



# 4<sup>th</sup> NATIONAL CONFERENCE ON SHARIAH COMPLIANT HOSPITAL 2020

## SPIRITUAL COMPETENCY: FOUNDATION TO PRACTICE IN MEDICINE

### ABSTRACT BOOK

SEPTEMBER  
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**Abstract Book**

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**SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM  
IIUM Kuantan**

**6<sup>th</sup> – 7<sup>th</sup> September 2021**

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## **Management of An-Nur Specialist Hospital and Lam Wah Ee Hospital Based on Maqasid Al-Shariah**

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Healthcare industry especially hospital plays a vital role in ensuring the well-being of the community. Many concept and certification programmes have been introduced into the industry including MSQH, ISO, JCI, 'Ibādah Friendly and few others to ensure the best quality in healthcare services. In 2014, a Sharī'ah compliant certification programme MS1900:2014 was introduced. It is a quality assurance certification programme which underlined by Islamic teaching. Certified institution will be given a recognition as Sharī'ah compliant. They must comply to the Islamic values and must incorporate Islamic jurisprudence in each of its business process where applicable. Currently An-Nur Specialist Hospital is the first private hospital certified as Sharī'ah compliant. However, question rises on whether MS1900:2014 is comprehensive enough in defining the true beauty of Islam. Therefore, the purpose of this study is to define a comprehensive Sharī'ah Compliant concept according to the understanding of Maqāsid al-Sharī'ah by using a case study of two well-established hospitals with different models which are An-Nur Specialist Hospital and Lam Wah Ee Hospital. The case study uses in-depth, open-ended interview with the hospital's senior management representative. The interview was recorded, transcribed and evaluated based on thematic analysis to understand the practice. The outcome shows that the Sharī'ah compliant concept has internally complied to Sharī'ah jurisprudence and the nonIslamic institution are leading in giving values and goodness to the community. The combination of both concepts defines a comprehensive definition of Sharī'ah compliant which is closer to the Maqāsid al-Sharī'ah.

### **Keywords:**

Shariah Compliant Hospital, Maqāsid al-Sharī'ah, MS1900:2014

## **The Shariah-Derived Models of Medical Interactions between Healthcare Providers and Patients**

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The Shariah-Derived Models of Medical Interactions between Healthcare Providers and Patients are models of medical professionals and patient-client relationships constructed and reviewed from the religious perspective, Islamic jurisprudence in particular. The models were constructed based on various aspects pertaining to the patient who seeks for the treatment or consultations, the doctor who provides the medical services or treatment, involvement of a third party, the form of agreement involving all related parties, and the related Islamic rulings. The rulings were derived from the five basic rules pertaining to the actions and interactions of a person (*al-ahkam ash-shar'iiyyah al-taklifiyyah*). The models were classified based on the profitability of the service rendered, types of contracts involved, as well as the related Islamic rulings. The relationships are summarized into four models; Model A - Charitable Work/ Non-Profit Based, Model B - Profit Based, Model C - Civil Servant, and Model D - Private Employee/ Practice. Providing medical services is indeed a noble obligation. It involves certain requirements and principles in relation to the religious rulings that may differ from what are commonly practiced or understood.

### **Keywords:**

Medical ethics, medical interactions, muamalat in medicine, public interest, shariah compliance.

## **Hospitalized Muslim Trauma Patients Ibadah Disability Scale (HM[T]-IDS): Validation and Reliability Testing**

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### **Keywords:**

Medical ethics, medical interactions, muamalat in medicine, public interest, shariah compliance.

## **Need Assessment on Why Muslim Trauma Patients Neglected their Prayers During Hospitalization**

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A Muslim prayer involves physical motions and recitations. It requires cleansing of the body, ablution, and proper clothing prior to the prayer. Illness does not alleviate the obligation to perform the prayer. We performed a need assessment on 203 hospitalized Muslim trauma patients to explore the common and specific difficulties as well as problems faced by them in performing their prayers depending on their level of disabilities. Data collection was conducted using a self-reported questionnaire for the patients and their caregivers, as well as observations and functional assessment by physicians. Data included patients' demographic information (age, gender, occupation, level of education, and level of religious education), practice of prayers before their illness, types and severity of the disability, and difficulties faced in preparing and performing the prayers. The mean age of the entire cohort was 34.15 years. More than half (52.2%) did not perform prayers during hospitalization. Age, gender, and marital status did not significantly influence participants' performance of prayer. Significant influential factors include types of illness ( $p=0.002$ ), mobility ( $p=0.009$ ), and toileting abilities ( $p=0.009$ ), frequency of daily prayers and mosque-goers prior to illness ( $p = 0.001$  and  $0.005$ , respectively). Other factors include the feeling of embarrass with other patients and lack of assistance ( $p = 0.035$  and  $0.006$ , respectively). More patients electively admitted performed their prayers compared to those who neglect. 62.0% of patients admitted post-surgery did not perform their prayers compared to those who did. Subuh and 'Asr prayers were the most difficult to be performed, although 42.3% of the participants felt all five difficult and not just the two. Understanding the patients' needs will improve deliverance of assistance. A systematic and organized module can be developed to balance between core duties of the healthcare providers and delivering assistance to patients in performing their prayers.

### **Keywords:**

Ibadah-friendly, Muslim patient, Muslim prayer, religious obligation, trauma care

## **The Diamond Framework of an Ibadah-Friendly Hospital: A Revisit.**

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The Diamond Framework of an Ibadah-Friendly Hospital is a model illustrating the important aspects and facets of an ideal hospital with a holistic approach (*uslub syumuli*) in patient care. The framework was designed back in 2004 but it was only in the year 2015 that it first attracted international interest. It summarizes the four elements that contributes to the approach, grounded by the *Tawhidic* paradigm, and guided by the purposes of the syari'ah (*maqasid al-syari'ah*) and the Islamic legal maxims (*qawaid al-fiqhiyyah*). A brief appraisal of studies was performed to explore available publications related to the elements of the concept. Revisiting the diamond framework, four aspects form the center of the diamond model (1) patients or clients, (2) medical/ non-medical healthcare providers, (3) facilities/ infrastructures, and (4) hospital policies. Balance of the four facets, (1) education, (2) training, (3) research, and (4) standards, is important in providing services, and avenue in promoting spiritual, physical, and mental health for all who are involved. Based on these elements, a literature review on related papers and studies were obtained from electronic and manual searches. Keywords used included: 'ibadah-friendly' (or mesra-ibadah), 'Muslim-friendly', along with 'hospital' or 'health services'. These included publications in English or Malay/ Indonesian languages since the year 2005. Publications from Malaysia mostly focused on the concept of ibadah-friendly hospital or health services. Recent papers highlighted the need of concept in relation to medical tourism. Others included surveys on the effectiveness of personnel empowerment, spiritual support, and disability assessment. The term 'Muslim-friendly' are more widely used in international papers. The trend was more on Muslim chaplaincy, gender preferences, religious and cultural diversity, Muslim-friendly services/ facilities, and end-of-life services. Efforts in research play an integral role in providing evidence-based solutions related to all aspects of the framework including needs assessment and module development.

### **Keywords:**

Hospital care, ibadah-friendly, Muslim patient, religious obligation, trauma care



## **The Influence of Spiritual Story Telling on Stress Levels of Children Who Hospitalized in RSI Sultan Agung Semarang, Indonesia**

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Hospitalization for the children might become the best effort to cure the sick children. However, the children's perception for the disease is diverse and might influence the stress level and treatment process of the hospitalized children. This study aimed to determine the effect of spiritual story telling on stress levels of hospitalized children. This pre- and post-test design study compared the control group (n=15) vs. the intervention group (n=15) which divided randomly. The subjects were children aged 6-12 years who hospitalized in RSI Sultan Agung Semarang. The type of story used in "spiritual story telling" intervention was animal stories by incorporating religious values into the story. Stress level measured using some parts of Depression Anxiety Stress Scale (DASS). Data was analyzed using marginal homogeneity test. Before the intervention, the stress level between two groups were similar. The number of subjects who experienced mild stress was 16.7%, and moderate stress was 33.3%, in each group, either in the control or intervention groups. After the intervention, in the control group 33.3% subject was normal, and 66.7% subjects was mild stress, meanwhile in the intervention group all the subjects was normal. The p value was <0.00 for the intervention group (before vs after), and for the control group (before vs. after) the p value was 1.00. Spiritual story telling could reduce stress level in hospitalized children. Therefore, the use of spiritual story telling therapy as a part of non-pharmacological effort could be considered for hospitalized children.

### **Keywords:**

children, hospitalization, stress level, spiritual story telling

## **Learning Effectiveness (*Tahajud* Prayer Therapy) in Reducing The Anxiety Level of Chemotherapy Patients in Rumah Sakit Islam Sultan Agung Semarang**

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Generally, chemotherapy patients have experienced feelings of depression, fear, and worry about something uncertain in awaiting recovery. This is known as feelings of anxiety. Anxiety is part of human life, but with a spiritual approach through midnight prayer could be the best solution and alternative for chemotherapy patients in reducing their anxiety. This study aimed to determine the effectiveness of *tahajud* prayer in reducing anxiety levels of chemotherapy patients who hospitalized in RSI Sultan Agung Semarang. This was a non-randomized pre- and post-test group design study with 40 subjects. Adult patients, Muslims, who hospitalized for chemotherapy program, and willing to participate were recruited. The intervention was *tahajud* prayer with 7 *raka'ats* consisting of 4 *raka'ats* of two praises of prayer and 3 *raka'ats* of two times *salam*. The total duration of intervention was approximately 3 hours. The anxiety level was measured using *Hamilton Rating Scale for Anxiety* (HRS-A), at before and after the intervention. Data was analyzed with paired sample t-test. The average score of anxiety level was  $1.80 \pm 1.14$  and  $1.180 \pm 0.50$ , before and after intervention, respectively. The scores was significantly different with the p value from paired t-test was 0.001. *Tahajud* Prayers Therapy could reduce anxiety in chemotherapy patients.

### **Keywords:**

Tahajud prayer, chemotherapy patients, anxiety level

## **Health Endowment/Waqf Model, Principle and Application for Hospital Universiti Sultan Zainal Abidin (HPUniSZA)**

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Waqf is an act of worship that involves the field of muamalah and plays an important role in resolving issues of poverty, health, education and housing for the community in need. This article focuses on the role of waqf in relation to health issues that arise as a result of high medical costs that cause many Muslims to be unable to afford the best treatment. This study aims to discuss the concept of health endowment, then identify the form of endowment management in Malaysia and introduce the basic framework of health endowment in new HPUniSZA. It is a qualitative study using content analysis method. Data were collected from articles and books authored by scholars, and subsequently analyzed using comparative fiqh methods. The findings of this study show a high potential to develop a health endowment model to raise funds for the treatment of patients at the HPUniSZA, who are less financially capable, then create a system to channel the endowment funds. The establishment of the HPUniSZA endowment model is a health endowment model that can solve the health problems of Muslims in the local area, apart from being part of a joint venture between a private company and the social welfare department to alleviate the burden of the people facing the rising cost of living. At the same time, we can see the role of waqf is very significant in resolving the issue of Muslims, especially in the field of health of Muslims in this country.

### **Keywords:**

Hospital endowment, waqf model, Hospital Universiti Sultan Zainal Abidin (HPUniSZA)

## **Management of Monitoring Continuous Conformity of Shariah Requirements in All Activities at SASMEC @IIUM: Model and Implementation**

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One of the main requirements to be a Shariah compliant organization is the continuous monitoring of Shariah compliance in all day-to-day activities. This study aims to discuss model of Shariah monitoring process at SASMEC @ IIUM. The Department of Shariah Compliance (DSC) is responsible for the Shariah monitoring process at SASMEC @ IIUM. The process is started from the process of checking workflow and standard operating procedure (SOP) at all department/unit/clinic/ward (DUWC). Then, the DSC will do the inspection at all DUWCs throughout the year. Shariah Liaison Officer are appointed at all DUWCs to help DSC in monitoring day-to-day activities at their DUWCs. The DSC is responsible to check thoroughly in three matters; food premises, program conducted at hospital and Shariah related documents. All food premises located at SASMEC @IIUM are inspected to ensure all foods and beverages served are from *halal* sources and *toyyiba*. Aspect of cleanliness and dress code of food handler are also observed. For the monitoring of program conducted at hospital, the DSC will give an advice on Shariah guidelines to the respective organizing committees before the program. Then, they will monitor the implementation of Shariah guidelines during the program. The DSC also responsible to check and give advices on Shariah related documents to ensure all documents comply with Shariah principles and requirements. As part of monitoring process, DSC has been conducting a Shariah clinic every week to provide an opportunity for all staff to discuss with the DSC regarding any arising Shariah matters at hospital. The outcome shows that this model is effective in fulfill the requirements needed to be Shariah compliant organization as SASMEC @IIUM was successfully awarded with MS 1900:2014 certification from the SIRIM. Hopefully it is useful for other organization to follow this footstep in order to be Shariah compliant organization.

### **Keywords:**

Shariah Compliant Hospital, Shariah Monitoring Process, Sultan Ahmad Shah Medical Centre @IIUM (SASMEC @IIUM), Department of Shariah Compliance (DSC)

## **Integrated Clinical Skills Laboratory (CSL): SASMEC @IIUM Experience of Medico-Fiqh Ibadah Training (M-FIT)**

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Medical, spiritual care and fiqh ibadah skills training are fibers in a whole mesh founded on Tauhidic principle, belief in *Allah*. Integration and Islamization of human knowledge in medical personnel training is part of the mission in planning of Sultan Ahmad Shah Medical Centre @IIUM. This holistic approach of teaching and practicing have been achieved by having structured programmes for the staffs as on-job training course. Department of Shariah Compliance has gone further by introducing a clinical skills practical session on the relevant aspects of Islamic issues in clinical practice since 2018. We share our experience of this program, which showed to be beneficial to the staffs as well as the patients. The Objectives are to train hospital staffs on the practical aspects of *fiqh ibadah* during treatment of patient conditions, and to build up staffs' confidence in order to educate patients on matters pertaining to *fiqh ibadah* during illness (*Daawah*). Clinical Skills Laboratory (CSL) practical training session is part of the programme in our Medico-Fiqh Ibadah Training Course (M-FIT). Participants in a small group are given the task (case scenarios) and instructed to perform (role play) within a stipulated time. All tasks need to be answered and discussed. Assessment is done in formative way; feedback and reflection are elaborated to consolidate the lessons learned for each station. There are 8-10 stations for each session, a 2-hour session for each group (about 20 participants). Since the implementation, various obstacles have been faced and many improvements have been made. This practical skills session has benefitted hundreds of staffs; however, it is yet to be assess objectively and improve further for betterment of future generation.

### **Keywords:**

islamization of knowledge, clinical skills laboratory, practical training, *shariah* compliant hospital

## **Practicing Ibadah Among Hospitalised Patients in Ibadah Friendly Hospital Framework**

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Ibadah Friendly Hospital (IFH) is a program adopted by several hospitals which is in line with the Shariah Compliance Hospital (SCH) concept. In parallel with the IFH program, Standard Operating Procedures (SOPs), policies and guidelines were developed to achieve the desired outcome which is to encourage the patients to perform ibadah while being hospitalized; however, there is still high percentage of patients not abiding to it. The argument is that IFH program has been done based on healthcare professionals' perspectives without considering the experiences of the patients which reflected on its successfulness. The objective of this study is to support the implementation of ibadah friendly hospital program by using a patient-centered approach with the aims to focus on patients' preferences, perspectives and needs in performing ibadah activities while being hospitalized at Sultan Ahmad Shah Medical Centre @IIUM. A Qualitative Single Embedded Case study, with single case analysis and multiple methods of data collection including open-ended interviews with the patients, focus group discussion (FGD) with healthcare professionals and Islamic scholars, observations and document analysis will be adopted. Framework technique with utilisation of Nvivo software will be used in data analysis. It is hoped that by understanding the patients' performing ibadah, the support given would be more effective and the patients' willingness to perform ibadah during hospitalisation would be improved. The findings of this study can be used as a guideline and framework for improving the implementation and model of ibadah friendly hospital initiative and it will be beneficial to our hospital and others across the country and abroad.

### **Keywords:**

Solat, Hospitalized Patients, Ibadah Friendly Hospital, Sultan Ahmad Shah Medical Centre @IIUM.

## **Application of *Maqasid Shariah* Appraisal Matrix in Determination of *Shariah* Critical Control Point for *Shariah*-Based Quality Management System**

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SASMEC @IIUM has implemented the *Shariah*-Based Quality Management System MS 1900:2014 standard requirement in order to ensure that the organization is managed accordance with the *Shariah* principles. *Shariah* critical control points (SCCP) is a point within the organization's activities or processes at which controls can be applied and non-compliance to the principles of *Halal* and *Haram*, and principles of *Mu'amalat* can be prevented and mitigated to ensure compliance to *Shariah* requirements. In relation to identify the SCCP of each respective department/unit/ward/clinic (DUWC) which include establishing a document as evidence for compliance to the *Shariah* requirements, a rubric for appraisal matrix is formulate based on *Maqasid Shariah* as a method or tool of evaluation that provides clear assessment criteria and expected performance standards. The rubric is using *Maqasid Shariah* impact versus likelihood or probability of the event to occurs. The appraisal matrix is providing a transparent framework that clarifies assessment requirements and standards of performance for different grades and it clearly revealed the control point whether it is critical or not. The study aims to discuss and assess the effectiveness of using rubric for appraisal matrix SCCP in identifying and monitoring SCCP among *Shariah* Liaison Officer (SLO) who responsible to ensure all activities are comply to *Shariah* at their respective DUWC. Data were collected through survey questionnaire among the SLO. The outcome shows most of the SLO agreed that the rubric provides clear assessment and indicator to identify SCCP as well as easier for them to monitor the implementation of SCCP in their respective DUWC. The application of rubric for appraisal matrix SCCP based on the *Maqasid Shariah* can be expanded to other organization in Malaysia in order to fulfill standard requirement of MS 1900:2014.

### **Keywords:**

Shariah Critical Control Point, Shariah Compliant Hospital, Maqasid Shariah, Rubric, Appraisal matrix.

## **Incorporation of Spiritual Approach in Managing Elderly Patients among Rumah Ehsan Staff.**

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- 5 Zuraini Kating, Rumah Ehsan, Bandar Al Muktafi Billah Shah, Terengganu.

Holistic approach in managing patients has always been emphasized to produce a good outcome of the illness and improve patient satisfaction. This includes implementation of biological-psychological-social-spiritual approach in early detection of disease and management. All 27 medical staff of Rumah Ehsan, Dungun have been recruited to join a knowledge transfer program on early detection of mild cognitive detection among the elderly patients. This program lasted for nine months continuously introducing the concept of holistic spiritual approach and patient-centred management among the staff. Assessment had been done in the form of written pre-test and post-test to assess the impact of the program. The assessment score of the staff had improved to 66.1%. 100% of elderly patients in Rumah Ehsan had been screened successfully for cognitive impairment using the holistic spiritual approach. Holistic spiritual approach is definitely impactful in increasing the effectiveness of staff in managing elderly patients in geriatric centre. More workshops and training on this approach should be conducted in future.

### **Keywords:**

Holistic, Spiritual approach, Elderly