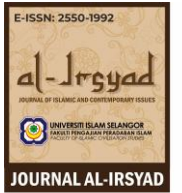

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Performing Obligatory Prayer While Hospitalised: Perspectives of Muslim Patients in a Teaching Hospital in Malaysia

Melaksanakan Solat Wajib Semasa di Hospital: Perspektif Pesakit Muslim dalam Sebuah Hospital Pengajar Malaysia

Ratna Zuhairah Abdul Halim, Sanisah Saidi, Nazri Mohd Yusof, Aminudin Che Ahmad, Nor Haty Hassan, & Suryane S. Susanti

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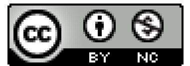

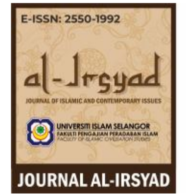
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Performing Obligatory Prayer While Hospitalised: Perspectives of Muslim Patients in a Teaching Hospital in Malaysia

[Melaksanakan Solat Wajib Semasa di Hospital: Perspektif Pesakit Muslim dalam Sebuah Hospital Pengajar Malaysia]

Ratna Zuhairah Abdul Halim[1], Sanisah Saidi[1*], Nazri Mohd Yusof[1], Aminudin Che Ahmad[1], Nor Haty Hassan[2], & Suryane S. Susanti[3]

[1] International Islamic University Malaysia, Jalan Sultan Ahmad Shah, Bandar Indera Mahkota, 25200 Kuantan Pahang, MALAYSIA.

[2] Universiti Kebangsaan Malaysia, Jalan Yaacob Latif Kuala lumpur, Bandar Tun Razak, 56000 Cheras, Wilayah Persekutuan Kuala Lumpur, MALAYSIA.

[3] Universitas Indonesia, Jl. Lingkar, Pondok Cina, Kecamatan Beji, Kota Depok, Jawa Barat 16424, INDONESIA.

* Corresponding Author: Assoc. Prof. Dr. Sanisah Saidi. Department of Medical-Surgical Nursing, Kulliyyah of Nursing, International Islamic University Malaysia, Jalan Sultan Ahmad Shah, Bandar Indera Mahkota, 25200 Kuantan Pahang, Malaysia. sanisahsaidi@iium.edu.my. (+06) 017-264 4429. ORCID iD: https://orcid.org/0000-0003-3984-9725.

Keywords:
Prayer, Muslim, Religious Practices, Spiritual Care.

ABSTRACT

Supporting obligatory prayer for patients has become the focus of the healthcare system in Malaysia since the 1990s. Despite frameworks, guidelines, and facilities for the patients, recent studies have reported that the number of patients who perform obligatory prayers at the hospital is still low. The reasons for this are unclear. In understanding the issue, this study explores the experiences and challenges of Muslim patients in performing obligatory prayer during hospitalisation. Using a qualitative single-embedded case study design, adult Muslims admitted to a teaching hospital on the East Coast of Malaysia for over 24 hours and were fluent in Malay or English were recruited. Data were collected between October 2021 and August 2022 through in-depth interviews, observations, and document analysis. The data were analysed using the framework technique facilitated by NVivo software version 12. 18 participants were involved, and several themes emerged: perceptions towards Allah and misconceptions about leniency (*Rukhṣah*), feelings of uncleanliness and unsuitability to pray, and insufficient support. Despite being aware of the prayer obligation, patients' misconceptions about leniency led to disengagement from prayer activities.

Contribution: The study captures the personal experiences and challenges faced by Muslim patients. It allows a deeper understanding of how hospital environments, personal perceptions, and support systems affect spiritual practices during hospitalisation. While frameworks and guidelines exist to support Muslim patients in performing obligatory prayers, this study highlights a critical gap between these provisions and actual patient

behaviour. By identifying challenges such as misconceptions about leniency and cleanliness (*Ṭahārah*), the study sheds light on previously underexplored reasons for low prayer engagement.

Kata Kunci:
Solat, Muslim, Amalan Agama, Penjagaan Spiritual.

ABSTRAK

Menyokong solat wajib bagi pesakit telah menjadi fokus sistem penjagaan kesihatan di Malaysia sejak tahun 1990-an. Walaupun terdapat kerangka kerja, garis panduan, dan kemudahan untuk pesakit, kajian terkini melaporkan bilangan pesakit yang menunaikan solat wajib di hospital masih rendah. Sebab-sebab untuk ini adalah tidak jelas. Dalam usaha memahami isu ini, kajian ini meneroka pengalaman dan cabaran pesakit Muslim dalam menunaikan solat wajib semasa di hospital. Menggunakan reka bentuk kajian kes kualitatif, orang dewasa Muslim yang dimasukkan ke hospital pengajar di Pantai Timur Malaysia selama lebih daripada 24 jam dan fasih dalam Bahasa Melayu atau Bahasa Inggeris telah direkrut. Data dikumpul antara Oktober 2021 dan Ogos 2022 melalui temubual mendalam, pemerhatian, dan analisis dokumen. Data dianalisis menggunakan teknik rangka kerja yang difasilitasi oleh perisian NVivo versi 12. 18 peserta terlibat, dan beberapa tema muncul: persepsi terhadap Allah SWT dan salah tanggapan tentang kelonggaran (Rukhṣah), perasaan tidak bersih dan tidak sesuai untuk menunaikan solat, dan sokongan yang tidak mencukupi. Walaupun menyedari kewajipan solat walaupun semasa sakit, salah tanggapan pesakit tentang kelonggaran menyebabkan pesakit memilih untuk tidak mengerjakan solat.

Sumbangan: *Kajian ini meneroka pengalaman dan cabaran pesakit Muslim dalam menjalankan ibadah solat di Hospital. Dapatan kajian ini memberikan pemahaman mendalam tentang bagaimana persekitaran hospital, persepsi peribadi, dan sokongan mempengaruhi amalan spiritual semasa pesakit berada di hospital. Walaupun terdapat garis panduan untuk menyokong solat wajib, kajian ini menyoroti jurang antara perlaksanaan garis panduan tersebut dan tingkah laku pesakit. Dengan mengenal pasti salah tanggapan tentang keringanan (Rukhṣah) dan kebersihan (Ṭahārah), kajian ini memberi penerangan yang lebih mendalam sebab-sebab rendahnya penglibatan pesakit dalam menjalankan ibadah solat semasa di hospital.*

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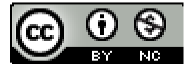

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1. INTRODUCTION

Performing prayer five times a day is a fundamental pillar of Islam, obligating every Muslim to connect with Allah (the Almighty God) as an expression of devotion. This obligation remains mandatory regardless of circumstances, including hospitalisation. Even when hospitalised, if Muslims are conscious and mentally sound, they are required to fulfil this duty (Aris, Rani, Jaafar, Norazmi, & Umar, 2017). Furthermore, the

obligation of performing the prayers five times a day for Muslims has been clearly emphasised within the Quran in surah al-Baqarah [2] verses 45-46:

﴿وَٱسْتَعِينُواْ بِٱلصَّبْرِ وَٱلصَّلَوٰةِۚ وَإِنَّهَا لَكَبِيرَةٌ إِلَّا عَلَى ٱلْخَٰشِعِينَ ۝٤٥ ٱلَّذِينَ يَظُنُّونَ أَنَّهُم مُّلَٰقُواْ رَبِّهِمْ وَأَنَّهُمْ إِلَيْهِ رَٰجِعُونَ ۝٤٦﴾

Meaning:

And seek help through patience and prayer, and indeed, it is difficult except for the humbly submissive [to Allah]. Who are certain that they will meet their Lord and that they will return to Him.

[All Quranic translation in this paper were quoted from M.A.S Abdel Haleem].

Studies have shown that individuals with chronic illnesses who maintain a positive belief in God and regularly engage in prayer experience better psychological outcomes in managing their conditions (Akhbardeh, 2017). In Malaysia, a qualitative study reported that Muslim patients perceive illness as a divine test from Allah, which they must accept and strive to overcome, fostering a positive outlook toward their health challenges (Saidi, Milnes, & Griffiths, 2018; Sudi, Md Sham, & Yama, 2017). Thus, encouraging religious practices, specifically prayer, among Muslim patients during hospitalisation is hypothesised to impact their health outcomes and overall well-being positively.

The practice of prayer extends beyond physical actions and mental focus, beginning with preparatory acts such as ablution, dressing in clean garments that cover the *'awrah* (parts of the body that should be covered in public), and orienting oneself towards the *Qiblah* (the direction of the Kaaba). Given the physical demands of obligatory prayer, Islam provides accommodations and leniency, known as *rukhṣah*, for those who may find these actions challenging. *Rukhṣah* permits modifications such as shortening or combining the five daily prayers to ease the observance of prayer for those unable to perform it under normal circumstances (Azhari et al., 2022). The evidence of permission for *rukhṣah* for every Muslim who is unable to perform the obligatory prayers due to a specific cause or disease can be seen in the Hadiths below:

عَنْ عِمْرَانَ بْنِ حُصَيْنٍ رَضِيَ ا ّ ٰ عَنْهُ قَالَ كَانَتْ بِي بَوَاسِيرُ فَسَأَلْتُ النَّبِيَّ صَلَّى ا ّ ٰ عَلَيْهِ وَسَلَّمَ عَنْ الصَّلَاةِ فَقَالَ صَلِّ قَائِمًا فَإِنْ لَمْ تَسْتَطِعْ فَقَاعِدًا فَإِنْ لَمْ تَسْتَطِعْ فَعَلَى جَنْبٍ .

[al-Bukhārī, *Kitāb Taqṣīr al-Ṣalāh*, *Bāb Idhā Lam Yutiq Qā'idan Ṣallā 'alā Janb*, Hadith Number 1066]

Meaning:

*Narrated by 'Imrān bin Ḥuṣayn had piles, so I asked the Prophet (**PBUH**) about the prayer. He said, "Pray while standing, and if you can't, pray while sitting. If you cannot do even that, then pray while lying on your side."*

The evidence available regarding the obligation of prayer provides clear insight that healthcare service provision must accommodate patients in performing their obligatory prayer in whatever situation they find themselves in as long as their sanity is intact (Yusof, Abdul Aziz, Mustafa, & Mokhtar, 2018). In Malaysia, supporting obligatory prayers for patients has become the focus of the Malaysian healthcare system since the 1990s as part of holistic care provision, with the establishment of the Ibadah-Friendly Hospital Framework (IFH). Many hospitals, including the government and private hospitals, have initiated the IFH initiatives by establishing the frameworks, guidelines, and monitoring systems to ensure the hospitals abide by the IFH framework (Jamaludin, Kartika, Ramli, & Hamzah, 2019). Nevertheless, despite these accommodations, the rate of patients performing obligatory prayer during their hospital stays remains notably low. Studies in Malaysia have shown that 38% to 51% of hospitalised patients do not engage in prayer activities (Suhaiza et al., 2013; Yusof et al., 2018). Similarly, research by Mohamed et al. (2013) across five government-owned hospitals in Malaysia found that 32% of patients neglected their obligatory prayers while admitted. Identified reasons include a lack of understanding about *rukhṣah*, impaired mobility, insufficient hospital staff support, and a general unawareness of the importance of regular prayer practices (Aminudin, Mustafa, Alias, & Aziz, 2013).

Although a considerable number of studies have been conducted in Malaysia on this issue (Azhari et al., 2022; Mohamed, et al., 2013; Mohd Arifin, Mohd Nazir, Samsudin, & Daud, 2022; Suhaiza, et al., 2013), evidence related to the practice of obligatory prayer by hospitalised Muslims is sparse and limited. Furthermore, most of

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these studies have predominantly used quantitative cross-sectional survey methods, limiting the depth of insight into patients' personal experiences and specific obstacles they encounter that deter them from performing obligatory prayer. Therefore, an in-depth qualitative study is needed to understand the issue in more detail so that further recommendations can be made that are more patient-centred. This study would deeply explore patients' experiences and challenges regarding performing obligatory prayer during hospitalisation.

2. RESEARCH METHODOLOGY

2.1 Study Design

A qualitative single-embedded case study design (Yin, 2018) was utilised to explore the experiences and challenges related to Muslim patients performing obligatory prayer while hospitalised. The case study approach supports an in-depth exploration of patients' experiences within a real-life context and has been successfully used in previous studies (Lyte, Milnes, Keating, & Finke, 2007; Saidi et al., 2018).This study design was selected because it would facilitate a holistic understanding of the issues being studied through multiple data sources. By utilising this study design, issues around the practice of obligatory prayers by Muslim patients in this particular hospital could be studied in detail.

2.2 Study Setting

The study was conducted at one of the tertiary teaching hospitals on the East Coast of Malaysia, which was certified as a Shariah-compliant hospital by the Malaysian Quality Management System (MS 1900:2014). This certification indicates that the hospital adheres to Islamic principles and law in its management, including patient care, which supports the performance of obligatory prayer. Data collection sites included two adult medical wards, two adult surgical wards, and two orthopaedic wards, ensuring a diverse patient population with various medical conditions.

2.3 Sampling and Recruitment

Potential participants were identified using purposive sampling. Patients admitted during the data collection period were considered if they were Muslim, aged 18 or above, able to communicate in Malay or English, and admitted to the ward for at least 48 hours. Eligible participants were identified through the daily ward census and approached with an explanation of the study's aims and purpose. Data collection activities included individual face-to-face interviews and non-participant observation. Participants could choose to participate in both activities or either one. Thirty (30) eligible patients were invited to the study throughout the data collection process. However, only eighteen (18) participants agreed to participate.

2.4 Ethical Consideration

The study was approved by the Kulliyyah of Nursing Postgraduate and Research Committee, the International Islamic University Malaysia Research Ethic Committee (IREC No: IREC 2021-248), and the Institutional Review Board of the respective hospital. Before participation, participants were provided with an information statement and consent form, and all collected information was kept confidential with password protection.

2.5 Data Collection and Analysis

Multiple methods were employed to address the research questions and gain a holistic understanding of the experience, including face-to-face in-depth interviews with patients, non-participant observations, and analysis of relevant documents and policies related to support for patients performing obligatory prayer in the hospital. Interviews were conducted in secluded areas to ensure privacy, lasting approximately 30-60 minutes, and audio-recorded upon participants' agreement. Non-participant observations were conducted to observe patients' activities during prayer times, guided by a detailed observation schedule (DeWalt & DeWalt, 2011). The observation schedule used during the data collection is presented in Table 1.

Data analysis followed the Framework method (Spencer, Ritchie, Lewis, & Dillon, 2003), which involved several stages. Initially, data familiarisation was achieved by repeatedly listening to interview recordings and reading field notes. The process was followed by transcribing the interviews verbatim. Next, a thematic

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framework was developed based on the literature review, research questions, and initial codes that emerged during familiarisation. The data were then indexed and labelled according to the relevant categories in the framework. As new categories emerged from the data, the framework was further refined. The final stage of data analysis involved summarising, charting, and mapping the data in a thematic matrix, facilitating the identification of recurrent themes. A cross-case analysis was conducted to compare themes across interview data, observation notes, and documents to identify patterns and differences.

Table 1
Schedule of Non-Participant Observation

Observation Schedule	Observation Guide
General observation: The observation will focus on daily activities and interactions between patients and Healthcare Professionals (HCPs). - Ward environment - Placement of beds, nurses' counter and visibility of patients.	1. Where the observation takes place 2. Who was involved in the observation 3. What are the facilities available in the ward 4. How the support given 5. What are the efforts of the patients in practicing ibadah 6. The willingness of HCPs to help patients 7. How the patients and HCPs react to each other 8. Their verbal and non-verbal responses
1. Focused observation 1.1 Patients' practice of obligatory prayers: Observe the patients in the hospital. - Observation during prayer time (up to 1 hour after adzhan)	1. Do they perform the obligatory while they are hospitalised? 2. During their stay in the hospital, did anybody offer any help? 3. What was their response and reaction to the prayer call (*Adzhan*)?
1.2 Available support and facilities: Observe available support and facilities (environment, prayer facilities) and the reaction of patients towards them. - Observation of surroundings: toilet, curtain for patients' privacy, - Placement of the prayer facilities, posters, and pamphlets related to the obligatory prayers.	1. What measures did the hospital take to support the patients' obligatory prayer? 2. Do the hospital facilities meet patients' needs? Is it sufficient? 3. Patients' awareness of the availability and support for their obligatory prayer.
1.3 Support from healthcare professionals: Observe the practice and reaction of healthcare professionals pertinent to supporting patients in performing obligatory prayers. - Observe the verbal and nonverbal interactions of patients and HCPs during prayer time (up to one hour after adhan). - Observe the content of the conversation about prayers (if any)	1. To what extent is support for patients being provided in performing obligatory prayers? 2. Patient-HCPs interaction during support for obligatory prayer. 3. Information provided to the patients regarding obligatory prayers. 4. Is there any information about *rukhṣah* provided to the patients? 5. Accessibility of patients to the prayer facilities. 6. Is Any help provided at each praying time to clean, wudu' and pray?

3. FINDINGS

The data collection spanned from October 2021 to August 2022. Thirty eligible patients were identified and approached; however, only eighteen (18) patients agreed to participate in both interviews and observations. The age of participants ranged from 24 to 75, reflecting a diverse demographic. Participants presented with various illnesses and disabilities, offering valuable insights into the subject under investigation. Table 2 provides a summary of the participants' characteristics.

Several themes emerged that summarised the participants' responses regarding their experience and challenge in performing prayer obligation while being hospitalised: perception towards Allah and misconception about *rukhṣah*, the feeling of uncleanliness and unsuitability to pray, and insufficient support and facilities. The details of the findings according to the themes are presented below.

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Table 2
Characteristics of The Participants

Participant's ID	Gender	With or Without Caretaker (Y/N)	Age	Diagnosis (Reason for Hospitalisation)
P1	*Female*	Y	58	Diabetic foot ulcer with amputation
P2	Female	Y	61	Spinal stenosis
P3	Female	Y	57	Advanced breast cancer with lower limb complication
P4	Male	Y	70	Prostate cancer and kidney stone
P5	Female	Y	56	Lower limb paralysis
P6	Female	N	67	Diabetic foot ulcer with amputation
P7	*Female*	N	42	Open fracture at lower limb
P8	female	N	54	Injury at lower limb
P 9	Female	N	69	End-stage renal failure, hypertension with diabetic foot ulcer
P 10	Male	N	39	Knee trauma
P 11	Female	N	75	Hypertension, post-cerebrovascular accident and diabetic foot ulcer
P 12	Female	N	72	Diabetic foot ulcer with amputation
P 13	Male	Y	64	Injury at lower limb
P 14	Female	N	56	Foot penetrating injury
P 15	Male	N	42	Lower limb fracture
P 16	Male	N	24	Acute appendicitis
P 17	Male	N	63	Foot infection
P 18	Male	Y	58	Gastro intestine: post endoscopy

3.1 Perception towards Allah and Misconception about Rukhṣah

All participants in this study seem to be aware of the obligation, as Muslims, to perform five daily prayers. Most agreed they were obligated to perform the prayer in whatever condition. They understood Islam well and tried to express their responsibility towards the Almighty. However, many of them feel that Allah always has mercy on them as now they are sick. They feel that if they did not perform the obligatory prayer while sick, it could be replaced later as they understood it is allowed. This can be observed from the quotation below:

"During fever and illness, I cannot perform the prayer because I am in pain. I will *qaḍā* (replace) it later." (PT 11)

Other participants also expressed the same thought:

"I have not prayed yet because I have a fever, and my legs are hurt. I think it is okay if we don't pray; God knows that we are sick and in pain. We can't walk, we can't do it, make up for it. Even if we don't do it right, when prayer time comes, we remember. Remember at that time. Yes, we ask Allah… hmm… Let us not be negligent… until the time comes, let us not act like we do not know… Yes. When the call to prayer or anything comes, let us remember. He is All-Knowing." (PT 13)

"Yes, I admit I did not pray. When I went back, what was it? I asked the Ustaz, I have to make up for all the prayers missed. I make up for the Maghrib prayer. After the noon prayer, I make up for the noon prayer. After the afternoon prayer, I make up for the afternoon prayer." (PT 9)

"Yes, when I go back, I will do this. Then, I intend to, "O Allah, my Lord, I will make up for my prayers until the end of my life." The Ustaz said so; I also don't know, ask the Ustaz, right? Ask how the cleric is. I leave the prayers every time I am admitted to the hospital, I leave them. Even before I left them. Not that we… back then, when we were kids, we left a lot. They said, 'Do it like that until we can do it." If I die, it's up to God, they said. I don't know, whatever"." (PT 14)

Within Islamic teachings, a concept of *rukhṣah* allows those in permissible situations, such as illness, to perform obligatory prayers according to their ability. The Quran clearly states this concept as narrated in surah al-Baqarah [2] verse 185:

﴿شَهۡرُ رَمَضَانَ ٱلَّذِيٓ أُنزِلَ فِيهِ ٱلۡقُرۡءَانُ هُدٗى لِّلنَّاسِ وَبَيِّنَٰتٖ مِّنَ ٱلۡهُدَىٰ وَٱلۡفُرۡقَانِۚ فَمَن شَهِدَ مِنكُمُ ٱلشَّهۡرَ فَلۡيَصُمۡهُۖ وَمَن كَانَ مَرِيضًا أَوۡ عَلَىٰ سَفَرٖ فَعِدَّةٞ مِّنۡ أَيَّامٍ أُخَرَۗ يُرِيدُ ٱللَّهُ بِكُمُ ٱلۡيُسۡرَ وَلَا يُرِيدُ بِكُمُ ٱلۡعُسۡرَ وَلِتُكۡمِلُواْ ٱلۡعِدَّةَ وَلِتُكَبِّرُواْ ٱللَّهَ عَلَىٰ مَا هَدَىٰكُمۡ وَلَعَلَّكُمۡ تَشۡكُرُونَ ١٨٥﴾

Meaning:

The month of Ramadan [is that] in which the Quran was revealed, a guidance for the people and clear proofs of guidance and criterion. So, whoever sights [the new moon of] the month, let him fast it; and whoever is ill or on a journey - then an equal number of other days. Allah intends for you ease and does not intend for you hardship and [wants] for you to complete the period and to glorify Allah for that [to] which He has guided you; and perhaps you will be grateful.

The understanding of this verse clearly shows that *rukhṣah* does not permit Muslims to skip obligatory religious activities such as fasting and prayer. However, it has been mentioned that it provides flexibility to perform prayers based on their current capability and make up the fasting day equal to the days they missed due to sickness or on a journey. Therefore, it could be ascertained that the obligation to perform prayers five times a day remains as long as an individual's sanity is intact (Hamzah & Ismail, 2017).

From the interviews, it was evident that most participants needed to clearly understand the concept of *rukhṣah* when performing obligatory prayers. This misunderstanding was common among participants and should have been openly discussed. Consequently, this lack of understanding led to their disengagement from obligatory prayer activities.

3.2 Feelings of Uncleanliness and Unsuitability to Pray

Many participants express their uncertainty about performing obligatory prayer while they are being hospitalised as they feel that they are not clean. It has been understood that to perform the obligatory prayer, a person must be in the cleanest state and clean from excrement. This understanding has led the participants to feel doubt about their situation as some of them are wearing diapers all the time due to incontinence, and some of them have urine bags or stoma bags intact.

"It is not that I don't want to pray; even getting out of bed to a wheelchair needs help. If we want to use diapers, we need help. How? We pass urine and motion in diapers. It is unclean! I thought after a while here, did the physio, I would get better." (PT3)

"The nurses do help me to clean. They wipe my body today because I couldn't move. But I am still feeling unclean because of this tube (pointing at her urinary tube and bag)." (PT11)

In fact, some of the participants expressed their dissatisfaction with the cleanliness of the bathroom where they used to perform their ablution. They felt that the bathroom was not being cleaned properly and feared that it would affect their ablution and their prayer.

"But if they don't give advice, dissatisfaction will continue like this, even if they appoint cleaners, no matter how clean the soap is. Sometimes, what's that, tissue, it falls and stays there for two days." (PT 17)

"I have to take ablution in the toilet as no pipe is available outside. But I don't feel comfortable because I doubt about its cleanliness. And the toilet is not cleaned every day. They only clean it when we complain about it." (PT 12)

"So, from what I see and feel, the condition of the toilets here, I mean in the rooms, is quite dirty. I find that the cleaner rarely comes to clean. Even when they clean, they mop the toilet first, then leave and mop the surrounding areas. I feel it shouldn't be like that. Ideally, they should mop from the outside first, then the toilet. After that, the cleaning water should be changed regularly. So, the sink gets clogged, water can't go down, so it's inconvenient for patients to perform ablution and so on." (PT13)

Ṭahārah (cleanliness or purification) requires one to be clean before ablution and perform obligatory prayer. Many participants feel they need to bathe before each prayer as they doubt their cleanliness after *istinja'* (using water to clean oneself after urinating and/or defecating). If they need help in mobilising, it is challenging

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for them to clean themselves before performing each prayer. Consequently, many of them decided not to perform the obligatory prayer. In this situation, they overlook obligatory prayer's priority over non-obligatory bathing.

Some participants also felt unsuitable to pray as they did not have proper prayer clothing covering their *'awrah* properly. In Malaysia, it is common for women to pray using prayer garments (two pieces of clothing that cover the whole body except for the face). Therefore, many participants felt they could not perform the prayer properly because they did not have the prayer garment.

"I was admitted as an emergency and did not bring my *telekung* (prayer garment). I was rushing. Ambulance was from Kuantan, arrived at Chini, and returned to Kuantan. During admission, nobody asked me about performing prayer, and I also didn't have a telekung (prayer garment). So, I cannot pray for four days." (PT3).

"I feel uncomfortable, like… It felt uneasy, not nice… It felt like I knew I had to do it, but I don't have proper clothing (prayer garment) to do it. To cover myself properly. I felt worried." (PT9)

All participants are aware that it is essential to cover their *'awrah* when performing the obligatory prayer. However, most of them perceived that having a prayer garment is a necessity in performing the obligatory prayer as they are more confident about the *'awrah* coverage. During the observation, it was noticed that the equipment to perform the obligatory prayer, such as prayer garments, water spray for ablution, and dust for *tayammum* (for ablution for those unable to use water), is available in most case study sites. However, most participants claimed they needed to be made aware of its availability, and no one asked them whether they needed to perform the prayer as they were immobilised.

3.3 Insufficient Support and Facilities

The participants have repeatedly expressed support from healthcare professionals as necessary to assist them in performing obligatory prayer in the ward. Many pointed out that healthcare professionals, particularly nurses, seldom ask them about prayer. In fact, many of them claimed that none of the nurses offered help to them in performing the obligatory prayer. They also did not ask for help as they perceived the nurses were too busy to assist them in praying.

"If my daughter is not around, nurses help me clean, wipe my body, and help me wear diapers. They usually do it early, around 5 am or 6 am. But they did not ask me whether I wanted to pray. I also did not tell them I wanted to pray." (PT4).

"I forgot to bring the spray for ablution. I noticed spray kept there, but I can't move to get it. I did not ask the nurses as they were too busy. Just remember how many days we have left here; when we return home, we make up for it (the obligatory prayer." (PT 11)

Nurses, particularly within the healthcare system in Malaysia, are dominated by women. Therefore, many nurses in male wards are women. This situation has imposed barriers for male Muslim patients to get assistance for ablution and prayer.

"Sometimes, there are not enough male nurses. So, because I can't flex my knee, I need to ask help from another patient to spread the water thoroughly to my feet while using spray to perform *wuḍū'* (ablution)." (P10).

Facilities, such as ablution amenities, enable patients to perform prayer. However, during observation, it was noted that some facilities are unavailable for the patients, such as no water taps outside the toilets. Patients wishing to perform ablution must use the water tap next to the toilet bowl, which can result in getting wet due to the shower's design. Additionally, patients expressed the necessity of having a separate area for ablution and the availability of a mobile water pipe. One participant emphasised these needs:

"I need to stand during a shower, but I can't because of my foot problem. The shower is not mobile, and I can't reach it. A bathroom chair is unsuitable for a fixed and high shower. Showers need the mobile water pipe as well." (P14).

Upon observation, it became evident that the participants' concerns regarding the water pipe in the toilet were valid. The water pipe is situated alongside the toilet bowl, posing difficulty for patients when

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performing ablution due to the confined space. Some participants also pointed out other facilities they require to support them in performing obligatory prayer in the wards, such as reading materials and pamphlets about *rukhṣah* and ways to clean themselves and perform ablution while sick and immobilised. Although during the observation, it was noticed that some reading materials are available in the wards, they have been minimally utilised by the patients. Small bags containing a prayer guidebook, spray bottle, *tayammum* dust, and *tasbīḥ* were available in all wards and placed outside the cubicles. However, some patients, especially immobilised ones, are unaware of its availability. Patients suggest making it readily available inside the locker without asking for it.

R: "They provide this (showing A4 poster 'Worship Guide for the Sick' hanging at the head of the bed) and the trolley that provides prayer facilities."

PT: "Ah... it's too small; I did not notice it. The trolley is too far. Maybe we should put it here (showing her bedside). I brought my own prayer garment and prayer mat. But I don't see the direction of *qiblah* here." (PT 12).

4. DISCUSSION

Patients in hospitals may encounter challenges in performing obligatory prayer due to various factors such as their health condition, disabilities, privacy concerns, and the availability of facilities. They may require assistance or adjustments, highlighting the importance of effective communication with healthcare professionals and other hospital staff to address their needs. Despite their willingness to perform the obligatory prayer, patients may face factors discouraging them. Understanding patients' experiences, needs, and challenges is crucial for improving hospital services.

The findings reveal a significant awareness among participants regarding their obligations as Muslims to perform the five daily prayers, even in illness. However, a prevalent misconception exists regarding the concept of *rukhṣah*, leading to misunderstandings about the flexibility allowed in performing prayers during sickness. While participants express a strong sense of duty towards Allah, they often believe that failing to pray while sick can be compensated later, as seen in PT 11, PT 13, and PT 9 quotes. This misconception aligns with a study by Aris et al. (2017), which found that patients believe they can delay prayers without providing a concrete reason. This belief contrasts with Islamic teachings that allow for modified forms of prayer based on one's capacity but do not exempt the obligation entirely (Hamzah & Ismail, 2017).

This leniency permits modifications in prayer based on the individual's physical condition but does not absolve the requirement to pray. The discussion of the rule of *rukhṣah* in prayer based on four Islamic schools of thought (Hanafi, Shafi'e, Maliki and Hambali) seems to highlight that the leniency allowed in Islam according to the *jumhūr* (majority) it is permissible to *jama*' (combine between two prayers) due to harm and difficulty such as during travelling, heavy rain sickness (Ahmad Sukri & Muhd Adnan, 2020). Following the agreement of *jumhūr* '*ulamā*' based on hadiths sahih, it could be comprehended that leniency in obligatory prayer for those who are sick is not limited to the physical performance of the prayer itself but also permission to combine the prayer (*jama*') if the condition is difficult for them. However, extensive information about *rukhṣah* in obligatory prayer while sick is commonly not accessible to patients and healthcare professionals, which could limit its implementation within hospital settings (Che Mohamad, Roslan, Sharifudin, & Taib, 2015).

The misunderstanding among participants about *rukhṣah* suggests a need for better education and communication regarding these religious provisions. Healthcare professionals, especially those in hospital settings, should be equipped to provide accurate religious guidance to support patients in fulfilling their spiritual obligations without unnecessary strain (Saad & de Medeiros, 2016). It seems that patients and the Muslim community at large require education and exposure about the necessity of performing obligatory prayer in whatever conditions they are, along with the guidelines of *rukhṣah* as permitted by Islam (Mohd Zaini & Ibrahim, 2019; Che Mohamad et al., 2015; Kasule, 2013).

A common barrier identified by participants is the perception of being unclean and, therefore, unsuitable for prayer while hospitalised. Many patients, due to their medical conditions, are in diapers and have urine bags or stoma bags, leading to doubts about their cleanliness. Quotes from PT 3 and PT 11 highlight the discomfort and perceived impurity associated with their medical conditions, discouraging them from praying. Islamic teachings on *Ṭahārah* emphasise cleanliness before prayer. However, the practical challenges hospitalised patients face in maintaining this cleanliness, such as mobility issues and the need for assistance, complicate adherence, as evidenced in this study. Participants also express concerns about the cleanliness of hospital bathrooms, as noted by PT 17 and PT 12, which further exacerbates their reluctance to perform ablution and prayer. This scenario indicates a need for better facilities and support within hospital settings to accommodate the purification needs

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of patients. The issue of cleanliness has also been highlighted by Ghorbani et al. (2019) as one of the reasons for poor adherence to obligatory prayer among their patients in Tehran, Iran. This study has reported that more than 30% of their samples (n=220) have mentioned feeling unclean, and not considering the hospital as clean has become one of the reasons for not performing obligatory prayer. In establishing Islamic healthcare systems, cleanliness has become the primary concern and should be given great attention by hospital management (Kasule, 2013). It is essential to ensure that the ward is clean and free from ritual impurity (*najs*). To address this, regular and thorough bathroom cleaning, accessible ablution facilities, and guidance on maintaining cleanliness can significantly aid patients in overcoming these barriers.

The study highlights a gap in the support and facilities provided to hospitalised patients for performing obligatory prayers. Participants frequently mentioned the lack of proactive support from healthcare professionals, particularly nurses, in facilitating their prayer routines. As PT 4 and 11 noted, patients often do not ask for assistance, perceiving nurses are too busy. Similarly, a mixed-method study examining patient care needs revealed a need for more effective communication between healthcare professionals (HCPs) and patients regarding support service delivery, including spiritual needs (Mirzaei et al., 2013). Within the context of this study, it has been highlighted that the HCPs, particularly the nurses, rarely talk about spiritual needs, specifically the obligatory prayer (for Muslims). Some patients expressed frustration at not being asked about their intention to perform the obligatory prayer, particularly after regaining consciousness following emergency procedures. This seems to be parallel with a study conducted in Indonesia where the spiritual care provision for Muslim patients only focused on providing the material needed to perform obligatory prayers, such as an ablution kit, prayer kit, and prayer time reminder. However, the percentage of patients performing obligatory prayer while hospitalised is low due to a lack of communication between the nurses and patients. Spiritual support has not been documented within the nursing report due to the high workload of the nurses (Bakar & Kurniawati, 2013). This highlights the importance of considering the religious needs of patients, even in urgent situations, to ensure their holistic well-being. In such conditions, HCPs should have a mechanism for meeting their needs, including performing prayer. If they are conscious, the obligation to pray is valid, and patients need good help from people around them. Assessment of a patient's ability to pray should be included in the checklist so that doctors or experienced HCPs can determine the patient's consciousness level, ability to perform prayer, and other patient needs.

Gender dynamics also play a role, with male patients experiencing difficulties due to the predominantly female nursing staff. This issue points to the need for a more gender-sensitive approach to providing religious support. Many studies on Muslim patients have discussed the importance of meeting the spiritual needs of the patients, including the performance of obligatory prayer (Abu-Ras, 2011; Reid-Arndt, Smith, Dong, & Johnstone, 2011; Al-Shahri, 2002). However, none of these studies highlighted the need for the patients to have the same gender HCPs or assistance to help them in cleaning, taking ablution, and performing the prayer. The ethical dilemma of cross-gender interaction in providing treatment and care has been widely debated in Malaysia and other countries. However, as Malaysia follows the al-Imam Shafi'i school of teaching, the Mufti of Federal Territory's Office has outlined that it is not permissible for the man or woman to look at the *'awrah* of non-*maḥram* unless there is a necessity and urgent need (Al-Bakri, 2019). In this context, performing obligatory prayer is mandatory for the patients; thus, if there is no permissible assistance for the patients to help with cleaning and ablution, this situation is considered an urgent need *(ḍarūrah)*. If the nurse is meant to assist the patient in solah performance, it needs to be done in the presence of others to avoid false accusations *(fiṭnah)*. Furthermore, a clear guideline is needed for nurses and other healthcare professionals to assist patients of the opposite gender in their obligatory prayers or other spiritual activities to ensure that the spiritual needs of the patients can be met. However, this aspect has not been commonly emphasised within the healthcare system as frequently; patients who are immobilised and in pain are commonly reluctant and not confident to perform obligatory prayer, which could be one of the reasons that patients are disengaged from the practice of obligatory prayer (Al-Obaidi, Wall, Mulekar, & Al-Mutairie, 2012).

Ensuring that individual patient needs and limitations are considered will better support their practice of Islamic obligation, particularly the five obligatory prayers. Aligning patient needs with support provided by healthcare providers during hospitalisation is expected to positively affect patients' physical, psychological, and spiritual well-being, ultimately increasing satisfaction with care provision within the healthcare system (Abdul Halim, Saidi, Mohd Yusof, & Hassan, 2024).

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5. CONCLUSION

This study revealed significant insights into hospitalised Muslim patients' experiences and challenges in obligatory prayers. It adopted qualitative research, which allows an in-depth exploration of the issues pertinent to the performance of obligatory prayers among Muslim patients while hospitalised, which seems unknown in Malaysia. The patient population in this study varied in terms of gender, reasons for hospitalisation, and the degree of difficulties they experienced in performing the obligatory prayers. Nonetheless, limitations were the study's duration and setting, which was limited to one hospital. The exploration aimed to gather patients' perspectives from multiple hospitals so that the issues around the performance of obligatory prayer could be understood from broader perspectives. However, due to time constraints, the researcher faced difficulties recruiting participants from other hospitals. This limitation notwithstanding, it facilitated a detailed and in-depth analysis of the particular hospital's problem, allowing for analytical generalisation. Further research is needed to explore the issues related to the performance of obligatory prayer by patients in multiple settings, such as government and private hospitals. It would allow a holistic understanding of the situation and a comprehensive framework could be developed to support Muslim patients in fulfilling their religious obligations.

In conclusion, supporting hospitalised Muslim patients in performing obligatory prayers is not just a matter of adhering to Islamic principles and fulfilling their obligations but also a means of promoting their psychological and spiritual well-being, ultimately contributing to better health outcomes. Hospitals must adopt a multifaceted approach to accommodate the spiritual needs of their patients, ensuring that care is compassionate and comprehensive. Furthermore, the support provided to enhance the engagement of patients with obligatory prayer activities needs to be patient-centred, where the support provided must respond to the needs and preferences of individual patients. This would ensure that the hospital's initiative in supporting the spiritual aspects, such as obligatory prayer, would be relevant and compelling to the patients.

CONFLICT OF INTEREST

The authors declare that they have no competing interests.

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AUTHORS' CONTRIBUTIONS

Abdul Halim R. Z & Che Ahmad, A.: Involve in data collection, data analysis and preparation of the first draft of the manuscript. Saidi, S.: Critically review the manuscript and make corrections and edits. Mohd Yusof, N.: Proofread the manuscript. Hassan, N.H.: Proofread the manuscript. Suryane, S.: Revise and proofread the manuscript.

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