

## ORIGINAL ARTICLE

# Understanding Doctors' and Nurses' Roles in the Islamic Medical Practice and Rukhsah Solah in a Shariah-Compliant Hospital

Siti Roshaidai Mohd Arifin<sup>1</sup>, Nur Afiqah Mohd Nazir<sup>2</sup>, Suhaiza Samsudin<sup>3</sup>, Normadiyah Daud<sup>4</sup>

<sup>1</sup> Department of Special Care Nursing, Kulliyah of Nursing, International Islamic University Malaysia, 25200 Kuantan, Pahang, Malaysia.

<sup>2</sup> Invasive Cardiac Laboratory, National Heart Institute, 145 Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia.

<sup>3</sup> Department of Family Medicine, Kulliyah of Medicine, Indera Mahkota Campus, 25200 Kuantan Pahang, Malaysia.

<sup>4</sup> Faculty of Islamic Contemporary Studies, Universiti Sultan Zainal Abidin, 21300 Kuala Terengganu, Terengganu, Malaysia

## ABSTRACT

**Introduction:** Implementing Islamic medical practice (IMP) within a Shariah-compliant hospital is challenging because of the lack of knowledge and spiritual care among healthcare practitioners (HCPs), especially nurses and doctors. Thus, this study aims to determine the understanding of IMP and the associated factors among HCPs in a Shariah-compliant hospital. **Methods:** This cross-sectional study was conducted using questionnaires distributed among nurses and doctors working in a Shariah-compliant hospital in Pahang, Malaysia. **Results:** A total of 152 nurses and doctors participated in this study. Resultantly, 80.3% (n = 122) of the subjects had a high understanding of IMP, and only 50% (n = 76) had a good level of knowledge regarding rukhsah solah. Furthermore, the participants' IMP understanding level was associated with their years of working experience, position and gender (p < 0.05). In addition, the *rukhsah solah* was associated with the departments (p < 0.05). **Conclusion:** The study findings suggested more training on rukhsah solah is essential among HCPs, especially those working in a Shariah-compliant hospital to support the IMP implementation.

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## Corresponding Author:

Siti Roshaidai Mohd Arifin, PhD

Email: roshaidai@iium.edu.my

Tel:+609-5707296

## INTRODUCTION

Hospitals are institutions where healthcare practitioners (HCPs) provide medical services to inpatients, outpatients and emergency patients. Over the years, certain issues have been highlighted concerning Muslim patients receiving healthcare services within conventional healthcare facilities, including privacy during treatment, cross-gender interactions, and the halal status of pharmaceuticals provided as treatment. Such challenges have resulted in the demand for Shariah-compliant hospitals [1]. A Shariah-compliant hospital denotes a facility where the HCPs offer healthcare services to their patients according to the Shariah principles or Islamic teachings [1-2]. These principles can be implemented through Islamic medical practice (IMP), a concept used

to describe a holistic medical treatment and approach based on the patients' physical, emotional, mental and spiritual needs [3]. Examples include utilising halal medical products and establishing an Islamic protocol for healthcare services [4].

The increasing demands for Islamic medical tourism, particularly in Muslim countries (i.e., Indonesia, the Gulf States and the Middle East), encouraged Malaysia to introduce the IMP to attract Muslim medical tourists [4]. Various campaigns have been conducted by the local government as a destination for healthcare tourism since 2005 [5], thus, resulting in rapid, continuous growth in the industry until today. Currently, a minimum of 38 private hospitals in Malaysia integrated IMP within their services [3], such as Al-Islam Specialist Hospital and Pusrawi Hospital in Kuala Lumpur, Ar-Ridzuan Medical Centre in Perak, and An-Nur Specialist Hospital in Selangor [2]. Notwithstanding, IMP implementation in Malaysian Shariah-compliant hospitals was challenged by the low level of ethics and spiritual care knowledge

among HCPs, especially nurses and doctors [3]. The quality of the HCPs, healthcare advice, and etiquette within the clinical environment influence the medical service quality, including IMP [6-8].

Solah or prayer is a major component of IMP. The act of prayer begins with the ablution (washing the face, arms, head, and feet with water) and a ritual involving body movements: standing, bending and sitting. This act of worship may be challenging for patients; therefore, they can practice the rukhsah solah in performing their prayers. Rukhsah solah is the leniency or flexibility commanded by Allah, where certain movements can be modified to facilitate an individual’s ability to perform the prayer. For instance, a bedridden patient can perform the prayer by lying down while facing the qiblah. Nevertheless, the support and assistance from HCPs are necessary to facilitate the implementation of the *rukhsah solah*, thereby promoting IMP within the hospital.

Understanding how HCPs perceive their roles in delivering IMP and rukhsah solah is crucial in improving the quality of care. Despite that, studies are lacking on how the doctors’ and nurses’ perceptions of their roles might affect the quality of care delivered by a Shariah-compliant hospital. Therefore, this study aims to determine the doctors’ and nurses’ understanding of their roles in delivering the IMP in a Shariah-compliant hospital.

**MATERIALS AND METHODS**

This study was conducted at a shariah-compliant hospital in Kuantan, Pahang, using a quantitative descriptive survey with a cross-sectional design. First, approval of this research study was obtained from Kulliyah of Nursing Post Graduate Research Committee (KNPGRC) and International Islamic University Malaysia (IIUM) Research Ethical Committee (IREC 2019-047). Next, the sample size was calculated via the Raosoft Sample Size Calculator [9] with a margin error of 5%, confident interval of 95% and response rate of 50%. The recommended sample size for this study is 190 respondents. A total of 152 HCPs comprising doctors and nurses were recruited for this study via convenience sampling.

All participants who met the inclusion criteria (nurses or doctors working in a Shariah-compliant hospital and willing to participate) were invited to complete the three-part survey. Part A was used to determine the socio-demographic characteristics of the participants. Part B uses the Likert scale in the questionnaire to measure the understanding of doctors’ and nurses’ role in IMP, including medical etiquettes, proper cleansing process of blood and body fluid, and healthcare practitioner’s advice to patients. Meanwhile, Part C is comprised

of five questions regarding knowledge of rukhsah solah. The questionnaire was adapted from studies by Rahman, Zailani and Musa [3] and Aris et al. [10] in English and Malay language. A pilot study conducted to test the instrument validity and reliability yielded a good Cronbach’s alpha of 0.969 (Part B) and 0.736 (Part C).

Statistical Package for the Social Science (SPSS) version 22 was used to analyse the data collected in this study. Descriptive analysis was used to identify the level of understanding of IMP and knowledge of *rukhsah solah*. Frequency and percentage were used to analyse socio-demographic data with the level of knowledge on IMP and the level of knowledge of *rukhsah solah*. In addition, Mann-Whitney U and Kruskal-Wallis tests were used to compare means between socio-demographic characteristics with the level of knowledge of IMP and the level of knowledge of *rukhsah solah*.

**RESULT**

The socio-demographic data of respondents is shown in Table I. The subjects were classified into two categories, namely, doctors, 3.3% (n = 5) and nurses, 96.7% (n=147). There were 82.9% (n = 126) female and 26 males (17.1%) recruited in this study. The majority of the participants were aged between 21 to 25 years old, 37.5% were aged between 26-30 years, and 13.8% were older than 31. The proportion of married participants is equal to single participants. Most of them (94%) were diploma holders, while only 6% were degree and master holders.

**Table I: Socio-demographic data of respondents**

Variables		Fre- quency (n)	Percent- age (%)
Position	Doctor	5	3.3
	Nurses	147	96.7
Department	NICU	20	13.2
	Labour room	9	5.9
	Operation Theatre	5	3.3
	ICU	11	7.2
	CCU	12	7.9
	Medical ward	38	25.0
	Surgical ward	15	9.9
	Orthopaedic ward	18	11.8
	A&E	9	5.9
Gender	Paediatric	5	3.3
	Clinic	10	6.6
	Female	126	82.9
Age	Male	26	17.1
	21-25 years old	74	48.7
	26-30 years old	57	37.5
Marital Status	Above 31 years old	21	13.8
	Single	75	49.3
	Married	77	50.7

CONTINUE

**Table I: Socio-demographic data of respondents (CONT.)**

Variables		Frequency (n)	Percentage (%)
Educational Background	Diploma	143	94.1
	Degree	9	6.0
Months/Years of working	Less than one years	31	20.4
	1-5 years	82	53.9
	6-10 years	30	19.7
	Above 11 years	9	5.9
Training/ Workshop	Yes	48	31.6
	No	104	68.4

Note: n, number of the respondent (n=152)

The participants belonged to different departments: neonatal intensive care unit (NICU) (13.2%, n = 20), labour room (5.9%, n = 9), operation theatre (3.3%, n = 5), intensive care unit (ICU) (7.2%, n = 11), critical care unit (CCU) (7.9%, n = 12), medical ward (25%, n = 38), surgical ward (9.9%, n = 15), orthopaedic ward (11.8%, n = 18%), accident and emergency department (5.9%, n = 9), paediatric ward (3.3%, n = 5), and the clinic (6.6%, n = 10%). Approximately half of the participants have one to five years of working experience, while the other 20.4%, 19.7% and 5.9% have working experience of less than one year, 6 - 10 years and more than 11, respectively. Meanwhile, 31.6% (n = 48) of participants have attended the workshop related to Shariah-compliant hospitals, while 68.4% (n = 104) of them did not. Most participants (80.3%) had high knowledge on IMP at (n = 122), while 19.7% (n = 30) had a moderate understanding. Meanwhile, 47.4% participants (n = 72) had an excellent level of knowledge of *rukhsah solah*, 50% (n=76) had a good level of knowledge and 2.6% (n=4) had poor level of understanding of *rukhsah solah*.

The ANOVA and independent-T tests were used to determine factors associated with the HCPs level of understanding of IMP. As indicated in Table II, there was a significant association between the years of working experience with the level of understanding of IMP (F = 3.005, p = 0.032). Subsequently, the post-hoc comparison was conducted, and it was found that those with working experience between 6 - 10 years had a higher understanding level than those with less than one year of working experience (mean difference: 10.805, p = 0.04, 95%, CI = 0.29, 21.32). Meanwhile, the other period of working experience did not show any significant difference in the level of understanding of IMP (p-value > 0.05). Additionally, a significant difference was found between position and gender with the understanding of IMP (p-value < 0.05). The current study did not find any significance between the socio-demographic factors and the knowledge level of *rukhsah solah*.

**Table II: Socio-demographic characteristic with the level of understanding of IMP**

Variables	Level of Understanding		F/ t value	p-value
	Mean	SD		
<b>Departments</b>				0.061*
NICU	158.50	15.60	1.825	
Labour room	154.22	8.24		
Operation theatre	174.60	6.43		
ICU	168.36	20.90		
CCU	168.75	10.73		
Medical ward	160.97	14.96		
Surgical ward	155.80	20.89		
Orthopaedic	156.44	15.16		
A&E	167.22	12.06		
Paediatric	169.00	7.91		
Clinic	163.60	15.24		
<b>Age</b>			2.988	0.053*
21-25 years	158.68	16.52		
26-30 years	163.44	13.98		
Above 31 years	166.95	15.341		
<b>Experience</b>			3.005	0.032*
Less than one year	155.61	13.98		
1-5 years	161.85	15.75		
6-10 years	165.97	15.69		
Above 11 years	167.00	14.97		
<b>Position</b>				
Doctor	172.60	3.78	7.57	<0.001**
Nurses	161.23	15.77		
<b>Gender</b>				
Female	160.59	16.33	10.417	0.025**
Male	166.54	10.81		

\* ANOVA \*\*independent t-test

**DISCUSSION**

This study examines how Muslim HCPs perceive their roles in carrying out their routine health care services according to the IMP. Since most participants scored more than 80% in the provided questionnaire, it indicated a good level of understanding of IMP among the HCPs. This finding is encouraging as HCPs should have an adequate understanding of IMP before providing advice to the patients. Furthermore, this result corresponds to Rahman et al. [3], where doctors were reported to have an excellent level of perception of IMP. Nevertheless, a direct comparison was not possible for

the nurses due to the lack of published data on their knowledge of IMP. Despite that, nurses are essential in assisting doctors with patient care and treatment; thus, they need to be good at integrating IMP in the field. In the current study, 96.7% of the HCPs were nurses, while only 3.3% were doctors.

There was a significant association between certain socio-demographic factors with the level of understanding of IMP, namely duration of working experience, position and gender. Those with working experience between 6 - 10 years had a higher understanding of IMP than those with under one year of working experience. Therefore, HCPs with longer working years may have gained more knowledge and experience in patient care within their discipline. Despite the lack of studies focusing exclusively on the association between working experience and level of understanding of IMP, earlier reports suggested a link between spiritual and patient care [11-12]. Therefore, it is likely that the HCPs working experience exposed them to more spiritual-related education and training. Consequently, HCPs' self-learning competence in delivering spiritual care and interventions is improved and increasing their knowledge of IMP [12-13].

Significant differences were also found between position and gender with the understanding of IMP ( $p$ -value < 0.05). The current findings indicated that the levels of understanding of IMP ( $t=7.57$ ,  $p=0.001$ ) of nurses were higher than those of doctors, and the difference between them was statistically significant. Similarly, an earlier study stated that the nurses' understanding of spiritual care was higher than doctors [14-15]. The long period nurses spend with their patients might have provided them with more opportunities to practice IMP compared to doctors. In addition, Melhem et al. [16] suggested that gender is one of the factors influencing healthcare perceptions towards spirituality and spiritual care, which may be contributed by the ability of female nurses to care for the patient's emotions and feelings. In contrast, male nurses tend to pay more attention to the physical aspects of a patient [17]. These reports supported the current findings regarding the association between gender and spiritual care.

The HCPs' knowledge of *rukhsah solah* was also investigated in the present study, where the respondents' knowledge was assessed based on five questions related to the *rukhsah*. In Islam, *rukhsah* refers to the rulings sanctioned due to hindrances and hardships [18]. Most participants obtained either excellent scores (47.4%) or good scores (50%). A positive finding was expected of the HCPs since they are working in a Shariah-compliant hospital. Moreover, these findings were consistent with a previous study conducted among 121 HCPs in Hospital Langkawi, where 60.3% ( $n=73$ ) of the participants had good knowledge of religious obligations and *rukhsah solah* [19].

The study findings also demonstrated the lack of significant association between the socio-demographic factors with the level of knowledge of *rukhsah solah*. Since most participants have a similar educational background (diploma level), they would probably share the same perception regarding *rukhsah solah*. Nonetheless, published data on the significance of socio-demographic factors such as position, education, and training with the level of understanding are still limited, thus, requiring further research to elucidate the association between these factors and the level of understanding of *rukhsah solah* among HCPs.

Furthermore, all participants demonstrated a similar understanding of *rukhsah solah* despite differences in years of working experience. This finding suggested that HCPs generally have the same level of understanding of *rukhsah solah*, even at the early stages of their career. Moreover, knowledge of *rukhsah solah* is among the fundamental content taught in the syllabus of the religious subject in primary and secondary schools. Therefore, there were no significant differences in this factor since all the participants were Muslims and exposed to a similar syllabus and education system. Aris et al. [10] suggested that HCPs apply and convey the *rukhsah solah* knowledge to the patients upon receiving adequate training and skills. Nevertheless, there was no association between training or workshop and the level of knowledge of *rukhsah solah* found in the present study. This outcome may be contributed by the fact that the *rukhsah solah* training in the selected hospital was at the beginning stage when this study was conducted; thus, workshops were not routinely scheduled.

Several limitations have been identified in this study. Firstly, the participants' religious education background was not measured as one of the factors associated with the understanding of IMP. Secondly, the sample population was recruited through the convenience sampling method; thus, the results obtained cannot represent the entire hospital population. Thirdly, the time frame allocated to conduct the study was restricted to the academic calendar. The time constraint and the lack of literature on this topic limited the researchers from making impactful comparisons. Finally, since IMP and *rukhsah solah* are considered new concepts in the health care industry and are not widely practiced. This study might also be the first to establish the association between selected factors with the understanding of IMP among HCPs in a Shariah-compliant hospital.

## CONCLUSION

In summary, doctors and nurses have an excellent understanding of IMP and moderate knowledge of *rukhsah solah*. Duration of working experience, position and gender were significantly associated with the level of understanding of IMP. On the other hand, working

in specific departments has a significant association with the level of knowledge regarding *rukhsah solah*. Further research is essential to explore the relationship between the socio-demographic characteristics and the HCPs' understanding of delivering IMP and knowledge on *rukhsah solah*. Furthermore, the sample population should include participants from more facilities such as government and private hospitals to yield highly accurate results. Additionally, a qualitative study would help explore how the HCPs' working experiences influence the implementation of IMP in shariah-compliant hospitals.

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