

EVALUATION OF HOSPITAL MESRA *‘IBĀDAH*  
(HMI) PROGRAM IN GOVERNMENT AND PRIVATE  
HOSPITALS IN THE KLANG VALLEY

BY

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## ABSTRACT

This research sought to examine the process of Islamicisation in Malaysian medical field. It studied the Hospital Mesra *Tbādah* (HMI) program. Its objectives were to identify a framework that are been embedded in HMI in terms of its dimensions, current status and activities as well as to study the correlations amongst Subjective Knowledge (SK), Objective Knowledge (OK), the variables of Attitude (A), Subjective Norms (SN) Perceived Behavioural Control (PBC) and Behavioural Intention (BI) . It utilised an Exploratory Sequential Design of Mixed Method Research. A total of 39 participants were recruited using the snowballing theoretical sampling technique in its qualitative phase that involved 10 In-Depth Interviews (IDIs) and 7 Focus Group Discussions (FGDs) during its first two qualitative phase. Data were transcribed and analysed using the NVivo software. The analyses identified a conceptual framework that consists of 4 dimensional nodes namely aspects, facets, domains and areas. One of the areas that is on providing spiritual support was identified as a relevant dimension from this phase and therefore, was chosen to be focused in the subsequent quantitative phase. The subsequent quantitative phase utilised three sets of questionnaires that were developed and validated during the research in order to study some correlations amongst Subjective Knowledge (SK), Objective Knowledge (OK), the variables of Attitude (A), Subjective Norms (SN) Perceived Behavioural Control (PBC) and Behavioural Intention (BI). A total of 540 respondents were recruited from Hospital Putrajaya and Hospital Sungai Buloh to validate the 75-items-questionnaires (QSK4-QOK15-QTPB-56 HMI Questionnaires). A final validated 43-items-questionnaires (QSK2-QOK8-QTPB-33 HMI Questionnaires) was generated and utilised in the subsequent quantitative phase which was the correlation study in the action of giving spiritual supportive advice to patients. During this third phase, 35 respondents were recruited from Hospital Al-Islam and 50 random respondents were selected from Hospital Putrajaya and Hospital Sg Buloh. Data was analysed using IBM SPSS Statistic 22 software. The identified dimensions produced the aforementioned framework of HMI program called Primordial HMI Conceptual Framework. It found that there were 10 PBC factors controlling the performance of staff in giving spiritual support to patients. These were patient's misunderstanding about the intention of the staff in giving advice, lonely patient, egoistic patient, patient's emotional readiness, patient with illness involving ablution body parts, perception towards patient's family as own, experience superiors, lack of counselling skills, lack of staffing and time constraint. It found that the awareness about the HMI program varied amongst the staff. There were inverse correlations between both the SK and A as well as SK and PBC and moderate correlations between A and BI as well as between PBC and BI with no significant difference in the correlations between government and private hospitals. The inverse relationships between SK and A and SK and PBC suggested that instilling confidence in HMI is evidence based as it will overcome A and PBC factors. The 3 sets of validated questionnaires and the Primordial HMI Conceptual Framework from this research could be used for further development of theory and practice of HMI.

## خلاصة البحث

سعى هذا البحث إلى دراسة عملية الأسلمة في المجال الطبي الماليزي. ودرست برنامج مستشفى مع تسهيلات للعبادة (HMI) كانت أهدافه هي تحديد إطار عمل مضمن في HMI من حيث أبعاده وحالته الحالية وأنشطته بالإضافة إلى دراسة الارتباطات بين المعرفة الذاتية (SK)، والمعرفة الموضوعية (OK)، ومتغيرات الموقف (A)، والمعايير الذاتية (SN) والسيطرة السلوكية المتصورة (PBC) والنية السلوكية (BI). لقد استخدمت الدراسة تصميمًا تسلسليًا استكشافيًا لأبحاث الطريقة المختلطة حيث تم تعيين مجموعة من 39 مشاركًا باستخدام طريقة اختيار العينة من التخرج على الجليد في مرحلتها النوعية التي تضمنت 10 مقابلات متعمقة (IDIs) و 7 مناقشات مجموعة تركيز (FGDs) خلال مرحلتها النوعيتين الأوليين. وتم نقل البيانات وتحليلها باستخدام برنامج NVivo وحددت التحليلات إطارًا مفاهيميًا يتكون من 4 نقاط وهي الجوانب والواجهات والمجالات والمناطق. وتم تحديد أحد المجالات التي تعمل على تقديم الدعم الروحي كبعد ذي صلة من هذه المرحلة، وبالتالي اختياره للتركيز في المرحلة الكمية التالية. استخدمت المرحلة الكمية التالية ثلاث مجموعات من الاستبيانات التي تم تطويرها والتحقق من صحتها أثناء البحث من أجل دراسة بعض الارتباطات بين المعرفة الذاتية (SK)، والمعرفة الموضوعية (OK)، ومتغيرات الموقف (A)، والمعايير الذاتية (SN) والمدركة السيطرة السلوكية (PBC) والنية السلوكية (BI). تم توظيف 540 مشاركًا من مستشفى بوتراجايا ومستشفى سونغاي بولو للتحقق من صحة استبيانات 75 عنصرًا (QSK4-QOK15-QTPB-56) في الاستبانة. وتم إنشاء استمارات التحقق من صحة 43-البنود (QSK2-QOK8) من QTPB-33 من الاستبانة واستخدامها في المرحلة الكمية اللاحقة التي كانت دراسة الارتباط في العمل من تقديم المشورة الداعمة الروحية للمرضى. خلال هذه المرحلة الثالثة، تم تجنيد 35 مشاركًا من مستشفى الإسلام، واختيار 50 مشاركًا عشوائيًا من مستشفى بوتراجايا ومستشفى إس جي بولو. وقد تم تحليل البيانات

باستخدام برنامج IBM SPSS Statistic 22 حيث أنتجت الأبعاد المحددة الإطار المذكور أعلاه لبرنامج HMI يسمى الإطار المفاهيمي HMI البدائي. وجد أن هناك 10 عوامل PBC تتحكم في أداء الموظفين في تقديم الدعم الروحي للمرضى. كانت هذه سوء فهم للمريض حول نية الموظفين في تقديم المشورة، ومريض وحيداً، ومريض أنانياً، واستعداد المريض العاطفي، ومريض مصاب بمرض يتضمن أجزاء الجسم للوضوء، وتصور تجاه أسرة المريض كخبير، ورؤساء الخبرات، وقلة مهارات الاستشارة، وقلة العاملين وقيد الوقت. وجد أن الوعي حول برنامج HMI تباين بين الموظفين. كانت هناك علاقات عكسية بين كل من SK و A وكذلك SK و PBC وارتباطات معتدلة بين A و BI وكذلك بين PBC و BI مع عدم وجود اختلاف كبير في العلاقات بين المستشفيات الحكومية والخاصة. واقترحت العلاقات العكسية بين SK و A و SK و PBC أن غرس الثقة في HMI هو دليل قائم على أنه سيتغلب على عوامل A و PBC حيث يمكن استخدام المجموعات الثلاث من الاستبيانات المصادق عليها والإطار المفاهيمي HMI البدئي من هذا البحث لزيادة تطوير وصقل نظرية وممارسة HMI.

## **APPROVAL PAGE**

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## DECLARATION

I hereby declare that this dissertation is the result of my own investigations, 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.

Noor Azizah Binti Tahir

Signature .....

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Dedicated to the God Almighty Allah S.W.T., the beloved Prophet Muhammad  
P.B.U.H. and the peace-loving people of Malaysia.



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# CHAPTER ONE

## INTRODUCTION

### 1.1 BACKGROUND OF THE STUDY

Islam advocates that every single deed of a Muslim should be towards the ultimate purpose of serving Allah. Serving Allah is described as an *'ibādah* and is defined as the obedience, submission and devotion to Allah S.W.T., along with the ultimate love for Him (IbnuTaimiyah, 1983). The act of servitude towards Allah S.W.T. should be in every aspect of any profession including in medical field. In Malaysia, the efforts to undertake the modern medical profession, practices and services as a form of *'ibādah* can be tracked back into the early 1980's and has been seen as part of "re-establish and re-institutionalise" Islamic values in medical field (Sinanovic, 2012). The initial effort was on the female *'aurah*<sup>1</sup> covering issues that was followed by some other activisms like instilling Islamic values in medical curriculum, bioethics and Hospital Mesra *'Ibādah* (HMI) programs (Kamari, 2009; KKM, 1989; KKM, 2010; Kasule, 2010; Tayyab & Noor, 2010). The "re-establishment and re-institutionalise" of Islamic values,

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<sup>1</sup> *'Aurah*– (Arabic: عورة) is a term used within Islam which denotes the parts of the body that must be covered with clothing. Exposing the *'aurah* is unlawful and sinful in Islam. The word *'aurah* is derived from an Arabic word meaning "shame or fault". In Islam, *aurah* means the parts of the body that are not allowed to be exposed to different kind of people at different kind of setting. To preserve *'aurah* is not only applicable to women but also to men. Because most of the men's attire at work has been covering their *'aurah* even before the resurgence of Islam in Malaysia, the evolution of woman's attire at work is more obvious since that time. Under normal circumstances, in Malaysia, the *'aurah* of an adult woman in public is every part of the body except the face and the hands up to the wrists. The basis of *'aurah* covering in the *Qur'ān* ( *the Muslims' holy book*) is stated in 24:31 : "And say to the believing women that they should lower their gaze and guard their modesty; that they should not display their beauty and ornaments except what (ordinarily) appear thereof; that they should draw their veils over their bosoms and not display their beauty except to their husbands, their fathers, their husbands' fathers, their sons, their husbands' sons, their brothers, or their brothers' sons, or their sisters' sons, or their women, or the slaves whom their right hands possess or male servants free of physical needs, or small children who have no sense of the shame of sex; and that they should not strike their feet in order to draw attention to their hidden ornaments. And O ye Believers! Turn ye all together towards Allah that ye may attain Bliss."

culture and practice is also described as a post-colonisation process of changes which is also known as *taghyīr*. Some scholars use to term Islamisation and Islamicisation in describing the process of *taghyīr* in areas that involved the interface between Islamic and non-Islamic values. The process can be seen occurring in many Muslim majority as well Muslim minority countries particularly in the banking, financial and educational institutions. Each of these three areas has portrayed established entities or systems that not only at the international level as if in the stock exchange, but also locally in their respective country as in the Islamic banking and financial institutions, Islamic schools, Islamic colleges and Islamic universities (Kamali, 2013). However, their medical counterpart despite undoubtedly, has undergone some transformations, the establishment of “Islam and Medicine” as an entity in this post-colonisation period seems to be lagging behind. There have been several works documented for example, on culturally challenging issues with regards to providing medical treatment for Muslim patients, Islamic bioethics and Islamic medical jurisprudence. Nevertheless, the preliminary phase of this research has identified a gap in connecting all the efforts on the implementation or practical aspect with what seemed vague that of theoretical into one user friendly framework of an Islamic medical related entity. Therefore, this research attempts to close the gap by exploring an entity of an Islamic program that was based on the concept of servitude to Allah S.W.T. It was carried out through the window of *taghyīr* process in medical field in Malaysian setting. Hospital *Mesra ‘Ibādah* program was studied by reflecting on the Islamicisation process learnt from the Islamic education field.

The HMI program was first established in Malaysia at the Hospital University Sains Malaysia (HUSM) in 2004 and since then, it has been emulated by many government hospitals (Bernama, 2010). Since the 25<sup>th</sup> of February 2014, HMI program

has been officiated by the Malaysian Ministry of Health (MOH) as one of its national agenda (Bernama, 2014) . This officiating has intensified the effort of putting Islamic values in health services in government hospitals. Concurrently, the HMI program is also being adopted by private hospitals like Hospital Al-Islam. Hospital Al-Islam has become one of the major players in propagating the HMI concept and has been seen as a standard of reference in HMI program not only in Malaysia but also in Indonesia. Hospital Al-Islam has its own model and philosophy in incorporating HMI program into its service. HMI according to Hospital Al-Islam is more than facilitating performance of *ṣalāt*<sup>2</sup> in the hospital. HMI has been internalised as a corporate culture in the hospital. Its clear objective of seeking the pleasure of Allah has been mapped through its vision and missions. The implementation of HMI has a holistic scope with multiple dimensions of *‘ibādah khaṣṣah* (*khaṣṣah* means specifically prescribed by Islam in terms of the performance) and *‘ammah* (*‘ammah* means generally deduced from the principles of Islamic teachings). *Ṣalāt*, fasting and *zakāt*<sup>3</sup> are examples of the *‘ibādah khaṣṣah* while showing courtesy, respect, love and caring are examples of *‘ibādah ‘ammah*.<sup>4</sup> Interestingly, the HMI programs in government hospitals which had

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<sup>2</sup> *Ṣalāt* is the ritual performance of prayers that consists of certain prescribed actions and recitations. It is an act of physical, mental and spiritual worship to Allah S.W.T and consists of obligatory and supererogatory types. The obligatory one that consists of five times a day is one of the five Islamic pillars and a must for every adult Muslims.

<sup>3</sup> *Zakāt* is the religious alm-giving which is compulsory for all Muslims who meet the wealth criteria. It is also one of the five Islamic pillars .

<sup>4</sup> The statement is based on personal communication with Dr Ishak Md Sood, who is a well-known Muslim activist and a gastroenterologist, currently practising at Hospital Al-Islam, Kampung Baru, and Kuala Lumpur. He was the first president of the Islamic Medical Association of Malaysia from the year 1990-1994. He is currently the Director of Hospital Al-Islam. There had been several communications with Dr Ishak which includes telephones, text messages, emails and face to face communication. The latest face to face meeting with him regarding this was on the 16<sup>th</sup> September 2014

been merely focusing on facilitating *ṣalāt* performance in hospitals in the initial stage, have recently introduced other aspects of care like spiritual support, supplications (*du‘a*), funeral arrangement and medical jurisprudence (medical *fiqh*) in its implementation (Khalid, 2014)<sup>5</sup>. Similar to its predecessor in the fields of Islamisation in Malaysia which have been in the forefront namely knowledge, banking and financial institutions, HMI program is also facing challenges that are equally intriguing in analysing.

Analysing HMI program allows us to examine many concepts in promoting Islamic values in medical field. It acts as a model where some concepts like *‘ibādah* in a profession can be reflected upon. It is also a model of multi-dimensional frameworks. These include dimension of professional ethics and etiquettes (*adab*), dimension of services and organisation, dimension of spirituality, dimension of medical *fiqh* as well as dimension of Islamic rituals. It is also a multi-faceted model that faces with many real-life issues. The issues of religiosity amongst patients, the issues of patient’s autonomy need to be explored in order to define the demarcation between religious obligation and religious coercion. Literature review and personal communications with important figures involved with HMI suggest that HMI program while it is in place, seems to be vague in terms of its framework. This research studies HMI program and establishes a conceptual HMI framework by merging the science of Islamic Thought and Civilisation (ISTAC) and modern sciences so that all the identified dimensions could be taxonomised for future theory and practical use. Finally, it is hope that this

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<sup>5</sup> This is based on personal telephone communication with Ustaz Ahmad Tarmezi Ali, Hospital Sungai Buloh religious officer on the 6<sup>th</sup> October 2014, 430 pm.

research can contribute towards the development in the re-institution of Islamic values in medical field.

## **1.2 PROBLEM STATEMENT**

The efforts in addressing the harmonisation of Islamic values with modern medicine are relevant as it promotes not only the acceptance of modern medical treatment amongst Muslim but also it encourages them to join the wagon in contributing towards the advancement of medical knowledge and practice (Yacoub, 2001; Othman & Shaary, 2011). Islamicisation of medical field seems to be lagging behind its educational, banking and finance counterparts. In education, the establishment of national Islamic schools has increased from 11 to 55 schools since its establishment in 1977 to present. There have been several Islamic higher institutions to support the influx of students from this Islamic schools into tertiary education (Ministry Of Education, 2019; Ministry of Higher Education, 2010). In 2013 Embaya described the historical development of Islamic banking development in Malaysia that has currently led to significant global contribution. It includes not only the physical establishment of Tabung Haji and Bank Islam but also the revamp in the banking system (Embaya, 2013) leading to *riba*' free system. Consequently, Malaysian Islamic Finance has soared as a global leader not only as pioneers a Islamicised system but also several structural entities (Bernama, 2018) ("Malaysian Islamic Finance Centre," 2019). On the other hand, literature review revealed that efforts of Islamicisation had taken place in many areas of medical field and has become more obvious since the 1980's (Kamaruzaman, 2011) which include medical jurisprudence, bioethics, understanding and overcoming cultural barriers in doctor-Muslim patient communication, issues that renders provision of suitable infrastructure in health service to support Islamic rituals like *ṣalāt* in hospitals,

association between Muslim faith and cervical cancer, *dhikir* (the act of mentioning several words or phrases in remembrance of God mentally and spiritually) therapy and interestingly, on the need to establish a *sharī'ah*<sup>6</sup> advisory committee in hospital setting (Samsudin et al., 2015; Padela, A. I. et al 2015; Yaacob, 2017; H. Sharifah et al., 2012; Iftikhar & Parvez, 2009; al-Shahri & al-Khenaizan, 2005; Salasiah Hanin Hamjah & Noor Shakirah Mat Akhir, 2014) . However, as suggested by several experts that had been interviewed in the preliminary phase of this research, these efforts existed in piecemeal as there was no established body that could allow HMI to be seen as a structured entity or at least a map or taxonomy that could be regarded as a blueprint of Islamicisation in the medical field<sup>7</sup>. It is important to note that for any organisational change to occur such as in medical service, it is important to have a framework as the basis for the formulation of the organisation's vision, mission and core values. have a framework in any organisational changes. This research chose HMI program which has been in existence since 2004 and sought to identify and establish the Islamicisation process in medical service that is based on the scientific method and behavioural theories (Ferlie & Shortell, 2001; Mohd Shah, 2009; Zainuddin, 2013; Yakan, 2011). In other words, this research attempts to enrich the understanding of the Islamicisation of modern medicine by proposing a conceptual framework and empirical relationship,

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<sup>6</sup> *Sharī'ah* is the Islamic canonical law based on the teachings of the *Qur'ān* and the *Sunnah* (the traditions of the Prophet Muhammad (peace be upon him / pbuh) in terms of his actions, sayings and tacit approvals).

<sup>7</sup> This based on personal discussions with Dr Lukman Abdul Rahman, Ketua Penolong Pengarah, Unit Integriti, Kementerian Kesihatan Malaysia on 4<sup>th</sup> December, 2015 as well as with Ustazah Khadijah Hj Ahmad, Pegawai Agama, Hospital Putrajaya, Wilayah Persekutuan on the 21<sup>st</sup> April, 2014 and Dr Ishak Md Sood, Director, Hospital Al-Islam on the 21<sup>st</sup> August, 2014.

yielding a new model of health services that represents, describes, and fits the Islamic worldview. Also, it further extends to study to some depths into an area of its newly established framework that it is considered as relevant for future theoretical and practical aspects of HMI. The chosen area is on the action of giving spiritual advice to patients leveraging on the behavioural sciences theories namely the Theory of Planned Behaviour (TPB) and the Knowledge-Attitude-Practice/Behaviour (KAP) relationship (Glanz, 2011; I.Ajzen, Joyce, Sheikh, & Gilbert, 2011).

### **1.3 RESEARCH QUESTIONS**

As the study seeks to explore an Islamicisation process in medical field through the window of HMI program, it seeks to find the answers to the following questions:

- 1) What are the dimensions in the implementation of *'ibādah* in medical field?
- 2) What is the concept of *'ibādah* in medical field as prescribed by Islam?
- 3) What is the current status of HMI program implementation in HMI hospitals in the Klang Valley?
- 4) What are the salient behaviours in spiritual care for patients in HMI hospitals?
- 5) What are the influence of OK, SK, A, SN and PBC on each other in one of relevant behavioural areas identified during the explorative phase of the study?

### **1.4 RESEARCH OBJECTIVES**

This thesis aims to achieve the following research objectives:

- 1) To identify the dimensions of *'ibādah* in medical field.

- 2) To examine the current understanding of the definition of *'ibādah* amongst staff in private and government HMI hospitals in Klang Valley.
- 3) To examine the current status of implementation of HMI program in HMI hospitals in Klang Valley
- 4) To identify salient behaviours in spiritual care for patients in HMI hospitals in the HMI program.
- 5) To determine the influence of OK, SK, A, SN and PBC on each other in one of relevant behavioural areas identified during the explorative phase of the study.

### **1.5 SCOPE OF THE STUDY**

The present research combines the literature from the field of ISTAC and applied modern sciences. From the ISTAC perspective, the Islamicisation aspect of *taghyīr* process is focused. Its presence in modern medicine is explored in Malaysian setting through the window of Hospital Mesra *'ibādah* (HMI) program. The research images on the Islamicisation process in human knowledge as its guide to study the area. The dimensions involved in HMI are identified using a qualitative method. The findings are conceptualised into a framework at breadth. Subsequently, using a quantitative method, a small area in the conceptualised framework, namely the action of giving Islamic spiritual advice is further studied in-depth based on the Knowledge-Attitude-Practice (Behaviour) (KAP) relationship and the Theory of Planned Behaviour (TPB).

### **1.6 SIGNIFICANCE OF THE STUDY**

The study is considered relevant because it is an attempt to organise the current work in instilling Islamic values in selected government and private hospitals within Klang