

# Islamic Nursing Care Implementation: A Descriptive Study

1<sup>st</sup> Novita Kurnia Sari

School of Nursing

Universitas Muhammadiyah Yogyakarta

Yogyakarta, Indonesia

novita.kurniasari@umy.ac.id

2<sup>nd</sup> Baiq Riski Amalia Putri

School of Nursing

Universitas Muhammadiyah Yogyakarta

Yogyakarta, Indonesia

briskiamaliap@gmail.com

3<sup>rd</sup> Khabib Mustofa

School of Nursing

Universitas Muhammadiyah Yogyakarta

Yogyakarta, Indonesia

khabibmustofa11@gmail.com

4<sup>th</sup> Rahmah Yanita Kusuma

School of Nursing

Universitas Muhammadiyah Yogyakarta

Yogyakarta, Indonesia

rahmahyusuma@yahoo.co.id

5<sup>th</sup> Dany Ludy Ardiyan

School of Nursing

Universitas Muhammadiyah Yogyakarta

Yogyakarta, Indonesia

danyardiyani187@gmail.com

6<sup>th</sup> Abriati Slamet Rahayu

School of Nursing

Universitas Muhammadiyah Yogyakarta

Yogyakarta, Indonesia

ayuabriati@yahoo.com

**Abstract**—Patients, particularly those who are Muslims have the right to obtain nursing care according to their values and beliefs. Nevertheless, in its implementation, those patients commonly have not yet received the care that they supposedly receive. Nurses who work in the hospitals that embrace Islamic values as their fundamental pillars of the health care deliveries, have not been able to implement the Islamic nursing care optimally. If the patients didn't get comprehensive nursing care, including Islamic care, so they are will not heal well. Therefore, the aim of this study is to explore the Islamic nursing care delivery in hospital. A cross-sectional design was chosen to investigate the research question. A proportional sampling technique was used to approach the participants resulting a total of 51 nurses who work in in-patient units participated in the study. A checklist which had been validated was used to collect the data on the Islamic nursing care. This instrument consisted of 23 statements measuring nurse practice in Islamic nursing care. More than half of the nurses (64.7%) demonstrated insufficient level of the Islamic nursing care implementation, meanwhile, the rest (35.3%) were identified to have good level of implementation. The study indicated that not all nurses have implemented the Islamic nursing care optimally. In order to improve the nurse performance, it is suggested to supervise the implementation of the Islamic nursing care in the hospital.

**Keywords**—Islamic nursing care, implementation, Islamic care, nurse.

## I. INTRODUCTION

Spiritual nursing care is an important part of nursing care implementation. A nurse certainly should be able to implement spiritual nursing care especially in Indonesia, where the majority of the population embrace the religion of Islam. Before performing Islamic nursing care, nurses must first understand about the nursing process. The nursing process begins with assessing the data, making a diagnosis, planning, implementing, and also evaluating the nursing programs [1]. Moreover, nurses also need to provide the Islamic atmosphere by adding Islamic values which are characterized as *rahmatan lil alamin*, which means the

affection to care for people regardless of race, ethnicity, and even religion [2].

Most patients in the hospitals are people whose religion is Islam. Thus, it is appropriate that they also receive the right of appropriate Islamic nursing care. Islamic nursing care is a form of intervention based on Islamic principles that contain spiritual aspects [3].

One form of Islamic nursing care that nurses can implement is Islamic caring. Islamic caring is based on the competency given to patients, families and communities by being attentive, carefulness, friendly, empathetic, applying therapeutic communication, and responsive in serving the best for patients based on the recommendations of the Qur'an and the Sunnah<sup>[2]</sup>.

There are several kinds of implementations that can be given by nurses to patients, such as educating about *dzikir*, salat (a ritual prayer of Muslims), communicating spiritually, educating how to pray according to the Qur'an and Hadith, and reciting the Qur'an [3]. Patients who come to the hospital have hopes to be treated with the Islamic nursing care. It is equal to Henderson's theory, which focuses on individuals, the physical and spiritual needs cannot be separated [4].

Therefore, nurses are expected to be able to implement nursing care by not ignoring Islamic nursing care. If the nurse cannot conduct it, it may have an impact on less fulfilled right of patients as stated in the Minister of Health Regulation Republic of Indonesia No. 69 2014 concerning the obligations of hospitals and obligations of patients that stipulated in article 24 that patients have the right to worship according to their religion or beliefs as long as it does not disturb other patients [5].

One view of Islamic nursing is about human and humanity. Human in terms of nursing can be seen as a perfect being, because they have mind and faith. When a human has knowledge, then he/she should be obliged to implement the knowledge for the benefit of mankind. It is stated in the surah (Al-Hadid: 25) [6].

*Certainly, We sent Our Messengers with the clear proofs, and sent down with them the Book and the Balance that they may rule with justice amongst the mankind. And, We have sent down the iron, wherein is great hardness in it and many benefits in it for mankind. And (this is) for Allah to know (distinguish) who will help Him and His Messengers in the Unseen (without seeing Him). Surely, Allah is All-Strong, All-Mighty.*

We conducted a preliminary study in one hospital to several nurses in an adult inpatient ward with observational method. The result obtained that nurses in implementing nursing care have not fully applied Islamic values by paying attention to the spiritual aspects such as *dzikir*, worship, prayer, and reading the Qur'an. Hence, nurses in this Islamic hospital have not met Islamic criteria in giving nursing care. Therefore, we are interested in conducting study on the implementation of Islamic nursing care.

**II. METHOD**

We conducted a quantitative descriptive study with a cross sectional approach. The population was nurses who worked in adult inpatient wards was 104 nurses. The number of subjects was 51 nurses, counted by Slovin's formula. We used probability sampling with the proportional sampling technique by taking samples according to predetermined counts that were based on the inclusion (inpatient ward nurses and graduated from vocational and professional education) and exclusion criteria (nurses who is ward manager or they are on the other duty).

The instrument used an observation checklist as a tool for collecting the data. The observation items consisted of 23 items developed from Ismail's (2015) study. This instrument has been tested for validity and reliability. We performed validity test using CVI test with the calculation result of 0.92 which means that this instrument had very high content validity. Then, we proceeded with the biserial correlation coefficient test with the results of validity test of 0.38 - 0.69. Then, we performed reliability test using Kuder-Richardson 20 formula, the result was 0.79 which means that this instrument was considered reliable. We analyzed the data using frequency distribution assisted with statistical software.

The process of data collection begins with asking permission and ethical clearance. Furthermore, we collaborated with the head of the ward to ask informed consent and explained the study to the nurses who had been determined as the study subjects. After that, we started observing each subject. The observations were performed for 8 hours with consideration of the study location policy. The data that had been collected was examined to obtain the results.

**III. RESULTS**

**1. Characteristics of Respondents**

The respondents in this study were 51 nurses who can be seen in the following table:

**Table 4.1 Distribution of Characteristics of Nurses on April 2019 (n=51)**

<b>Respondent Characteristics</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
<b>Age</b>		
17 – 25	11	21.6
26 – 35	40	78.4
<b>Sex</b>		
Man	10	19.6
Woman	41	80.4
<b>Education</b>		
Diploma III	24	47.1
Undergraduate	27	52.9
<b>Working period</b>		
≤ 3 years	19	37.3
> 3 years	32	62.7
<b>Total</b>	<b>51</b>	<b>100</b>

Table 4.1 shows the majority of respondents in the range of 26-35 years old (n=40; 78.4%).

**2. Overview of Nurse's Competency to Conduct Islamic Nursing Care**

The description of the competency of nurses in implementing Islamic nursing care can be seen in the following table:

**Table 4.2 Distribution of Frequency of Nurse's Competency to Conduct Care**

<b>Criteria</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
Good	18	35.3
Insufficient	33	64.7
<b>Total</b>	<b>64</b>	<b>100</b>

**3. Frequency Distribution of Nurse's Competency to Conduct Islamic Nursing Care based on Their Characteristics**

The description of nurses' competency to implement Islamic nursing care based on the characteristics can be seen in the following table:

**Table 4.3 Frequency Distribution of Characteristics of Nurse Competency in April 2019 (N = 51)**

Competency characteristics	Good		Insufficient	
	f	%	f	%
Assessing spiritual aspect	38	74.5	13	25.5
Helping patients to do <i>dzikir</i>	39	76.5	12	23.5
Teaching patients to do <i>salat</i>	27	52.9	24	47.1
Communicating to patients	50	98.0	1	2.0
Praying	17	33.3	34	66.7
Doing nursing care only with the same sex patients	30	58.8	21	41.2
Teaching how to recite the Qur'an	17	33.3	34	66.7

Table 4.3 shows that the competency of respondents according to the characteristics of the competency to assess the spiritual aspects is included in the good category (n=38; 74.5%).

#### IV. DISCUSSIONS

Based on the table 4.1, it was shown that nurses in productive age were a resource for hospitals if they are managed properly to improve the quality of nursing care [7]. This is supported by study [8] which stated that in early adulthood, a nurse is considered to have been able to understand the importance of responsibility in implementing nursing care given to him/her.

The majority of respondents' sexes were female (n=41; 80.4%). It is supported by the study [8] which revealed that the nature of maternal instincts possessed by a woman can support the implementation of nursing care given to patients, hence, it is one reason that the number of female nurses higher than the opposite sex.

Most of the respondents' education was undergraduate (n=27; 52.9%). It is in line with the study which showed that nurses' level of education can affect their level of competency [9]. The higher the level of education, the easier it is to receive and develop knowledge and technology. In the study [10], it is asserted that the level of education can affect the level of competency. The competency that can be developed by the level of education is intellectual competency, so that, if someone's intellectual increase, it is expected that they can make the right decision to act.

Most of the respondents worked for more than 3 years (n=32; 62.7%). According to [9], working period affects someone's experience, the longer the working period is expected to have more working experience. Someone who has a long working period indicates that his/her experience is more than his/her coworkers. The working period can also

influence the attitudes and behavior of nurses in implementing nursing care. Therefore, according to the study, nurses who have longer working periods should be able to show better nursing care.

Table 4.2 shows an overview of nurses' competency mostly in the insufficient category (n=33; 64.7%). It is shown by observations conducted on nurses in implementing Islamic nursing care. The competency to implement Islamic nursing care by nurses can reflect the good or not of services in the hospital. The competency to provide nursing services can be influenced by both internal and external factors. The factors related to a nurse's competency to provide nursing care include age, education, employment status, working period, equipment, motivation, compensation, and working environment [9]. In study [11], it was mentioned that for someone that religious, nurses must be able to apply Islamic values in applying nursing care.

It was seen during the observation, the nurses conducted several assessments including the practice of worship with new patients coming to the ward using clean uniforms in accordance with the hospital regulation. Not only that, nurses also wrote the results of their assessments on medical record for documentation purposes. The results of the study of nurses' competency to provide nursing care in accordance with the Islamic context helped patients to do *dzikir* included in the good category (n=39; 76.5%). It was seen during the observation, the nurses during nursing care always started by reading *basmallah* and invited patients to join. There was a lesson in initiating nursing care with *bismillahirrahmaanirraahiim*, which was seeking blessing from it. Because this expression is a sentence which provides blessing, thus, when the nurse starts his/her work, the blessing will be with him/her. Moreover, there is also a demand to help each other from Allah *Subhanahu wa-ta'ala* so that the patients are granted recovery (Sukowati, 2014). In our observation, nurses not only read *Bismillah* when initiating care, but also read *Alhamdulillah* when ending the nursing care. *Alhamdulillah* is a form of gratitude to Allah *Subhanahu wa-ta'ala*, by conveying praise. As a Muslim, this gratitude can be conveyed by saying the sentence *Alhamdulillah* with the hope that the act of applying nursing care is blessed by God and is useful and causes recovery for the patients [12].

Based on table 4.3 the results of the study of nurses' competency to provide nursing care in accordance with the Islamic context educating about *salat* to patients included in the good category (n= 27; 52.9%). This study stated that one of the nursing care that implementing Islamic principle is to remind patients to worship so that patients do not experience spiritual distress [13]. Our observation showed some nurses reminded the prayer time of the patient, but not by asking whether the patient needed prayer assistance or accompaniment for purification before prayer (ablution). This is inversely proportional to the study which showed that the observers found nurses never reminded prayer times for patients, when *adzan*, call to prayer, the nurses still cared for other patients who needed care [14].

The results of the study of nurses' competency to provide nursing care in accordance with the Islamic context of communication included in the good category (n=50;

98.0%). It could be seen during observation, nurses used to speak politely, gently, and explain nursing care that will be given to patients in a language that was easily understood by patients and families. Communicating gently and spreading hospitality in interactions not only carries glory, but also makes others feel peaceful and comfortable in their lives. With a patient-friendly attitude of nursing care, it will make patients happy, calm and feel served and respected [12].

The results of the study of nurses' competency to provide nursing care in accordance with the Islamic context of praying included in the insufficient category (n=34; 66.7%). It could be seen during the observation, the nurse did not invite the family and patients to pray for the recovery, the nurse taught daily prayers that the patient can do, the nurse taught the prayer for the patient to the family. However, on the observation, the nurse only did the nurse's part to remind the patient to pray before taking medicine. It is supported because things related to spiritual issues are mostly performed by Islamic Spiritual staffs from the hospital. In this study, besides always giving patients understanding about everything the nurses do, it is also important to remind them that the recovery depends on God who gives everything, and nurses can pray nearby so that the patient agrees and can pray for the recovery quickly [12]. The provision of nursing care with Islamic behavior is strongly necessary because religion is the basis for every Muslim in doing everything.

The results of the study of nurses' competency to provide nursing care in accordance with the Islamic context of nursing care only to the same sex patients included in the good category (n=30; 58.8%). Our observation showed that the nurses generally immediately take action to treat patients according to the patients' sex, it was also supported by the distribution of wards which had largely been adjusted to the sex of the patient. [12] asserted that it would be better if nurses provide care according to their sex that is female nurses care for female patients and male nurses care for male patients.

The results of the study of nurses' competency to provide nursing care in accordance with the Islamic context conducted and taught to recite the Qur'an included in the insufficient category (n=34; 66.7%). It was seen during the observation, we observed that nurses only facilitated patients to recite the Qur'an in the wards. Furthermore, we also did not observe when nurses reminded patients and families to recite the Qur'an. According to study [3], it was stated that nurses must pay attention to the patient's religious activities while being hospitalized so that nurses should be able to guide and teach patients to always recite the Qur'an and to invite the patient's family to recite the Qur'an near the patients for their recovery.

## V. CONCLUSION

Based on the results of the study it can be concluded that the majority of nurses' competency in each ward in implementing Islamic nursing care is in insufficient category which consists of assessing spiritual aspects, helping patients to do dzikir, educating about salat to patients, communicating, praying, doing nursing care to the same sex patients only, and teach to read the Qur'an. This is in

accordance with our observations found that nurses do not participate in incorporating Islamic values in implementing Islamic nursing care, and are related to spiritual problems more directly handled by the Islamic Spiritual staff.

We suggest for future study to be able to consider the factors that influence the implementation of Islamic nursing care, while for hospital management to be able to consider the importance of supervision and assistance in the implementation of Islamic nursing care for nurses to be able to improve the quality of nursing care.

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