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DEVELOPMENT OF ISLAMIC ETHICAL FRAMEWORK ON HARM PREVENTION IN NURSING PRACTICES

BY

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A thesis submitted in fulfilment of the requirement for the degree of Doctor of Philosophy in Biobehavioral Health Sciences

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OCTOBER 2018

ABSTRACT

This is a study of Islamic ethical responses to the moral problems of the nursing profession, particularly, the difficulties related to ethical challenges of harm prevention practices. Nowadays, nurses worldwide are using the ethical theories and models that were developed by the Western scholars to help in the decision-making process. Till now, the knowledge of nursing ethics and Islamic ethics is fragmented, lacking of work to integrate between these two. Therefore, this study attempts to integrate these two knowledge into a comprehensive framework. In doing so, this study use combined approach which incorporates, library research, textual analysis, interviews and personal communication. Based on the objectives, library research method is used to achieve the first to the fourth objectives, which are to explore the understanding of nursing practices and nursing ethics, to explore the Islamic moral teachings related to life saving and harm prevention, to examine Islamic ethical principles of moral judgments on harm prevention in healing and medical care practices, and to unveil ethical issues and moral problems of nursing profession and medical care practices, respectively. The works of Muslim scholars, particularly the works of theologians, scholars of Islamic law (*fuqaha*), and jurists (*usul al-fuqaha*) on harm prevention and medical care also has been thoroughly discussed. On the other hand, textual analysis is used to analyze some Qur'ānic verses and Hadith pertaining to harm prevention. In addition, interview with nurses, personal communication with the ethical committees and religious experts are done to achieve the fifth objective that is to analyze the nurses' experiences of handling ethical issues in nursing practices of selected hospitals. Using all the data gathered, an Islamic ethical framework for handling ethical issues in nursing practices, which is the sixth objective of this study is integrated. 'Islamic Ethical Framework on Handling Ethical Issues in Nursing Practices' is a main product of this thesis. The integration of nursing ethics and Islamic ethics of knowledge in this framework could be a better alternative in dealing and solving ethical issues since nurses are always guided with only nursing ethics previously. For Muslim nurses, this ethical framework could be the right option to guide them in searching for a solution while referring to the ultimate goal of the Shari^{c}ah. Islam with its spiritual values and holistic view plays the prominent role to embed cognitive ethical values. This makes Islamic ethical framework different from conventional theories of ethic or any conventional ethical framework, in which ethical judgment are constructed out of human desires and tendencies to bias.

خلاصة البحث

درس هذا البحث الاستجابات الأخلاقية الإسلامية للمسائل الأخلاقية في مهنة التمريض، ولا سيما الصعوبات المتعلقة بالتحديات الأخلاقية لممارسات منع الضرر. يستخدم حاليا الممرضون والممرضات في عملية اتخاذ القرارات في جميع أنحاء العالم نظريات ونماذج أخلاقية تم تطويرها من قبل باحثين غربيين. أخلاقيات التمريض والأخلاقيات الإسلامية مجزئة ومتفرقة حتى الآن، وبدون أي جهد جدي للدمج بين الاثنين. ولذلك حاول هذا البحث دمج هذه المعارف معا في إطار شامل .لأجل تحقيق ذلك استخدم هذه البحث النهج الموحد من خلال اعتماد الطرق النوعية والكمية، والذي تضمن البحوث المكتبية، والتحليل النصي، والاستبيانات، والمقابلات، والاتصالات الشخصية. استنادا إلى الأهداف، استخدمت طريقة البحث المكتبي لتحقيق الأهداف من واحد إلى أربعة، وهي استكشاف مستوى فهم ممارسات التمريض وأخلاقيات التمريض، واستكشاف التعاليم الأخلاقية الإسلامية المتعلقة بإنقاذ الأرواح ومنع الضرر، ودراسة المبادئ الأخلاقية الإسلامية المتعلقة بالوقاية من الأضرار في العلاج وممارسات الرعاية الطبية، وكشف النقاب عن القضايا والمشاكل الأخلاقية لمهنة التمريض وممارسات الرعاية الطبية. تمت أيضا مناقشة أعمال باحثين مسلمين، وخاصة أعمال علماء الدين، وعلماء الفقه وأصول الفقه بشأن الوقاية من الأضرار والرعاية الطبية .ومن ناحية أخرى استخدم التحليل النصي لتحليل بعض نصوص القرآن والحديث المتعلق بالوقاية من الأضرار. بالإضافة إلى ذلك، تم إجراء استبيان لمعرفة مستوى الإلمام بالأخلاق بين الممرضين، وأجريت أيضا مقابلات مع الممرضين، وتواصلات شخصية مع اللجان الأخلاقية وموظفي الدين لتحقيق الهدف الخامس للبحث وهو تحليل خبرات الممرضين والممرضات في التعامل مع المسائل الأخلاقية في ممارسات التمريض في المستشفيات المختارة. باستخدام جميع البيانات التي تم جمعها تم تطوير إطار أخلاقي إسلامي للتعامل مع المسائل الأخلاقية في ممارسات التمريض، وهو الهدف السادس من هذه الدراسة. "الإطار الأخلاقي الإسلامي في معالجة المسائل الأخلاقية في ممارسات التمريض" هو المنتج الرئيسي لهذه الأطروحة. دمج أخلاقيات التمريض والأخلاق الإسلامية في هذا الإطار قد يكون بديلا أفضل في التعامل مع المسائل الأخلاقية وحلها حيث كان سابقا يرجع الممرضين لأخلاقيات التمريض التقليدية فقط. بالنسبة للممرضين المسلمين، بإمكان هذا الإطار الأخلاقي أن يكون الخيار الصحيح للإرشاد في البحث عن الحلول مع مراعاة المقاصد المطلقة للشريعة. الإسلام مع قيمه الروحية ومنظوره الشمولي يلعب دورا بارزا لضمن القيم الأخلاقية الإدراكية، مما يجعل الإطار الأخلاقي الإسلامي مختلفا عن النظريات الأخلاقية التقليدية أو أي إطار أخلاقي تقليدي حيث يتم فيها بناء الأحكام الأخلاقية من الشهوات البشرية وميولها.

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DECLARATION

I hereby declare that this thesis is the result of my own investigation, except where otherwise stated. I also declare that it has not been previously or concurrently submitted as a whole for any other degrees at IIUM or other institutions.

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ACKNOWLEDGEMENT

This work is dedicated to all those who are concerned with human interaction in peace, hoping for understand and betterment.

I am indebted to many for help and exchanging views. Those are numerous and it will not be possible to mention enumerate all of them; but some have to be mentioned.

I would like in the first place, to express my deepest thanks and recognition to Kulliyyah of Nursing, International Islamic University Malaysia, for giving me the precious opportunity to pursue my studies at this excellent institution. Indeed, my understanding of Islamic ethics and nursing ethics has increased tremendously as a result of attending this course.

As for my supervisor Assoc. Prof. Dr. Abdurezak Abdullahi Hashi, I cannot fully express my gratitude to him. As my supervisor he has shown admirable patience and dedication, in spite of his academic responsibilities: supervising a number of other post-graduate students and conducting research. He fulfilled every appointment we had from the beginning till the end and offered me much useful advice and assistance without which I would not have been able to complete this work. In addition, my profound gratitude goes to both Asst. Prof. Dr. Mohd Said bin Nurumal and Asst. Prof. Dr. Muhammad Lokman bin Md Isa, my co-supervisors, for their valuable suggestions which have improved this work. My sincere thanks also go to my internal examiner and external examiners, who read a copy of my work and made necessary suggestions and corrections.

I am grateful to my wife, Siti Zuhaidah who gave me full moral support and encouragement throughout this study. My children: Balqis Miftahul Jannah and Ainul Mardhiah too deserve my sincere gratitude for the patience and understanding, that they have shown me. My father, Mohamad Ismail and my mother, Rokiah, and all my brothers and sister have supported me until I reached the present stage. To them, I dedicate this special work, as one of the many fruits of their constant care and fond support. May God accept this effort as amal jāriyah, and may He forgive any error or shortcomings in this work, for which I admit sole responsibility.

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LIST OF ABBREVIATION

A.H.	After Hijrah
Chap.	Chapter
d.	Died
ed.	Edition
ed./eds.	edition/editions; editor, edited by
e. g	(exempligratia); for example
et al.	(et alia): and others
etc	(et cetera): and so forth pages that follow
ibid.	(ibidem): in the same place
n. d.	no date
trans.	translator/translated by

TRANSLITERATION RULES

Consonants

ء	’	ض	ḍ
ب	b	ط	ṭ
ت	t	ظ	ẓ
ث	th	ع	ʿ
ج	j	ف	f
ح	ḥ	ق	q
خ	kh	ك	k
د	d	ل	l
ذ	dh	م	m
ر	r	ن	n
ز	z	و	w
س	s	ه	h
ش	sh	ي	y
ص	ṣ		

Vowels

Short Vowels			Long Vowels		
Fatḥa	ـَ	a	Long fatḥa	ـَ+ ا	ā
Kasra	ـِ	i	Long kasra	ـِ+ ي	ī
Damma	ـُ	u	Long ḍamma	ـُ+ وْ	ū

CHAPTER ONE

INTRODUCTION

1.1 THE CHALLENGES IN HEALTHCARE PRACTICES[1]

The job of nurses is in the heart of healing and medical care, where the members form an essential element of health care. Together with medical doctors, nurses provide health services to millions of people in clinics, nursing homes, hospitals, birth centers, critical care wards, in which the members of this profession provide primary health care services including physical exams and checking health history of given patients, as well as counseling and the interpretation of patient's information. The principle of harm prevention and anticipation of patient's safety is focused on the protection, the optimization of health and the abilities to prevent ailment and alleviate suffering. Prevention primarily denotes the act of deterring something to take place.[2] However, in nursing, prevention is associated with the practices that are set to avert illness and promote health, thus, reduces the need for further health care.[3] Nurses' preventive tasks include the assessment of risk, the application of prescribed measures, such as immunization, health teaching, early diagnosis, and the treatment as well as the

[1] This proposal have been presented as Poster Presentation in IIUM Research Symposium 2016.

[2] In the field of disease control, prevention signifies two interrelated meanings; *first*, in the instances whereby the diseases does not exist, prevention implies measures that are set to stop ailments and infections from happening. Second, in the instances in which the infection or the disease already exists, prevention then means the behavior or conducts that are deemed fit to improve the resistance of given individuals or populations from thus reduce the chances of diseases spreading into those who are not yet effected.

[3] *Medical dictionaries like Mosby's Medical Dictionary, define prevention, in nursing care, as the "actions directed to preventing illness and promoting health to reduce the need for secondary or tertiary health care. Mosby's Medical Dictionary*. Retrieved February 1 2015 from http://medical-dictionary.thefreedictionary.com/prevention. 8th edition, 2009

recognition of disability limitations and rehabilitation. On top of that, in critical care, some nursing interventions are both therapeutic and preventive.

Although the nursing profession focused on harm prevention and health optimization, professionals of this area also often encounter some practical and real-time challenges, given the fact that nursing profession is a rapidly growing field that involves a full range of daily and practical health problems. Some of these challenges are coping with the newly discovered medical facilities and the issues of training nurses on using the newly designed medical technologies. Providing health service to patients of other cultures who might have cultural sensitivities to certain healing practices also poses many challenges.

Due to the absence of moral integrity on the individual nursing community, there are instances in which nursing practices fail to produce a desirable outcome that constitutes to another challenge for this profession.[4] For example, as reported by Los Angeles Times and ProPublica, between 2002 until September 2009, there are nearly 2,400 nurses in California who have been sanctioned, due to moral malpractices such as negligence, cheating, corruption, stealing, murder, slander, rape, and more.[5] Given the fact that the lives of many patients in hospitals depend on the moral decency and moral responsibility of the nurses, without which will risk the lives of millions in hospitals and other nursing places. Similarly, due to the fact that nurses have the access to the confidential health information and personal data of their patients, without having the sense of moral integrity, the information could end up in the wrong

[4] By giving an example, the incidence of negligence may occur when nurse hanging the wrong intravenous solution to the patient which might cause electrolyte imbalance in patient's blood or nurse administering a potassium chloride with a bolus injection to the patient which might cause sudden cardiac arrest.

[5] For instance, nurses have access to confidential health information and personal data of their patients, however without sense of morality, this information could end up in the wrong hand, and thus risk the lives of given patients. "Sanctioned California Nurses Database," *Pro Publica Inc*, 2012, http://projects.propublica.org/nurses/.

hand, which leads to a breach of the right to privacy for the patients. Likewise, lack of moral sense among the nursing professionals will risk not only the lives of given patients, but also endangers the safety of medical procedures that are set to assist both patients and their families. In the issues of fertility treatments, such as artificial insemination, contraception, and abortion, the safety of the patients highly depends on the moral integrity of the nurses. Thus, the researcher believes that it is important to understand the meaning and implications of moral virtues in the nursing profession.

Furthermore, other than the challenges in having the lack of moral senses among nurses, there are also instances in which nurses are faced with difficulties related to the prioritization of ethical choices, including the moral dilemmas of pro-choice versus pro-life, decision-making on quantity versus quality, freedom versus control, truth telling versus deception, as well as research-based knowledge versus personal beliefs. For instance, what shall a nurse do if she or he is required to offer nursing treatment for someone who chooses to go for abortion, while the nurse does not believe in abortion? With the mind of saving the life of the respective patient, or reducing his or her pain, can a nurse have the right to force the patient to take the prescribed medicine if the patient chooses not to take it? For the sake of transparency and clarity, should the nurse tell the patient everything related to his or her health condition? Should the right and wrong, as well as good and bad decisions in nursing practices be based on the number of patients affected or such decisions should be built on the moral norms? There is also an instance in which the research-based knowledge and traditional or religious beliefs seem to be in contradiction; however, what should be the criterion of the moral decision in such cases? Fair distribution of nursing services and medical facilities among the patients constitute to another ethical challenge in the nursing profession.

These and certainly many more difficulties are among the moral challenges faced by nurses in their profession. In order to answer the moral dilemmas, some would emphasize on the preventive laws, while others argued based on the utilitarian approach in which achieving a good result of the given conduct. With the mind that moral dilemmas of nursing profession must address in a comprehensive manner, this thesis intends to discuss these moral dilemmas through and within the Islamic moral teaching; whereas, the researcher also intends to do so in a comparative manner.

Scholars in the nursing field have developed ethical codes based on the utilitarian and deontology approaches to assist nurses to answer these moral dilemmas in the nursing profession.[6] The concern is whether these ethical codes could be developed as a foundation in moral judgment since it is very incomprehensive and limited to explain the right and wrong based on an Islamic perspective. Particularly, the theories developed are predicated on mental conceiving, reasoning, sensory perception and personal experiences of the pioneers who turned out to be very inhibited in nature.[7] Deontology judges an act to be right or wrong depending on the nature of the act, rather than its consequences. It means that as long as the action follows the principle or the rule, the action is considered ethical even the effects are harmful or wrong. Meanwhile, the utilitarianism judge action to be moral when the work gives happiness to a greater number of people regardless whether the act is immoral or not. For example, someone that is stealing other's property and gives to the poor. The act is corrupt, but the benefit goes to the majority of individuals. Based on this theory, it is ethical because the benefit goes to the majority of people. Both of

[6] Margaret A Burkhardt and Alvita K Nathaniel, *Ethics & Issues in Contemporary Nursing*, 3rd Ed (Clifton Park, New York: Thomson Delmar Learning, 2008). p. 32

[7] Nor 'Azzah Kamri, "Kefahaman Dan Sambutan Terhadap Kod Etika Islam: Pengalaman Tabung Haji," *Shari'ah Journal* 16, no. 1999 (2008): 12–13.

this theories are limited in justifying whether the action is right or wrong. Therefore, the foundation of moral judgment should be addressed in a more comprehensive and holistic manner because the nurses deal with the human life. The bad moral judgment will risk human lives.

1.2 RESEARCH SCOPE

It seems that while the moral challenges of the nursing profession build a common concern for the professionals in this field, the responses to overcome these fears are not the same. For instance, utilitarian approach argues that morality of given conduct is to be judged based on its outcome. In such a way that moral behavior is the act that gives the greatest happiness to the greatest number of people; where this approach decides the morality of conducts based on the number of individuals who support and opposes the matter. In contrast, relativity theory denies the objectivity in morality and pursues a moral position in which moral values do not imply universally. Similarly, in different perspectives of both altruism and egoism, both have presented moral approaches in which the morality of given conducts are judged based on the motive. Moreover, deontology provides a principle guided moral argument to deal with given moral problems, including the moral dilemma in medical care. Religious faiths offer a somewhat different moral philosophy, which are contrastable to that of the conventional theories of morality in terms of judgment and bases of evaluation.

This thesis attempts to examine the Islamic ethical responses to the moral problems of the nursing profession, particularly, the difficulties related to ethical challenges of harm prevention practices. It intends to address the Islamic moral principles of the moral character, then investigates the Islamic moral teachings of healing and harm prevention. In doing so, both the verses of the Qur'ān and the

narrations of the Prophetic traditions on health preservation and harm prevention Shari^{c}ah would be analyzed. It is true that neither the Qur'ān nor the Sunnah are the books of medicine or theories of morality. However, as a book of guidance, the teachings of the Qur'ān and Sunnah provided relevant and practical values, through which given moral problems and resolved, including moral issues of healing. The works of Muslim scholars, particularly the works of theologians, scholars of Islamic law (*fuqaha*), and jurists (*usul al-fuqaha*) on harm prevention and medical care will be thoroughly discussed.

This thesis will use combined approach, which will combine the library research, textual analysis, interview and personal communication. This research will focus on the Islamic moral teaching related to life saving and harm prevention, together with the Islamic ethical principles of moral judgment on harm prevention in healing and medical care practices.

In Islam, how far our action is considered as morally right or *amal salih*? For Muslims, it is vital to justify all nursing interventions are in line with the Islamic law or the Shari^{c}ah. Science must be harnessed and applied within the Islamic context to avoid westernization and secularization of the Muslim society.[8] The Islamic ethic is an expansion of the Shari^{c}ah, which is based on the teachings of the primary sources, the Qur'ān, and the Sunnah as well as the secondary sources namely, the *ijma*, *qiyas*, and *ijtihad*. Islam with its spiritual values and holistic view plays the prominent role to embed cognitive ethical values.[9] This makes Islamic ethic different from conventional

[8] Salim M Adib, "From the Biomedical Model to the Islamic Alternative: A Brief Overview of Medical Practices in the Contemporary Arab World," *Social Science & Medicine* 58, no. 4 (February 2004): 697–702, doi:10.1016/S0277-9536(03)00221-1.

[9] Rochania Ayu Yunanda and Norakma Abd Majid, "The Contribution of Islamic Ethics Towards Ethical Accounting Practices," *Issues in Social and Environmental Accounting* 5, no. 1 (2011): 124–37.

theories of ethic in which ethical judgment are constructed out of human desires and tendencies without making reference to human being.

Apart of that, the various terms used with definitions are within the scope of the research. In this study, the terms will be employed includes:

a) Qur'ān: There are many interpreters of the Qur'ān today. However, in order to be put in footnote, the verses of the Qur'ān and the literal meaning would be referred directly by the translations written by Abdullah Yusuf Ali. To apply the interpretation of particular verses, written translation by Abdullah Yusuf Ali and Ibn Kathir will be the next resource.

b) Hadith: To avoid the use of false hadith, the researcher would refer to the collections of hadith compiled by six Sunni Muslim scholars only including Sahih Bukhari, Sahih Muslim, Sunan Abu Dawud, Jami at-Tirmidhi, Sunan al-Sughra, and Sunan Ibnu Majah. With respect to the grading of hadith, those recorded in Sahih Bukhari or Sahih Muslim are deemed authentic, while the hadith in the remaining four collections, the researcher will refer to hadiths that are authentic (sahih), good (hasan), and weak (da'if).

c) Prevention: Prevention primarily denotes the act of deterring something to take place. However in this study, prevention is associated with the practices that are set to avert illness and promote health, and thus reduce the need for further health care. Also, the scope of harm prevention in this study is not only about the physical damage, but also include harm to the faith (*tauhid*), which also affects the spiritual aspects.

d) Nursing: World Health Organization (WHO) states "Nursing encompasses autonomous and collaborative care of individuals of all ages, families,

groups and communities, sick or well and in all settings."[10] However, in this study, the researcher would focus on the environment in the clinical area only.

e) *Maqasid al-Shariᶜah*: Known as the objective of *Shariᶜah*. Within the scope of *Shariᶜah*, five key points that should be avoided from any harm are the religion, life, intellect, lineage, and wealth. In this study, as nursing duties are much related to preserve patient's health, the discussion about avoiding harm to life is dominant compare to other components.

f) *Qawaid al-Fiqhiyyah*: Known as Islamic legal maxim. It is a reasoning tool to guide people in finding a solution for certain issues in which the Qur'ān and the Sunnah do mention implicitly. Despite of having much legal maxim in the literature, the researcher will focus on five normative legal maxim (*al-Qawāᶜid al-khams al-kubra*) including; matters are determined according to their intentions (*al-umūr bi-maqāṣidiha*), certainty is not overruled by doubt (*al-yaqīn lā yazūl bi al-shakk*), hardship begets facility (*al-mashaqqah tajlib al-taysīr*), custom is the basis of judgement (*al-ᶜādah muḥakkamah*), and harm must be eliminated (*al-ḍarar yuzāl*). Despite having a discussion between the five normative legal maxim and its application in the nursing practices in this study, the branches of the maxim of harm must be eliminated is described, as it is the most relevant maxim that mentions directly about harm.

g) Morals: In this study, term morals and ethics are used interchangeable. However, there are instances in which the two terms are not similar. Moral,

[10] *World Health Organization*, available at: http://www.who.int/topics/nursing/en/ (accessed: June 02, 2015).

this concept is concerned with principles of right and wrong. In the process of making judgment to what is right or wrong, and good or bad, are closely related the beliefs of the individual or group.[11] In this stance, morals may differ from society to society and culture to culture. In fact, there are cases in which given culture contradict the standards of morality. Good examples are to be found the cultures of racism, drug abuse, and smoking. These habits are practiced by some societies or these habits are acceptable in some cultures, but regardless of how many societies practice, these habits are immoral in the eyes of many ordinary human beings and societies.

h) Ethics: In contrast to morals, ethics are related to right and wrong conduct of an individual in a particular situation. In the process of making judgment, guiding principles are key point to help the individual or group to decide what is right or wrong, and good or bad.[12] In this stance, ethics are generally uniform and could be used as a standard guideline.[13]

1.3 PROBLEM STATEMENT

An international study showed nurses were indeed experienced to variety ethical issues,[14] including nurses who are in Malaysia.[15] Various approaches used by nurses

[11] Burkhardt and Nathaniel, *Ethics & Issues in Contemporary Nursing*. p. 29

[12] Ibid.

[13] The product of this study is a framework called 'Islamic Ethical Framework on Handling Ethical Issues in Nursing Practices'. As this framework would regarded and proposed as a standard guideline for nurses, the term ethical framework is perfectly suited, and not the term morals.

[14] Nurhan Eren, "Nurses' Attitudes toward Ethical Issues in Psychiatric Inpatient Settings.," *Nursing Ethics* 21, no. 3 (May 2014): 359–73, doi:10.1177/0969733013500161; Megan-jane Johnstone, Cliff Da Costa, and Sue Turale, "Registered and Enrolled Nurses' Experiences of Ethical Issues in Nursing Practices," *Australian Nursing Journal* 22, no. 1 (2004): 24–30; Fernandes and Moreira, "Ethical Issues Experienced by Intensive Care Unit Nurses in Everyday Practice"; Connie M Ulrich et al., "Everyday Ethics: Ethical Issues and Stress in Nursing Practice.," *Journal of Advanced Nursing* 66, no. 11 (November 2010): 2510–19, doi:10.1111/j.1365-2648.2010.05425.x.