

## A REVIEW ON INTEGRATION OF SPEAK UP IN CLABSI PREVENTION AND AMAR MAKRUH NAHI MUNGKAR

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**Abstract:** *Central Line-Associated Bloodstream Infections (CLABSIs) present a significant challenge in healthcare, leading to increased morbidity, mortality, and costs. Effective prevention strategies are essential, and one promising approach is the speak up initiative, which encourages healthcare professionals to voice concerns and adhere to best practices. This paper explores the integration of the speak up initiative with the Islamic principles of Amar Makruh Nahi Mungkar (promoting good and preventing evil) to enhance CLABSI prevention efforts. Methodology: A literature review was conducted using databases, including Google Scholar, Emerald Insight, and Medline, limited to articles published in English between 2014 and 2024. Keywords included CLABSI prevention, Speak Up, Amar Makruh Nahi Mungkar, and Enjoining Good and Preventing Evil. Results: Findings highlight the scope of research across selected topics, with significant attention on CLABSI prevention and the speak up initiative, while fewer articles addressed the ethical concepts of Amar Makruh Nahi Mungkar and Enjoining Good and Preventing Evil. Discussion: Integrating the speak up initiative with Amar Makruh Nahi Mungkar emphasizes proactive communication and ethical responsibility in healthcare, encouraging professionals to voice concerns and adhere to best practices while promoting accountability and patient empowerment. Conclusion: In summary, combining the speak up initiative with Amar Makruh Nahi Mungkar enhances CLABSI prevention efforts, fostering a culture of open communication and ethical responsibility that leads to improved patient safety and care quality.*

**Keywords:** *CLABSI Prevention, Speak Up Initiative, Patient Safety, Healthcare Ethics, Amar Makruh Nahi Mungkar, Islamic Ethical Principles and Central Line-Associated Bloodstream Infections*

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## Introduction

Central Line-Associated Bloodstream Infections (CLABSIs) pose a significant threat to patient safety, leading to severe complications and increased healthcare costs. Effective prevention requires a multifaceted approach, combining evidence-based practices with cultural and ethical considerations. The speak up initiative promotes open communication and proactive behaviour among healthcare professionals, aligning well with the Islamic principles of *Amar Makruf Nahi Mungkar*, which emphasise the moral duty to promote good and prevent harm. This paper explores how integrating these concepts can enhance CLABSI prevention efforts.

The speak up initiative, promoted by the Joint Commission, encourages healthcare professionals and patients to voice concerns about safety to prevent such infections (Kane et al., 2023). Meanwhile, the Islamic principles of *Amar Makruf Nahi Mungkar* emphasise the moral obligation to promote good and prevent harm, providing an ethical framework for health interventions.

The integration of speak up initiatives in healthcare, particularly in the prevention of CLABSIs, can be enhanced through various approaches. Previous study emphasises the importance of encouraging employees to speak up to prevent infections, highlighting the potential contribution of such initiatives in quality improvement processes (Robbins & McAlearney, 2016). Similarly, the study focused on decreasing CLABSIs in intensive care units, showcasing the impact of interventions in reducing infections (Hong et al., 2013). These studies underscore the significance of promoting a culture where speaking up is encouraged to enhance patient safety.

In the context of Islamic teachings, the concept of *Amar Makruf Nahi Mungkar* (enjoining good and forbidding wrong) plays a crucial role. Studies by Arif (2024) and Faida & Makky (2023) delve into the implementation and analysis of this concept as an ethical and religious principle in Islamic contexts. These works provide insights into the significance of promoting virtuous behaviour and discouraging harmful actions within the Islamic framework.

Moreover, Noorashid et al., (2020) undertake an examination of the portrayal of the Islamic value of *Amar Makruf Nahi Mungkar* in Bruneian cinema, with a focus on elucidating the manner in which this value is represented and perceived as instructive. This study sheds light on the cultural representation and understanding of Islamic principles in contemporary media.

By integrating the principles of speak up initiatives in healthcare settings with the ethical teachings of Islam, such as *Amar Makruf Nahi Mungkar*, a comprehensive approach to promoting patient safety and ethical conduct can be achieved. Encouraging open communication, addressing concerns promptly, and upholding moral values are essential components in fostering a safe and ethical healthcare environment (Kwame & Petrucka, 2021).

## Literature Review

### Definition and Epidemiology

CLABSIs are a significant concern in healthcare settings due to their association with increased morbidity and mortality, particularly in intensive care units (ICUs) (Mazi et al., 2021). CLABSIs are defined as primary bloodstream infections in patients with a central line within 48 hours before the infection, not related to an infection at another site (Ippolito et al., 2014). The implementation of surveillance definitions, mandated reporting, and benchmarking has

resulted in a significant decrease in the incidence of CLABSI in acute-care setting (Moncayo & Silveira, 2017). Supported by previous study, after implementation of surveillance in ICUs, they found that the adjusted incidence of CLABSI declined by an annual rate of 10% during the period from 2009 to 2014 (Nkwata et al., 2020).

The implementation of prevention bundles has led to a reduction in the incidence of CLABSIs (Gupta et al., 2021). Furthermore, the definition of CLABSIs has evolved to include pathogens unrelated to central lines, such as enteric gram-negative bacilli and *streptococcus viridans* (Lukenbill et al., 2013).

According to epidemiological studies, there are variations in the rates of CLABSI that are dependent on the definitions and measurement practices utilised, demonstrating the significance of implementing standardised surveillance techniques (Govindan et al., 2017). The meta-analysis found that the pooled incidence of hospital-treated sepsis was 189 cases per 100,000 person-years, with an estimated 26.7% of these patients dying (Fleischmann-Struzek et al., 2020).

In summary, CLABSIs pose a significant threat to patient safety, especially in high-risk populations like oncology and ICU patients (Ariza-Heredia & Chemaly, 2018). Effective monitoring and reduction of CLABSI rates in healthcare settings necessitate standardized surveillance definitions, preventive bundles, and precise denominator calculations.

### **Risk Factors and Causes**

Risk factors for CLABSIs are numerous and may increase patients' vulnerability to such serious complications associated with infections. Patients who develop CLABSI are at risk of developing sepsis, organ failure, and other serious complications, and may require additional treatment and care. By studying the risk factors, prevention strategies, and treatment options for CLABSI (Alshahrani et al., 2023).

Furthermore, factors such as neurological diagnoses, longer duration of central venous catheter placement, and the presence of multiple central venous catheters have been associated with an increased risk of CLABSIs (Kumari, 2016). Patient comorbidities like cardiovascular disease, congestive heart failure, and cirrhosis, along with being in an intensive care unit, have also been identified as risk factors for 30-day mortality in patients with multidrug-resistant central-line-associated bloodstream infections (Burnham et al., 2018).

Moreover, the impact of comorbid conditions on the risk of CLABSIs has been explored using classification schemes like the Charlson Comorbidity Index and the Chronic Disease Score, emphasising the importance of considering underlying health conditions in assessing infection risk (Pepin et al., 2015). Studies have also highlighted the role of implantable devices, site placement, device dwell time, and specific years as multivariate risk factors for CLABSIs in neonatal intensive care units as the study outcome after cases are paired with matched controls, the CLABSI rates is 7.1% higher in patients with an implantable device compare to patients with similar other peripheral inserted central lines (Durant et al., 2024). Additionally, prolonged central line dwell days, the use of silicone catheters, and surgical treatment have been highlighted as significant risk factors for CLABSIs in neonatal intensive care units (Jeong et al., 2021).

In conclusion, a comprehensive understanding of the risk factors associated with CLABSIs is crucial for implementing targeted prevention strategies and improving patient outcomes in healthcare settings.

### **Preventative strategies of CLABSI**

Preventative strategies for CLABSIs in the ICU context are critical for enhancing patient safety and reducing morbidity and mortality associated with these infections. Central line bundles consist of a set of evidence-based practices that, when applied collectively, have been shown to significantly decrease CLABSI rates. For instance, Harris et al. (2023) reported that the adoption of CLABSI bundles led to a marked reduction in infection rates, emphasizing the importance of consistent application of these protocols (Buetti et al., 2022). In contrast, Badparva et al. (2022) highlighted that inadequate knowledge among ICU nurses regarding CLABSI prevention guidelines remains a barrier to effective implementation, indicating a need for targeted educational interventions (Hallam et al., 2018). Critically, while the presence of standardized protocols is essential, their effectiveness can be undermined by inconsistent adherence among healthcare providers. A previous study demonstrated that after implementing a CLABSI prevention program, the infection rate decreased significantly, suggesting that ongoing monitoring and feedback are vital for sustaining improvements (Reed et al., 2020).

### **Islamic Concepts of *Amar Makruf Nahi Mungkar***

*Amar Makruf Nahi Mungkar* is a fundamental Islamic principle that means promoting what is right (*Makruf*) and forbidding what is wrong (*Mungkar*). It is deeply rooted in the Quran and Hadith and emphasises moral and ethical conduct.

The Islamic concept of *Amar Makruf Nahi Mungkar*, derived from the Quran and Sunnah, emphasises enjoining good deeds and forbidding evil actions. This principle serves as a foundational ethical guideline in Islam, promoting a strong and civilised society through the encouragement of virtuous behaviour and the discouragement of immoral conduct (Arif, 2024). Rooted in Islamic theology, the concept is associated with the broader Islamic paradigm of liberation, humanisation, and transcendence, reflecting its significance in shaping moral communities (Isdiyanto et al., 2022). This concept is deeply intertwined with Islamic teachings on peace, moderation, and tolerance, highlighting its role in promoting universal Islamic values and fostering a harmonious society (Akbar et al., 2022). By upholding the principles of *Amar Makruf Nahi Mungkar*, individuals are encouraged to contribute to the betterment of society, adhere to moral standards, and uphold justice and righteousness in their actions (Chaqoqo & Ma'mun, 2022). This Islamic ethical principle plays a vital role in guiding behaviour, promoting social responsibility, and fostering a community founded on moral integrity and ethical conduct.

### **Relevance to Healthcare and Patient Safety**

Promoting good practices and preventing harm aligns with the goals of patient safety initiatives. Integrating these Islamic principles can enhance the moral and ethical commitment of healthcare workers to patient safety.

In the context of patient safety, the application of *Amar Makruf Nahi Mungkar* can be seen in approaches to handle issues like sexual misbehaviour and raising awareness among vulnerable populations (Ahmad et al., 2013). By encouraging good practices and discouraging misconduct, this principle plays a crucial role in promoting patient safety and ethical conduct within healthcare settings. Additionally, it is associated with da'wah activities aimed at preventing the spread of diseases like COVID-19 (Faisal & Rifai, 2020). Overall, the application of *Amar*

*Makruf Nahi Mungkar* in healthcare underscores the importance of ethical conduct, proactive intervention, and continuous improvement in ensuring patient safety and well-being.

### Methodology

The method employed in this paper using search engines from various research database such as Medline, google scholar, Emerald Insight and ScienceDirect with limitation year of publication from 2014 to 2024. The article should be published in English language. The key words for searching literature review CLABSI prevention, speak up, *Amar Makruf Nahi Mungkar* and enjoining good and preventing evil. The search focused on four specific keywords: CLABSI prevention, speak up, *Amar Makruf Nahi Mungkar*, and enjoining good and preventing evil.

The study selection process was carried out according to the PRISMA 2020 guidelines (Page et al., 2021). It began with the identification of relevant records from multiple academic databases. Duplicate records were removed before proceeding with the screening phase. Titles and abstracts of the remaining records were reviewed, with non-English articles, case reports, and irrelevant studies being excluded. Following this, full-text reports were assessed for eligibility, and studies that did not meet the inclusion criteria or lacked full-text availability were excluded to ensure only relevant studies were included in the final review.

### Results

This section presents the findings from a comprehensive search of academic literature across three major databases: Google Scholar, Emerald Insight, and Medline. The search focused on four specific keywords: CLABSI prevention, speak up, *Amar Makruf Nahi Mungkar*, and enjoining good and preventing evil. The results highlight both the scope of research available and areas where scholarly attention is most concentrated.

A large number of articles were retrieved on CLABSI prevention and speak up, particularly from Google Scholar and Medline, as these topics are widely studied due to their significance in healthcare safety and communication practices. In contrast, significantly fewer articles were found on *Amar Makruf Nahi Mungkar* and enjoining good and preventing evil, particularly on Emerald Insight and Medline. This suggests that while ethical and religious themes are acknowledged, they are not as extensively explored in healthcare or related professional contexts.

The study selection process adhered to the PRISMA 2020 guidelines, starting with the identification of 11,286 records from databases, including Google Scholar (n = 8380), Emerald Insight (n = 2003), and Medline (n = 903). Table 1 shows the articles retrieved from three databased.

**Table 1: Article Retrieved from Three Databased.**

No	Specific Keywords	Articles		
		Google Scholar	Emrald Insight	Medline
1	CLABSI prevention	1820	2	144
2	Speak up	4120	2000	759
3	<i>Amar Makruf Nahi Mungkar</i>	2420	0	0
4	Enjoining good and preventing evil	20	1	0
	Total	8380	2003	903

After removing 1,832 duplicate records, 9,904 records were screened. During the screening phase, 5,585 records were excluded for reasons such as being non-English articles ( $n = 29$ ), case reports ( $n = 565$ ), or deemed irrelevant after reviewing titles and abstracts ( $n = 6,991$ ). Subsequently, 2,319 reports were assessed for eligibility, and 2,300 were excluded due to the unavailability of full-text versions. In the final stage, 19 studies were included in the literature review.

These studies were chosen after a careful process of filtering through thousands of records, with each study meeting specific criteria to ensure relevance and quality. By narrowing the selection down to 19 studies, we now have a robust foundation of high-quality research that provides meaningful insights into the topics of interest. This diverse range of perspectives and findings will be analysed and discussed in the review, contributing to a more comprehensive understanding of the subject matter.

The findings reveal significant insights into the integration of the speak up initiative with the principles of *Amar Makruf Nahi Mungkar* in healthcare. This integration enhances communication and accountability within healthcare systems, fostering a culture that prioritizes patient safety and ethical practices. Evidence indicates that implementing the speak up initiative contributes to lower CLABSI rates by empowering healthcare professionals to raise concerns about infection prevention practices and adhere to established protocols. Additionally, the timing of interventions is crucial; encouraging healthcare professionals to voice concerns at the right moment can significantly impact patient outcomes, ensuring that issues are addressed promptly to prevent potential harm. Overall, these findings underscore the importance of a proactive communication culture in improving patient safety and reducing CLABSI rates.

### **Impact on Healthcare Systems**

CLABSIs greatly affect healthcare systems, resulting in higher rates of illness, extended hospital stays, increased mortality, and considerable financial strain. Studies have shown that CLABSIs result in additional costs to the healthcare system, close to a billion dollars annually, emphasising the economic burden associated with these infections (Wood et al., 2024). In case-matched analyses, both CLABSIs and non-CLABSI hospital-onset bacteraemia (HOB), whether considered separately or combined, were linked to significantly longer lengths of stay (an additional 12.1–17.4 days, depending on ICU status), higher costs (increased by USD \$25,207–USD \$55,001 per admission), and a more than 3.5-fold higher risk of mortality in patients who had an ICU encounter (Yu et al., 2023). Furthermore, CLABSIs negatively affect hospital reimbursements in Nebraska, making them a critical concern for healthcare providers, as hospitals in the worst-performing quartile faced a 1% reduction in Medicare reimbursements, resulting in revenue losses ranging from USD \$1.2 million to USD \$2.8 million (Wood, 2023).

Moreover, the impact of CLABSIs extends beyond direct patient care, affecting hospital readmission rates and associated costs. Previous study showed that preventing CLABSIs can reduce the patient burden and healthcare costs related to subsequent readmissions where out of 8,097 patients, 2,260 (27.9%) were readmitted within 30 days and the first readmission rate was 7.1 events per person-year for CLABSI patients, compared to 4.3 events per person-year for those without CLABSI ( $P < .001$ ) (Khong et al., 2015)

In summary, the implementation of evidence-based practices, including interventions and surveillance systems, is essential for preventing CLABSIs and reducing the economic burden

on the healthcare system, while at the same time improving patient safety and enhancing the quality of care in diverse clinical settings.

### **Impact on Patient Safety and CLABSI Rates**

Implementing the speak up initiative in healthcare settings has shown a positive impact on patient safety and CLABSI rates. Studies have demonstrated that interventions promoting speaking up behaviour among healthcare (Landgren et al., 2016) professionals contribute to enhanced patient safety outcomes and reduced medical errors (Landgren et al., 2016). The CLABSI rate decreased from 1.5 to 1.03 per 1000 device days, with a 24% reduction by 2018 and an additional 15% by the end of 2019, supported by posters and brochures encouraging patients to speak up and remind healthcare providers to wash their hands before physical contact (Mostafa et al., 2022). Effective communication strategies, psychological safety, and education on the importance of speaking up have been instrumental in creating a culture where healthcare workers feel empowered to voice concerns about patient safety, ultimately leading to improved outcomes and decreased CLABSI rates (Hightower et al., 2022).

### **The Speak Up Initiative**

The speak up initiative, developed by The Joint Commission, encourages patients and healthcare workers to speak up about safety concerns (Kane et al., 2023). It is based on the principles of transparency, accountability, and empowerment.

The speak up initiative emphasises the importance of open communication in healthcare, encouraging patients and healthcare professionals to voice concerns regarding patient safety and quality of care (Voogt et al., 2020). This initiative aims to empower individuals to actively participate in their healthcare by raising questions, sharing information, and expressing opinions to prevent adverse incidents and ensure patient safety (Barlow, 2021). Factors influencing the willingness to speak up include the perceived risk to patients, clarity of the clinical situation, organisational support, teamwork, individual responsibility, communication skills, and perceived efficacy and safety of speaking up (Okuyama et al., 2014). Healthcare organisations invest resources in developing communication strategies and training programs to foster a culture where speaking up is valued and encouraged (Pattni et al., 2019). Promoting the practice of speaking up necessitates fostering an atmosphere of psychological safety, where individuals are encouraged to express their concerns and actively participate in ensuring patient safety (Schwappach & Richard, 2018). By supporting a culture of open communication and active participation, the speak up initiative plays a crucial role in enhancing patient safety, improving healthcare quality, and preventing medical errors in healthcare settings.

### **Timing for speak up**

Speak up and pre-insertion, during and post CVC insertion emphasizes the importance of communication and vigilance at all stages of central venous catheter (CVC) management to prevent central line-associated bloodstream infections (CLABSIs). Effective communication among healthcare teams is crucial before, during, and after CVC insertion to ensure adherence to infection prevention protocols (Naik et al., 2021). For instance, Maria et al. (2021) found that a substantial percentage of patients had unnecessary CVC, highlighting the need for clear communication regarding their clinical necessity.

During insertion, the speak up culture encourages team members to voice concerns about adherence to sterile techniques. This statement supported by Al-abdullah (2018) that

implementing a culture of safety in the bundle led to a significant reduction in CLABSI rates in ICUs.

This aligns with findings from Ben-David et al. (2023) which emphasized that multidisciplinary collaboration during the insertion process is vital for maintaining high standards of care. Post-insertion, continuous monitoring and communication about potential complications are essential. Harris et al. (2023) noted that regular check-ins and discussions about catheter care can help identify early signs of infection, thus preventing CLABSIs.

In conclusion, fostering a culture of open communication and vigilance at all stages of CVC management is critical for preventing CLABSIs. By empowering healthcare teams to speak up and ensuring thorough discussions about catheter necessity and care, healthcare facilities can significantly improve patient outcomes and reduce infection.

## Discussion

### Applications in Daily Life and Professional Ethics

In the context of healthcare, this principle can be applied by ensuring that healthcare professionals adhere to best practices and ethical standards, and by encouraging them to speak up against practices that could harm patients.

The practice of *Amar Makruf Nahi Mungkar* in daily life and professional ethics is essential for guiding individuals to promote good deeds and discourage immoral actions. In daily life, this principle entails actively promoting positive behaviour, such as assisting those in need, advocating for kindness, and opposing injustice or wrongdoing. By enjoining good and forbidding evil, individuals play a role in fostering a harmonious and ethical society rooted in Islamic teachings (Arif, 2024). In professional ethics, the concept of *Amar Makruf Nahi Mungkar* directs professionals to maintain moral standards, integrity, and social responsibility in their work. It urges professionals to speak out against unethical practices, prioritise honesty and fairness, and strive for excellence in their professional conduct. By incorporating this principle into daily life and professional ethics, individuals can help cultivate a culture of righteousness, accountability, and ethical behaviour in both personal and professional realms, aligning their actions with Islamic values and teachings.

### Integrating speak up with *Amar Makruf Nahi Mungkar*

Both the speak up initiative and *Amar Makruf Nahi Mungkar* emphasise proactive behaviour, accountability, and moral responsibility. Integrating these concepts can create a robust framework for preventing CLABSIs.

Integrating the speak up initiative with the Islamic concepts of *Amar Makruf Nahi Mungkar* can lead to a synergistic approach towards promoting ethical behaviour and ensuring patient safety in healthcare settings. Speak up encourages patients and healthcare staff to voice concerns, ask questions, and actively participate in their care, aligning with the concept of enjoining good and forbidding evil (Faida & Makky, 2023).

Critical care nurses in Poland and Turkey face comparable challenges in patient communication within the intensive care unit (ICU) setting, where many patients are unable to verbalize their concerns due to factors such as sedation, mechanical ventilation, or altered consciousness. These limitations present significant obstacles to providing patient-centred care, emphasizing



the need for healthcare providers to rely heavily on non-verbal cues, as verbal communication is often restricted in these circumstances (Aktas & Karabulut, 2017).

This reliance on non-verbal communication can lead to misunderstandings and unmet needs, as healthcare providers may misinterpret patients' non-verbal signals. Contrastingly, Pisano & Bilotta (2024) The Glasgow Coma Scale (GCS) provides valuable insights into a patient's level of consciousness and communication potential, but it fails to account for the nuanced individual experiences that can vary significantly among patients with similar scores. This limitation underscores the need for a more holistic approach to patient assessment that goes beyond standardized scales.

The common ground between *speak up* and *Amar Makruf Nahi Mungkar* lies in their shared goal of promoting positive actions and preventing harm. Both emphasise the importance of taking proactive measures to address issues and improve outcomes, whether through patient empowerment or ethical guidance. In the context of preventing CLABSI, both patient empowerment and ethical guidance play crucial roles in ICU. Patient empowerment in ICU involves educating patients about their care, enabling them to actively participate in decisions regarding their treatment. Studies indicate that informed patients are more likely to adhere to infection prevention protocols, such as hand hygiene and recognizing signs of infection, thereby reducing CLABSI rates (Sowan et al., 2018). Conversely, ethical guidance emphasizes the responsibility of healthcare providers to ensure patient safety in ICU through adherence to best practices. highlight that fostering an environment where nurses feel empowered to speak up about breaches in sterility is essential for maintaining high standards of care (Choi, 2021). This aligns with findings from Braun (2020), which suggest that associations between improvement and safety culture may be bi-directional such that positive safety culture contributes to successful interventions and implementing effective interventions drives improvements in ICU culture of reducing infection risk.

Critically, while both patient empowerment and ethical guidance are vital, they must be integrated into a comprehensive infection prevention strategy. Empowering patients without addressing systemic issues can foster a blame-shifting culture, where patients are held accountable for infections resulting from lapses in care, further compounded by the lack of informed consent, ultimately hindering the development of trust between health services and the general public (Abbas et al., 2022)

In sum, promoting patient empowerment alongside ethical guidance can enhance CLABSI prevention efforts. By fostering a culture of open communication and shared responsibility, healthcare organizations can improve adherence to infection control measures, ultimately leading to better patient outcomes. This integration can enhance patient safety by fostering a sense of responsibility among all stakeholders to uphold ethical standards and intervene when necessary to prevent harm. By combining the principles of *speak up* with the values of *Amar Makruf Nahi Mungkar*, healthcare organisations can cultivate a culture of mutual respect, communication, and ethical conduct, ultimately leading to improved patient safety and quality of care.

### **Integrating *Amar Makruf Nahi Mungkar* and *Maqasid Shariah* in CLABSI Prevention**

The concept of *Maqasid Shariah*, particularly the protection of life, is pivotal in addressing healthcare practices, including the prevention of CLABSI. The principle of *Amar Makruf Nahi*

*Mungkar*, which advocates for promoting good and preventing harm, aligns closely with the ethical imperatives of healthcare professionals to ensure patient safety and well-being. The integration of Islamic values into clinical practices emphasizes the necessity of adhering to high standards of care, which is essential in preventing infections like CLABSI (Hashi, 2022).

In comparing the roles of healthcare professionals, studies indicate that the application of Islamic medical ethics can enhance the quality of care provided in Muslim-friendly hospitals, thereby reducing the incidence of preventable infections (Rashid & Al-shami, 2022). Furthermore, Mariat et al. (2024) emphasis on cultural competence among healthcare providers, as highlighted in recent literature, underscores the need for training that incorporates Islamic principles into medical education. This cultural alignment not only fosters trust but also enhances patient compliance with medical protocols, which is crucial in infection prevention strategies.

In contrast, while some healthcare systems may prioritize efficiency and cost-effectiveness, the *Maqasid Shariah* framework insists on the sanctity of life and the ethical obligation to provide care that upholds dignity and respect for patients (Alfahmi, 2022). Thus, the application of *Maqasid Shariah* in healthcare not only supports the prevention of CLABSI but also reinforces the moral responsibilities of healthcare providers to act in the best interests of their patients.

### **Strategies for Implementation**

Implementing this integrated approach involves educating healthcare professionals about the importance of both speaking up and adhering to ethical principles, providing training on recognising and reporting safety concerns, and creating a supportive environment for ethical behaviour (Hanson et al., 2020).

To enhance CLABSIs prevention in healthcare facilities, the implementation of the Islamic principle of *Amar Makruf Nahi Mungkar* can be beneficial. Strategies to consider include establishing clear guidelines emphasising practices like proper hand hygiene, aseptic techniques during line insertion, and regular line maintenance (Yokoe et al., 2023). Additionally, fostering a culture of accountability and empowerment among healthcare workers can promote prompt addressing of lapses in infection prevention measures (Hasbullah et al., 2018). The study investigates the role of Islamic communication in fostering moral responsibility and encouraging positive transformation within the community, grounded in the principles of *Amar Makruf Nahi Mungkar* where a qualitative methodology, utilizing case studies, was employed to examine the communication patterns adopted by members and institutions in Lhokseumawe City. The findings from the study demonstrated that Islamic communication, rooted in the Qur'an and Hadith, plays a pivotal role in promoting religious understanding and social cohesion. Therefore, the had study concludes that effective communication, both religious and organizational, is essential in nurturing ethical behaviour and preventing deviance within society.

Integrating *Amar Makruf Nahi Mungkar* principles into quality improvement initiatives can aid in identifying areas for improvement and implementing evidence-based practices to reduce CLABSI rates (Yokoe et al., 2023). Furthermore, promoting open communication and collaboration among multidisciplinary teams can enhance infection prevention strategies and ensure a holistic approach to patient safety (Hasbullah et al., 2018).

Promoting open communication and collaboration among multidisciplinary teams is essential for enhancing infection prevention strategies, particularly in the context of CLABSIs. Effective teamwork facilitates the sharing of knowledge and best practices, which can lead to improved adherence to infection control protocols. For instance, a study by Reed et al. (2020) demonstrated that multidisciplinary rounds significantly reduced CLABSI rates by fostering engagement among healthcare providers, thereby ensuring compliance with care bundles.

Conversely, the lack of collaboration can result in fragmented care and inconsistent application of infection prevention measures. For example, Tsai et al. (2024) highlighted that inadequate training among medical students regarding central venous catheterization led to increased complications, underscoring the need for a cohesive approach to education and practice. This aligns with findings from Morosini et al. (2022), which indicated that effective communication within multidisciplinary teams contributed to a significant decrease in CLABSI rates through the implementation of standardized protocols.

Critically, while multidisciplinary collaboration is beneficial, it requires commitment from all team members to be effective. Studies have shown that varying levels of awareness and engagement can hinder the success of these initiatives (Goldman et al., 2021). Hence, fostering open communication and collaboration among multidisciplinary teams is vital for enhancing CLABSI prevention strategies. By ensuring that all team members are informed and engaged, healthcare facilities can create a holistic approach to patient safety that effectively reduces infection rates.

In conclusion, aligning strategies with the principles of *Amar Makruf Nahi Mungkar* can strengthen infection prevention practices in healthcare facilities, reduce CLABSI rates, and improve overall patient safety outcomes.

### **Challenges and Barriers**

Challenges include cultural resistance, fear of repercussions, and lack of awareness. Overcoming these barriers requires strong leadership, clear communication, and continuous education (Schweiger et al., 2020).

Implementing the speak up initiative to prevent CLABSIs faces several challenges and barriers. Nurses' knowledge gaps and high workload can hinder their ability to effectively implement infection prevention practices, leading to increased CLABSI rates (Badparva et al., 2022). Despite the availability of guidelines and preventive measures, the complexity of healthcare systems and the need for multidisciplinary collaboration can pose obstacles to consistent adherence to best practices (Bell & O'Grady, 2017). Additionally, sustaining improvements in CLABSI reduction requires ongoing monitoring, feedback mechanisms, and staff engagement to ensure compliance with preventive protocols (Gauntt et al., 2022).

Furthermore, the lack of standardised procedures, inadequate training, and varying levels of awareness among healthcare workers can impede the successful implementation of CLABSI prevention strategies (Manzo et al., 2021). Manzo et al., (2021) in their study they found that while Brazilian nurses reported moderate knowledge of CLABSI prevention measures, significant gaps still existed, which indicated low compliance with guidelines in Egypt (Mazi et al., 2021). The study also supported by Chinese ICU nurses in Guangdong Province lack of knowledge and practice of evidence-based guidelines for the prevention of CLABSIs (Chi et

al., 2020) This inconsistency highlights the need for standardized protocols to ensure that all healthcare workers are equipped with the necessary knowledge and skills.

Moreover, Mazi et al., (2021) identified that a lack of familiarity with practice guidelines is a major barrier to effective implementation where the study showed that educational interventions could lead to a significant reduction in CLABSI rates, emphasizing the importance of ongoing training. In contrast, Hooshmand et al. (2021) noted that while toolkits provided by the Agency for Healthcare Research and Quality focus on training, the actual application of these guidelines often falls short due to inadequate awareness and adherence among staff.

In short, addressing the lack of standardized procedures and enhancing training programs are essential for improving CLABSI prevention strategies. Continuous education and the establishment of clear protocols can bridge the knowledge gap among healthcare workers, ultimately leading to better patient outcomes and reduced infection rates. Overcoming these barriers necessitates comprehensive education programs, regular audits, and continuous quality improvement initiatives to address gaps in knowledge and practice (Park et al., 2017). Tackling the difficulties and obstacles associated with implementing the speak up initiative for CLABSI prevention necessitates a comprehensive strategy that encompasses education, training, leadership dedication, and sustained quality improvement endeavours to guarantee the substantial decrease of CLABSI rates in healthcare environments.

### **Future Directions and Research Opportunities**

Future directions and research opportunities for integrating the speak up initiative with the Islamic principle of *Amar Makruf Nahi Mungkar* present promising avenues for enhancing patient safety and ethical conduct in healthcare settings. Research could focus on exploring the impact of combining patient empowerment through speaking up with the moral obligation of enjoining good and forbidding evil on healthcare outcomes (Astuti & Jumari, 2019). Phenomenological studies could investigate the lived experiences of healthcare providers and patients in environments where these principles are integrated to understand the effectiveness and challenges faced (Astuti & Jumari, 2019). Additionally, research opportunities exist to evaluate the role of leadership support, communication strategies, and organizational culture in successfully implementing these principles for improved patient safety and infection prevention (Jihad, 2021). Longitudinal studies could assess the sustainability and long-term effects of integrating speak up with *Amar Makruf Nahi Mungkar* on reducing healthcare-associated infections and promoting a culture of safety and accountability (Jihad, 2021). By delving into these research areas, healthcare systems can advance their understanding of how ethical principles and patient engagement initiatives can synergistically contribute to enhancing healthcare quality and safety.

### **Conclusion**

Integrating the speak up initiative with the Islamic principles of *Amar Makruf Nahi Mungkar* offers a comprehensive approach to CLABSI prevention. The integration of these efforts cultivates an environment that emphasizes safety and ethical considerations, which could lead to a reduction in CLABSI incidences and an improvement in patient outcomes. Further research and tailored implementation strategies can enhance the effectiveness of this integrated approach.

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