness of Islamic nursing ethics to make it understandable for all Muslim nurses

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## INTRODUCTION

The rapid and enormous progress made in the field of healthcare is not without flaws and has spawned a slew of complex ethical dilemmas. Nursing scholars, for example, have made it a point to bring up the issue of Muslim healthcare professionals, such as nurses, who may face an ethical quandary. Nursing ethics can be approached in a variety of ways by different nurses, including adherence to the code of ethics and the traditional moral theories. Even though many codes

and theories of morality have been developed and put into practice, their completeness is still up for debate. As a result, they have been built around the finite human intellect, which will inevitably come up against difficulties and confusion. In fact, it did not always give the exact instructions or pointers as before (1).

An ethical dilemma is a problem in the decision-making process between two possible options, neither acceptable from an ethical perspective. According to a recent international study, nurses face a variety of ethical dilemmas (2–5), including nurses in Malaysia (6,7). Numerous strategies employed by nurses to address and resolve ethical dilemmas were recognised, including the use of the ethical framework (8,9), code of professional ethics (10–12), and some underscore the ethical values

alone, which have been established in the literature review (13,14). Significant theories central to nursing ethics, such as deontology and utilitarianism (15), can still be argued. These theories emphasise the importance of human logic alone and efficiency. Instead of focusing on the consequences of an action, deontology focuses on the nature of the action itself. It means that even if the effects of an action are harmful or wrong, the action is still considered ethical if it follows the principle or rule. On the other hand, utilitarianism considers an action moral if it results in the happiness of more people, regardless of whether the act itself is moral or not.

The pioneers' mental conceptions, reasoning, sensory perception, and personal experiences in nature are reflected in their developed theories (16). Because of their lack of spiritual component, the approaches that were previously mentioned are not considered holistic. The concept of God's oneness must underpin every decision made in Islamic nursing ethics. Islamic nursing ethics refers to nursing activities that relate to the motive implied action, and the outcome must conform to the Shari'ah (17). To cultivate an Islamic spirit as a Muslim nurse, this knowledge is essential. Every Muslim must ensure that even a single action must be in line with Shariah, including nurses. The problem is, to what extent the perceptions of Islamic nursing ethics is still debatable. No survey has been conducted to ascertain nurses' perception regarding Islamic nursing ethics in patient care. Thus, a survey was conducted in this work to ascertain the truth.

## MATERIALS AND METHODS

The researcher surveyed nurses at two tertiary hospitals in Pahang state, namely Sultan Ahmad Shah Hospital (HosHAS) and Tuanku Ampuan Afzan Hospital. The hospitals were chosen as both were specialist hospitals. The inclusion criteria were set up to ensure proper participant enrolment. Muslim candidates for Registered Nurses (RNs) who are fluent in both English and Malay were selected. Nurses must have at least one year of clinical experience working in the medical ward, surgical ward, obstetric ward, orthopaedic ward, intensive care unit, operation theatre and emergency department. As a precautionary measure, this survey was not open to nurses in a student role pursuing any post-basic programme or in management positions, such as Nurse Supervisor. The researcher chose convenience sampling for this study. If any nurses are available during the data collection period, the researcher will select them as participants.

The researcher created a questionnaire consisting of 30 questions. It included a comprehensive set of response options to elicit information about nurses' perception of Islamic nursing ethics concerning patient care. It is comprised of four sections. The questionnaire had been validated and tested for reliability. The Cronbach's

alpha coefficient value yielded from 0.73 to 0.74. The pilot study was conducted and the participants were encouraged to give a comment and suggestions if any difficulty or confusion in understanding the term was inhibiting them from answering correctly.

The first section of the questionnaire was about demographic information such as age, gender, the highest level of education earned as a Registered Nurse, and length of work experience. The second section of the questionnaire asked about nurses' broad experience dealing with ethical dilemmas, like their frequency of encountering ethical dilemmas, the perceptiveness of their Islamic moral judgements regarding their work, as well as their familiarity with specific nursing and Islamic ethical terms. The third section of the questionnaire asked questions about the preferred method to assist in ethical dilemmas, like their source of ethical knowledge, their preference for consultation in an ethical dilemma, and the utility of specific methods for learning more about Islamic nursing ethics. The final section of the questionnaire asked respondents to respond to six questions about an everyday ethical dilemma, indicating whether they agreed or disagreed with statements about everyday ethical conduct in nursing practices like abortion, resuscitation, as well as issues of confidentiality and transparency. Respondents were asked to indicate whether they agreed or disagreed with statements made on these topics. Responses were graded on a Likert scale ranging from 1 to 5. (1-strongly disagree, 2-disagree, 3-not sure, 4-agree, and 5-strongly agree). However, except for questions 4 and 6, the reverse coding technique was used for most of the items in this section. Reverse coding is necessary to ascertain whether or not the participant responded consciously to each item. Following that, each respondent's total score would be classified using the following scale: a) 6 to 10 (incompetent), b) 11 to 15 (somewhat competent), c) 16 to 20 (uncertain), d) between the ages of 21 and 25 (competent), e) between the ages of 26 and 30 (highly competent).

Epi Info software was used to calculate the sample size. The estimated sample size was based on the population size as Hariharan (18) determined in a previous survey conducted in Barbados. One hundred ten participants were estimated to be required to detect a 95% significance level. Additionally, based on a 10% drop-out rate from a previous study, a sample size of 118 participants was required. Nursing Supervisors assisted in the distribution of the questionnaire, and the researcher collected it from them after a few days. Since the contact number of the researcher was stated in the form, the participants were encouraged to contact the researcher if they had any inquiries.

### Ethical Approval

This study was approved by the IIUM Research Ethics Committee (IREC); IREC 621, and Medical Research and

Ethics Committee, Ministry of Health Malaysia; NMRR-16-913-31195 (IIR).

## RESULT

The study questionnaires were completed by a total of 118 (100%) nurses. The mean age was 29.9 years, with a range of 23 to 48. Female respondents comprised the lion's share (97.5 per cent). Almost all participants held a nursing diploma, with only two (1.7%) holding bachelor's degrees. Most of the respondents had less than five years of work experience (40.7 per cent).

### General Experience of Nurses Dealing with Ethical Dilemma

The following findings reflect the nurses' perceptions of the frequency of ethical dilemmas they face. On a per-duration basis, a more significant proportion of nurses with less than five years of experience encountered these issues. Nurses with six to ten years of work experience outnumber those with less than five years of work experience. Only 29 nurses reported encountering an ethical dilemma in their work. Some nurses reported never having encountered it (65.3 per cent). Almost half of the nursing staff reported having a 'moderate' understanding of the Islamic nursing ethics applicable to their work (43.2 per cent). Only ten nurses indicated that they are 'a little' familiar with the subject.

### Preferable Method in Assisting during Ethical Dilemma

The sources of knowledge regarding Islamic nursing ethics were identified. Over half of the respondents indicated that they learned about Islamic nursing ethics from various sources. Over 72% of nurses learnt about Islamic nursing ethics during their training, employment, lectures, and seminars. Seminars and lectures (CME) appeared to be the most valuable instruments, scoring 89 per cent and 94.1 per cent, respectively, among the respondents. When faced with an ethical dilemma, the majority of nurses stated that they would consult their colleagues and sisters. Only 24 nurses expressed an interest in approaching Muslim scholars or an Ustaz. Each nursing staff member perceived ethical knowledge as critical for their work. Only 13 nurses indicated that ethical knowledge was "somewhat important."

### The Perception of Everyday Ethical Dilemma

In general, nurses' perception of Islamic nursing ethics was moderate ( $M = 18.35$ ,  $SD = 2.5$ ), with minimum and maximum scores of 14 and 24, respectively. According to Table 1, more than half of nurses (69.5 per cent) scored at an uncertain level, while only 17.8 per cent of nurses perceived Islamic nursing ethics as good. Table 2 summarises nurses' responses to various aspects of ethical practice. It is critical to note that items 1, 2, 3, and 5 are coded in reverse order. The more strongly respondents disagreed with an issue, the more evidence that opinion is shifting toward Islamic nursing ethics. 82 per cent of the respondents' views on the

issue of obtaining consent for procedures are consistent with Islamic nursing ethics (Item 2). Only one-fifth of the respondents believe their position on the issue of adherence to patients' wishes is consistent with Islamic nursing ethics (Item 5).

**Table I: Level of competency regarding Islamic ethics and its application in nursing practices**

Level of competency	Frequency (%) n = 118
Less competent	15 (12.7)
Uncertain	82 (69.5)
Competent	21 (17.8)

**Table II: Responses of nurses regarding the various aspects of practicing Islamic ethics**

Issues in practices	Frequency (%); n = 118				
	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
Ethical practices are only applicable to avoid legal actions	5 (4.2)	38 (32.2)	13 (11.0)	38 (32.2)	24 (20.3)
Patients only have to agree to operations, but they can disagree to taking tests or medications	26 (22.0)	71 (60.2)	12 (10.2)	7 (5.9)	2 (1.7)
The law allows abortion to be conducted. Therefore, nurses cannot decline from participating in an abortion procedure under any circumstances	13 (11.0)	27 (22.9)	51 (43.2)	22 (18.6)	5 (4.2)
Abortion supporters (pro-abortionists) believe that life only begins once a baby is born. Therefore, a foetus is not considered as being alive. However, in Islam, life begins once the soul is delivered into a foetus. In this case, a nurse is not allowed to assist in an abortion procedure	8 (6.8)	13 (11.0)	54 (45.8)	24 (20.3)	19 (16.1)
A patient who requests a "Do Not Resuscitate" order should be allowed to do so, regardless of their illnesses	2 (1.7)	22 (18.6)	25 (21.2)	54 (45.8)	15 (12.7)
Doctors may impose a DNR (Do Not Resuscitate) order as the best choice for a patient, while family members may insist on a recovery process. In this case, a nurse can deny requests from family members even though they are the decision-maker for the disabled patient	12 (10.2)	41 (34.7)	32 (27.1)	30 (25.4)	3 (2.5)

## DISCUSSION

A significant finding of the study was that the majority of respondents lacked sufficient knowledge of the fundamental concepts of Islamic nursing ethics that apply to nursing care. Only 39.8 per cent responded that they are familiar with 'most of them' in terms of Islamic moral judgement, and more than half of nurses (63.6 per cent and 58.5 per cent, respectively) have never heard the phrases *Maqasid al Shari'ah* and *Qawaid al Fiqhiyyah*, which are critical components in making a judgement in Islam. While both components are necessary for making Islamic moral judgements, a lack of knowledge about them places nurses at a high risk of violating Islamic teachings when making moral judgements. As pointed out by Puteri Nemie in *Challenges for the Nursing Profession in Malaysia*, changes in the ethical framework have enabled nurses to foster greater accountability, disseminate knowledge, and promote personal commitment to providing health care to individuals throughout their lives (7).

Their formal education and training may contribute to their lack of expertise. The vast majority of nurses (98.3 per cent) earned a diploma before advancing to a bachelor's degree (1.7 per cent). Two-thirds of nurses responded that they acquired their Islamic nursing ethical knowledge during their training. Nonetheless, our database search indicates that the majority of training institutions like the government and private nursing colleges require trainees to receive a basic education in nursing ethics, including ethical codes of professional practice to appreciate the nursing profession's values, ethical principles, and rules that commonly guide nursing practises, but not Islamic nursing ethics education. They place a lower premium on Islamic theory and practice in nursing. Both of these curricula did not explicitly include a piece of current information about Islamic nursing ethics, which jeopardises Islamic moral judgement, the objective of Islamic law, and Islamic principles. IUM appears to be a pioneer in incorporating this knowledge into its training (19). Due to the trainee nurses' lack of exposure to fundamental Islamic ethical principles, they may struggle to recall, comprehend, and apply their correct knowledge during actual nursing procedures.

Another reason for the deficient level perception is the lack of learning resources for nurses to update their Islamic nursing ethical knowledge. Nurses had a lack of educational resources to stay current on Islamic principles and their application in nursing practices. Nursing journals are scarce, even in nursing schools and hospitals. Until recently, only a few articles attempted to relate nursing practices from an Islamic perspective, such as the historical roots of nursing (20), understanding the perspective on caring (21), and considering self-care (22). More recently, Malaysian authors published their work on incorporating Islamic nursing ethics into nursing practises (23). These statistics indicate that

nurses continue to have a low perception of Islamic nursing ethics due to a lack of formal training or reading textbooks or journals. According to the response, nurses believe that 'seminars and lectures' are the most beneficial resources for learning about Islamic nursing ethics. As a result, this medium should be utilised to the fullest extent possible to impart this knowledge to nurses.

According to the nurses' responses to questions about practical Islamic nursing ethics (Table 2), only one-fifth of the respondents are capable of applying their knowledge of Islamic nursing ethics to their practices. Additionally, the result indicated that the majority of them are unaware of common ethical dilemmas. Items 4 and 6 are referred to for discussion.

Item 4 (Pro-abortion supporters (pro-abortionists) believe that life begins only with the birth of a child. As a result, a foetus is not considered alive. In Islam, however, life begins when the soul is implanted into a foetus. In this case, a nurse is not permitted to assist in an abortion procedure). The respondents noted that pro-abortionists permitted abortions to occur at any time prior to the baby's birth. On the contrary, Islamic ethics provide a definitive answer to this question. Abortion is prohibited in Islam, but termination of pregnancy is permitted for those in dire need.

Item 6 (Doctors may impose a Do Not Resuscitate) order if they believe it is the best course of action for a patient, while family members may insist on a healing process. In this case, a nurse may deny requests from family members despite the fact that they are the decision-maker for the disabled patient. Nurses should always consider the doctor's opinion over the wishes of the patient's family when faced with an ethical dilemma about whom to listen to.

Using the concept that certainty could not triumph over uncertainty (*al-yaqin la yazul bi al-shakk*), a physician may issue a DNR order if he or she believes and is certain that CPR will not benefit the patient. Syaikh ibn Baaz and Syaikh Abdul Razzaq Afifi issued a fatwa in *Fataawa al-Lajnah al-Daa'imah* stating that "if reviving the heart and lungs is not beneficial or appropriate in light of a particular situation, as determined by three trustworthy specialist doctors, then there is no need to use resuscitation equipment and no weight should be placed on the opinions of the patient's next of kin (24). In other words, the physician has complete authority to issue a DNR order without the patient's or family member's consent.

## CONCLUSION

Everybody agrees that Islam offers a way out of difficult situations. Nursing and religious authorities should take more actions to develop understanding and awareness

of Islamic nursing ethics, make it understandable for all Muslim nurses, and minimise using jargon (eg. The term *maqasid syariah*), which makes it difficult for many nurses to understand. Increasing knowledge and awareness is a way to fulfil its moral obligation to its clients, market its products and services, as well as expand its scope globally.

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