

ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICES (KAP) TOWARDS IBADAH FRIENDLY HOSPITAL (IFH) PROGRAM AMONG HEALTHCARE PRACTITIONERS AT AL-ISLAM SPECIALIST HOSPITAL : A PRELIMINARY STUDY

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Abstract

Background: *Ibadah* Friendly Hospital (IFH) program was officially introduced by the Ministry of Health Malaysia (MOH) in 2014. The program is a paradigm shift from a secular paradigm into a *Tauhidic* paradigm in which a holistic approach in treating Muslim patients is applied. The IFH program in Al-Islam Specialist Hospital was officially launched in 2006. It has been more than 15 years since the hospital has implemented this program. Therefore, the objective of the study was to assess level of knowledge, attitude, and practices (KAP) towards *Ibadah* Friendly Hospital (IFH) program among healthcare practitioners at Al-Islam Specialist Hospital.

Methods: A cross-sectional study was conducted among healthcare practitioners to assess knowledge, attitude and practices towards IFH program. Data was collected through self-developed questionnaires from middle of January to middle of March 2023 and was analyzed by using Microsoft Excel and SPSS version 19. Scalar-scoring method was employed to analyze the collected data and then Bloom's cut off point was used to categorize the scores as high, moderate or low for knowledge, positive, neutral or negative for attitude, and good, moderate or low for practices associated with IFH program.

Results: A total of 44 healthcare practitioners participated in the study with 67% response rate. The findings revealed that 100% of the healthcare practitioners at the Al-Islam Specialist Hospital are having high level of knowledge and positive attitude towards *Ibadah* Friendly Hospital (IFH) program. 97.7% of the respondents showing good practices and only 2.3% showing moderate practices associated with IFH program.

Conclusion: The results highlight majority of the healthcare practitioners were having high level of knowledge, positive attitude and good practices associated with IFH program. Nevertheless, there is one area regarding the knowledge, attitude and practices associated with IFH program has to be improved among Al-Islam Specialist Hospital's healthcare practitioners. Based on the results of this study, to maintain high level of knowledge, attitude and practices among the healthcare practitioners, continuous mandatory trainings and courses on IFH programs as well as other appropriate interventions shall be conducted by the Academy of IFH. Further study shall be conducted among the non-clinical employees at this hospital so as to identify the overall level of KAP of the hospital's employees towards IFH program.

Introduction

The healthcare sector in Malaysia continues as one of the crucial domains in the country today. Its healthcare system is divided into two highly developed sectors: a government-led and tax-funded public sector, and a thriving private sector. The Islamization of Malaysia healthcare services as a form of *ibadah* and institutionalization of Islamic values in medical field began in the early 1980's (Sinanović, 2012). The initial effort in instilling Islamic values was on female *awrah* which refers to any body part of women body that is prohibited from being revealed to other man or woman. It then followed by integration of Islamic values in the medical curriculum. This innovative step to Islamize the medical curriculum consists of two separate but closely related components that is Islamization and legal medicine (Kasule, 2009). These efforts were further expanded with the introduction of *Ibadah* Friendly Hospital (IFH) program by the Ministry of Health Malaysia (MOH) in 2014. This initiative stemmed from the Islamic Hospital of Jordan (Ishak et al, 2021^a). Nevertheless, the term "IFH" was first use by Hospital Universiti Sains Malaysia (HUSM), a government teaching hospital in Penang in 2004 in its effort to integrate Islamic values in the hospital operation (Ministry of Health Malaysia, 2020). New Straits Times (2016) reported that there are many major hospitals nationwide both public and private hospitals have been recognized as IFH for providing facilities and guidance for patients to perform their *ibadah* while receiving treatments. Hospital Tengku Ampuan Afzan in Pahang, Hospital Banting in Selangor, Hospital Tawau in Sabah, and Hospital Jasin in Melaka to name a few are among the public hospitals that are recognized by MOH and Jabatan Kemajuan Islam Malaysia (JAKIM) as the IFH. Among private hospitals that rendered their services under IFH are Al-Islam Specialist Hospital, Hospital PUSRAWI, Pusat Rawatan Islam Ar-Ridzuan and Hospital Az-Zahrah.

IFH program is a concept used in hospital management to achieve excellence and self-identity among hospital employees as well as focusing on the well-being of patients through the application and appreciation during and after treatment. The aim of IFH program is to provide awareness through patient and family education to be closer to Allah SWT. The program is a paradigm shift from a secular paradigm into a *Tauhidic* paradigm in which a holistic approach in treating Muslim patients is applied which encompasses of physical, psychological, mental and spiritual aspects. The IFH concept and program are guided by Al-Quran and *Sunnah*, *Maqāṣid*

al-Sharī'ah, *Qawaid al-Fiqhiyah*, and concepts of *rukhsah* and *dharurat*. Practicing medicine is a profession and also a social obligation towards seeking the pleasure of Allah are the thrust of IFH program (Rahman, Zailani & Musa, 2018). In summary, the objectives of IFH are: (1) towards achieving *Mardhatillah* (acceptance of Allah SWT); (2) aiming for success in this world and hereafter; (3) treating and managing patients using a holistic approach; (4) assisting employees, patients and relatives to be closer to Allah SWT; (5) helping and guiding patients, employees and their family to perform *ibadah* especially *salat* (prayer); (6) providing the best services to the *ummah* (society); (7) application of work as *ibadah* and *amal*; and (8) hospital as a platform for *dakwah*.

Al-Islam Specialist Hospital, Kuala Lumpur was established in 1996 with total conviction to become an excellent Islamic hospital and as a *dakwah* center. Its establishment was directly related to the impressive achievement and performance of Islamic Hospital in Jordan in term of their facilities, clinical achievement, and implementation of Islamic values in the hospital management. The IFH program was officially launched by Al-Islam Specialist Hospital in 2006. The implementation of IFH program in Al-Islam Hospital is more inclusive and comprehensive in which it is not limited to provision of facilities, assistance, and guidance for patients to perform their *ibadah* but also extended to the manner in which the hospital is managed.

The IFH program provides a platform to strive for *mardhatillah* by the Al-Islam Specialist Hospital's healthcare practitioners, patients, and visitors. Hence, as part of the *Dakwahbil Hal*, the hospital management has taken a proactive role to assimilate and instill the IFH concept at every opportunity and level available. Every Al-Islam Specialist Hospital employee was given the awareness of their responsibilities not only as a Muslim employee who perform his/her duties but also as a "*daei*" whose role is to disseminate knowledge and preaching in his/her respective areas of work and considers his/her work as *ibadah*. In line with these aspirations, various programs and activities were initiated and organized internally such as Islamic Social Responsibility (ISR), *Usrah*, *Tazkirah*, daily Quranic reading, and Key Performance Index (KPI). Externally, Al-Islam Specialist Hospital has initiated and shared the IFH concept and programs with many hospitals locally and abroad, both private and public hospitals since 2006. The awareness campaign on IFH program consisted of many seminars and workshops. Since then, many hospitals affiliated to the Federation of Islamic Association Members (FIMA)

especially those in Pakistan and Nigeria have adopted IFH as their core program and some have refined the program further (Ishak et al, 2021^a).

The implementation of IFH program in Al-Islam Specialist Hospital covers nine (9) elements that have become the Standards in IFH as mentioned below:

Hospital Policy of Implementing IFH:

The policy of the hospital is based on IFH and good values are integrated and assimilated in the hospital administration. Next, the vision and mission of the hospital must take into consideration the IFH program towards achieving excellent hospital services. All stakeholders must ensure IFH becomes an integral part of the hospital's policy.

Organization Structure:

The establishment of an IFH Committee with specific job scope and organizational chart shall reflect IFH aspiration. Hospital Director and senior members of the hospital management are directly involved in the IFH Committee. It is important to establish a Spiritual Department or a Chaplaincy Department in ensuring the successful implementation of IFH program. The IFH Committee has to conduct regular meetings at least four times a year and report must be submitted to the hospital management.

Culture in IFH:

In general, the culture in IFH is comprised of good values namely *itqan*, *ikhlas* and *ihsan*. Specific culture such as culture of smiling and *salam* are practices not only towards patients but also among the employees. Recitation of *Bismillah/Alhamdulillah/Insha' Allah* by all employees at appropriate time such as before or during or post procedure become a norm. As part of awareness and promotion efforts about the IFH culture, campaign, poster and banner are made available at designated areas in the hospital. Continuous monitoring on the practices and assimilation of this culture is conducted periodically.

Human Resource Management:

Basic training focuses on the awareness about IFH program is implemented for all employees. Other relevant programs and basic trainings on IFH are also conducted for them.

On top of that, manual for basic training in IFH is also prepared. In ensuring sustainability of the program, regular monitoring is made available.

Facilities for IFH:

Ibadah facilitation is further strengthened through the provision of *ibadah* facilities such as *qiblah* direction, clean area, booklet on *ibadah* guidelines for patients, bottle spray, *tayammum* powder, and audio visual for prayer reminder. Furthermore, patients' attire during delivery or procedure and surgery as well as in ward shall cover the *awrah*. Separate rooms or wards for different gender are also provided.

Standard Operating Procedures (SOPs) in IFH:

There are general SOPs on the assimilation of good values at all levels that reflects good character or *akhlaq*. SOPs in all clinical settings including orientation for new admission, pre and post procedures are to be followed in day-to-day running of the hospital. In addition, there shall be a chaperone for patient who seek treatment from medical employee of the opposite gender. SOPs in guiding and assisting patients to perform *ibadah* are also made available.

Dignity of Patients and Employees:

Dignity of patients and employees is cared for such as in the case of ECG and catheter are to be performed by same gender. In addition, *awrah* of patients in the operation theatre or delivery room must follow the *Shari'ah* guidelines.

KhusnulKhatimah:

Chaplain services is established which comprised of *talqin* services and spiritual support for patients and relatives. Besides that, it also offers assistance in preparing a will (*wasiat*) for the family as well as assistance for the funeral arrangement.

Quality Management:

The implementation of IFH is monitored by the Quality Committee. In the effort to ensure quality of the IFH program is the priority, there is also internal and external audit exercises. On top of that, patient's feedback regarding the IFH program in the hospital is obtained through provision of QR code that has been made available at many areas in the hospital. Scheduled monitoring of the programs is developed to ensure the smooth running of the program and to identify loopholes in its implementation.

PROBLEM STATEMENT

In the Malaysian context, much of the research published on the IFH program and its implementation are either conceptual papers or literature review or review papers. Hammad et al (2018) published a literature review on the

implementation of IFH in Malaysian Islamic Hospital Consortium (KHIM) meanwhile Ishak et al (2021)^a and Ishak et al (2021)^b published conceptual papers on IFH and Islamization of health services through IFH. A paper presented at the Conference Proceeding such as by Mohd Ariff et al (2021) was centred on the framework of an IFH. Other related study on IFH was focusing on service quality in Muslim Friendly Private hospitals (Azman et al, 2021). Norwina et al (2012) conducted a qualitative approach of literature reviews on what makes a hospital with a “soul” or *Ibadah* Friendly. Mohammad Aizat, Betania, MohdAnuar, and Muhammad Hadi (2019) carried out a study on the concept and framework of Muslim Friendly hospital in Malaysia pertaining to *Shariah* compliance meanwhile NurHidayah, Zurina, and Zainal, (2019) conducted a case study on the adoption of *Shariah*-based and Muslim friendly practices at the selected medical tourism hospitals in Malaysia. On the other spectrum, Shaharom& Abdul Rahman (2016), Majdah& Khadijah (2017) and Shaharom, Shahimi, and Roslan (2019) were focusing on the *Shariah*compliant healthcare services in Malaysia. In addition, there are qualitative research related to IFH that is on the implementation of spiritual guidance, for example a study by Muhammad Faisal, MohdZainuddin, and SitiJamiah (2020) and Muhammad Faisal, SitiJamiah and Norhisham (2020) as well as a conceptual paper on Muslim Chaplaincy in IFH by Surina, MohdZulkifli, NurulAisyah, Izzati, and Ishak (2021).

There is limited empirical research and scientific data on the level of knowledge, attitude, and practices (KAP) related to comprehensive implementation of the IFH program. Most research conducted on KAP in IFH was mainly focused on performing *salat* (prayers) among Muslim patients in public hospitals. For instance, Abdul Hadi et al (2013) conducted a KAP study among in-ward patients in selected public hospitals such as Queen Elizabeth Hospital, Sabah, SultanahNurZahirah, Terengganu, and BatuPahat Hospital, Johor. Muhammad Shamsir et al (2015) also conducted a KAP study on performing *salat* (prayers) among Muslim patients in a public hospital in Langkawi, Kedah. There is however, quantitative research conducted on the effectiveness of the IFH course among the hospital staff which includes doctors, nurses, assistant health officers, medical assistants as well as non-clinical employees. The two research were also carried out in the selected public hospitals in Pahang with the focus also on prayers (*salat*) for sick patients (Kow et al, 2019; Kow et al, 2020).

As per the above discussion, there is a dearth of research on KAP towards *Ibadah* Friendly Hospital (IFH) program among healthcare practitioners at the private

hospital. Thus far, Noor Azizah (2019) conducted an empirical study on KAP towards the comprehensive implementation of IFH program among selected employees at the public and private hospital in Malaysia. Furthermore, in the case of Al-Islam Specialist Hospital, the IFH program is not new among its employees. It has been more than 15 years since the hospital has implemented this program. Therefore, it is deemed necessary to examine the knowledge, attitude, and practices towards IFH program among its healthcare practitioners. Hence, this study was conducted to gain some insights and current situation with relation to IFH program at this hospital. Identifying existing knowledge, attitude, and practices (KAP) towards among healthcare practitioners at Al-Islam Specialist Hospital is a first key step to further refine a successful IFH program implementation. The findings will be able to assist hospital administration to strategize and design specific intervention with regards to the possible areas for improving the practices of the program. The information and understanding on this matter would not only benefit the Al-Islam Specialist Hospital but would also benefit and be replicated by other *Ibadah* Friendly Hospitals in Malaysia.

METHODOLOGY

Study setting and design

This study design was quantitative and cross-sectional, conducted from the middle of January to the middle of March 2023 among Al-Islam Specialist Hospital’s healthcare practitioners.

The study population of this study were 66 healthcare practitioners consisted of medical specialists, medical officers, nurses, medical assistants and caregivers whose job responsibility is directly involved with patient care and/or provide treatment to patients.

Only those who were under the category of healthcare practitioners and agreed to participate were involved in this study.

Questionnaire Design

The study was conducted using a self-developed questionnaire through an extensive literature review and a face-to-face interview with the experts of the IFH program at the hospital.

The questionnaire was designed to capture the knowledge (K), attitude (A), and practices (P) towards the IFH program among the healthcare practitioners. The content, rationality and validity of the questionnaire were assessed and validated using the opinions of experts of the IFH program at the Al-Islam Specialist Hospital. The reliability of the questionnaire was calculated using Cronbach Alpha value of 0.836. The questionnaire was designed in Bahasa Malaysia, a national language where all respondents were well-versed.

The questionnaire consists of four (4) sections. Section A of the questionnaire comprised of five (5) questions about demographic profile of the respondents namely gender, age, education levels, current position and duration working at Al-Islam Specialist Hospital. The remaining sections consists of (a) questions related to the knowledge level of the healthcare practitioners towards the IFH program (Section B), (b) questions related to the attitude towards IFH program (Section C), and (c) questions that evaluate the practices associated with IFH programs (Section D).

Data collection method

Questionnaires were distributed to healthcare practitioners at the Al-Islam Specialist Hospital at various wards and departments in order to obtain responses from a wide range of healthcare practitioners at the hospital. Questionnaires were uploaded through Google Surveys and disseminated by forwarding web page link through social media outlet such WhatsApp and also through staff emails. Participation was voluntary and all respondents were kept anonymous. In addition, follow-up was done twice to ensure good response rate.

Data analysis and interpretation

Collected data was compiled and keyed-in into the excel sheet after it was thoroughly checked, cleaned and coded before it was entered into SPSS version 19. The study findings are explained in words, tables, and other statistical summary techniques.

In the knowledge and practices sections (Section B and D), respondents were asked to choose “yes” or “no” options. In the attitude section (Section C), respondents were also given two (2) choices of answer based on 2-Likert scale from 0 to 1 (agree and disagree).

The analysis of these sections was done on the basis of a scalar-scoring method. 1 point was given for correct response and 0 point is given for wrong response. The scores for knowledge, attitude and practices were calculated as percentage scores by dividing the total correct answers by the respondents with the maximum scores multiplied by 100.

Bloom’s cut off point was then used to categorise as high level of knowledge if the sum score was between 80% to 100%, moderate level of knowledge if the sum score was between 60% and 79%, and low level of knowledge if the sum score was less than 60%. In the attitude section (Section C), sum score between 80% to 100% was categorized as positive attitude, sum score between 60% and 79% was categorized as neutral attitude and sum score less than 60% was categorized as negative attitude. Similarly, for practices, sum score between 80% to 100% was categorized as good practices, sum score between 60% to 79% was categorized as moderate practices and sum score less than 60% was categorized as low practices.

Ethical consideration

This study was conducted after approval from the Al-Islam Specialist Hospital’s administration was granted. Data was kept confidential and consent to participate in the study was obtained from the respondents after permission to conduct the study was given by the hospital administration.

RESULTS

Demographic characteristics of healthcare practitioners:

A total of 47 questionnaires were received, however only 44 were usable for this study yielding a 67% response rate. Table 1 reveals demographic characteristics of the respondents. Out of 44 respondents, 39 were female (88.6 %) and 5 were males (11.4 %). The majority of the respondents were between the ages 20 – 30 years (15, 34.1%).

Thirteen (29.4%) respondents were 31 – 40 years, 9 (20.5%) respondents were aged between 41 – 50 years, 4(9.1%) respondents were 51 – 50 years and 3(6.9%) of the respondents were aged 60 years and above.

Table 1. Demographic characteristics of healthcare practitioners (n=44)

Variable	Category	Frequency	Percentage (%)
Gender	Male	5	11.4
	Female	39	88.6
Age	20 – 30 years	15	34.1
	31 – 40 years	13	29.4
	41 – 50 years	9	20.5
	51 – 60 years	4	9.1
	60 years and above	3	6.9
Education Level	Malaysian Certificate of Education	6	13.6
	Diploma	30	68.2
	Bachelor Degree	6	13.6
	Master Degree	2	4.6
	PhD	0	0.0
Current Position	Medical Specialist	1	2.3
	Medical Officer	3	6.8
	Nurse	25	56.8
	Medical Assistant	9	20.5
	Dietician	1	2.3
	Others	5	11.3
Duration Working at Al-Islam Specialist Hospital	Less than 1 year	9	20.5
	1 – 5 years	12	27.3
	5 – 10 years	6	13.6
	11 – 15 years	8	18.1
	15 – 20 years	5	11.4
	More than 20 years	4	9.1

Most respondents were diploma holders 30 (68.2%), while 6(13.6%) were Bachelor degree and Malaysian Certificate of Education holders and only 2(4.6%) of the respondents were Master degree holders. Among the included respondents, 25(56.8%) were nurses, 9(20.5%) were medical assistants, 3(6.8%) were medical officers, and 1(2.3%) was a medical specialist. The remaining included 1(2.3%) dietician and 5 (11.3%) others. The highest number of the respondents have been working at Al-Islam Specialist Hospital for 1–5 years (27.3%), followed by 9 for less than a year (20.5%), 8 for 11–15 years (18.1%), and 6 for 5-10 years (13.6%). Five respondents have been working for 15–20 years (11.4%) and 4(9,1%) have been working for more than 20 years in the hospital.

Knowledge on IFH program among healthcare practitioners:The frequency distribution of respondents' knowledge towards IFH program is presented in Table 2a.

Table 2a. Knowledge on IFH program among healthcare practitioners

Questions	Responses	Frequency (n)	Percentage (%)
Do you know <i>Ibadah</i> Friendly Hospital (IFH) program was officially introduced by Ministry of Health Malaysia in 2014?	Yes	39	88.6
	No	5	11.4
Do you know the main objective of the implementation of <i>Ibadah</i> Friendly Hospital (IFH) program is to assist patients in performing <i>ibadah</i> ?	Yes	42	95.5
	No	2	4.5
Do you know the culture of “Smile” and “Salam” are two important elements in <i>Ibadah</i> Friendly Hospital (IFH) program?	Yes	44	100
	No	0	0
Is <i>Ibadah</i> Friendly Hospital (IFH) program in this hospital only for nurses?	Yes	0	0
	No	44	100
Do you know there is a Committee of <i>Ibadah</i> Friendly Hospital (IFH) program in this hospital?	Yes	42	95.5
	No	2	4.5
Are you aware that this hospital has <i>Ustaz/Ustazah</i> or Religious Officers?	Yes	44	100
	No	0	0
Pregnant Muslim women whose water bag (amniotic fluid) have been ruptured shall be reminded to perform <i>solah</i> (prayer).	Yes	41	93.2
	No	3	6.8
Are you aware that giving a reminder to patients to perform <i>solah</i> (prayer) is the responsibility of every healthcare practitioner?	Yes	44	100
	No	0	0
Do you know that health should be seen from a holistic perspective that include physical, mental, psychological and spiritual?	Yes	44	100
	No	0	0
Are you aware that among the important objectives of <i>Ibadah</i> Friendly Hospital (IFH) program is to be closer to <i>Allah SWT</i> by healthcare practitioners, patients and their families?	Yes	44	100
	No	0	0
Do you know spiritual guidance service is among the services that must be provided at <i>Ibadah</i> Friendly Hospital (IFH)?	Yes	44	100
	No	0	0
Do you know basic facilities such as <i>Qiblah</i> direction, <i>tayammum</i> powder/dust and <i>ibadah</i> guidelines booklet for patients must be provided at the <i>Ibadah</i> Friendly Hospital (IFH)?	Yes	44	100
	No	0	0
Are you aware that reciting “ <i>Bismillah</i> hirahmanirahim” before performing any procedures or task is an important practice by all employees at the <i>Ibadah</i> Friendly Hospital (IFH)?	Yes	44	100
	No	0	0
Do you know that the concept and <i>Ibadah</i> Friendly Hospital (IFH) program are based on the <i>Al-Quran</i> and <i>Sunnah</i> , <i>Maqāsid al-Sharī'ah</i> , <i>Qawaid al-Fiqhiyaah</i> as well as the concepts of <i>rukhsah</i> and <i>dharurat</i> ?	Yes	41	93.2
	No	3	6.8
Do you know provision of facilities for <i>HusnulKhatimah</i> is part of the <i>Ibadah</i> Friendly Hospital (IFH) program?	Yes	38	86.4
	No	6	13.6

The total score for this section is 15 and the mean score for knowledge among 44 healthcare practitioners is 14.52 (± 0.567). 61.4% (27/44) of the respondents are above mean score. The lowest score value for among the respondents are on the official introduction of *Ibadah* Friendly Hospital (IFH) program by Ministry of Health Malaysia in 2014 (88.6%, 39/44) and provision of facilities for *HusnulKhatimah* is part of the *Ibadah* Friendly Hospital (IFH) program (86.4%, 38/44). Based on Bloom’s cut off point as shown in Table 2b, all of the respondents (44, 100%) were having high level of knowledge on IFH program.

Table 2b. Knowledge score on IFH program among healthcare practitioners

Category	Scores (%)	n	%	
Knowledge	High level of knowledge	12-15 (80%-100%)	44	100
	Moderate level of knowledge	9-11 (60%-79%)	0	0
	Low level of knowledge	<9 (60%)	0	0
Total		44	100	

Attitude on IFH program among healthcare practitioners: Findings regarding the frequency distribution of respondents' attitude on IFH program are presented in Table 3a.

Table 3a. Attitude towards IFH program among healthcare practitioners

Questions	Responses	Frequency (n)	Percentage (%)
In my opinion, patients' <i>ibadah</i> is the responsibility of the patients themselves.	Agree	4	9.9
	Disagree	40	90.1
I am ready to do anything beyond my field of duty to assist patients to perform <i>ibadah</i> .	Agree	44	100
	Disagree	0	0
In my opinion, positive words to patients could help to calm them down.	Agree	44	100
	Disagree	0	0
I feel awkward to offer a smile and salam to other individuals who are at the hospital.	Agree	0	0
	Disagree	44	100
From my viewpoint, <i>aurah</i> of patients must be taken care of by the patients themselves.	Agree	2	4.5
	Disagree	42	95.5
I am ready to offer my assistance to fulfil patients' <i>ibadah</i> requirement even though I am busy.	Agree	42	95.5
	Disagree	2	4.5
I believe <i>Ibadah</i> Friendly Hospital (IFH) program is able to enhance healthcare practitioners' competence in assisting patients to perform <i>ibadah</i> .	Agree	44	100
	Disagree	0	0
In my opinion, providing reminder to patients to perform <i>solah</i> (prayer) is the responsibility of healthcare practitioners.	Agree	40	90.1
	Disagree	4	9.9
I am ready to give a reminder to a pregnant Muslim women whose water bag (amniotic fluid) has been ruptured to perform <i>solah</i> (prayer) in a situation that requires me to do so.	Agree	40	90.1
	Disagree	4	9.9
I am of the opinion that I must give spiritual support to patients regardless of their religion and race.	Agree	43	97.7
	Disagree	1	2.3
I am of the opinion that patients who do not follow doctors and/or nurses' instruction shall be advised.	Agree	36	81.8
	Disagree	8	18.2
In my opinion, patients shall be reminded to perform <i>Solah Jama'</i> before undergoing a long procedure.	Agree	44	100
	Disagree	0	0
I believe Muslim patients must be reminded to recite <i>Syhadah</i> before they are given sedative/LA/GA.	Agree	43	97.7
	Disagree	1	2.3
In my opinion, spiritual aspect in patient care is utmost important.	Agree	44	100
	Disagree	0	0
From my standpoint, recitation of " <i>Bismillah</i> <i>rahmanirahim</i> " before performing any procedures or task is important.	Agree	44	100
	Disagree	0	0

The total score for this section is 15 and the mean score for attitude among 44 healthcare practitioners is 14.43 (± 0.837). 63.6% (28/44) of the respondents are above mean score. The lowest score value among the respondents is opinion on whether patients who do not follow doctors and/or nurses' instruction shall be advised (81.8%, 36/44). Based on Bloom's cut off point as depicted in Table 3b, all of the respondents (100%, 44) were having positive attitude towards IFH program.

Table 3b. Attitude score on IFH program among healthcare practitioners

	Category	Scores (%)	n	%
Attitude	Positive attitude	12-15 (80%-100%)	44	100
	Neutral attitude	9-11 (60%-79%)	0	0
	Negative attitude	<9 (60%)	0	0
Total			44	100

Practices associated with IFH program among healthcare practitioners: Table 4a shows the frequency distribution of respondents' practices associated with IFH program. The total score for this section is 15. The mean score for practices among 44 healthcare practitioners is 14.61 (± 0.859). 77.3% (34/44) of the respondents are above the mean score. The lowest score value among the respondents is on giving advice to patients who do not follow doctors and/or nurses' instruction (86.4%, 38/44).

Table 4a. Practices associated with IFH program among healthcare practitioners

Questions	Responses	Frequency (n)	Percentage (%)
I provide assistance to patients in performing <i>solah</i> (prayer) when required.	Yes	43	97.7
	No	1	2.3
I offer motivational words to patients so that they will be more encouraged to recover and be healthy.	Yes	43	97.7
	No	1	2.3
I always offer smile and <i>salam</i> to individuals at the hospital whether they are known to me or otherwise.	Yes	44	100
	No	0	0
I provide reminder to Muslim patients to perform <i>solah</i> (prayer).	Yes	42	95.5
	No	2	4.5
I always ensure that the patients' <i>aurah</i> is covered and not exposed.	Yes	44	100
	No	0	0
I provide spiritual support to patients regardless of their religion and race.	Yes	43	97.7
	No	1	2.3
I advise patients who do not follow doctors and/or nurses' instruction.	Yes	38	86.4
	No	6	13.6
I remind patients to perform <i>Solah Jama'</i> before undergoing a long procedure.	Yes	43	97.7
	No	1	2.3
I remind Muslim patients to recite <i>Syahadah</i> before they are given sedative/LA/GA	Yes	41	93.2
	No	3	6.8
I ask for patients' permission before providing treatment.	Yes	44	100
	No	0	0
I recite " <i>Bismillah</i> hirahmanirahim" before performing any tasks.	Yes	44	100
	No	0	0
I always try to provide the best towards patient care.	Yes	44	100
	No	0	0
I regard my workplace as a platform to do good deeds.	Yes	44	100
	No	0	0
I always give excellent service to patients and their family members.	Yes	44	100
	No	0	0
I, not only perform my responsibilities towards tasks given to me but also carry out my responsibilities as a " <i>daei</i> ".	Yes	42	95.5
	No	2	4.5

Based on Bloom’s cut off point as presented in Table 4b, 97.7% (43) were having high practices associated with IFH program and only 2.3% (1) was having moderate practices associated with IFH program.

Table 4b. Practices score on IFH program among healthcare practitioners

	Category	Scores (%)	n	%
Knowledge	Good practices	12-15 (80%-100%)	43	97.7
	Moderate practices	9-11 (60%-79%)	1	2.3
	Low practices	<9 (60%)	0	0
Total			44	100

DISCUSSION

This preliminary study offers information on the knowledge, attitude and practices associated with IFH program among the healthcare practitioners at Al-Islam Specialist Hospital. In this study, the overall response rate of 67% is considered high with respect to online surveys and at an individual level of analysis. This is supported by a meta-analysis on response rates of online surveys in published research by Wu, Zhao and Fils-Aime (2022) found that the average online survey response rate is 44.1%. A study by Holtom et al. (2022) also found that response rates for journals that focus primarily on the individual level of analysis was almost universally near or above 70%. A higher response rate for this study was also contributed to by a clearly defined and refined population and using phone calls as reminders to participants.

Generally, knowledge, attitude and practices are key components of behavioral change models. According to the theory of KAP (knowledge, attitude and practices), knowledge refers to understanding and using of information of any given topic, attitude refers to feeling or reaction towards that given topic (Ajzen&Fishbein, 2000), and practices refer to the ways in which the knowledge and attitude are demonstrated (Kaliyaperumal, 2004; Bano et al., 2013). Previous studies have identified interconnections between knowledge, attitude and practices (e.g., Hungerford & Volk,1990; Valente, Paredes & Poppe,1998; Muhammad Shamsir et al (2015); Soyam et al., 2017; Monje et al., 2020; Lee, Kang & You, 2021; Sagar et al., 2022).

In this study, estimating the level of respondents’ knowledge on IFH program was divided into three levels

namely high level of knowledge, moderate level of knowledge and low level of knowledge. The results of the current study showed that 100% (44) of the respondents had high level of knowledge on IFH program. This is due to adequate information sharing and trainings related to IFH program were provided by the organization.

In this study, the respondents’ attitude towards IFH program was assessed as having a positive attitude, a neutral attitude and a negative attitude. All 44 of the respondents (100%,) showed a positive attitude towards the IFH program. Continuous training and a supportive working environment towards the program have nurtured a positive attitude among the healthcare practitioners.

In this study, the level of practices associated with IFH program was measured as having good practices, moderate practices and low practices. The current study demonstrated that a significant number of respondents 43 (97.7%) having good practices associated with IFH program and only 1 (2.3%) of the respondents having moderate practices associated with IFH program. This could be explained by the fact that some of the respondents are working less than a year and have not been confirmed in their job position.

Based on the results of this study, to maintain high level of knowledge, attitude and practices among the healthcare practitioners, continuous mandatory trainings and courses on IFH programs for all healthcare practitioners are to be conducted by the Academy of IFH. Annual lectures, seminars, webinars and workshops on IFH for all its healthcare employees can also be organized by the Academy of IFH.

In addition, attention should also be paid to one of the aspects of attitudes and practices of the healthcare practitioners that were found to be deficient including giving advises to patients who do not follow doctors and/or nurses' instruction. Trainings and courses on IFH should include interpersonal communication skills in the effort to develop effective communication with patients.

The main limitations of this study are threefold. The first limitation is that knowledge questions were based on certain important areas of knowledge and do not represent the overall knowledge about IFH programs. Secondly, this study only relied on a self-administered questionnaire which may contribute to response bias. Finally, due to time-constraints, most of the respondents especially medical specialists were unable to participate in the current study.

CONCLUSION

In conclusion, good knowledge, attitude and practices towards IFH programs are important factors in determining the success of IFH program at IFH hospitals. The findings suggest that the majority of the healthcare practitioners at Al-Islam Specialist Hospital have a high level of knowledge, positive attitude and good practices associated with IFH program. However, one aspect of attitudes and practices of the healthcare practitioners were found to be deficient. Therefore, continuous training and other effective interventions are required to maintain desirable level of KAP among the healthcare practitioners towards IFH programs. Further studies should focus on level of KAP among non-clinical employees in order to understand the overall KAP among Al-Islam Specialist Hospital's employees.

REFERENCES

- Abdul Hadi M., Zamzila N.A, Aminuddin C.A., Azril M.A., Shukrimi M.A., Ziana A., and Saufi A.M. (2013). Awareness, Knowledge and Practicality of Solat Among the In-Ward Patient: A Preliminary Study. *The International Medical Journal Malaysia*, 12(2).
- Ajzen, I., and Fishbein, M. (2000). Attitudes and the Attitude-Behavior Relation: Reasoned and Automatic Processes. *European Review of Social Psychology*, 11(1), 1-33.
- Azman, N.A.I., Nurulizwa R., Samer Ali A. and Ismail N. (2021). *A Review of Service Quality in Muslim Friendly Private Hospitals*. Proceedings of Malaysian Technical Universities Conference on Engineering and Technology (MUCET) 2021, Melaka, Malaysia.
- Bano, R., AlShammari, E., Fatima, S. B., & Al-Shammari, N. A. (2013). A comparative study of knowledge, attitude, practice of nutrition and non-nutrition student towards a balanced diet in Hail University. *IOSR Journal of Nursing and Health Science*, 2(3), 29-36.
- Bloom, B.S. (1956). *Taxonomy Education*. New Yor: David McKay.
- Hammad M.D., Sharifah H.A.R., Zaini Y.M.J., Mashitah N.K., and Mohd Z.A. (2018). Pelaksanaan Hospital MesraIbadah di Konsortium Hospital Islam Malaysia (KHIM): SatuKajian Literature. *Jurnal Sultan AlauddinSulaiman Shah*, 5(2), 54-65.
- Holtom, B., Baruch, Y., Againis, H., and Ballinger, G.A. (2022). Survey Response Rates: Trends and a Validity Assessment Framework. *Human Relations*, 75(8), 1560-1584.
- Hungerford, H.R., and Volk, T.L. (1990). Changing Learner Behavior Through Environmental Education. *Journal of Environmental Education*, 21(3), 8-21.
- ^aIshak M., Suhaimi A.H., Surina M.S., Nurul A.A.R., Mohd Z.A. and Izzati A.S. (2021). What is IbadahFriendly Hospital? *Journal of British Islamic Medical Association*, 7(3), 1-8.
- ^bIshak M., Surina M.S., Nurul A.A.R., Mohd Z.A. and Izzati A.S. (2021). Islamization of Health Services through Ibadah Friendly Hospital (IFH). *Malaysian Journal of Islamic Movements and Muslim Societies*, 1(1), 49-58.
- Kaliyaperumal, K. (2004). Guideline for Conductiong a Knowledge, Attitude and Practice (KAP) Study. *AECS Illumination*, 4(1), 7-9.
- Kasule, O.H. (2009). Pioneer in Integrating Islamic Medicine into Medical Practice and Teaching. *Journal of the Islamic Medical Association of North America*. 2009; 41(1).
- Kow, R.Y., Mohd J.M.H., Anas N., Ed Simor K.M.J.K., and Low C.L. (2019). The Effectiveness of a Hospital MesraIbadah Course in Pahang, Malaysia. *International e-Journal of Science, Medicine & Education*, 13(3), 3-9.

- Kow, R.Y., Mohd J.M.H., Anas N., Ed Simor K.M.J.K., and Low C.L. (2020). Quantitative Evaluation of Effectiveness of Hospital MesraIbadah Course: A Pre-Post Study. *IIUM Medical Journal Malaysia*, 18(3), 640.
- Lee, M., Kang, B.A., and You, M. (2021). Knowledge, Attitudes, and Practices (KAP) Toward COVID-19: A Cross-Sectional Study in South Korea. *BMC Public Health*, 21, 295- 305.
- Majdah Z. and Khadijah O. (2017). An Overview of Shari'ah Compliant Healthcare Services in Malaysia. *Malaysian Journal of Consumer and Family Economics*, 20(1), 91-100.
- Marek S., Kopac Z., Mary S., Adam S., and Robert F.S. (2016). Lectio Divina: A Preliminary Evaluation of a Chaplaincy Program. *Journal of Health Care Chaplaincy*, 1-11.
- Ministry of Health Malaysia. (2020). <https://www.moh.gov.my>. Accessed December 15, 2022.
- Mohammad Aizat J., Betania K., MohdAnuar R., and Muhammad Hazrul H. (2019). Muslim-Friendly Hospital Services Framework. *Halal Journal*, 3, 11-24.
- Mohd Ariff, Sharifudin and Salman, Amiruddin and Siti Hawa, Nordin and Harmacy, Mohamed Yusoff and Mai NurulAshikin, Taib and MohdSayuti, Razali and Mohd Salami, Ibrahim and Ariff, Osman (2021) *The diamond framework of an ibadah-friendly hospital: A revisit*. In: 4th National Conference on Shariah Compliant Hospital 2021, 06-07 Sep 2021, Kuantan.
- Monje, F., Eurme, J., Mwiine, F.N., Kazoora, H., and Okech S.G. (2020). Knowledge, Attitude and Practices about Rabbits Management among Human and Animal health Professionals in Mbale District, Uganda. *One Health Outlook*, 2-24.
- Muhammad Faisal A., MohdZainuddin A.B. & SitiJamiah A.J. (2020). Pelaksanaan Bimbingan Spiritual di Hospital MesraIbadah (HMI) Negeri Selangor. *Asian Journal of Civilization Studies*, 2(1), 80-90.
- Muhammad Shamsir M.A., MohdDzulhairi M.R., Mohd Hafiz J., Abu 'Ubaidah A.N., and NurSyazana U. (2015). Knowledge, Attitude and Practice of Performing Prayers (*Salat*) Among Muslim Patients in Hospital Langkawi, Kedah: Roles of Muslim Healthcare Providers. *Advanced Science Letters*, 1-6.
- MohdZainuddin A.B., Muhammad Faisal A., SitiJamiah A.J. and Norhisham, M. (2020). Bimbingan Spiritual di Hospital MesraIbadah (HMI) di Malaysia: KajianKes. *Borneo International Journal of Islamic Studies*, 3(1), 67-81.
- New Straits Times. (2016). Hospitals should be More Worship-Friendly, says Health DG. Available from: <https://www.nst.com.my/news/2016/10/181641/hospitals-should-be-more-worship-frineldy-says-health-dg>. Accessed December 22, 2022.
- Noor Azizah, T. (2019). Evaluation of Hospital MesraIbadah (HMI) Program in Government and Private Hospitals in the Klang Valley. International Islamic University Malaysia: Unpublished Thesis.
- Norwina M.N., Abdul Razak S., Mohammed Fauzi A.R., Wan Zainuddin, W.I., and Norlia O. (2012). The Shaping of an Ibadah Friendly Hospital: Learnings from the Bimaristan of the Evergreen Past and the Practicality of Today's Demands. Paper presented in the 8th World Congress and Exhibition on Design and Health, 27th June – 1st July 2012, Kuala Lumpur Convention Centre, Kuala Lumpur, Malaysia.
- NurHidayahKadir, ZurinaKefli and Zainal Abidin Mohamed. (2019). *Adoption of Shari'ah-Based and Muslim Friendly Practices: A Case Study of Selected Medical Tourism Hospitals in Malaysia*. E-Proceedings of the 8th International Islamic Economic System Conference (I-iECONS 2019), 23 October 2019 Movenpick Hotel and Convention Centre, KLIA, Sepang, Malaysia.
- Rahman M.K., Zailani S., and Musa G. (2018). The Perceived Role of Islamic Medical Care Practice in Hospital: The Medical Doctor's Perspective. *Journal of Islamic Marketing*, 9(1), 2-18.
- Sagar, T.V., Kachhawa, K., Agrawal, D., and Kumar, S. (2022). Knowledge, Attitude and Practices towards Plagiarism Observed in Undergraduate Medical Students at a Teaching School in South East Asia. *Indian Journal of Clinical Anatomy and Physiology*, 9(4), 268-272.
- Shaharom M.S. and Abdul R.A.R. (2016). Shari'ah Compliant Hospital; From Concept to Reality: A Malaysian Experience. *Bangladesh Journal of Medical Science*, 15(1), 1-4.
- Shaharom Md Shariff, Shahimi Mokhtar, and Roslan Jamaludin. (2019). A Practical Journey in Implementing

a *Shari'ah* Compliant Hospital: An Nur Specialist Hospital's Experience. *International Medical Journal Malaysia*, 17(2), 177-188.

Sinanović, E. (2012). Islamic Revival as Development: Discourses on Islam, Modernity, and Democracy since the 1950s. *Politics, Religion and Ideology*, 13(1), 3-24.

SitiAisyah I., Buhanuddin H., Wahyu S. and Sagiran. (2018). *Journey to Shariah Hospital: An Indonesian Experience*. Paper presented in the 2nd International Conference on Hospital Administration, KnE Life Sciences, 315-328.

Soyam, G.C., Hiwarkar, P.A., Kawalkar, U.G., Soyam, V.C. and Gupta, V.K. (2017). KAP Study of Bio-Medical Waste Management among Health Care Workers in Delhi. *International Journal of Community Medicine and Public Health*, 4(9), 3332-3337.

Surina M.S., Mohd Z.A., Nurul A.A.R., Izzati A.S., and Ishak M. (2021). Pelaksanaan Amalan Chaplaincy Muslim di Hospital MesraIbadah (HMI). *'UlumIslamiyyah: The Malaysian Journal of Islamic Sciences*, 33(5), 154-170.

Valente, T.W., Paredes, P., Poppe, P.R., (1998). Matching the Process to the Process: The Relative Ordering of Knowledge, Attitudes and Practices in Behavior Change Research. *Human Communication Research*, 24(3), 366-385.

Wu, M.J., Zhao, K., and Fils-Aime, F. (2022). Response Rates of Online Surveys in Published Research: A Meta-Analysis. *Computers in Human Behavior Reports*, 7, 1-11.