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Knowledge, Attitude and Practicality of Solat Among the Hospitalised Patients☼

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ABSTRACT

Introduction: A Muslim is obliged to perform solat five times every day at dedicated times. This must be performed regardless of the situation, either in ease or difficulty. The aims of this study were to investigate the awareness, knowledge and practicality of solat for sick Muslim patients when they hospitalised.

Methods: A cross sectional study involving 160 patients was conducted between 18th July 2013 and 28th August 2016. A valid, self-administered questionnaire was given to all Muslim patients to assess the awareness, knowledge, and practicality of solat during illness. The questionnaires were distributed to hospitalised Muslim patients from six selected hospitals in Malaysia.

Results: All 160 respondents are Muslim and know that solat is obligatory to be perform (100%). The majority of them 129 (80.6%) practice solat five times daily, while 26 (16%) practice it sometimes and five (3.1%) of them never perform it. However, only 103 (64.4%) were still practising solat when they were hospitalised, while 57 (35.6%) did not. More than half (56.9%) said that the pain and illness had limited their daily ritual practice. Overall, 113 (70.6%) of the respondents felt guilty when they unintentionally did not perform solat. Seventy (43.8%) patients said that the facilities in the hospital did not meet their expectations in terms of helping them to perform solat.

Conclusion: This study implies that there is a need for measures and interventions to help Muslim people perform solat while hospitalised. We hope that by conducting proper training and upgrading the facilities, the level of awareness and practice can be improved.

Keywords: Knowledge, attitude, solat, practicality, patient.

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INTRODUCTION

Islam is a universal religion that means "surrender or submission to only God, Allah", while a Muslim is a follower of this religion. The foundation of Islam is comprehensive and it is built on five pillars. First is the declaration of faith that there is only one God, Allah, and Muhammad is His prophet (messenger); second is to perform solat or prayer five times daily; third is the distribution of charity to the unfortunate; fourth is fasting during the Holy month of Ramadhan, and lastly the pilgrimage to the Holy City of Mecca once in a Muslim's lifetime, if possible.

In Malaysia, Islam has been declared as the official religion, and is followed by approximately 60% of the population. In conjunction, the government has included Islamic studies in the national curriculum and it is mandatory for every Muslim student. These students are taught the basics of the religion and its practise from as early as seven years old, especially covering how to pray. Once a Muslim has reached puberty, they are obligated to perform five daily prayers regardless of their situation, including sickness. Thus, prayer must be included in the daily routine of a Muslim.

The normal act of prayer in Islam is performed using the whole body and practiced in the same prescribed manner all over the world. It involves standing, bending, sitting and assuming the prostration position in one cycle. Thus, sickness and issues with mobility are obstacles to performing prayer. It is important to be aware that Islam makes a provision for the sick known as Rukhsah. Rukhsah literally means the leniency or flexibility in performing Allah's commandments. These leniencies are applicable to all forms of religious obligations, including prayers. In Rukhsah, the five daily prayers can be shortened and combined. Thus, this will reduce number of times to prayer while keeping the five daily prayers. The format or mode can also be modified according to the person's ability. For instance, it can be performed lying down and facing toward Kiblat for the bedridden patient.

Limitations surrounding prayer are not confined to the restriction of movements, but also in preparation before performing prayer. Muslims needs to make ablution, which involves cleansing parts of the body, for example, washing the face and arms, wiping the head, and finally washing the feet with water. Finally, the person wears a clean cloth and faces kiblat. In certain conditions, this is not possible for the Muslim patient when they were hospitalised due to medical reasons which disallow them to wash certain body parts. In addition, some may have difficulty in finding kiblah or a clean place to perform prayer. Thus, is important for healthcare staff to provide support and assistance as necessary. This includes assisting patients in making ablution, and cleaning substances such as stool, urine or blood from the patient's body.

Along with the benefits for fitness, prayer also plays a role in enhancing psychological and mental well-being. During prayer, one is in a state of total submission to the creator, which provides calm and tranquillity. This can reduce the sense of anxiety, fear and insecurity. Thus, the heart is more relaxed and the mind is in balanced control. This may help the patient to expedite the recovery process, as they may be in a state of depression due to their sickness.

This study aims to add value in the following areas of interest by considering the epidemiological data in Malaysia. Considering the obligation of Muslim, there are limited data conducted on the level of knowledge, attitude and practise of prayer among Muslim patients during hospitalisation. It is important to know the obstacles that prevent Muslims from performing prayer, so that the respective team can provide solutions. In addition, the awareness regarding these issues can be circulated among healthcare staff and professionals in order to use the measures that have been implemented in the new teaching Syariah-based hospital, the Sultan Haji Ahmad Shah Medical Centre in Kuantan.

METHODS

Sampling

This preliminary study design was conducted in six government hospitals in Malaysia in 2013 and 2016, Hospital Queen Elizabeth, Hospital Sultanah Nur Zahirah, Hospital Raja Perempuan Zainab II, Hospital Batu Pahat, Hospital Tengku Ampuan Afzan, and Hospital Tengku Ampuan Rahimah.

A simple random sampling method was used to select the participants from the list of staff provided by the hospital management. The participants were inward Muslim patients whose participation was voluntary. The participants were given a questionnaire to answer and the data were collected after interview. The inclusion criterion of this study was inward patients who are Muslims. Those who refused to participate were excluded from this study. A total number of 160 subjects were included in this study

The respondents were selected using the systematic random sampling method at a regular interval. The total number of patients per ward was 60. This study had a target population of 2500 people, and chose 160 people for its sample group. The calculation of the sampling interval was performed as follows:

k = N/n
k: regular interval
N: population size
n: sampling size
Target population, or N = 2500
Sample size, or n = 160
Sampling interval, or i = N/n = 2500/160 = 16

Therefore, our sampling interval was 16, hence every 16th element in succession was taken from the sampling frame to be a part of the sample group. The inclusion criteria were as follows: Muslim and age 18 years or above, while patients from other religions and younger than 18 years old were excluded.

Tools

In this study, a self-developed questionnaire was created based on the KAP (knowledge, attitude and practise) model. This validated questionnaire consisted of five components which included the respondent's socio-demographic profile, knowledge, attitude, practice and problem regarding performing solat during illness. A cross sectional study was conducted by using a self-administered questionnaire among 10 inward Muslim patients in Hospital Tengku Ampuan Afzan, Pahang, Malaysia between 22nd and 24th April 2013. A questionnaire was developed containing a list of open-ended questions covering broad themes designed to address the study objectives. The guide was tested for clarity and refined after a pilot interview, which was carried out before the actual data collection. No proper validation calculation was performed since cross check was undertaken among three lecturers and selected patients were shown regular results. Verbal consent from each patient was obtained following the protocol of Good Clinical Practice and ethical requirements.

Data Collection

The community survey was conducted over two months in two different years (2013 and 2016). Data from the two years were combined. Before the survey was conducted, the research team obtained permission from the Kulliyyah of Medicine through the Kulliyyah Research Centre, International Islamic University Malaysia to conduct a study among Muslim patients in selected government hospitals around Malaysia (Hospital Queen Elizabeth, Hospital Sultanah Nur Zahirah, Hospital Raja Perempuan Zainab II, Hospital Batu Pahat, Hospital Tengku Ampuan Afzan, and Hospital Tengku Ampuan Rahimah). After the target population was selected, approval from several ethics committees was sought from the selected hospitals. Consent forms were obtained from all respondents before the questionnaires were distributed.

Data Analysis

All of the study variables were analysed descriptively to explore the prevalence of awareness, attitude and practicality of solat among the inward patients. The statistical analysis was performed using SPSS 16.0 for Windows/Vista and Microsoft Excel version 2102.

RESULTS

In total, 160 Muslim patients agreed to participate in this study. All patients were able to complete the questionnaire. However, there are some missing data and incomplete questions. The majority of our respondents are female (112, 70%), compared to only 48 (30%) who are male. Most of our respondents fall into the 31–60-year-old age group (63%), while others are 18–30 years old (20%) and few are older than 60 years old (17%).

There are 61 (38%) patients who were admitted for the first time, whilst the other 99 (62%) patients were frequently admitted. From the total of 160 patients, 52 (32%) are freely mobile, while the others 108 (68%) have some limitation of their mobility due to pain and other reasons. From the survey, it was found that (160) 100% of respondents know that Muslims are required to perform solat five times daily, regardless of their condition. When asking regarding the knowledge of solat, most respondents learned about this during primary school (103, 64%), as compared to 40 (25%) who learned in secondary school, 15 (10%) who learned after secondary school, and two (1%) who never learned at all. The majority of the patients learned about solat with their parents (69, 43%) or at school (37, 23%), compared to other places such as Fardhu Ain & Al-Quran class (KAFA) (30, 19%), mosques (17, 10%), from colleagues (6 4%,) or self-learning (1, 1%).

However, only 129 (80%) of the patients perform all five prayer practices all the time, with 26 (16%) performing it sometimes, and five (3.1%) never having practised solat in their lifetime. Jamaah prayer is not a routine, as only 26 (16%) respondents practice it all the time, whereas others (48, 30%) practice it frequently and 64 (40%) practice it sometimes. Of these, 22 (14%) patients have never practiced it. It is very impressive that most patients (103, 64.4%) know how to perform solat during sickness. Most either learned this in school (50, 31%) or by self-learning (20, 13%), whilst others learned from KAFA (12, 8%), mosques (9, 6%), parents (7, 4%) or colleagues (5, 4%).

DISCUSSION

All respondent agreed and knew that solat is obligatory to perform every day. They showed a good level of practise (80%) while they were at home and healthy. However, it may be challenging for a Muslim to perform prayers while they are sick, even though their awareness level is high. This is supported by the fact that in Malaysia, Islamic education is included as part of the programme since primary school and some people may be exposed earlier by their parents or the scholars in the mosque. Thus, our result showed 64% of respondents knew how to perform rukhsah in solat. This result however contradicts with the previous study done in Quwait and Japan which found that majority of their Muslim patient do not perform solat in the hospital (1, 2).

Table I: Prevalence of health status among in-ward patients (N = 160) and implications on their attitudes
N = 160

Variables	Frequency (n)	Percentage (%)
Does the illness/pain affect mobility?		
Yes	91	56.9
No	69	43.1
How you categorise your pain?		
None/mild	57	35.6
Moderate	88	55.0
Severe	15	9.4
Do you feel guilt when unable to perform solat?		
Yes	113	70.6
No	25	15.6
Unsure	22	13.8
Do you practice solat during illness?		
Yes	103	64.4
No	57	35.6

Table II: Prevalence of availability of expected facilities for performing solat in the ward (N = 160)

How is your experience of the facilities for solat available in the hospital overall (including announcement of prayer time, assistance for taking ablution, assistance for the position of the kiblat, availability of a dedicated place)?

Experience	Frequency (n)	Percentage (%)
Good	85	53.1
Poor	70	43.8
Unaware	5	3.1

The remaining Muslim patients, 36% are still not aware of the of the convenience (rukhsah), thus leading to negligence in performing solat. This results also supported by a study among hospitalised pregnant Muslim in a Hospital Tengku Ampuan Afzan which showed about two third of them abandoned solat due to negligence (3). This could be due to the vast diversity of the patient's family and education background.

In this study, the level of practise and attitude of the inward patients during illness were found to be low (64.4%). This finding is similar to that from the study performed among patients in the Hospital Langkawi (4). Even though the majority of the patients felt guilty (70.6%), for some reason they had to unintentionally abandon solat. Our finding is in accordance with a study undertaken in cancer patients in Iran, which revealed that the patients were in stressful conditions that affected their attitude towards prayer (5). Similarly, in a study of 10 Muslim patients with depression, almost all of them expressed the need for a spiritual approach in order to expedite their recovery (6).

Of all respondents, about half of them (56.9%) said that being hospitalised was a major obstacle to performing solat, as it is associated with being sick and immobilised, with some degree of pain. They also demonstrated a low level of self-confidence in their performance of solat when they have moderate or severe pain (55.5%). This finding is similar to that from a study performed among patients with lower back pain, which also showed significantly reduced level of confidence in the ability to maintain solat postures and movements (1).

Before performing solat, Muslims need to take an ablution or clean parts of the body. This may be difficult for the patient, as the majority of them are in an immobilised state (56.9%) due to illness. According to Muslim scholars (7,8), Rukhsah in solat can be performed in various ways according to the degree of immobility and limitations. This includes adaptations from using a sitting position for patients that cannot stand, to performing eye movements for patients who are bedridden and have paralysis. Despite this, a previous study mentioned that the preparation related to prayer is often difficult for the patient, and sometimes for the caretakers who assist the patient (9).

Other reasons were the lack of hospital facilities, including clean prayer mats, availability of suitable places and prayer announcement. In a study undertaken among orthopaedic patients (10), almost half of them said that the hospital facilities did not meet their requirements, which is similar to our finding (43.8%). Our study has shown that most patients were happy with the facilities to facilitate solat practice in their hospital (53%). However, other respondents did not practice while they were sick.

Additionally, this study may be informative for healthcare staff regarding the importance for them to have knowledge regarding performing Ruhsah of solat for hospitalised patients. One study has mentioned a major role of healthcare staff in increasing patients' self-efficacy and awareness to perform Solat (11). Another study also mentioned that proper coaching is recommended for healthcare staff as part of the interventions to fulfil the spiritual needs of Muslim patients (12).

Our study may not be generalisable to the whole Muslim population in Malaysia due to the use of convenience sampling. Hence some selection bias may be present, and the result should be interpreted with caution. Further evidence of low performance of solat among Muslim patients should be investigated in term of sociodemographic distributions and other contributing factors in detail.

CONCLUSION

Our findings should increase the awareness of the responsibilities of Muslims during illness, especially among patients and healthcare staff. This data will be able to assist the respective authorities to intervene and upgrade the facilities in the hospital to aid in the performance of solat. However, some of the measures may not be feasible in handling patients in a crowded ward. Thus, a standard and systemic Ibadah disability score may be helpful in recognising patients in need, and proper assistance can then be provided.

CONFLICT OF INTEREST

No conflict of interest.

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