

Examining the effect of the dimensions of Islamic management on clinical care

Examinar el efecto de las dimensiones de la gestión islámica en la atención clínica

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Abstract

Background: The complete patient care approach refers to providing services for all the needs of patients, including physical, mental, social, and spiritual needs, which means total patient management. The present study aimed to examine the effect of dimensions of Islamic management on patients' clinical care by nurses.

Methods: This study was conducted in hospitals of Sistan and Baluchestan provinces. The research sample was selected using the census technique, with the sample size being as large as the 2859 Nurse individuals. The data collection tool had three main components: managers' faith, knowledge, adequacy, and ability with 40 indices.

Results: The findings showed that the effect of the components mentioned above, i.e., managers' faith, knowledge, adequacy, and ability in the clinical care of patients, were statistically significant ($P < 0.001$). In prioritizing the impact of the manager's faith in the patients' clinical care, the participants prioritized righteousness and piety based on the p-value (0.99). Also, among the indicators of managers' knowledge, they chose managers' familiarity with motivation and leadership as the first priority (0.95). Finally, about the component of managers' adequacy and ability, they prioritized the managers' decision-making ability based on the p-value (0.88).

Conclusion: Implementing the dimensions of Islamic management has a positive influence on patients' clinical care. Hospital managers must employ different dimensions of Islamic management to improve clinical care in the health care system.

Key words: Hospital management, clinical care, islamic management.

Resumen

Antecedentes: El enfoque de atención completa al paciente se refiere a la prestación de servicios para todas las necesidades de los pacientes, incluidas las físicas, mentales, sociales y espirituales, lo que significa una gestión total del paciente. El presente estudio tenía como objetivo examinar el efecto de las dimensiones de la gestión islámica en la atención clínica de los pacientes por parte de las enfermeras.

Métodos: Este estudio se realizó en hospitales de las provincias de Sistán y Baluchistán. La muestra de la investigación se seleccionó mediante la técnica del censo, y el tamaño de la muestra fue de 2859 enfermeras. El instrumento de recogida de datos tenía tres componentes principales: la fe de los gestores, los conocimientos, la adecuación y la capacidad con 40 índices.

Resultados: Los resultados mostraron que el efecto de los componentes mencionados anteriormente, es decir, la fe, el conocimiento, la adecuación y la capacidad de los gestores en la atención clínica de los pacientes, eran estadísticamente significativos ($P < 0,001$). Al priorizar el impacto de la fe del gestor en la atención clínica de los pacientes, los participantes priorizaron la rectitud y la piedad, según el valor p (0,99). Asimismo, entre los indicadores de los conocimientos de los gestores, eligieron como primera prioridad la familiaridad de los gestores con la motivación y el liderazgo (0,95). Por último, sobre el componente de adecuación y capacidad de los directivos, priorizaron la capacidad de decisión de los directivos en base al valor p (0,88).

Conclusión: La aplicación de las dimensiones de la gestión islámica influye positivamente en la atención clínica de los pacientes. Los gestores de los hospitales deben emplear las distintas dimensiones de la gestión islámica para mejorar la atención clínica en el sistema sanitario.

Palabras clave: Gestión hospitalaria, atención clínica, gestión islámica.

Introduction

Islamic management is the science and art of properly using individuals and facilities to fulfill organizational goals that do not contradict religious standards¹. Given this definition, the word Islam in the term "Islamic management" is a structure that combined a single concept called "Islam" and a less complex structure called "management"². The combination of management and Islam highlights the difference between this type of management and other types of management specifications. The science of management is a reality that is realized at a certain time and place. The objective realization of this knowledge is related to its time properties and culture. Although management, in its general sense, has a long history at this age, management is a product of the increasing post-WWII awareness on the importance of quality of management and its impact on the modern lives of human beings. Due to this significance, management has been widely analyzed and studied, and its environment and techniques have been examined in detail³. Islamic management has long attracted the attention of those who whole-heartedly believe in Islam. Accordingly, many have attempted to recognize and introduce this crucial phenomenon⁴. Islamic management is a set of interrelated precise and accurate propositions or concepts derived from Islamic sources concerning managing people and resources in a society or an organization to meet predetermined goals. This definition aims to develop an Islamic management ethical system based on propositions carrying cohesive and accurate meanings and concepts. Such propositions guide and determine the quality of employing humans as the most important element and using other material facilities in achieving specific goals⁵. An important point about Islamic management is that the essential existence of this structure must be different from other structures. This type of management is not called Islamic management due to its similarities with other types of management. Still, its differences make it unique and give it a special and distinctive nature². One of the most important Islamic teachings that have been mentioned in the Hadith of Shorine is that the moral principles of Islam must be taken into account in all stages of making and implementing decisions. Islamic teachings must be used to complement the science of Islamic value management and extract Islamic management in its truest form⁶. By considering Islamic moral principles, management can decide what is right and wrong, who moves towards the organization's goals, and who is not. Thus, managers cannot act with certainty in performing their tasks, such as decision making, evaluation, monitoring, encouraging, and punishing their employees⁷. In this regard, many people have tried to look at Islamic management issues from their point of view⁴. For this reason, there are many approaches to addressing Islamic management. In the holy religion of Islam, providing health services to patients is a kind of humanitarian duty, and Muslims shall never be indifferent to it⁸. They must know that this is one of their obligations

as a servant of God to preserve the integrity and value of other human beings. Protecting the human personality of patients in terms of faith, culture, moral standards, and beliefs is quite important when it comes to their recovery⁹. In regards to medical law, Imam Ali (AS) states: "Whoever deals with medical services shall have faith in God and do their best to serve and teach others to do so as well"¹⁰. In addition, Imam Sadeh (AS) says: "There are two kinds of people, those who are suffering from an illness and those who are completely healthy. Hence, the latter must be kind to the former, treat them with compassion, and thank God for their health"¹¹. Nowadays, addressing quality and assessing it has attracted much attention in health care and nursing systems¹². Furthermore, nursing is the most crucial issue in the health care systems¹³. Patients' satisfaction with care services is one of the most important factors to consider when assessing the quality of clinical care and its implementation¹⁴. Given the fact that nurses provide the most significant health care services to patients¹⁵, the ultimate goal of nursing services is providing high-quality care to improve the outcomes of the care both for patients and society¹⁶. They believe that factors such as lack of access to resources, shortage of knowledge, and lack of adequate support for managers prevent evidence-based performance¹⁷. Additionally, a qualitative study has examined the nurse's viewpoint regarding the conditions that strengthen or prohibit evidence-based care. According to the findings of this study, there were four main obstacles when it came to providing evidence-based care, including non-applicable studies on nursing, nurses' inability to obtain and assess research evidence, lack of time, and lack of support from the organization¹⁸. However, according to previous studies in the field of quality of nursing services and patients' satisfaction, this goal has yet to be met despite the many attempts that have been made¹⁹. Therefore, it is necessary to examine the effective factors and the obstacles faced by nurses to achieve evidence-based performance to be able to provide effective solutions for such problems that are compatible with the local conditions. In recent years, various questionnaires have been designed to investigate the perceptions of the health care system employees of evidence-based care and the factors affecting them²⁰⁻²². However, low levels of responsiveness, the inability of these questionnaires to explore the issue deeply and examine some of these concepts, and the artificiality of these obtained data have been the reasons why the findings of such studies have not been comprehensive²³. Besides, nurses face complex situations when it comes to health care services resulting from complicated illnesses and changes in ethical and cultural factors. Accurate clinical decision-making regarding nurses' practices leads to a logical development of health care services that are most likely to succeed²⁴. In this respect, the importance of spirituality in the physical life of humans has grabbed the attention of many health care experts over the past decades. They have realized that using modern methods and

technologies that have become known as the traditional tools of the science of medicine alone does not respond to all aspects of caring for patients, preventing illnesses, and patients' recovery. For this reason, nowadays, one of the most important discussions in health care studies is the scientific examination of the role of spiritual health²⁵. Medical errors and safety failures in the intensive care unit are doubled when the illness is chronic and when there is an improper interaction between clinical groups. Lack of effective communication and organized coordination between members of the clinical group of the ICU can lead to serious and harmful errors in the treatment process of patients. Such errors are usually difficult to identify and extract since the patients are unconscious²⁶. There has yet to be a study on the impact of Islamic management on clinical care from the perspective of nurses. Also, due to clinical problems, the importance of this issue and the serious responsibility of managers and nurses in proper clinical care is known now more than ever. Thus, the present study aims to investigate the effect of Islamic management dimensions on clinical care from nurses' viewpoint. Therefore, this research seeks to answer the following question: from the perspective of nurses, does Islamic management impact clinical care?

Materials and methods

This research was a descriptive-analytical study, an applied study regarding its objective, and cross-sectional research in terms of the research implementation time. This study was conducted in hospitals of Sistan and Balouchestan province in 2020. Totally, 2859 nurses were working at these hospitals. They were undergraduates and graduates working at different departments of the said hospitals. The statistical population of this study consisted of these nurses (2895), all of whom were selected as the research sample size using the census technique. The surveyed nurses had different backgrounds, educations, and occupations. All of them could participate in the study knowing that their information would remain confidential. They were also asked to express their consent concerning their participation in this study. As for the inclusion criteria, the participants had to have worked at a hospital for over a year and must fill out and sign a consent form. The gender of the nurses was not important. Regardless of gender, those nurses that did not qualify or were not present in their working shifts were excluded from the study. As a result, 317 nurses were eliminated from the sample, and ultimately, 2542 nurses took part in the study. A researcher-designed questionnaire was used to collect the necessary data. The said questionnaire aimed to examine the effect of different dimensions of Islamic management on clinical care from the perspective of nurses. It was scored using the five-point Likert scale, had forty indicators and three components. There were nineteen, ten, and eleven indicators associated with

managers' faith, knowledge, and adequacy and ability, respectively. This questionnaire contained a primary part associated with demographic specifications, such as age, gender, education, occupational history, and work shift of the participants.

There is also some information regarding the objectives of the study and the confidentiality of the information provided by the respondents on the initial pages of the distributed questionnaires. It should be noted that Cronbach's alpha coefficient for the questionnaire was 0.879. The validity of the said questionnaire was measured using face and content validity, meaning that various information sources were studied, and the supervisor and some other professors and experts were asked to comment on this instrument. Descriptive and inferential statistics were used to analyze the collected data. Descriptive statistics were used to examine the condition of the research sample and describing it. Also, parameters such as percentage of frequency, mean, and mode were used in different tables and the Kruskal Wallis test to determine the p-value and prioritization of the research variables. Moreover, SPSS software version 25 was used to analyze the collected data.

Results

In the present study, to examine the effect of different dimensions of Islamic management in clinical care from the perspective of nurses, three components of Islamic management were studied, including managers' faith, managers' knowledge, and managers' adequacy and ability. Eleven, ten, and nineteen indicators were included in the questionnaire to represent each of these components, respectively. Then, the effect of each of these indicators on clinical care was reviewed from the viewpoint of nurses. Out of the 2859 nurses working at the Sistan and Balouchestan province hospitals, who initially composed our sample size, 2542 nurses (88.91%) filled out the questionnaire. The mean and standard deviation of the age of the participants was 37.5 ± 6.2 years, and the mean of their occupational history was 21.8 years. Most of the surveyed individuals were female. Out of the participants, 91.3% had a bachelor's degree, 55.6% worked shifts, and 47.3% had between 10 and 20 years of work experience. **Table I** showed basic information about the participants.

The results obtained from the Kruskal Wallis test suggested a significant relationship between the component of managers' faith and patients' clinical care from the perspective of nurses ($P < 0.001$). In prioritizing the impact of the manager's faith in the patients' clinical care, the participants prioritized righteousness and virtue based on the p-value (0.99). **Table II** showed the effect of managers' faith on clinical care from the viewpoint of nurses.

Table I: Basic information about research participants.

Variable	Item	Frequency	Percentage of frequency	mean	Mode
Age	To 30 years old	511	20.1	37.5	-
	31 to 40 years old	1060	41.7		
	Over 40 years old	971	38.2		
Gender	Men	819	32.2	-	Women
	Women	1723	67.7		
Education Level	Associate	0	0	-	Undergraduate
	Undergraduate	2321	91.3		
	Graduate	221	8.7		
Experience	Below 5 years	307.5	12.1	21.8	-
	5 to 10 years	683.7	26.9		
	10 to 20 years	1202.6	47.3		
	Over 20 years	348.2	13.7		
Shift Schedule	Rotating	1413.5	55.6	-	Rotating
	Morning	882.0	34.7		
	Evening	73.7	2.9		
	Night	172.8	6.8		

Table II: P-value and prioritization of the effect of managers' faith on clinical care from the viewpoint of nurses.

Managers' faith	p-value (priority)	Kruskal-Wallis Test (p<0.001)
Righteousness and virtue	0.99 (1)	p<0.001
Paying attention to prayer	0.98 (2)	P=0.410
Godliness	0.96 (3)	P=0.420
Trust in God	0.95 (4)	P=0.180
Justice and fairness	0.93 (5)	P=0.025
Respecting the rights of other religions	0.91 (6)	P=0.032
Respecting the rights of others	0.90 (7)	P=0.036
Generosity	0.88 (8)	P=0.028
Responsibility and accountability	0.85 (9)	P=0.210
Commitment to responsibilities	0.84 (10)	P=0.156
Hoping for divine reward and fearing divine punishment	0.82 (11)	P=0.030
Benevolence	0.81 (12)	P=0.035
Good history	0.79 (13)	P=0.018
Controlling anger	0.77 (14)	P=0.024
Humility	0.76 (15)	P=0.015
Authoritarianism and kindness	0.75 (16)	P=0.175
Moderation	0.74 (17)	P=0.155
Trust and confidentiality	0.72 (18)	P=0.133
Ambition	0.71 (19)	P=0.015

Table III: P-value and prioritization of the effect of managers' knowledge on clinical cares from the viewpoint of nurses.

Managers' knowledge	p-value (priority)	Kruskal-Wallis Test (p<0.001)
Familiarity with the science of motivation and leadership	0.95 (1)	P<0.001
Knowledge and awareness of divine commands	0.93 (2)	P=0.330
Familiarity with specialized knowledge	0.92 (3)	P=0.410
Familiarity with technical skills	0.90 (4)	P=0.180
Familiarity with perceptual skills	0.87 (5)	P=0.165
Familiarity with expertise in human and communication skills	0.85 (6)	P=0.200
Familiarity with the science of planning (operational and strategic)	0.83 (7)	P=0.045
Familiarity with the skill of problem diagnosis and analysis	0.81 (8)	P=0.155
Familiarity with the science of controlling the situation (monitoring and evaluation)	0.79 (9)	P=0.015
Familiarity with the science of organization	0.76 (10)	P=0.020

Table IV: P-value and prioritization of the effect of managers' adequacy and ability on clinical care from the viewpoint of nurses.

Adequacy and ability of the manager	p-value (priority)	Kruskal-Wallis Test (p<0.001)
The ability to make decisions about responsibilities	0.88 (1)	P<0.001
The executive managers' ability to utilize their faith and skills	0.86 (2)	P=0.342
The ability to understand issues and problems associated with responsibilities	0.84 (3)	P=0.200
The ability to implement perceptual skills	0.83 (4)	P=0.065
The ability to motivate people	0.81 (5)	P=0.410
The ability to implement plans (operational and strategic)	0.79 (6)	P=0.143
The ability to organize and coordinate responsibilities	0.78 (7)	P=0.165
The ability to enhance cost-effectiveness	0.76 (8)	P=0.025
The ability to control (monitoring and evaluation)	0.75 (9)	P=0.030
The ability to distribute resources (human and equipment)	0.72 (10)	P=0.055
The ability to execute human skills	0.70 (11)	P=0.157

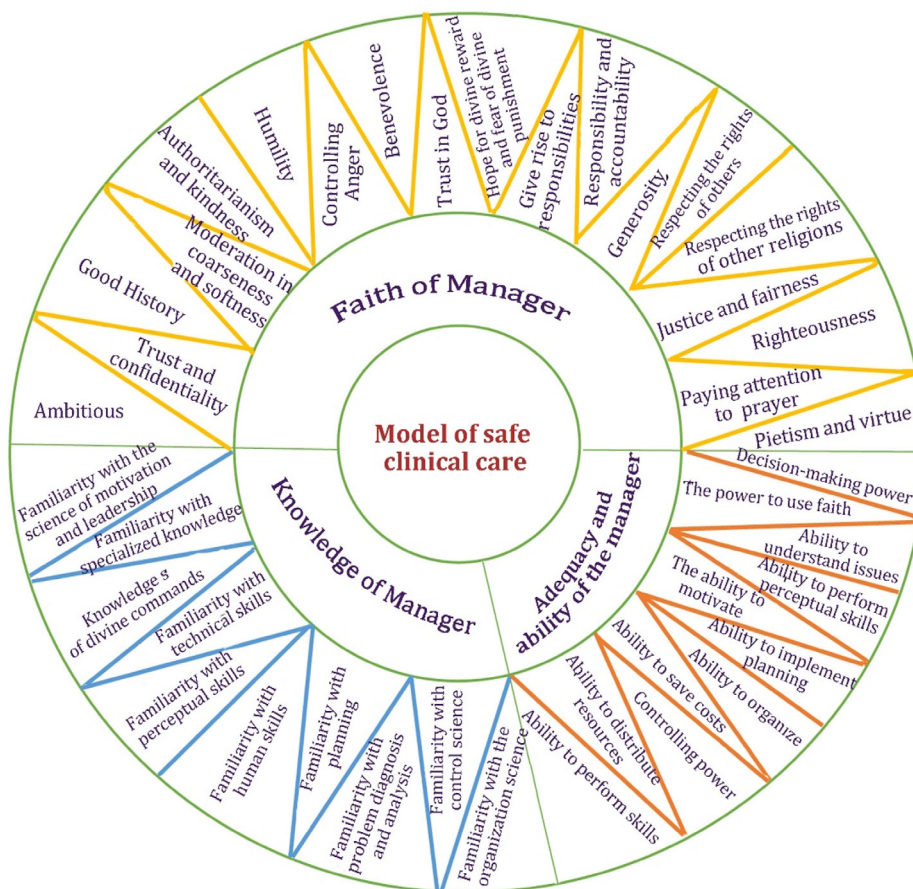
The surveyed nurses' prioritization of the effect of managers' knowledge on patients' clinical care based on the p-value was as follows: familiarity with the science of motivation and leadership, knowledge and awareness of Islamic teachings and principles, specialized knowledge of their occupation, familiarity with technical skills and expertise, familiarity with perceptual skills, expertise in the field of human and communication skills, familiarity with planning, expertise in diagnosis and analysis of situations, ability to control, and organizational skills. Therefore, among the indicators of managers' knowledge, they chose managers' familiarity with motivation and leadership as the priority (0.95). It was also found that the component of managers' knowledge had a positive and significant effect on patients' clinical care ($P < 0.001$). **Table III** showed the p-value and prioritization of the effect of managers' knowledge on clinical care from the viewpoint of nurses.

The surveyed nurses' prioritization of the effect of managers' adequacy and ability on patients' clinical care based on the p-value was as follows: the ability to make decisions regarding tasks, the ability of executive

managers to use faith and expertise, the ability in understanding the issues and problems associated with the responsibilities, the ability to execute perceptual skills, the ability to motivate people, the ability to execute the set plans, the ability to organize and coordinate affairs associated with the responsibilities, the ability to reduce the expenses, the ability to control, the ability to distribute the resources, and the ability to execute human skills. Among the indicators of managers' adequacy and ability, the nurses chose managers' ability to prioritize the responsibilities (0.88). It was also found that the component of managers' adequacy and ability had a positive and significant effect on patients' clinical care ($P < 0.001$). **Table IV** showed the p-value and prioritization of the effect of managers' adequacy and ability on clinical care from the viewpoint of nurses.

Figure 1 showed the secure clinical care model. This model provides a framework of skills and behaviors that could affect the quality of the nurses' performance in providing safe and secure clinical care to patients. In this article, the model mentioned above was introduced, which would suggest several ways to provide safe and secure clinical care services to patients.

Figure 1: Model of Safe clinical care.



Discussion

Hospitals are among the organizations with the most specialized employees. Therefore, identifying the dimensions of Islamic management and employing them in the patients' clinical care could enhance the success of this organization. Thus, the present study aimed to examine and discuss the components of managers' faith, knowledge, and adequacy and ability as various dimensions of Islamic management.

The component of managers' faith:

The first component was the managers' faith which was divided into 19 indicators. All of the indicators were effective in the clinical care provided for the patients by nurses. According to the research findings, the component of managers' faith had the greatest impact on the patients' clinical care. Therefore, it must be the priority as far as a manager's characteristics are concerned. Other studies showed that an Islamic manager's first and most important characteristic must be faith and belief in God²⁷. Research showed that faith guaranteed a manager's success whenever faced with complicated situations as it affected other indicators. This characteristic could reduce the managers' efficiency and productivity. However, it might also have completely different results and lead to the desired result²⁸. The latter was consistent with the findings of the present study. In terms of managers' faith, nurses found righteousness and virtue (0.99) priority. This variable had a positive and significant impact on the patients' clinical care. Righteousness is one of the most important components of value in the Holy Quran²⁹. The holy Prophet said: divine piety shall be above all³⁰, if we practice righteousness, God will be with us above all else³¹, and we will be saved³², our journey to heaven is paved by righteousness³³, and God will light our way to righteousness³⁴, and we will find our way out of problems and complications³⁵, and we can get through anything³⁵. Shafiee et al. have mentioned piety as one of the features of successful and effective leaders in discussing leadership in their book organizational behavior with an Islamic approach³⁶. Studies have also shown that piety impacted the management style employed by the managers the increase of employees' efficiency³⁷. These findings are consistent with the findings of the present study.

The second component was the managers' knowledge which was divided into ten indicators. In the study by Barati et al., the manager's knowledge was one of the most mentioned concepts in most interviews, and people believed that a hospital manager must be aware of current scientific issues and have sufficient knowledge in all areas and domains related to hospitals³⁸. Indeed, God almighty forbade his servants from doing work they have no knowledge of in Surah Asra, verse 36. The necessity of such a principle is even more apparent and significant for a profession like medical workers, as they work with human lives³⁹. The study of Rivkani in this field

showed that although 70% of hospital managers had passed the training course for administrating hospital affairs, not all had adequate management experience and knowledge⁴⁰. In terms of the component of manager's knowledge, the highest priority was familiarity with the science of motivation and leadership (0.95). Nurses believed that this variable had a positive and significant effect on the patients' clinical care ($P < 0.001$). Mohsen Adib Haj Bagheri et al. also reported that lack of motivation hindered applying the theoretical knowledge of nurses in clinical care⁴¹. These findings complied with the quotations from studies conducted in various countries^{42,43}. In Bass's opinion, a transformational leader was someone who motivated his/her employees to do something in a better way than they would normally do⁴⁴. The present study showed that motivation led to safe and secure clinical care. Another study showed that reinforcing the motivation of employees and physicians pushed them towards fulfilling the predetermined goals⁴³.

The third component was the adequacy and ability of the manager, which was divided into 11 indicators. A study by Spritzer and Donson showed that empowering managers improved their performance, effectiveness, commitment to the organization, effective problem solving, and greater coordination of tasks⁴⁵. Besides, in a study conducted by Blanchard and Zigami, managers' empowerment has been introduced as a strategy to affect the performance and improvement of human resources⁴⁶. In a study by Kongor and Kanongo, it was shown that there were some organizations whose present and future depend on having committed and specialized human resources. Such organizations required competent enough managers, possessed the essential characteristics for a manager, and were able to enhance the efficacy and efficiency of their organization and human resources⁴⁷. In terms of the manager's adequacy and ability, the highest priority was given to the manager's decision-making ability (0.88). Nurses believed that this variable significantly affected the patients' clinical care ($P < 0.001$). In the study by Bowen et al., it was found that effectively and efficiently surviving in an organization depended entirely on the managers' principled and accurate decision-making⁴⁸. The adequate style of decision-making employed by the manager was a crucial factor in the success of the manager and the organization's effectiveness⁴⁹. Research has shown that making wrong decisions could irreparably destroy an occupation or an organization⁵⁰. In this study, each of the components mentioned above and indicators was related and connected. Therefore, all of them must be taken into consideration altogether.

Given the three components of Islamic management, it could be concluded that managers that had faith in God considered themselves in the presence of God at all times and treated others fairly. The second component of Islamic management was the knowledge of the manager. Based on Islamic principles, the individuals who take on managing

an organization must be simultaneously faithful and knowledgeable. Knowledge and science were the tried and true experiences. Hence, managers' performance must not be just experience-based. For instance, the hospital personnel, including nurses, were expected to update their knowledge and utilize it in clinical care; otherwise, their skills in providing safe and secure clinical care would be gradually weakened. The Prophet also said in this regard: Whoever does something without knowledge, he will be more corrupted than fruitful⁵¹. In Islamic management, in addition to faith and knowledge, the adequacy and ability of the manager in managing the organization were also required. Adequacy refers to a special ability and prominence that combines faith and knowledge outside the mind and turns into something objective⁵².

Conclusion

Therefore, hospital managers are expected to improve the clinical care of patients in the health system by using

the dimensions of Islamic management. In this regard, it is suggested to explain the importance of applying various dimensions of Islamic management in clinical care and holding educational training for senior, line, and operational managers and employees.

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Conflict of interest

The authors declare that they have no conflict of interest.

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