The effectiveness of a Hospital Mesra Ibadah Course in Pahang, Malaysia

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ABSTRACT

Introduction: *Solat* or prayer, as one of the five pillars of Islam, is associated with bio-psycho-social benefits in Muslim patients. Many Muslim patients neglected *solat* while being hospitalized as they are unaware of the convenience *(rukhsoh)* available for them. Ibadah Friendly Hospital Courses have been conducted in different states of Malaysia to impart knowledge to the hospital staff who can in turn educate their patients. This study aims to construct a content-validated assessment tool to assess the effectiveness of a state-level *Hospital Mesra Ibadah* course.

Materials and methods: A self-administered questionnaire was constructed and content-validated by a panel of three experts (two religious teachers and one consultant spine surgeon). All 15 questions achieved item-level content validity index (I-CVI) of 1.00 after two rounds of validation. The questionnaires were distributed to participants of a state-level *Hospital Mesra Ibadah* course to compare the participants' pre-course and post-course test scores.

Results: A total of 88 participants (48.9%) were included in this study. There was a significant difference in the pre-course test mean score and post-course test mean score among the participants. There was also a significant reduction of unsure answers after the course. There was no significant association found between the gender, place of work and occupation with the pre-post test score difference.

Conclusion: This study demonstrates that the *Hospital Mesra Ibadah* course is effective in imparting as well as consolidating the knowledge among participants, hence it should be routinely organized to benefit more participants.

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INTRODUCTION

Ibadah (worship) is a concept in Islam that involves compliance and obedience to all that is prescribed by Allah.[1] *Solat* or prayer, as one of the five pillars of Islam, is an important component of ibadah.[1,2] For Muslims, the five pillars are profession of faith, prayer while facing toward Mecca, fasting during the holy month of Ramadan, giving to the poor *(zakat)* and pilgrimage to Mecca at least once during one's lifetime.[2] *Solat*, practiced similarly by Muslims all over the world, can be performed in groups or individually.[3] There are five prayers each day, namely *Fajr, Zuhr, Asr, Maghrib and Isha'a*, with each performed at a different time of the day.[3] Prior to performing *solat*, a Muslim must cleanse his/her body, perform *wudhu* (ablution) and wear proper clothing.[1,3,4]

During prayer, a Muslim is required to perform physical motions and recitations. The preparation for prayer and physical motions during prayer can be a limitation for hospitalized Muslim patients.[1,5] However, illness does not alleviate the obligation to perform *solat*. Many Muslim patients neglected *solat* while being hospitalized as they are not aware of the convenience *(rukhsoh)* allowed for them in performing their prayer during hardships and illnesses.[1] Some patients, especially those with a disability, need the help of others to perform his religious practices.[6] In these instances, healthcare providers especially doctors and nurses play a big role in identifying patients in need of assistance as well as imparting the knowledge of performing prayers under sick condition.[1] In Malaysia, the concept of *Hospital Mesra Ibadah* (Ibadah Friendly Hospital) is being introduced to provide a holistic approach in treating Muslim patients, both spiritually as well as medically.[7] Courses are conducted in different states to impart the knowledge to the hospital staff so that they can in turn educate the patients. However, there is no quantitative assessment performed on the participating hospital staff to determine the effectiveness of the *Hospital Mesra Ibadah* course. This study aims to construct a content-validated assessment tool and assess the effectiveness of a state-level *Hospital Mesra Ibadah* course.

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MATERIALS AND METHODS

Designing a content-validated questionnaire

There were two parts in this study, namely designing a content-validated questionnaire and applying it on the participants of the state-level *Hospital Mesra Ibadah* course. Our expert panel consisted of three experts, two experts from religious background (Islamic religious teacher) and one expert from clinical background (consultant spine surgeon). A minimum of 3 experts were required to content validate a questionnaire.[8,9] The questions were created by the joint effort of the two different religious teachers, focusing on the knowledge for the preparation of prayer and the prayer modification for sick patients. Since this is the first study conducted in Malaysia, the questions were developed based on the lectures and course notes given to the participants. Clinical situations were included to stimulate thinking as well as to test the knowledge of the participants. In view of the participants' mixed education background, we decided to design the questions in Bahasa Malaysia, a national language where all participants were well-versed.

In the first round of question designing, a total of 25 questions were constructed and they were sent for content validation by the three experts. The experts were given the scale of 1 to 4 to rate the feasibility of each question, where 1=not relevant, 2=somewhat relevant, 3=quite relevant, and 4=highly relevant. For each question, the rating was then dichotomized from an ordinal scale into either relevant or not relevant. When there are five or fewer experts, the item-level content validity index (I-CVI) should be 1.00 in order for it to be included (i.e. all experts must rate the question to be quite relevant or highly relevant for it to be included).[9] In the first round of content validation, only 10 questions achieved an I-CVI of 1.00. The other 15 questions were either deleted or revised for the length of question and wording to enhance the simplicity of the questions. Based on recommendation of the experts, an extra response answer was included where the participants had the choice to choose a "not sure" as their response answer. Together with the previous 10 questions, a new set of 15 questions were sent out for another round of content validation by the three previous reviewers. Fewer questions were included as we intended for the questionnaire to be completed by the participants within 20 minutes to increase the response rate as well as to minimize the disruption of the course plenary lectures. All 15 questions achieved an I-CVI of 1.00 in the second round of content validation.

Application during the *Hospital Mesra Ibadah* course

A state-level *Hospital Mesra Ibadah* course was conducted in Hospital Tengku Ampuan Afzan (HTAA), Pahang from 22nd - 23rd October 2018. A total of 180 participants from the state of Pahang attended this course. The participants were from tertiary hospitals (Hospital Tengku Ampuan Afzan, Hospital Sultan Ahmad Shah and Hospital Kuala Lipis), district hospitals (Hospital Jengka, Hospital Jerantut, Hospital Rompin, Hospital Bentong and Hospital Raub) and other health clinics. The questionnaires were handed out to all the participants prior to the course and immediately after the course. Only those participants who volunteered to be included in this study and completed both pre-course and post-course questionnaires were included in this study. Informed consent was obtained from all participants and a basic demographic data of them were obtained to determine any relationship between them and the test scores. Workplaces were dichotomized into those working in HTAA and non-HTAA as the majority of the participants were working in HTAA. The occupations were divided into doctors, nurses, assistant health officer, medical assistant, and non-clinical (clerical, management and finance). The data was analyzed with IBM SPSS Statistical Software version 21. Categorical data such as gender, workplace and experience of attending previous course were analyzed with Fisher's exact test. The data with more than two categories such as occupations was analyzed with one-way analysis of variance (ANOVA). The mean scores of the pre-course test and post-course test and the mean number of unsure responses of pre-course test and post-

course test were compared using paired-samples t test. We also examined the association between the test score difference and other factors such as gender and place of work using independent-sample t test. The association between the test score difference and occupation was determined via one-way ANOVA.

RESULTS

Eighty participants did not respond to the call for study inclusion and 12 participants did not complete either the pre-course test (7 participants) or the post-course test (5 participants), leaving 88 participants (48.9%) to be included in this study (Figure 1). More than two thirds of the respondents were nurses (59.1%) and assistant health officers (15.9%). This was followed by non-clinical workers (9.1%), doctors (9.1%) and medical assistants (6.8%) (Table 1). The majority of the respondents were female (81.8%), reflecting the female predominant work force in the healthcare system (Table 1). The majority of the respondents were working in HTAA (80.7%), as HTAA was the organizing hospital that emphasized on the spiritual aspect of treatment of the Muslim patients (Table 2).

There was a significant difference ($p<0.001$) in the mean scores between pre-course test (mean:12.26, SD:1.903) and post-course test (mean:14.10, SD:0.959) (Table 3). This implies that the course had a positive impact on the knowledge of the participants. The number of unsure answers was also significantly reduced ($p<0.001$) from the pre-course test (mean:1.10, SD 1.509) to the post-course test (mean:0.19, SD:0.522), reflecting the gain of confidence in answering the questions. There was no difference found between gender ($p=0.289$), place of work ($p=0.601$) and occupation ($p=0.661$) with the pre-post test score difference, suggesting that all participants gained knowledge on this course (Table 4).

DISCUSSION

In patients who suffer from chronic illness or trauma, he or she will face various physical and emotional limitations that may adversely affect the social relations and loss of drive.[6,10] In these circumstances, spirituality can affect the patient's senses whereby the patient can feel significant and find purpose in life.[6,11] For those suffering patients, spiritual needs should be well taken care of in addition to the physical and mental needs.[12] *Solat* (prayer) is an important component of *ibadah* in Islam and it is associated with bio-psycho-social benefits in Muslim patients. Prayer is a special form of meditation and therefore will provide the health benefits of meditation.[13] It is associated with clinically significant reduction in blood pressure, improvement of cardiorespiratory function, improvement of immune response, reduction of harmful reactive oxygen species, reduction of stress and anxiety, and improved pain tolerance and self-esteem.[13-17] In Muslim patients, the prayer (solat) incorporates Holy Qur'an recitation while being in a series of positions such as Qiyam and *i'tidal* (standing), *ruku'* (bowing) position, *sujud* (prostrating) position and sitting.[3] For Muslim patients, praying can promote health, speed up recovery, improve coping mechanism and pain tolerance.[3,5] A number of Muslim patients did not pray while being hospitalized for various medical problems mainly due to physical limitation.[1] What they failed to understand is that in Islam, prayer postures and movements can be modified to accommodate disease and disabilities.[4] As the healthcare system frontliners, doctors and nurses bear a heavy responsibility in educating and assisting the patients to pray.

This study is the first of its kind in Malaysia that quantitatively assessed the initial knowledge and subsequent improvement after the course. A reasonable number of participants completed both the pre- and post-test assessment, reflecting on the positive attitude the participants had on this topic. The participants are of different occupations as well as from different hospitals, thus increasing the generalizability of the study results. As the nation is moving towards the holistic medical care that incorporates the concept of *Hospital Mesra Ibadah*, it is not surprising that the participants had a good knowledge on this topic prior to the course (mean

pre-course test score: 12.26 or 81.7%). However, the knowledge had improved further after the course (mean post-course test score: 14.1 or 94%). Besides that, it is of paramount importance that the healthcare providers have the confidence in answering all the questions of the patients in need. After completing this course, the participants' mean unsure answer reduced from 1.10 to 0.19, reflecting a higher confidence in the respondents on this topic. This study demonstrated that the participants of the course gained core knowledge on this topic as well as consolidated the pre-existing knowledge. We propose that more courses of this nature will be helpful to benefit more participants from the healthcare setting, ranging from tertiary hospitals to rural health clinics.

For the participants to put the knowledge to practice in the clinical setting, a tool such as Ibadah Disability Scale can be very helpful.[1] Ibadah Disability Scale, a tool which was proposed by Sharifudin *e.t* al., categorized the disability of the Muslim patients based on the scores obtained from the patients into a scale of 0 to 4 where 0 indicates "no disability – does not require assistance", and 4 indicates "severe disability – requires full assistance".[1] By triaging the Muslim patients based on their disability and assistance requirement, the doctors and nurses can help the patients more effectively.

LIMITATION OF THE STUDY

Although the sample size was adequate to get a significant result, response bias may limit the generalizability of the study results. Response bias due to sampling method involving a self-administered questionnaire is possible as those with greater interest in the course may have been more likely to respond to the questionnaire. Since the post-course assessment was performed immediately after the completion of the course, it was not known whether the course had any long term effect on the participants. On top of that, the knowledge questions just tested certain important pieces of knowledge and may not adequately represent overall knowledge of the participants. Despite these limitations, this is the first study in Malaysia that quantitatively assessed the effectiveness of the *Hospital Mesra Ibadah* Course with a content-validated questionnaire.

CONCLUSION

This study demonstrates that the *Hospital Mesra Ibadah* course is effective in imparting as well as consolidating the knowledge in the participants, hence it should be routinely organized to benefit more participants.

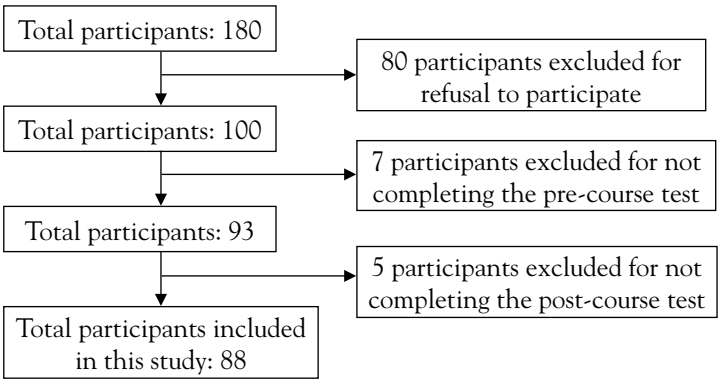

Figure 1: Participants' inclusion process.

Table 1 : Distribution of occupations among the course participants.

Occupation	Number (n)	Percentage (%)
Doctor	8	9.1
Nurse	52	59.1
Assistant Health Officer	14	15.9
Medical Assistant	6	6.8
Non Clinical	8	9.1
Total	88	100

Table 2: Gender distribution among the course participants.

Hospital	No. of males (%)	No. of females (%)	Total No. (%)
HTAA	10(14.1)	61(85.9)	71 (80.7)
Non-HTAA	6(35.3)	11(64.7)	17 (19.3)
Total No. (%)	16 (18.2)	72(81.8)	88 (100)

Table 3: Pre-course and post-course test comparison

	Mean Scores	Std. Deviation	p-value
Pre-course test	12.26	1.903	<0.001
Post-course test	14.10	0.959	
	Unsure answers (mean)	**Std. Deviation**	**p-value**
Pre-course test	1.10	1.509	<0.001
Post-course test	0.19	0.522	

Table 4: Factors associated with Pre-post Score Difference

Gender	Mean (score difference)	Std. Deviation	p-value
Male	2.625	1.962	0.289
Female	1.667	1.636	
Hospital	**Mean (score difference)**	**Std. Deviation**	**p-value**
HTAA	1.831	1.690	0..601
Non-HTAA	1.882	1.933	
Occupations	**Mean (score difference)**	**Std. Deviation**	**p-value**
Doctors	1.500	1.309	0..661
Nurses	1.712	1.808	
AHO	1.929	1.385	
Non-clinical	2.250	1.753	
MA	2.667	2.338	

Appendix:

Soalan Kursus Hospital Mesra Ibadah 2018

1. Apakah bahan yang digunakan untuk Tayamum?
   A) Tepung
   B) Air
   C) Debu Tanah
   D) Tidak pasti

2. Apakah ciri-ciri individu Mukallaf yang diwajibkan solat?
   A) Muslim dan sihat tubuh badan
   B) Muslim dan Baligh
   C) Dewasa
   D) Tidak pasti

3. Apakah Hukum Solat pesakit yang menghalakan kakinya ke arah Kiblat?
   A) Sah
   B) Tidak sah
   C) Haram
   D) Tidak pasti

4. Adakah sah solat jika berwudhuk menggunakan air kelapa?
   A) Sah
   B) Tidak sah
   C) Makruh
   D) Tidak pasti

5. Antara berikut, yang manakah bukan anggota wudhuk?
   A) Tangan
   B) Telinga
   C) Kaki
   D) Tidak pasti

6. Sebutkan anggota Tayamum:
   A) Dua belah tangan dan kepala
   B) Muka dan dua belah tangan
   C) Muka dan dua pergelangan tangan
   D) Tidak pasti

7. Adakah wanita yang keluar darah istihadah wajib tunaikan solat?
   A) Sunat
   B) Makruh
   C) Wajib
   D) Tidak pasti

8. Apakah Hukum isteri yang mengambil wudhuk untuk suaminya yang terlantar sakit tanpa memakai sarung tangan?
   A) Makruh
   B) Sah
   C) Tidak sah
   D) Tidak pasti

9. Seorang pesakit yang berbalut anggota wudhuknya, adakah perlu Tayamum di anggota tersebut?
   A) Ya
   B) Salah
   C) Tidak pasti

10. Seorang pesakit boleh menggunakan isyarat solat seperti berikut kecuali:
    A) Isyarat mata
    B) Isyarat kepala
    C) Isyarat kaki
    D) Tidak pasti

11. Dengan hanya sekali bertayamum, seseorang itu boleh menunaikan beberapa solat Fardhu dan solat sunat?
    A) Betul
    B) Salah
    C) Haram
    D) Tidak pasti

12. Seseorang pesakit yang memakai tiub kencing (CBD) tidak wajib solat.
    A) Betul
    B) Salah
    C) Tidak pasti

13. Dengan mencukurkan/membotakkan kepala, bermakna hilanglah satu anggota wudhuk.
    A) Betul
    B) Salah
    C) Tidak pasti

14. Tayamum boleh dilakukan pada bila-bila masa yang disukai, walaupun terdapat air untuk wudhuk.
    A) Salah
    B) Makruh
    C) Betul
    D) Tidak pasti

15. Seorang pesakit yang berada dalam keadaan berhadas besar, tetapi beliau tidak mampu untuk mandi hadas. Adakah dia wajib menunaikan solat atau perlu Qada' setelah dia sihat nanti?
    A) Wajib dan perlu Qada'
    B) Wajib dan tidak perlu Qada'
    C) Makruh
    D) Tidak pasti

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