

Islamic Value

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ORIGINAL ARTICLE

The Application of Islamic Values in the Health Services: A Nurse Perspective

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ABSTRACT

Introduction: Public awareness of the need to practice Islam in all aspects of life is increasing, including in health services. High motivation of the hospital in implementing Islamic health services has not been followed by clinics which are under Muhammadiyah charity businesses.
Objectives: This study aimed to describe Islamic values at the Muhammadiyah Clinics in Lamongan Regency.
Methods: The researchers used a descriptive method with a survey approach. All nurses at eleven Muhammadiyah Clinics in Lamongan Regency were selected to be the sample using purposive sampling. Seventy-one health workers filled out a 21-item-questionnaire on the application of Islamic values which had been modified by the researchers. The data were analysed by using descriptive analysis.
Results: The application of Islamic values by health workers in the Muhammadiyah clinics was categorized poor (42.3%), and good (35.2%). The analysis of instrument items showed a low mean value in guiding prayer activities before surgery (1.67), reminding the spiritual guidance officers to make visits to the room (1.69), and giving prayer guidance to patients by the spiritual guidance officers (1.79). A high mean value was obtained for having prayer facilities/mosque (4.00), employees who prayed 5 times a day (3.96), and employees who recited bismillah for every medication and medical procedure (3.94)
Conclusions: The role of the spiritual guidance officers at the clinic is very important to help fulfil spiritual needs and increase patient comfort. Clinic facilities that support the formation of an Islamic atmosphere need to be maintained, including monitoring employee attitudes and behaviour in daily life in accordance with Islamic teachings. The application of Islamic values can be an attraction for people in choosing a place to get health services.

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1. Introduction

Indonesia is the most populous Muslim country in the world and bears the responsibility to build a superior quality Islamic health care system (Aisyah Ismail et al., 2018). Public awareness of the need to practice Islam in all aspects of life has led Muslims to realize the importance of following sharia. This impacts on the increasing demand of Islamic-based products and services to be introduced to the market (Aisyah Ismail et al., 2018), including health services. Islamic health services can be seen in the form of management of medical care activities and nursing care framed by Islamic principles (Suriati & Jannah, 2018) which are holistic and adopt universal Islamic values (Aisyah Ismail et al., 2018).

Islamic health services began to carry out in several Islamic hospitals in Indonesia. This is followed by the submission of sharia certification by those hospitals. Sharia-certified hospitals

will perform the basic principles of sharia, *halal* (lawful) and *haram* (unlawful), and uphold Islamic values in the hospital (Abdurrokhman & Sulistiadi, 2019). The great spirit from hospitals to apply Islamic service has not yet been followed by some health clinics owned by Islamic organizations like Muhammadiyah. One of the problems is lack of confidence in performing spiritual guide (Suriati & Jannah, 2018). Attitude and behavior of health workers in the Islamic clinics are only in the form of greeting when entering to the room and reciting *basmalah* before treating the patient (Mahdalena et al., 2020). This is absolutely far from the concept of Islamic health services. Furthermore, the depiction of Islamic health services in Muhammadiyah clinics has not been explained.

Research by Suriati & Jannah (2018) mentioned that only 54.2% of nurses prepared for guiding patients to conduct worship. Another research by Maharani et al., (2022) exposed that 63.2% of nurses in the emergency room lacked of Islamic services. Furthermore, 89.1% of Islamic services performed by health workers were mostly in the form of attitude and behavior in treating, guiding, helping, and listening to the patients' complaints (Mahdalena et al., 2020). Basically, sharia hospitals which provide Islamic services must not only ensure that the hospitals fulfill health standards but also increasing Islamic values to meet patients' spiritual and psychological values (Hayati & Sulistiadi, 2018). In fact, the aforementioned data indicates that Islamic services are still hardly found especially in the clinics.

Muhammadiyah- 'Aisyiyah hospitals have certain Islamic standardization for services and management which are carried out in accordance with Al-Qur'an dan *Assunnah* to reach Muhammadiyah's goals (Dewi, 2020). Islamic-based health services will provide spiritual support for the patients and encourage satisfactory nursing services. Patients feel happy and satisfy when they receive nursing services with Islamic values (Abdurrokhman & Sulistiadi, 2019; Wardaningsih & Oktariza, 2021). Moreover, patients show high loyalty and feel more comfortable and safer during the treatment (Sari et al., 2018). Islamic-based health services with good credibility will become a competitive advantage compared to other hospitals (Maharani et al., 2022).

In the future, Islamic health services will keep growing and always refer to Islamic principles including in the form of *aqidah*, worship, and morals (Suriati & Jannah, 2018). Muhammadiyah clinics as one of Muhammadiyah Charity businesses (AUM) must implement Islamic values under *Al-Islam* and Muhammadiyah Values (AIK) as their service base. Islamic values can be depicted by sharia mandatory quality and sharia minimum service standard as mentioned in SK MUKISI No. 4/KEP.MKS/III/2016 (Mukisi, 2017). Therefore, based on the abovementioned explanation, the researchers conducted research with the title "The Application of Islamic Values in the Health Services: a Nurse Perspective".

2. Methods

This research applied descriptive design with survey approach to gather data on the application of Islamic values in all Muhammadiyah clinics in Lamongan. Health workers in eleven Muhammadiyah clinics were selected by purposive sampling and it was obtained 71 respondents who were willing for contributing to this research. The questionnaire about Islamic values which were used in this research was developed by (Rachmadi & Muslim, 2016). The questionnaire was modified by the researchers to be 21 questions with various optional answers including never (score 1), seldom (score 2), often (score 3), and always (score 4). Then, the researchers also categorized Islamic services to good (score >70.28), sufficient (score 60.1-70.28), and poor (skor <60.11) as it was based on mean and standard deviation values.

The data were gathered after Muhammadiyah Public Health Advisory Council approved this research. After that, the researchers requested informed consent to the respondents which was assisted by the Head of the clinic. Those who approved the consent filled out the questionnaire on the application of Islamic values for approximately 10 minutes. The researchers rechecked the completeness of the questionnaire after the respondents completed it. Uncomplete questionnaire were excluded from the research samples. Then, the data were proceeded and

analyzed based on the frequency distribution, mean, and standard deviation to determine the description of research variables.

3. Results and Discussion

3.1 Results

Table 1. Respondents' Characteristics

Respondents' Characteristics	n	%
Sex		
Male	28	40
Female	43	60
Age		
22-26	14	19,7
27-31	20	28,2
32-36	21	29,6
37-41	7	9,9
42-46	5	7,0
47-52	4	5,6
Health Workers		
Nurse	54	76
Midwife	12	17
Doctor	5	7
Educational Level		
Diploma 3	36	50,7
Bachelor	35	49,3
Length of Working		
0-4 years	32	45,1
5-9 years	17	23,9
10-14 years	12	16,9
15-19 years	4	5,6
20-24 years	3	4,2
25-28 years	2	2,8
Total	71	100

In Table 1, it shows that 43 respondents (60%) are female and 21 respondents (29.6 %) ranges between 32 and 36 years. Most of the respondents, 54 respondents (76%), are nurses. Thirty-six of the respondents (50.7%) are Diploma 3 graduates and 35 of the respondents (49.3%) are Bachelor graduates. Most of the respondents have been working in Muhammadiyah clinics for 0-4 years (60%).

Table 2 Supporting Facilities of Islamic Values in the Clinics

Supporting Facilities	n	%
Al-Quran/Hadith verses attached on the wall		
Yes	4	36
No	7	64
Patient Spiritual Guidance Book		
Yes	2	18
No	9	82
Tayammum Media		
Yes	1	9
No	10	19
Mosque		

Yes	11	100
No	0	0
Equipment for Pray		
Yes	11	100
No	0	0
Al-Quran		
Yes	11	100
No	0	0
Total	11	100

In Table 2, it can be perceived that there are 11 Muhammadiyah clinics which are used as research sites with diverse facilities. There are 7 clinics (64%) which have Al-Qur'an/ Hadits verses attached on the wall, two clinics (18%) which have patient spiritual guidance book, and only one clinic (9%) which has tayammum media. Additionally, all clinics have mosque equipment for pray and Al-Quran.

Table 3 The Application of Islamic Values

The Application of Islamic Values	n	%
Good	25	35,2
Sufficient	16	22,5
Poor	30	42,3

The application of Islamic values by health workers in the Muhammadiyah clinics is categorized as poor (42.3%), and good (35.2%). If this result is associated with the analysis of instrument items, it is obtained the application of Islamic values with low scores, especially to guiding prayers before the surgery (1.67), reminding the spiritual guidance officers to make visits to the room (1.69), and spiritual guidance officers providing prayer guidance in patients (1.79). The reflection of the implementation of Islamic values by the Muhammadiyah clinics is reflected in the existence of a prayer room/mosque (4.00), employees who pray 5 times a day (3.96), and employees who recite bismillah for every administration of medicine and medical procedures (3.94).

Table 4 Instrument Analysis in the Application of Islamic Values

No.	Statement	Mean
1.	I greet my colleagues when we meet	3.62
2.	I say "Bismillah" when I administer drug and do medical action	3.94
3.	I say "Alhamdulillah" after doing medical action	3.58
4.	I say "Assalamualaikum" whenever I enter to patient's room	3.69
5.	I advise patients to recite dhikr when they are in pain	3.27
6.	I guide patients to pray when they are sick	2.99
7.	I remind spiritual guidance officers to make a visit	1.69
8.	Spiritual guidance officers lead the patient to pray	1.79
9.	I pray 5 times a day	3.96
10.	I remind others to pray 5 times a day	2.79
11.	I lead the patient to pray before surgery	1.67
12.	I have Islamic look while working	3.90
13.	I am friendly and polite with patients	3.92
14.	Al-quran verses/hadith are displayed in the nurse station and each treatment room	2.41
15.	Spiritual guidance books are available at the nurse station and each treatment room	2.30
16.	Al-quran is available in the nurse station, each treatment room, and mosque	3,52
17.	Equipment for pray is available in the nurse station dan mosque	3,93

18.	Tayammum media are available in the treatment room	2,38
19.	Mosque or prayer room is available in the clinic	4,00
20.	Azan is echoed at every prayer time	2,97
21.	The chanting of Al-quran verses or <i>murottal</i> is played for all employees, visitors and patients throughout the clinic area	2,92

3.2 Discussions

The results of the study indicated that sharia service standards at the Muhammadiyah clinics in Lamongan Regency were in the poor category. This service is related to guiding prayers before the surgery, guiding prayers to patients, and reminding the spiritual guidance officers to make visits to the room. All three activities are related to the spiritual guidance officers. The duties of a spiritual guide officer are related to prayer/dhikr guidance, patience and sincerity, almsgiving, self-introspection, forgiving of other people's mistakes, giving advice not to complain during sick (Simahatie et al., 2016), as well as preparing prayer guides and dhikr for sick patients (Wardaningsih & Oktariza, 2021). The application of Islamic values involving the spiritual guidance officers at the Muhammadiyah clinics in Lamongan Regency was not optimal. Limited human resources and the workload of service providers are one of the factors that hinder the implementation of prayer guidance to patients.

Based on the results of interviews with the head of the clinic, it was found that 81% of the clinics did not have a spiritual guidance officer. Simahatie et al., (2016) stated that medical staff who understand religion can advise the patients to be patient and not complain when facing illness. *Ustadz* or *ustadzah* (Muslim preacher) can guide employees and staff about meeting the patient's spiritual and *fiqh* needs (Mardiyati & Ayuningtyas, 2021). Nurses do not only focus on the patient's physical problems, but also emotional and spiritual problems, such as asking how they pray, and reminding them to always pray for their recovery (Wardaningsih & Oktariza, 2021). Nurses must have professional knowledge about Islam and integrate it into patient care plans (Dewi et al., 2019). Nurses and medical personnel must also have the responsibility to remind patients to pray (Kinira, 2021). Medical personnel must give patients the right to receive spiritual guidance so that they can accept their illness (Dewi, 2020). The research conducted by Azizah & Purnomo (2019) exposed that almost all Muslim patients really hoped to receive Islamic spiritual guidance. Limited spiritual guidance officers can be replaced by the role of health workers who have been trained to improve the quality of sharia-based work (Dewi et al., 2019). In addition, reading materials on Islamic health such as how to fast and pray for sick people Dewi et al. (2019) also support spiritual guidance activities.

The best reflection of Islamic values in the clinic is the existence of a prayer room/mosque. All clinics used as research sites have a prayer room or mosque as a place of worship. Provision of facilities that support Islamic values is one of the aspects that must be met in implementing Islamic health services (Rahmat, 2018). Physical, medical, and health equipment facilities must be provided based on Islamic religion, so that spiritual and religious needs are optimally fulfilled (Dewi, 2020). Islamic services are also perceived by patients with the existence of mosque, prayer guidance and dhikr, and by providing motivational support and religious coaching services (Wardaningsih & Oktariza, 2021). The existence of a mosque or prayer room apart from being a reflection of Islamic values, is also very important in supporting the fulfillment of the spiritual needs of both the patient and the patient's family. Mosques and prayer rooms also support other worship activities, which can enrich Islamic values. These activities include congregational prayers, recitation of Al-qur'an, religious studies through hospital speakers, and gathering places between employees (Rosita et al., 2021).

Furthermore, Islamic values can be reflected by the majority of employees who performed prayer 5 times a day and had Islamic look. Iswati (2019) mentions that it is important for a person to connect the concept of sharia with his/her understanding of religion. Employees must be

provided with Islamic religious knowledge so they can practice the knowledge in everyday life (Dewi et al., 2019). Human resources working in Muhammadiyah health services must understand and practice Islamic values, at least they must have the ability to read the Al-qur'an and know how to pray (Dewi, 2020). The application of Islamic values in the personal lives of staff can be seen from the employee's clothing which is designed according to Islamic law, and women are required to wear the hijab (Rosita et al., 2021), as well as the orderliness in performing the 5 daily prayers. The Islamic aspect is also shown by monitoring daily worship in employee development (Rosita et al., 2021). The implementation of Islamic values by health workers is shown in the implementation of the 5 daily prayers which can create an Islamic environment in the workplace.

4. Conclusion

The application of Islamic values by health workers in Muhammadiyah clinics is categorized poor. Less optimal application is found in guiding prayer before surgery, reminding the spiritual guidance officers to make visits to the room, and giving prayer guidance to patients which must be performed by the spiritual guidance officers. The role of the spiritual guidance officers at the clinic is very important to help fulfill spiritual needs and increase patient comfort. The limitations of the spiritual guidance officers can be replaced by medical personnel who have been trained on how to pray for sick patients.

The application of high Islamic values is reflected in the existence of prayer rooms/mosques, employees who pray 5 times a day, and employees who recite *bismillah* every time they administer medicine and medical procedures. Clinical facilities that support the formation of an Islamic atmosphere need to be maintained, including monitoring employee attitudes and behavior in daily life so that they comply with Islamic teachings. The application of Islamic values can be an attraction for the community in choosing a place to get health services, and this topic is suggested to carry out for further research.

Ethics approval and consent to participate

This research has been declared ethically feasible by the health research ethics commission at Muhammadiyah Lamongan University with No. 248/EC/KEPK-S2/03/2023. The researcher has explained the research objectives, benefits, and disadvantages during the research process. All respondents understood and were willing to become respondents by signing the informed consent form.

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Confused You have used **pray** in this sentence. You may need to use **prey** instead.



Proper Noun If this word is a proper noun, you need to capitalize it.



Sp. This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



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