

The Integration of Islamic Values in Daily Clinical Practice among Healthcare Professionals: A Scoping Review

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ABSTRACT

Islam is a major world religion that has a universal system encompassing every aspect of daily human activities. In this regard, Islam also provides principles and values related to the practice of medicine. However, it is not known how much of the practices have been practiced in daily clinical settings. Therefore, this paper aims to chart the overview of the studies and publications that have been done related to the integration of Islamic principles and values being incorporated in clinical practice. This paper is a scoping review. Databases like PubMed, PLOS, BMJ, Cochrane, EBSCO, Emerald, ProQuest, ScienceDirect, Scopus, and ACI were used to conduct the literature search. MeSH terms like "Islam," "religion and medicine," and "attitude of medical staff" are among the keywords used, along with synonyms like "Islam," "Islamic," "Muslim," "medicine," "clinical," "practise," "healthcare," "professionals," "Islamic medical practise," "doctor," "nurse," and "healthcare professionals." The Boolean operators "AND" and "OR" were applied during the search. In addition to databases, manual internet searches were conducted to find relevant papers. The review has found that Islamic concepts and ideals have been sporadically incorporated into medical practice worldwide, whether by Muslim or non-Muslim healthcare professionals. The three key themes related to Islamic practice in medicine: are (a) attitude and character of healthcare professionals, (b) clinical decision-making, and (c) holistic spiritual care. There is still a big gap and differences in integrating Islamic values into clinical practice. Further work on defining and constructing a framework for a holistic Islamic medical practice is warranted.

Keywords

Islamic principles, medical practice, integration, healthcare professionals

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INTRODUCTION

Malaysia has become one of the leading countries that has been promoting the trajectory of integrating Islamic elements in the practice of medicine in healthcare. In 2014, the concept of an *Ibadah*-Friendly Hospital (IFH) or Shariah-compliant hospital (SCH) was introduced to the Ministry of Health [MOH] hospitals due to the demands of the public to cater to the needs of Muslim patients in performing spiritual and *'ibadah* (ritual obligations). The idea of a Shariah-compliant hospital is much broader in implementing the Islamic values in healthcare, including management, finances, medication, medical practitioner, clinical procedures, and the *'ibadah* itself.¹

The shariah-compliant hospital is meant to be holistic

in its approach to services.² It encompasses? Islamic paradigms, values, ethics, and culture of the healthcare professionals (HCPs), other workers, and patients.³ In 2014, a Shariah-based quality management system accreditation and standard, MS 1900:2014, was introduced by SIRIM Berhad in Malaysia to foster the holistic values of Islam in any organization in the country.⁴ Even though the SCH standard has been awarded to An-Nur Specialist Hospital, and Sultan Ahmad Shah Medical Centre @IIUM (SASMEC) in Malaysia, it does not have a clear, unified framework, guidelines, and policies on how the healthcare professionals should perform their daily practice according to Shariah. This is because the Shariah-compliant guideline is limited only to the management level, as referred to by SIRIM MS 1900:2014 accreditation and standard. Apart

from that, the Shariah practice has been fragmented according to each respective hospital and individuals such as doctors, nurses, and other medical practitioners in both Muslims and non-Muslims.³ Furthermore, the service provided by healthcare professionals is the core business of healthcare. Many studies indicate that the role of healthcare professionals in delivering services is pivotal in ensuring the satisfaction and patronage of both Muslim and non-Muslim patients.^{5,6}

Until today, research is still lacking on the practice of Islamic principles in the clinical routines of healthcare professionals. Therefore, it is important to conduct a scoping review as a precursor study to map the subject matter on the daily clinical practice of healthcare professionals available in the academic corpus. Thus, the gaps in the existing research will be identified.⁷

MATERIALS AND METHODS

The scoping review method of this article follows the framework of Arksey and O'Malley (2005). This article's research question will focus on applying Islamic values in medical practice in healthcare in daily clinical routines. A literature search was conducted via PubMed, PLOS, BMJ, Cochrane, EBSCO, Emerald, ProQuest, ScienceDirect, Scopus, and ACI databases. The keywords used are MeSH Terms such as "Islam", "religion and medicine", and "attitude of medical personnel"; and other synonyms like "Islam", "Islamic", "Muslim", "medicine", "clinical", "practice", "healthcare", "professionals", "Islamic medical practice", "doctor", "nurse", and "healthcare professionals". The Boolean operators "AND" and "OR" were used during the search. Besides databases, hand-searching through the internet was done to get available papers related to the topic.

Quality appraisal was not made as the purpose of this review is to obtain a bird's eye view related to the subject matter.⁷ Only journals were chosen for this review. The type of research included in this study is heterogenous to maximize the empirical evidence available. The time frame of the published paper must be within ten years, 2012-2022, to know the latest research related to Islam,

medicine, and clinical practice. The paper selected must be written in English, Malay, or Indonesian as they are the most understandable languages by the research team. Most importantly, the article needs to focus on applying Islamic principles in medicine and the role of healthcare professionals in clinical practice. Any article that is not empirical, unrelated to healthcare professionals, such as animal studies, or related to complementary and alternative medicine (CAM) is excluded from this review.

As many types of evidence were included, thematic analysis was used as an analytical approach to map the available studies. It is due to the flexibility of the analysis method in its foundation.⁸ Figure I show the summary of the research strategy using PRISMA guidelines.⁹

RESULTS AND DISCUSSIONS

A total of 1581 papers were obtained from databases and registers. Three independent screening stages -the titles, abstracts, and full articles- were considered for their eligibility, and only 37 papers were eligible for inclusion in the review. It was found that studies related to Islamic medical practice have been conducted both in Asian and Western countries. As for Asian countries, the total number of studies that have been found was 31. The number of studies in Western countries was six in total. Table I shows the detail of each of the studies in the respective countries. This review noticed that Asian countries conducted more studies than Western countries. Demographically, it is understandable due to the majority population of Muslims residing in Asian countries. While in general, Muslims in Western countries are minorities.

Table I: The Summary of Studies related to Countries

Asian Continent		Western Continent	
Country	No. of Studies	Country	No. of Studies
Malaysia ¹⁰⁻²²	13	United Kingdom ²³⁻²⁵	3
Indonesia ²⁶⁻³¹	6	United States ^{32,33}	2
Saudi Arabia ³⁴⁻³⁶	3	Netherlands ³⁷	1
Iran ^{38,39}	2		
Jordan ⁴⁰	1		
Egypt ³³	1		
Kuwait ⁴¹	1		
Pakistan ¹⁵	1		

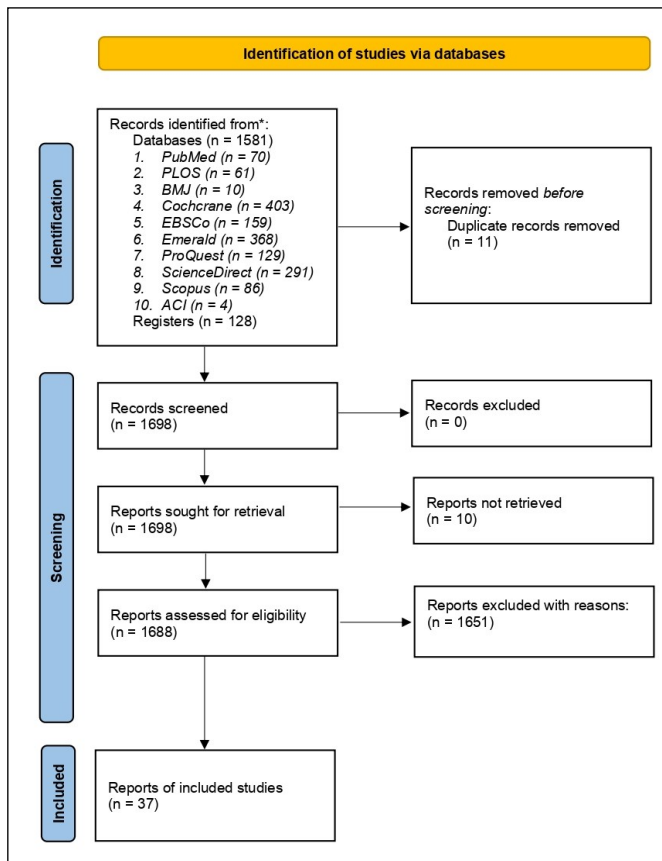


Figure I: Flow Diagram

As per this review's objective, the participants' primary concern is healthcare professionals (HCPs). It has been spotted that the HCPs involved in this review were: 11 studies on doctors^{10,11,14,15,32-34,37,39,42,43}, seven studies on nurses^{26,29,31,35,36,38,41}, seven studies on general HCPs^{16,19,23-25,44,45}, and only one study on pharmacists³³, and medical academicians¹⁶. Other participants included in this review were other healthcare stakeholders involved directly with practicing Islamic values in clinical settings, such as patients^{12,13,15,28}, health volunteers, and *Shariah* officers²¹.

In this review, 17 studies are qualitative.^{14-16,21,24,25,28,29,33,35-43} While 13 are quantitative studies.^{10-13,19,23,26,27,31,32,34,45,46} For mixed studies, there was only one study.⁴⁴ Six review studies are included.^{17,18,20,22,47,48}

Upon review, it has been found that many papers partially addressed the integration of Islamic values on healthcare professionals in their everyday clinical practice. None has systematically and explicitly studied the integration of Islamic values in the routine clinical setting. However, three significant themes have been identified from the

review that has a relationship with daily clinical practice. Namely, (a) healthcare professionals' attitudes and characters, (b) clinical decision-making, and (c) holistic spiritual care. Each of the themes is interconnected with each other as a manifestation of Islamic medical practice. Figure II shows the overview of themes and sub-themes found throughout the review.

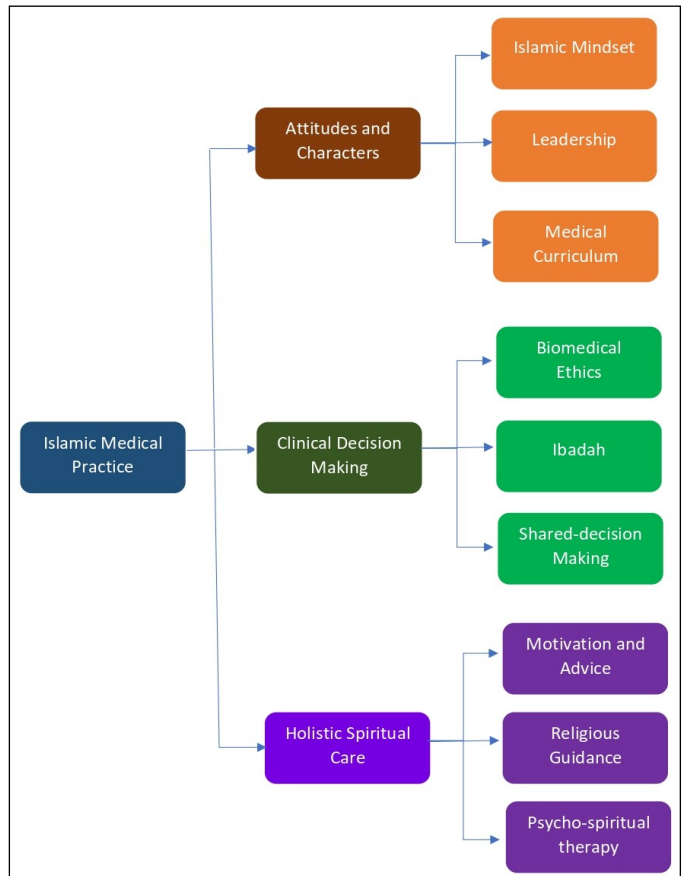


Figure II: Overview of themes and sub-themes

Healthcare Professionals' Attitudes and Characters

From the review, seven papers addressed the issue of attitude and character related to Muslim healthcare professionals. Attitudes and characters of healthcare professionals are considered essential in influencing their everyday practice. Where the Islamic mindset is crucially important in determining the attitude and character of Muslim healthcare professionals. To be a competent Muslim professional, one must be equipped with ethics, integrity, skills, and the knowledge of Islamic principles and medical practice.¹⁰ The regulations set forth by Islam in treating and viewing patients were not just focussing on physical aspects only.

Furthermore, these studies it is stated that Islam seeks comprehensive care in its holistic approach to the well-being (emotional, intellectual, spiritual, and social), of both healthcare professionals and patients.^{10,41} A few studies also show that a proper attitude reflects the professionalism of the quality of work. Among the example provided is adhering to the appropriate dress code to ensure the performance of treating patients is in the best manner and avoiding non-professionalism.²³ Meanwhile, other studies state that taking the best care of hygiene would be the utmost priority in Islamic teaching in daily life. These values are essential to develop the correct attitude that all healthcare professionals must internalize in their daily practice. It is indeed imbued in their code of practice to ensure the safety of both healthcare professionals and patients.^{27,41,45)}

In conjunction with the character of Muslim professionals, it is pivotal to have a high quality of spiritual leadership. Studies show that leaders with good values, attitudes, and behavior exude positive effects on others. Thus, they play an essential role in enhancing the organizational cultures of Islam, *Iman*, and *Ihsan*. This would be reflected in its physical structure, values, norms, and customs in the hospital environment. Hence, it improves the engagement among healthcare professionals in clinical routines.²⁸ Furthermore, this Islamic environment will enhance the loyalty and satisfaction of the Muslim patients while receiving treatment at the hospital.

Clinical Decision Making

Concurrent with the analysis, 12 papers have been traced that studied clinical decision-making associated with Islamic practice. Nearly half of the studies, 5 out of 12 articles, deal with biomedical ethics. It shows that ethical principles and values are essential in everyday medical practice. Several pressing issues like euthanasia,⁴² organ donation,³² palliative care,³⁷ have been studied for their compatibility with Islamic teachings. Several studies report that improvising medical training integrated with Islamic teachings would revamp the skills of Muslim

healthcare professionals in decision-making when holistically treating patients.^{34,40} However, clinical decision-making issues are only specific to certain cases and events, such as organ donation, euthanasia, and palliative care. These types of cases are not everyday issues faced by healthcare professionals.

In clinical decision-making, healthcare professionals and patients must play a mutual role. Proper care and treatment cannot be achieved without proper communication. It is an important responsibility of both healthcare professionals and patients. It is called shared-decision making. A review has been conducted that patients need to play their role in their treatment and care besides healthcare professionals. Among the approaches of shared-decision making is exercising self-care.³⁹ Self-care is a way to sustain healthy life apart from seeking help from professionals. Meanwhile, healthcare professionals must assist patients in participating in the treatment processes. Both professionals and patients must know that preserving health is an obligation (*amanah*) towards God.³⁹ In the practice of shared-decision making, in the clinical setting, it is the role of the patients to anticipate the healing process rather than the healthcare professionals only as a responsibility.

Concerning decision-making in a clinical setting, seven papers studied the role of decision-making in tandem with the aspects of the obligations of Muslims. The review yielded one study on fasting (*saum*) and Ramadan,⁴⁷ and two on prayer (*salah*).^{12,13} The issue related to *Ramadan* is commonly highlighted in fasting for diabetic patients. The setting of these studies is in Western countries, where Muslims are minorities and have limited access to practicing their religion. Hence, a guideline was made to facilitate the healthcare professionals and patients.⁴⁷ Studies conducted on the issue of prayer show that healthcare professionals need to play an active role in assisting needs of the Muslim patients. Examples from these studies are how to assess post-operative knee pain patients¹² and incontinence on the praying quality.¹³

Holistic Spiritual Care

In all 18 out of 37 papers, studied relating spiritual care. There are three salient aspects of spiritual care: motivation and advice, religious guidance and practical prayer demonstration, and essential psychotherapy and spiritual intervention.^{14,17,18} Although spiritual or pastoral care is usually done by a chaplaincy specialist, to achieve comprehensive and holistic patient care, healthcare professionals must also embrace and practice all three aspects of spiritual care.

In giving motivation and advice, communication is the key. Several studies showed that the proper way to communicate, such as being empathic, listening carefully, and using soothing words, will positively impact attitude and behaviour towards the healing process of patients. Apart from communication, the role of motivation and advice includes proper coping mechanisms, remembrance of God, and healing inspiration. As a result, patients will be more inclined in anticipating to comply with the treatment given by healthcare professionals.^{29,33}

Among the critical skills and values, healthcare professionals need to be concerned about in spiritual care is the ability to give religious guidance and conduct religious obligations such as prayer while sick.²¹ Religious guidance matters such as regarding the aspects of what is permissible (*halal*) and prohibited (*haram*),¹¹ providing Quran or collections of Islamic incantation (*dua and zikir*) for their daily ritual, concerning the aspect of modesty (*awrah*) of the patients,^{15,49} and giving spiritual and emotional warm support for the terminally ill patients.³⁵ Furthermore, healthcare professionals are supposed to be able to demonstrate and assist on how to pray. Healthcare professionals should be able to assess the condition of the patients and which position the patient should pray in according to the concession (*rukhsah*) according to Islamic guidelines.^{12,13,17,19} A study done by Aris et al. (2017) revealed that 78.9% (n=131) of the respondents did not offer *salah* while receiving medical treatment in the ward because they were unable to provide *rukhsah salah* (77.7%, n=129). Overall, 48.2% (n=80) of the respondents reported that they received no instruction on how to do *salah* or how to perform ablution (*wudhu*) while in the

ward (47.6%, n=79). The religious officer (27.7%, n=46) and nurses (13.3%, n=22) are the most significant individuals who instruct the respondent on how to do *salah* in the hospital. In general, more than half of the respondents still do not have the desired attitudes toward practising *rukhsah* in *salah* (61.4%, n=102), and only (53.6%, n=89) have the basic knowledge. Based on these findings, the ability of healthcare professionals to guide patients to perform *salah* is still low. Therefore, it is paramount that healthcare professionals improve their skills and knowledge in assisting patients in their religious obligation.¹⁹ In achieving best practices in treating patients, health providers should also be aware of the culture and background of the patients they treat in the context of Islamic healthcare. This aspect is vital for them to comply with comprehensive physical and spiritual treatment.^{16,36}

Patients used to question about the concern of existential matters when dealing with the issue of life and death matters. Hence, self-criticism and grief would be important issues. Several studies portray how mental health issues nowadays have become stigmatized and affect health-seeking behavior. This can worsen the condition in the context of care of patients.⁴³ Regarding this, apart from chaplaincy, healthcare professionals should play their role in giving emotional and psychological support to the patient as they routinely monitor the patient's progress every day. Any healthcare professional must be able to conduct essential Islamic-integrated psychotherapy.^{17,20} Some cases are believed to be related directly to spiritual ailments, such as "Jinn possession" that needed spiritual treatment (*ruqyah*) should be given attention. An autobiographical study by Razali and Tahir (2017) shows that healthcare professionals should have some idea about *ruqyah* and work synergistically with spiritual healers.

CONCLUSION

This review maps the currently available evidence related to the practice of healthcare professionals in integrating with Islamic principles and values. It has been found that the integration of Islamic tenets and values in medicine has been practiced worldwide concerning Muslim or non-

Muslim healthcare professionals. The review results can be categorized into attitudes and character of healthcare professionals, clinical decision-making, and holistic spiritual care. A *Shariah*-compliant hospital, in concept, provides holistic and comprehensive care to patients. Hence, the most important stakeholders are healthcare professionals who should imbibe themselves with the proper and adequate knowledge and skills in order to fulfill their tasks. In short, for future studies, the experience of doctors in playing their role in practicing Islamic principle and values need to be studied further. Among healthcare professionals, doctors are the locus of providing care to the patient. Also, from the review, it has been noted that a study on patients' experience when receiving treatments and services in a *Shariah*-compliant hospital has not been studied. A study on testimony of patients is crucial in improving the service in the hospital. Lastly, research needs to be conducted on the training of Islamic medical practice for healthcare professionals in a *Shariah*-compliant hospital. The curriculum and training are amongst the most critical aspects that need to be established in order to improve and construct appropriate policies to be successfully implemented.

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