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Intellectual Discourse
Vol. 33, No. 2, 2025

Contents

Note from the Editor 323

Research Articles

The Existentialist Conception of Man: A Comparative Analysis between Muhammad Iqbal and Jean-Paul Sartre 331
Zubaida Nusrat
Adibah Binti Abdul Rahim

Equal Before Allah, Unequal Before the Prophet? Ongoing Discourse on *Matn* Criticism and Its Influence on Muslim Feminist Thought 355
Nuzulul Qadar Abdullah

Critical Thinking as a Mechanism for Situation Handling and Problem Solving: Examples from Ḥadīth Literature 385
Bachar Bakour
Homam Altabaa

Shifting Geopolitics: The Gaza War and the Contours of a Nascent Middle East Security Community 411
Nath Aldalala'a
Syaza Shukri

Power of Knowledge vs. Self-Knowledge Production: The Protagonist's Journey towards Embracing Islam in Umm Zakiyyah's *If I Should Speak* 437
Nadira Brioua
Rahmah Binti Ahmad H. Osman

A Muslim Female Bildungsroman: Quest for Identity and Sisterhood in Islam in Leila Aboulela's ***Minaret*** (2005) 457
Raihan Rosman

Freedom as Connection to God: An Analysis of Two Novels by Muslim Women's Writers in the Western Diaspora 475
Amrah Abdul Majid

'The Politics of Fear': How It Affects Youth Political Participation in Malaysia? 497
Norhafiza Mohd Hed

Perceived Determinants of Child Poverty in Malaysia: A Preliminary Analysis 527
Norhaslinda bt Jamaiudin

Türkiye's Climate Change Policy: An Evaluation of Its Transition to Low Carbon Policies 555
Burcin Demirbilek

The Role of *Ulama* in Shaping Attitude, Subjective Norms, Digitalisation and Trust Towards Cash *Waqf* Behaviour 579
Gustina
Syukri Lukman
Muhammad Rizki Prima Sakti
Mohamad Fany Alfarisi

The Role of Local Wisdom in Shaping Internationalisation Strategies of Islamic Higher Education Institutions in Indonesia 607
Moh. Sugeng Sholehuddin
Isriani Hardini
Muhammad Jaeni
Eros Meilina Sofa
Thi Thu Huong Ho

Perceptions of Three U.S. Presidents (Obama, Trump, and Biden) – A Malaysian Perspective 635
Syed Arabi Idid
Rizwanah Souket Ali

International Students' Direct and Parasocial Contact, and Attitude Towards Malaysian Host Nationals: The Mediating Roles of Cultural Identification and Islamic Identity 659
Tengku Siti Aisha Tengku Mohd Azzman Shariffadeen
Aini Maznina A. Manaf
Nerawi Sedu

Artificial Intelligence in Sinar Harian: Embracing Readiness or Addressing Anxiety? 685
Hafezdzullah bin Mohd Hassan
Rizalawati binti Ismail
Awan binti Ismail

Healthcare Workers' Challenges in Managing Disease Outbreaks: A Systematic Review from an Islamic Perspective 709
Zeti Azreen Ahmad
Aini Maznina A. Manaf
Mazni Buyong
Sofiah Samsudin
Fuad Sawari
Hanani Ahmad Yusof

Faith-Based Approaches to Vaccine Misconception: A Systematic Literature Review of Religious Messaging 731
Wan Norshira Wan Mohd Ghazali
Ahmad Muhammad Husni
Shafizan Mohamed
Mohd Helmi Yusoh
Kamaruzzaman Abdul Manan
Nur Shakira Mohd Nasir

Book Reviews

Jerome Drevon (2024). *From Jihad to Politics: How Syrian Jihadis Embraced Politics.* 759
Oxford University Press. pp. 261.
ISBN 9780197765159.
Reviewer: *Mohamed Fouz Mohamed Zacky*

Zouhir Gabsi (2024). *Muslim Perspectives on Islamophobia: From Misconceptions to Reason.* Palgrave Macmillan. 762
Reviewer: *Arief Arman*

Transliteration Table: Consonants

Arabic	Roman		Arabic	Roman
ب	b		ط	ṭ
ت	t		ظ	ẓ
ث	th		ع	‘
ج	j		غ	gh
ح	ḥ		ف	f
خ	kh		ق	q
د	d		ك	k
ذ	dh		ل	l
ر	r		م	m
ز	z		ن	n
س	s		ه	h
ش	sh		و	w
ص	ṣ		ء	’
ض	ḍ		ي	y

Transliteration Table: Vowels and Diphthongs

Arabic	Roman		Arabic	Roman
◌َ	a		◌ًا، ◌ًى	an
◌ُ	u		◌ٌو	un
◌ِ	i		◌ٍي	in
◌َا، ◌ٰ، ◌َى،	ā		◌َوْ	aw
◌ُو	ū		◌َيْ	ay
◌ِي	ī		◌ُوّ	uww, ū (in final position)
			◌ِيّ	iyy, ī (in final position)

Source: ROTAS Transliteration Kit: http://rotas.iium.edu.my

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Healthcare Workers' Challenges in Managing Disease Outbreaks: A Systematic Review from an Islamic Perspective

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Fuad Sawari[*****]
Hanani Ahmad Yusof[******]

Abstract: Healthcare workers (HCWs) are prone to be at risk to health and safety hazards, particularly during disease outbreaks. This study examined the challenges confronted by HCWs in providing care and service during disease outbreaks. A systematic literature review (SLR) was adopted as the

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main approach of this study. A total of 61 articles were retrieved from two databases, Scopus and Web of Science, and analysed. Knowledge deficit and communication issues were identified as among the major challenges confronted by HCWs during disease outbreaks. These challenges were later analysed from an Islamic perspective by examining the responses provided in the Qur'ān and Ḥadīths. This study puts forward relevant Islamic guidelines on dealing with challenges during a disease outbreak that have been scarce in the literature. The study received approval from the IIUM Research Ethics Committee (IREC). It is also part of a research project on preventing and controlling disease outbreaks, as well as dealing with emergencies, funded by the Islamic Advisory group (AIG).

Keywords: disease outbreak, healthcare workers (HCWs), Islam, systematic review, knowledge deficit, communication issues

Abstrak: Petugas kesihatan (*healthcare workers*, HCW) terdedah kepada risiko bahaya kesihatan dan keselamatan terutamanya semasa penularan wabak penyakit. Kajian ini mengkaji cabaran yang dihadapi oleh HCW dalam usaha mereka untuk menyediakan penjagaan dan perkhidmatan semasa wabak penyakit berlaku. Tinjauan literatur sistematik (*systematic literature review*, SLR) digunakan sebagai pendekatan utama kajian ini. Sebanyak 61 artikel diperoleh daripada dua pangkalan data, iaitu Scopus dan Web of Science, dan dianalisis. Defisit pengetahuan dan isu komunikasi merupakan antara cabaran utama yang dihadapi oleh HCW ketika penularan wabak. Dapatan ini kemudiannya dianalisis daripada perspektif Islam dengan mengkaji panduan yang termaktub dalam al-Qur'ān dan Hadis. Kajian ini antara lain mengemukakan garis panduan tentang cara menangani wabak penyakit daripada perspektif Islam yang jarang dibincangkan dalam literatur. Kajian ini telah mendapat kelulusan daripada Jawatankuasa Etika Penyelidikan UIAM (IREC) dan merupakan sebahagian daripada projek penyelidikan mengenai pencegahan dan kawalan wabak penyakit serta pengurusan kecemasan yang dibiayai oleh Islamic Advisory group (AIG).

Kata kunci: wabak penyakit, pekerja penjagaan kesihatan (HCW), Islam, kajian sistematik, defisit pengetahuan, isu komunikasi

Introduction

Disease outbreaks have been occurring more frequently than ever. A prolonged and highly contagious disease outbreak may disrupt the economy, political stability, education, and social well-being of communities. A disease outbreak occurs when a number of infected

cases exceeds what is normally expected in a specific geographical region and eventually turns into an epidemic once it spreads to a broader geographical area. More than 1,100 epidemic events have been verified by the World Health Organization (WHO) since the beginning of the year 2000 (World Health Report, 2007). An infectious disease that spreads at an unprecedented rate to a wider population across the globe would eventually cause a pandemic. In recent years, the rapid spread of a novel coronavirus known as COVID-19 had pushed WHO to declare it as a Public Health Emergency of International Concern (PHEIC) within a month after it started as an outbreak in the city of Wuhan, China. A coordinated international response was called to contain the transmission. The disease was later announced as a pandemic in March 2020, and to-date, it has caused millions of fatalities worldwide.

Healthcare workers (HCWs) play an instrumental role in any public health emergencies, including disease outbreaks, epidemics, or pandemics, as they are the frontliners who provide care and services directly or indirectly to patients. In addition to doctors and nurses, HCWs also include those managing medical equipment, laboratory technicians, ambulance drivers, and even medical waste handlers. The Health Protection Surveillance Centre (2021) defined HCWs as anyone who works in a healthcare or social care setting, including healthcare students on clinical placement, frontline healthcare workers, and other healthcare workers not in direct patient contact.

HCWs are the backbone of the healthcare institutions, and yet, their health and safety tend to be at risk (Joseph & Joseph, 2016). They put their lives at risk, particularly when dealing with a novel disease of which little is known concerning how it spreads or how to contain its transmission. Any public health emergencies impose a great challenge to HCWs, necessitating them to secure adequate support beyond resources and facilities that extends to mental and spiritual support in order to keep them going. Understanding the actual challenges HCWs encounter during disease outbreaks or any other public health emergencies would help agencies and communities to render the right support to them in order to sustain their resilience and preparedness so that they can continue to provide care to patients during such challenging times.

This study used a systematic literature review (SLR) to examine the challenges confronted by HCWs in preventing and controlling disease

outbreaks. The dominant themes that emerged from the SLR were then analysed from an Islamic perspective by examining how the Qur'ān and Ḥadīth *address* these challenges. Even though guidelines from the Qur'ān and Ḥadīth are more encompassing and transcend national or cultural barriers, they appear to be less dominant in the literature. This study hopes to fill the void of what science and healthcare experts have yet to explain and resolve at present in order to benefit HCWs in navigating challenges during public health crises.

Disease outbreaks from the Islamic perspective

Many verses in the Holy Qur'ān and Ḥadīth of the Prophet (PBUH) demonstrate the preventive measures that can be taken to avert the transmission of infectious diseases. However, the guidelines on disease outbreaks based on the Holy Qur'ān and Ḥadīth, scholarly consensus, and analogical reasoning have received limited recognition and are scattered. In Arabic, the term "*wabā'*" is mainly used to refer to an epidemic, especially one with a large-scale impact. In addition, the term "*ṭāʿūn*" (plague) is commonly used by Muslim scholars to describe a situation involving the deaths of many people as a result of an outbreak. However, the Holy Qur'ān does not use these terms; instead, it uses the word "*rijz*," especially to describe the calamities sent to earlier nations. For example, the Qur'ān mentions, "Hence, we stroke upon the evil-doers a *rijz* from heaven for their evil-doing." (Qur'ān 2:59)

The word "*rijz*" has several connotations, including sin, punishment (ʿadhāb), plague, idolatry, and insinuating whispers (*waswasah*). A Ḥadīth explains,

> Narrated 'Amir bin Sa`d bin Abi Waqqas: That he heard Usama bin Zaid speaking to Sa`d, saying, "Allah's Messenger (PBUH) mentioned the plague and said, 'It is a means of punishment with which some nations were punished and some of it has remained, and it appears now and then. So, whoever hears that there is an outbreak of plague in some land, he should not go to that land, and if the plague breaks out in the land where one is already present, one should not run away from that land, escaping from the plague." (Al-Bukhari: 6974)

The Ḥadīth and Qur'ānic verse above explain the reason Allah SWT sends down a plague, which serves as an affliction to transgressors and

as a reminder and a lesson to others to remain steadfast in adhering to His commands. In addition, the Ḥadīth emphasises the importance of not exposing oneself to a disease by avoiding the place where the infection has spread; as for those who are already at the place, they are prevented from leaving as they would likely infected others if they were to travel. This Ḥadīth thus provides a clear guideline on how to prevent an infectious disease from spreading to other places.

Being inflicted with an infectious disease also serves as a test to the Believers in terms of their patience and trust in Allah SWT. The Believers who pass this test by being patient and maintaining a strong belief that nothing will be inflicted upon them without the will of Allah SWT have been promised a reward similar to that awarded to martyrs. 'Aisha narrated,

> (The wife of the Prophet) asked Allah's Apostle about plague, and Allah's Apostle informed her saying, "Plague was a punishment which Allah used to send on whom He wished, but Allah made it a blessing for the believers. None (among the believers) remains patient in a land in which plague has broken out and considers that nothing will befall him except what Allah has ordained for him, but that Allah will grant him a reward similar to that of a martyr" (Al-Bukhari: 5734)

Similarly, in another Ḥadīth, Anas bin Malik narrated the Prophet (PBUH) as saying, "Plague is the cause of martyrdom of every Muslim (who dies because of it)" (Al-Bukhari: 2830). This Ḥadīth indirectly inspires Muslims to be strong and optimistic and to always have good thoughts towards Allah SWT in dealing with any hardship, as it is a trial to assess one's faith that comes along with a great blessing from Him for those who are patient.

Furthermore, those who suffer from a disease should neither be in despair nor blame their fate but to seek the right treatment and strictly adhere to all public health directives and regulations provided by dedicated state agencies to prevent further harm. The Qur'ān and Ḥadīth provide information and guidelines on how to prevent and control disease outbreaks, as well as how to deal with public health emergencies. Usamah bin Sharik said in a Ḥadīth narrated by at-Tirmidhi,

> "Some Bedouins asked, 'O Messenger of Allah (PBUH) shall we treat (our ill)?' He said, 'Yes, O worshipers of Allah! Use

> remedies. For indeed Allah did not make a disease but He made a cure for it' - or - 'a remedy. Except for one disease.' They said, 'O Messenger of Allah (PBUH)! What is it?' He said, 'Old age.'" (Jami` at-Tirmidhi: 2038)

The role of HCWs in providing care to those affected by a disease outbreak is fundamental and challenging at the same time. Thus, this study aimed to address the challenges encountered by HCWs and subsequently provide guidelines to help them navigate disease outbreaks and emergencies from an Islamic lens.

Methods

This study concurs to a widely cited definition of a SLR by Fink (2005), which defines it as "a systematic, explicit, comprehensive, and reproducible method for identifying, evaluating, and synthesising the existing body of completed and recorded work produced by researchers, scholars, and practitioners" (cited in Okoli & Schabram, 2010, p.1). A SLR was used to address this study's specific research questions, namely:

(a) what are the major challenges experienced by healthcare workers in preventing and controlling disease outbreaks and in dealing with emergencies?
(b) to what extent does the existing literature address the prevention and control of disease outbreaks and the dealing with emergencies? and
(c) to what extent do the holy Qur'ān and Ḥadīth address the prevention and control of disease outbreaks and emergencies?

The research questions were constructed using the PICo formula, which addresses a specific population, interest, or context. The population of this study refers to the HCWs where the interest and context refer to the challenges they face in preventing and controlling a disease outbreak during a public health emergency. The SLR enabled the researchers to understand the breadth and depth of the existing body of knowledge. It also helped the researchers in identifying the gap related to healthcare providers' challenges in preventing and controlling a disease outbreak, as well as in dealing with emergencies (Xiao & Watson, 2017). Compared to other conventional style of literature reviews, the SLR offers a transparent article retrieving process, a wider area of research, and significant objectives to mitigate research bias (Shaffril et al., 2019).

To ensure a transparent research process, the study developed a review protocol that explains the entire process of conducting the SLR.

Review protocol and publication standard

A review protocol is essential in conducting a SLR as it enhances the methodological transparency, transferability, and replicability of the work (Shaffril et al., 2020; Mengist et al., 2020; Xiao & Watson, 2019). Similarly, the publication standard provides useful information for others to assess the quality and rigour of a review (Shaffril et al., 2020; Wong et al., 2013, p. 2). This study adopted the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) as its publication standard. PRISMA is widely accepted and endorsed by several editorial organisations, including Cochrane, the World Association of Medical Editors, and 180 bio-medical journals (Haddaway et al., 2018). PRISMA 2020 was adopted in this study as it has been designed primarily for the systematic review of studies that evaluate the effects of health interventions, irrespective of the design of the included studies (Page et al., 2021, p. 2).

Resources

The Scopus and Web of Science databases were used to obtain the relevant literature for the review. The former originates from Europe and has the largest abstract and citation database of peer-reviewed journals. Web of Science originates from the United States, and it covers the oldest publications as its indexed and archived records dated back to 1900 (Falagas, Pitsouni, Malietzis, & Papas, 2008, p. 339). The SLR process adopted in this study entailed the following steps:

i. Identification
ii. Screening
iii. Eligibility
iv. Data extraction
v. Data analysis and synthesis

Identification

The SLR process started by the identification of keywords, followed by the process of searching for related and similar words obtained from thesaurus, dictionary, and past research. The search strings for Scopus and Web of Science were developed on 24 March 2022 using

the following syntax: TITLE-ABS-KEY ((challenge* OR constraint* or problem*) AND ("healthcare giver*" OR "healthcare worker*" OR "healthcare provider*" or "doctor*" OR "nurse*") AND (prevent* AND control*) AND ("disease outbreak" OR "epidemic*" OR "pandemic*" OR "endemic*") AND (deal* OR "manage*" OR "handle*") AND ("emergency*" OR "health crisis" OR "health crises" OR "public health cris*")). The keywords were extended with synonyms, alternative spellings, and related terms. For example, the frequently used synonyms of "healthcare giver" in the literature are "healthcare provider" and "healthcare worker". Additional keywords representing healthcare workers, such as "doctor" and "nurse" were also used to generate more articles. At this stage, the study retrieved a total of 103 articles from the two databases, with 86 articles from Scopus and 17 articles from Web of Science.

Screening

All the articles were screened based on several inclusion and exclusion criteria. The first criterion was related to language, where only articles published in the English language were selected. Three papers were removed as they were published in French and Italian languages. Next, the type of literature the researchers decided to exclude were gray papers, books, conference proceedings, non-systematic and narrative literature review articles, and editorial notes. Articles that were found to be redundant were also removed. However, the articles retrieved were not limited to any specific timeline and geographical area in order to increase the possibility of obtaining more related articles. The articles were derived from a wide area, mainly from the fields of medicine, nursing, and social sciences. A total of 24 articles were removed at this stage, resulting in 79 articles retained. Then, the full articles were downloaded for further examination.

Eligibility

The 79 remaining papers were prepared for the eligibility stage to determine if the articles were fit for the purpose of the study. At this stage, the researchers thoroughly examined the title, abstract, and main content of each article to ensure the articles addressed the research objectives. Finally, 18 articles were excluded, as 12 articles were not within the scope of the study and 6 articles did not answer any of the research questions. The study thus had 61 articles remaining for analysis (Figure 1).

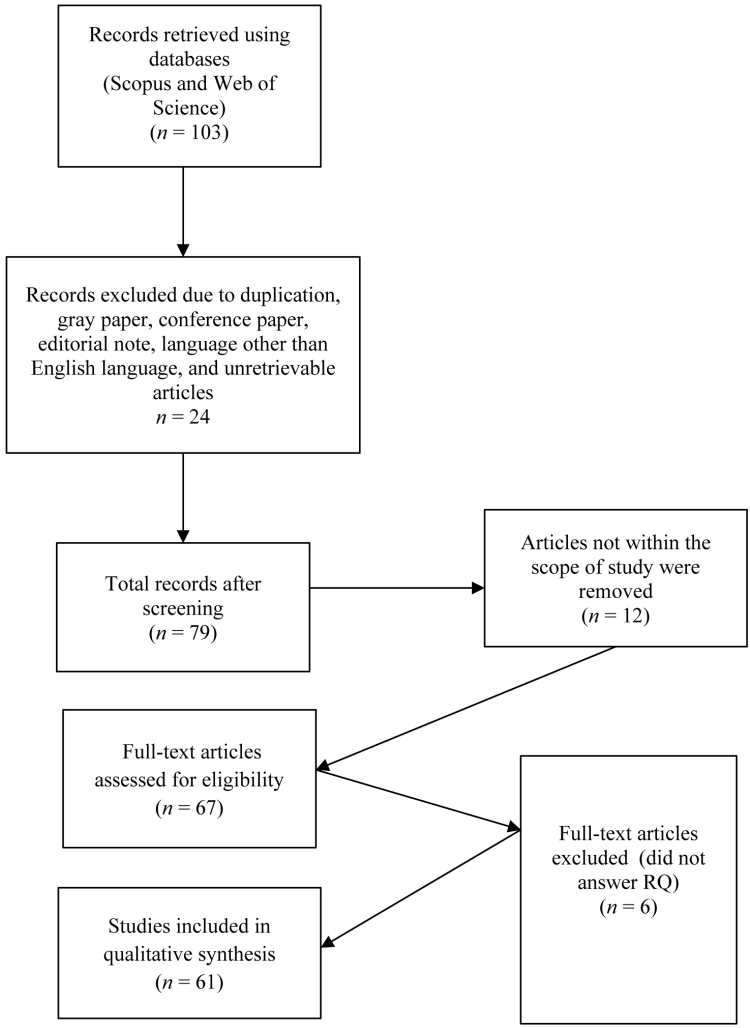

Figure 1: Flow diagram of the study (adapted from Shaffril et al., 2019)

Data abstraction and analysis

This study adopted an integrative review, a technique that analyses and synthesises diverse research designs (quantitative, qualitative, and mixed methods). Thematic analysis was adopted to develop themes and sub-themes. Before developing the themes, the study examined all 61 articles by extracting statements that answer the research questions. All extracts were further analysed using a coding method, where the

researchers coded keywords based on the statement found in the extract. Next, similar codes were grouped together. Several dominant themes emerged from this process. This research is supported by the Qur'ān *and* approved Ḥadīth in Islamic jurisprudence, i.e. *ṣaḥīḥ* or *hasan* Ḥadīth, and it avoids *ḍa'īf* (weak) Ḥadīth. The translation by a reputable Islamic scholar, Mufti Muhammad Taqi Usmani, was used due to the following reasons:

i. The English language used is modern and simple English, rather than archaic forms of the language (such as the pronouns "thee," "thou," and "thy") or poetic English;
ii. The work is an interpretation of the Qur'ān rather than a mere literal translation of Arabic words into English. Even though his work is an interpretation, he kept the original construction of the Arabic text when possible;
iii. The work is considered a translation of the Qur'ān and not a lengthy tafsir or commentary of the Qur'ān; and
iv. The translation avoids using substantial interpretations that are usually placed within brackets or lengthy footnotes, which could disrupt the reading flow.

Findings

The SLR analysis produced a total of five themes on the challenges faced by HCWs in managing disease outbreaks and dealing with emergencies. The main themes are knowledge deficit, communication issues, psychological health, hospital management, and administration. However, this article only presents an in-depth discussion of the first two themes, namely, knowledge deficit and communication issues.

Knowledge deficit

An outbreak creates an unfamiliar situation, causing a high level of uncertainty among HCWs due to the scarcity of information about the infectious disease. Not knowing how the disease spreads leaves HCWs uncertain about what to do to protect themselves while providing care to patients in healthcare facilities. Several factors were found to contribute to the knowledge gap, including inadequate training received by HCWs on the proper way to manage an infectious disease. This issue was highlighted in more than 20 studies conducted across various countries, such as South Africa (see Scott, Smit, & Jenkins, 2021), Uganda

(see Martins et al., 2020), Liberia (Oji et al., 2018), United Kingdom (Hoernke et al., 2021), China (Cai et al., 2022), and the United States (Aruru, Truong, & Clark, 2021), which highlighted the lack of training in infection, preventive, and control (IPC) among HCWs. For example, the SLR revealed that despite having the highest tuberculosis (TB) incidence rate in the world, South Africa did not impose mandatory national training on managing the disease to HCWs in the country. A study stated that,

> "...it became evident that the nurses had received no training on how to use the TB screening tool and were therefore uninformed regarding the criteria for a TB 'screen-positive' patient and the appropriate actions required." (Scott, Smit, & Jenkins, 2019, p. 556)

Likewise, the HCWs in Liberia did not receive adequate IPC training to deal with Ebola Virus Disease (EVD) when it was declared as PHEIC in 2014. IPC training is instrumental not only to contain an outbreak but also to reduce HCWs' infection while providing care to patients (Oji et al., 2018). In this context, in addition to being vulnerable to be infected by the virus, HCWs could also be part of the transmission chain in the healthcare facility and to a wider community outside the facility. Furthermore, a lack of training affected their ability to provide optimal care to COVID-19 patients, as experienced by primary care nurses in South Africa (Crowley et al., 2021). Interestingly, several articles highlighted the importance of in situ training or simulation-based training, which takes place in the actual clinical environment in order to increase HCWs' confidence to execute their tasks during a public health emergency (see Wong et al., 2020; Goh et al., 2020). Simulation and scenario-based training are useful to prepare HCWs to provide care during high-pressure situations. Such training optimises work flows and helps in the implementation of protective details through simulation of a real emergency situation. Some countries even integrate simulation training for the management of infectious disease response with disaster response (particularly in countries that are prone to natural disasters).

Insufficient knowledge to manage an outbreak would not only limit HCWs' ability to provide quality care to patients but also induce fear in carrying out their tasks. Fear of contracting the disease has created resistance among HCWs to engage and treat patients. Thus, adequate knowledge and skills in dealing with public health emergencies is

paramount in order to empower HCWs and communities to protect themselves from infections and subsequently reduce the fear and myth associated with an outbreak.

The value of knowledge in Islam

Knowledge holds a high and special position in Islam. Allah SWT has created humankind and entrusted them with the ability to manage their lives. This requires humans to acquire knowledge to make informed decisions in all their dealings. In the context of managing disease outbreaks, it is imperative for HCWs to be equipped with updated knowledge that would empower them to provide care safely and effectively. The importance of knowledge is highlighted in the first ***āyah*** revealed to the Prophet (PBUH), in which Allah SWT gave clear instructions to read in order to acquire knowledge,

> "Read with the name of your Lord who created (everything), He created man from a clot of blood, Read and your Lord is the most gracious, who imparted knowledge by means of the pen, He taught man what he did not know" (Qur'ān 96:1-5)

Those who possess knowledge would understand their purpose of creation and their relationship with Allah SWT, enabling them to become better servants of Allah SWT. Hence, all Believers should strive to seek knowledge not only for their success in this world but more importantly to obtain the pleasure of Allah SWT. In a Ḥadīth, Abu Hurayrah narrated**,**

> The Prophet (PBUH) said: If anyone acquires knowledge that should be sought seeking the Face of Allah, but he acquires it only to get some worldly advantage, he will not experience the arf, i.e. the fragrance, of Paradise" (Abi Dawud: 3664).

Allah SWT elevates the status of those who are knowledgeable, mentioning them in many verses in the Qur'ān, "...And Allah will raise those, in ranks, who have believed and are given knowledge. Allah is well-aware of what you do" (Qur'ān 58: 11), and "…And among humans and beasts and cattle, there are those having different colours as well. Only those of His slaves fear Allah who are knowledgeable. Surely Allah is Mighty, Forgiving." (Qur'ān 35: 28)

The significance of possessing knowledge on dealing with disease outbreaks is derived from the story of *Ṭā ʿūn ʿAmawās* during the reign

of ʿUmar bin al-Khaṭṭāb in 17H. ʿAbd al-Raḥmān bin ʿAuf affirmed ʿUmar's decision to stay away from the city of Shām after he sought advice from the companions,

> "I have with me a knowledge of it, that I heard Allah's Messenger peace be upon him as saying: If you hear of its presence (the presence of plague) in a land, don't enter it, but if it spreads in the land where you are, don't fly from it." (Sahih al-Bukhari: 5729)

Even though he was a caliph, Umar al-Khattab decided to listen to the advice given by ʿAbd al-Raḥmān bin ʿAuf, who was knowledgeable about the plague. It is only with knowledge that mankind is capable of making the right decisions that will save lives. Disease outbreaks are sudden events that require healthcare facilities to be proactive in preparing their health personnel with relevant knowledge and skills. In this context, empowering HCWs with a new set of skills and knowledge is pivotal to ensure they know how to protect themselves while treating patients. Islam emphasises taking proactive measures to mitigate the negative effects of undesirable events. Allah SWT gives a clear reminder in the Qur'ān, commanding, "O you who believe, be on your guard, and march in groups, or march all together." (Qur'ān 4: 71)

The importance of being prepared for hard times is highlighted in the Qur'ān in the story of Yūsuf, who suggested to the Egyptian king a strategy to overcome famine and drought by saving grain for seven years:

> "You will grow crops for seven years consecutively. So, what you have harvested, leave it in its ear, except a little which you eat. Then seven hard years shall come after that, which shall eat up what you have stored for them, except a little which you preserve (to sow)" (Qur'ān 12: 47-48).

Hence, Islam highly encourages the believers to be proactive, as it enables them to be prepared to face any calamity or, at the very least, to minimise the undesirable impact of such calamity. Adequate knowledge reduces the uncertainty, fear, and myth associated with an outbreak and improves one's preparedness in the midst of an emergency. Thus, healthcare facilities should be proactive in providing training to upskill HCWs, enabling them to provide quality care to patients and minimise the risk of infection during a public health emergency.

Communication issues

The ultimate goal of communication during a public health emergency is to ensure the people, including HCWs, have access to crucial information that empowers them to take the appropriate action to protect themselves. In view of its importance, the WHO and Center for Disease Control and Prevention (CDC) have produced communication guidelines, manuals, and training as guidance during public health emergencies (see WHO, 2005; 2017; CDC, 2018). However, this study found multiple barriers that impede effective communication during an emergency, including media hype and poor technology adoption.

Media hype

The media play an essential role in ensuring accurate and timely information reaches everyone in the community during an outbreak. Breaking the chain of infection requires a collective effort. Hence, every individual must know how to protect themselves from the disease. However, managing information during a volatile and uncertain situation, such as a disease outbreak, appears to be a struggle. Like the virus, information spreads rapidly, including fake information that could hamper an effective public health response. The articles reviewed show that media hype has created misconceptions and incited fear, subsequently influencing public opinion and the behaviour of the community and HCWs during public health emergencies.

Media hype is a deliberate and sustained effort by the media to exaggerate a particular subject in order to gain audience attention or to make them behave in certain ways. For example, during the EVD outbreak in West Africa, people refrained themselves from going to healthcare centres due to fear of contracting the disease at the healthcare facilities as a result of media hype (Mase et al., 2017; Koenig, Majestic, & Burns, 2014). Similarly, media hype created fear, stigma, and apprehension among health care providers, causing them to resist engaging and treating patients due to fear of contracting the disease, leading to the closure of many healthcare facilities (Ansumana et al., 2017). Media hype can distort public understanding of a disease, amplify misinformation, and impede the effectiveness of preventive measures established by health authorities. This scenario could lead to a surge in cases that would cripple healthcare facilities, as HCWs might not be able to cope with the influx of patients. Therefore, the media

should be cautious in reporting a disease outbreak, aiming to educate the community, enhance their preparedness, and subsequently break the chain of infection in order to save lives.

The importance of verifying information in Islam

Islam prohibits the believers from spreading false information, lies, or hype, or slandering, or simply gossiping as these acts bring harm to the people. This prohibition also applies to the messages created without referring to reliable sources. Verifying the source of information is mandatory before one believes or shares it with others. Allah SWT makes this clear in the following verse of the Qur'ān: "O you who believe, if a sinful person brings you a report, verify its correctness, lest you should harm a people out of ignorance, and then become remorseful on what you did" (Qur'ān 49:6).

At present times, media users are engulfed with information that comes not only from the mainstream media but also from social media platforms owned by unknown sources. This scenario highlights the need to be more vigilant and critical in assessing any information received and not believing or sharing it with others before verifying the information with credible sources. The Qur'ān states that regulations should be established to govern the dissemination and sharing of information during a crisis. The establishment of supervision teams at national and international levels is deemed necessary. It is mentioned in the Qur'ān that for any unknown occurrences, Muslims are required to consult those who have specific knowledge (qualified specialists) about it. The Qur'ān states that, "We did not send (messengers) before you other than men whom We inspired with revelation. So, ask the people (having the knowledge) of the Reminder (the earlier Scriptures), if you do not know." (Qur'ān 16: 43).

The following verse also shows that referring to scholars, experts, or people with authority is also a part of Islamic teaching: "O you who believe, obey Allah and obey the Messenger and those in authority among you..." (Qur'ān 4: 59). In this regard, consultation with credible health authorities or agencies who have specific knowledge (qualified) is deemed necessary before one makes a major decision. Receiving information consistently from health experts would enhance HCWs' preparedness in facing a severe disease outbreak, especially if it is caused by a new virus. For example, in the case of COVID-19, the virus

continues to mutate resulting in the emergence of new variants, and scientists have yet to reach a concrete conclusion about its nature. Thus, HCWs need to be alerted of any additional information or changes taking place from time to time.

Islam also prohibits the believers from distorting facts, as the religion emphasises the importance of honesty and truthfulness in communicating messages. The Qur'ān states, "But those of them who were unjust substituted another word for the one that was said to them. So, We sent down upon them a scourge from the heavens, because they had been transgressing" (Qur'ān 2: 59)

During the recent COVID-19 crisis, the struggle was not only in managing the pandemic but also in addressing the infodemic, as too much information including false and misleading information was circulating both in digital space or offline. As a result, it was difficult to discern accurate guidance that affected decision making. The spread of misinformation posed significant threats to public health and wellbeing, particularly when the public were being misled into actions against the standard operating procedures (SOP) set by the authority.

Poor technology adoption

An airborne disease such as COVID-19 requires physical distancing in order to reduce the risk of infection. As a result, during the COVID-19 pandemic, healthcare facilities had to minimise physical contact among HCWs and limit the interaction between HCWs and patients. Regular physical face-to-face communication was replaced by virtual meetings via online platforms to reduce the risk of exposure to infection. Adhering to the SOP, such as isolation, physical distancing, and wearing personal protective equipment (PPE), required the use of mediated communication as a substitute for in-person communication.

Technology adoption is also vital to facilitate information exchange that would mitigate the risk of infection. During a public health emergency, a patient's information needs to be obtained prior to admission or treatment, as such information is essential to help HCWs decide whether the patient needs to be isolated. In this context, electronic medical records (EMR) have been useful, particularly for inter and intra hospital transfer in which patients' medical records can be easily shared online. However, challenges emerged when different

healthcare facilities or departments did not use the same EMR system (Meyer et al., 2021). There were situations where patients were not aware of their status, and hence, were unable to provide updates of their health conditions during admission. The lack of information could cause a delay in admission and affect HCWs' readiness to provide appropriate treatment to the patients. In the recent COVID-19 pandemic, the application of information technology was extended to the remote monitoring of patients for COVID-19 symptoms, where the data were sent to the physician through WiFi technology (Li et al., 2021). This arrangement enabled data to be transferred effectively and minimised infection in the healthcare centre.

Technology in Islam

Technology helps people in various aspects of life, including saving the time at work, facilitating knowledge transfer, and providing better education and advanced medical treatment. Islam promotes goodness and encourages the Believers to be creative and innovative in their worldly affairs, as highlighted in the following Ḥadīth: "Whoever introduces a good practice that is followed after him, will have a reward for that and the equivalent of their reward, without that detracting from their reward in the slightest." (Ibn Mājah: 207)

In addition, Anas reported in the following Ḥadīth that Allah's Messenger happened to pass by people who had been busy in grafting trees:

> Thereupon he said: "If you were not to do it, it might be good for you. (So they abandoned this practice) and there was a decline in the yield. He (the Holy Prophet) happened to pass by them (and said): What has gone wrong with your trees? They said: You said so and so. Thereupon he said: You have better knowledge (of a technical skill) in the affairs of the world." (Ṣaḥīḥ Muslim: 2363)

The above Ḥadīths illustrate the benefits of adopting innovation, including good practices that would bring great value in human life and would be rewarded by Allah SWT. In this context, online communication helps HCWs to protect themselves from being exposed to infectious diseases and to adopt good practices at work during an emergency. Technology integration in communication expedites the process of information transfer by facilitating interpersonal communication through mediated

channels and apps when face-to-face communication is not possible. This enables communication to occur within a safe environment, thus helping to break the chain of infection in health facilities and communities.

Conclusion

Islam is a *din* that covers all aspects of human affairs, and it greatly emphasises the well-being of the people. This study found two major challenges confronted by HCWs in managing disease outbreaks. The challenges impede their ability to provide quality care to patients and hinder their effectiveness in implementing preventive measures to control the outbreaks. Both knowledge and communication are significant aspects that should not be ignored in managing a public health crisis, as both elements are intertwined and deeply valued in Islam. Knowledge refers to the information one acquires that improves his/her understanding about a particular subject or issue. In Islam, knowledge is fundamental as it guides people in their actions and decisions that would bring goodness in this life and the hereafter. In the context of disease outbreaks, access to knowledge is mandatory as it helps HCWs to not only provide quality care to those in need but also to protect their own lives. Therefore, HCWs should be equipped with relevant knowledge and skills that would help them navigate complex and critical health-related scenarios during disease outbreaks. However, inadequate training was found to be a major factor contributing to HCWs' knowledge deficit, thus compromising their effectiveness and safety at work. The lack of knowledge also creates high levels of uncertainty leading to fear, which affects HCWs' motivation and performance. This study thus underscores the importance of providing sufficient training to HCWs aimed at reskilling and upskilling them in order to increase their preparedness in dealing with public health emergencies.

The second challenge is related to communication issues where media hype and access to technology appear to be among the major impediments of HCWs' effectiveness at work. Islam prohibits any form of exaggeration, hype, misinformation, or lie in view of their detrimental implications on individuals or communities. This study thus urges the media to be more accountable to ensure the information about a disease outbreak is communicated cautiously in order to prevent unnecessary panic as a result of exaggerated reporting. The government should

also ensure that key public health messages are not overshadowed by sensational stories that could create misconceptions among the public. Finally, Islam promotes and values innovation that brings goodness to human lives. The use of advanced technology facilitates communication and health information exchange in a safe environment during a disease outbreak. Since access to technology is fundamental, more investment is required to equip healthcare facilities with appropriate systems and equipment that enable HCWs to work efficiently during critical times. This study has also highlighted that Islam provided guidelines on disease outbreak prevention and control much earlier than scientific interventions. The preventive measures such as quarantine and isolation, physical distancing, and effective communication principles mentioned in the Qur'ān and Ḥadīth are useful to be applied during disease outbreaks.

Other major challenges found in this study encompassed psychological health, clinical management, and, finally, hospital management and administration. The sudden disease outbreak and the increased workload and risk perception affected the mental health of HCWs. Furthermore, dealing with major outbreaks posed a challenge to containing the disease in the healthcare facilities that required HCWs to make adjustment to clinical management effectively. This includes strategies to contain nosocomial infection, management of patients, disruption of routine practice, and rearrangement of manpower in specific units or departments. The study also found hospitals worldwide were not prepared for the surge of the disease and a high rate of mortality during major outbreaks.

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In This Issue

Note from the Editor

Research Articles

Zubaida Nusrat & Adibah Binti Abdul Rahim
The Existentialist Conception of Man: A Comparative Analysis between Muhammad Iqbal and Jean-Paul Sartre

Nuzulul Qadar Abdullah
Equal Before Allah, Unequal Before the Prophet? Ongoing Discourse on *Matn* Criticism and Its Influence on Muslim Feminist Thought

Bachar Bakour & Homam Altabaa
Critical Thinking as a Mechanism for Situation Handling and Problem Solving: Examples from Ḥadīth Literature

Nath Aldalala'a & Syaza Shukri
Shifting Geopolitics: The Gaza War and the Contours of a Nascent Middle East Security Community

Nadira Brioua & Rahmah Binti Ahmad H. Osman
Power of Knowledge vs. Self-Knowledge Production: The Protagonist's Journey towards Embracing Islam in Umm Zakiyyah's *If I Should Speak*

Raihan Rosman
A Muslim Female Bildungsroman: Quest for Identity and Sisterhood in Islam in Leila Aboulela's *Minaret* (2005)

Amrah Abdul Majid
Freedom as Connection to God: An Analysis of Two Novels by Muslim Women's Writers in the Western Diaspora

Norhafiza Mohd Hed
'The Politics of Fear': How It Affects Youth Political Participation in Malaysia?

Norhaslinda bt Jamaiudin
Perceived Determinants of Child Poverty in Malaysia: A Preliminary Analysis

Burcin Demirbilek
Türkiye's Climate Change Policy: An Evaluation of Its Transition to Low Carbon Policies

Gustina, Syukri Lukman, Muhammad Rizki Prima Sakti & Mohamad Fany Alfarisi
The Role of *Ulama* in Shaping Attitude, Subjective Norms, Digitalisation and Trust Towards Cash *Waqf* Behaviour

Moh. Sugeng Sholehuddin, Isriani Hardini, Muhammad Jaeni, Eros Meilina Sofa & Thi Thu Huong Ho
The Role of Local Wisdom in Shaping Internationalisation Strategies of Islamic Higher Education Institutions in Indonesia

Syed Arabi Idid & Rizwanah Souket Ali
Perceptions of Three U.S. Presidents (Obama, Trump, and Biden) – A Malaysian Perspective

Tengku Siti Aisha Tengku Mohd Azzman Shariffadeen, Aini Maznina A. Manaf & Nerawi Sedu
International Students' Direct and Parasocial Contact, and Attitude Towards Malaysian Host Nationals: The Mediating Roles of Cultural Identification and Islamic Identity

Hafezdzullah bin Mohd Hassan, Rizalawati binti Ismail & Awan binti Ismail
Artificial Intelligence in Sinar Harian: Embracing Readiness or Addressing Anxiety?

Zeti Azreen Ahmad, Aini Maznina A. Manaf, Mazni Buyong, Sofiah Samsudin, Fuad Sawari & Hanani Ahmad Yusof
Healthcare Workers' Challenges in Managing Disease Outbreaks: A Systematic Review from an Islamic Perspective

Wan Norshira Wan Mohd Ghazali, Ahmad Muhammad Husni, Shafizan Mohamed, Mohd Helmi Yusoh, Kamaruzzaman Abdul Manan & Nur Shakira Mohd Nasir
Faith-Based Approaches to Vaccine Misconception: A Systematic Literature Review of Religious Messaging

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