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The Development of an Islamic Patient Prayer Module for Hospitalised Patients: A Nominal Group Technique Approach

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Abstract

The mandate for prayer is a universal obligation among Muslims, persisting irrespective of prevailing conditions, including episodes of ill health. This investigation employed the Nominal Group Technique (NGT) with an objective to devise a web-based health education module centred around prayer during illness. Three key groups of stakeholders were assembled in accordance with their respective areas of expertise and professional experience: the first encompassing religious scholars, the second comprising medical practitioners, and the third involving patients who have previously experienced hospital admission.

The implementation of the NGT resulted in the identification of five principal themes: the content of the module, an introduction to prayer, purification (taharah) for patients, prayer instructions for the unwell, and pertinent legal rulings. Additionally, several subthemes were formed under each main theme: four within the content, five relating to the introduction of prayer, 19 concerning purification (taharah) for patients, 14 under prayer during illness, and five associated with legal rulings.

In light of this, the patient prayer module, cultivated through the application of the NGT method, is anticipated to exert a substantial influence, predominantly on those undergoing treatment and patients in hospital wards, as well as the wider public. The module, thus, serves as a crucial resource, particularly for this demographic.

Keyword: Islamic Prayer Module, Hospitalized Patients, Nominal Group Technique, Health Education Website, Patient Spirituality

Introduction

The institution of prayer forms one of the central tenets of Islam. It embodies a divine command from Allah SWT that signifies the embodiment of worship and dedication to Him, as elucidated in verse 56 of the Surah Al-Zariyat, which translates to "And I did not create the jinn and humankind except to worship Me."

In fact, prayer functions as a pivotal element in the development of character for Muslims, fostering exceptional human attributes in both temporal and spiritual realms. This notion is made evident through the teachings of Prophet Muhammad PBUH, which postulates: prayer serves as evidence, fasting acts as a shield, and charity possesses the power to absolve sins as water quenches fire (Al-Tirmizi, 1996). Further, he delineated the distinction between a Muslim man and one of polytheism or disbelief, resides in their adherence or lack thereof to prayer (Al-Baihaqi, 2003).

From a terminological perspective, prayer is defined as the sequence of actions and words initiated with the takbiratul ihram and concluded with the greeting of peace, enacted under particular stipulations (Al-Rahbawi, n.d.). However, there exist circumstances where the execution of prayer cannot be perfectly carried out following the prescribed liturgical structure, such as in the case of prayer during illness. The health condition of a person who is ill necessitates that some aspects of the prayer movements such as standing upright, bowing, and prostrating, cannot be performed as in a routine prayer. This necessitates a method of execution appropriate to a person's condition. For instance, someone unable to pray standing up is allowed to perform their prayer sitting down, and if they cannot pray sitting down, they are permitted to pray lying down. This principle of facilitation is based on a hadith which translates to: establish prayer standing, if unable to stand, then perform prayer sitting, if unable to sit then perform prayer lying down (Al-Bukhari, 1993).

In such situations, the emphasis on preserving life takes precedence over establishing the perfect form of prayer. This is based on the jurisprudential rule which translates as: eliminating harm is preferable to deriving benefits (Al-Suyuti, 2010).

In essence, obligatory prayer must be performed regardless of circumstances, as agreed by the majority of scholars (Al-Rahbawi, n.d.). However, there are several questions that need clarification regarding the conditions of patients receiving inpatient treatment and the practical aspects of prayer. This is because, according to Aris (2017), some patients believe that it is unnecessary to perform prayers when ill, while there are patients who do not know the procedure for implementing prayers based on their situations in the ward. Therefore, the need arises to develop a website that facilitates the public's access to the procedure for performing prayer while being treated in a hospital. This should be developed to facilitate patients' spiritual connection to Allah swt (Ismail, 2016; Triana, 2020). The process of developing such a website requires a systematic and organised technique to allow all matters, issues, and situations related to patients to be incorporated into the website and provide long-term benefits to the general public.

Methodology

In the development of a patient prayer module, this study deployed the Nominal Group Technique (NGT) as a strategic methodology for data collection. The NGT exercise incorporated the perspectives of 12 respondents, each possessing distinctive expertise and experience pertinent to this study. The process, facilitated via the Webex online platform, spanned two hours. Respondents were compartmentalised into three distinct groups, which convened at varying times and dates, following the precedent set in previous studies by Habibah (2017), Kennedy & Clinton (2009), and Williams (2006). The first group encompassed individuals serving as religious officers in hospitals, while the second included medical practitioners. The third and final group was composed of laypeople who had previously experienced inpatient treatment in a hospital setting. Subsequently, the collective suggestions and ideas from these three groups were collated in an evaluative form. Each participant in the NGT was then asked to assign scores to the items, which were sorted in accordance with the suggested topics and subtopics.

Nominal Group Tecnique (NGT)

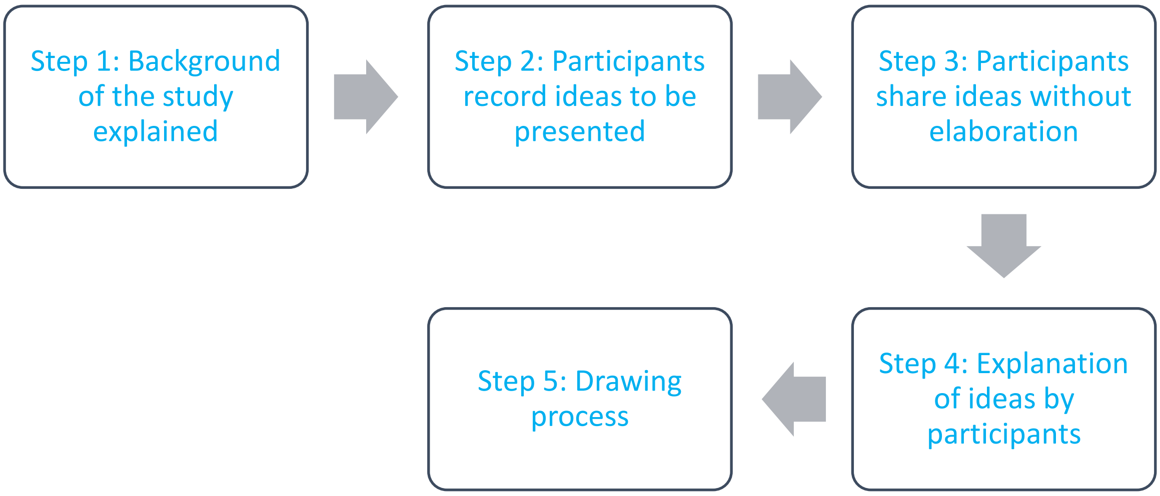
The Nominal Group Technique (NGT), recognised as an efficacious data acquisition methodology for scholarly inquiry, can be implemented in both face-to-face (Jamil & Noh, 2020) and virtual environments (Mustapha, 2022). This procedure necessitates the assembly of a group, which may vary in size, and executes a methodical and organised process guided by a facilitator (Ahmad, 2017; O'Neil & Jackson, 1983). For an extended duration, the NGT has been deployed in the educational sector, specifically in the assessment of progressive curricula (Abdullah & Islam, 2011; Jamil & Noh, 2020). In addition, this technique has attracted interest from researchers in social and medical sciences, attributable to its innate strengths (Habibah, 2017; Kennedy & Clinton, 2009).

Perry & Linsley (2006) categorise the NGT as a semi-quantitative approach that incorporates a numeric evaluation process. Concurrently, it adopts a qualitative method, facilitating the generation and deliberation of ideas proposed by NGT participants (Dobbie, 2004; O'Neil & Jackson, 1983). Fundamentally, the amalgamation of these techniques yields a collective outcome, driven by consensus and derived from the group's assimilation of ideas (Abdullah & Islam, 2011; Dang, 2015).

Numerous researchers have employed the NGT in their respective fields, often modifying it slightly to evaluate the usability or efficiency of a developed application or module, resulting in the creation of the Nominal Group Technique Modified. Studies that could guide researchers aspiring to implement the modified NGT include those by Dobbie (2004); Perry & Linsley (2006); Burrows (2011); Mat (2018); Fadhil (2019), and the research by (Ridhuan, 2022).

At its core, the implementation of the NGT, as agreed upon by scholars, encompasses five key steps: elucidating the study, idea generation, idea dissemination, idea deliberation and clarification, culminating in the voting process (Jamil & Noh, 2020). These steps, while not being rigid, can be adjusted in accordance with the specifics of the study, as exemplified in the research by (O'Neil & Jackson, 1983). However, Jamil & Noh (2020) contend that two foundational elements must remain unaltered: the identification of issues through discourse and the conclusive voting process.

Table 1
Procedure for conducting NGT



In assessing the robustness of the Nominal Group Technique (NGT), academics and investigators employing this method advocate that the NGT serves as a systematic and structured approach for resolving problems, facilitated through collective accord (Habibah, 2017). As posited by Mustapha (2022), the methodology inherent in one of the NGT implementation procedures, whereby each NGT respondent is granted the liberty to offer ideas sans any disruption from their counterparts, underscores an inherent equality within the ideation and knowledge sharing process. This egalitarian principle, they argue, is premised on the varied educational backgrounds and experiential knowledge of all participating NGT respondents

Result

The preliminary action executed before initiating an NGT session involves an exhaustive literature review pertaining to the pertinent jurisprudential regulations associated with prayers for patients. This is accomplished through an intensive reading of seminal Islamic Jurisprudence texts and scholarly articles that have been published in academic journals, irrespective of whether these are in Arabic, English or Bahasa Malaysia. Utilising the insights gleaned from these sources, the researchers distinguished several topics and sub-topics, which were subsequently organised to streamline the forthcoming NGT session.

With respect to the NGT respondents, there is a lack of consensus amongst scholars regarding the definitive and optimum number for any researcher who intends to utilise this technique. To provide context, the table below delineates a condensed list of respondent quantities employed in previous studies.

Table 2
Number of NGT participants in the previous study

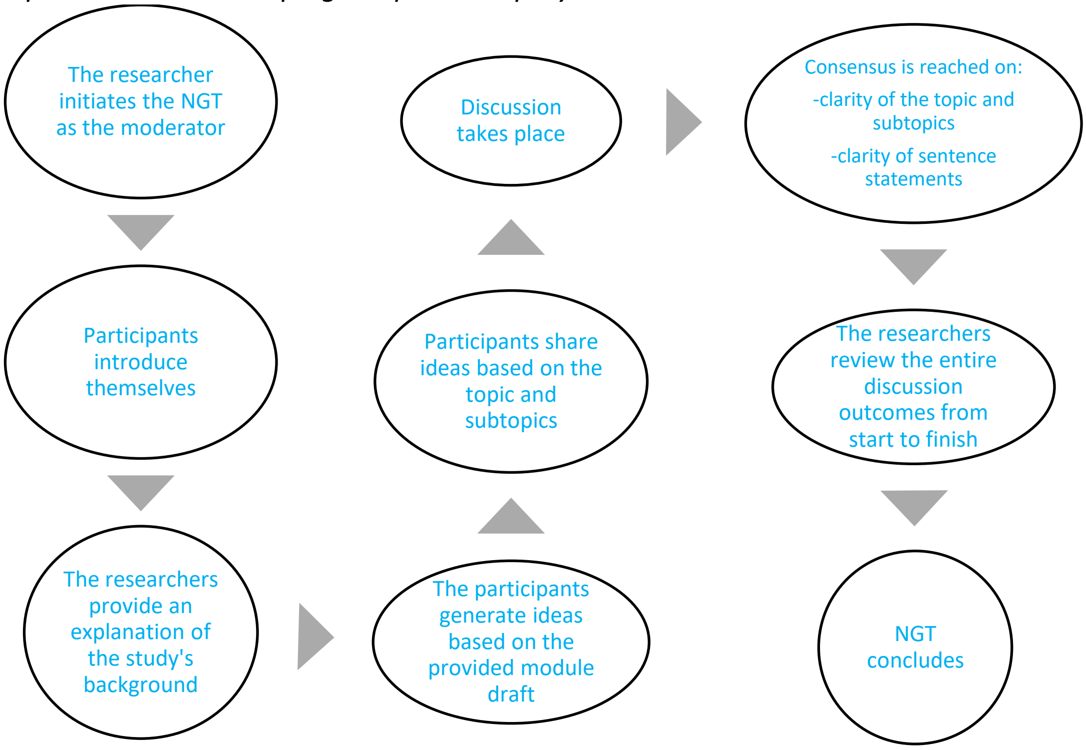
Researchers	Number of participants
Van de Ven, A., & Delbecq, (1971)	5 – 9 participants
Horton, (1980)	7 – 10 participants
Carney (1996)	min 6 participants
Steward, (2001)	5 – 8 participants
Tseng (2006)	13 participants
Abdullah & Islam, (2011)	7 – 10 participants
Odu, O.G., and Okereke, (2012)	9 – 12 participants
Harvey & Holmes, (2012)	6 – 12 participants
Habibah (2017)	7 – 14 participants

Grounded in the respondent counts of earlier studies, twelve respondents were elected for this study. These individuals were subsequently categorised into three distinct groups in accordance with their educational background, occupation, and individual experience. The classification was executed as follows: those formally educated in religious studies and currently serving as religious officers in hospitals; healthcare practitioners, symbolised by medical officers and nurses; and finally, individuals who have undergone treatment as hospital patients.

The implementation of the three NGT groups was executed independently through the Webex application, thereby empowering all NGT respondents hailing from diverse backgrounds to articulate their viewpoints, ideas, and propositions, mirroring the methodology adopted in the study by (Harvey & Holmes, 2012). All NGT participants were supplied with a preliminary draft of the patient prayer module in advance to conserve discussion time and facilitate the respondents in generating ideas with increased speed and coherence. Every NGT participant was at liberty to present perspectives, offer suggestions, refine sentence structures, and augment or curtail topics and subtopics, mirroring the approach employed in the research by Ahmad (2017). The researcher assumed the role of a moderator, regulating the trajectory of the NGT while diligently noting all ideas presented. The researcher made it known to all NGT respondents that the ideas proposed would be organised pursuant to topics and sub-topics within an evaluation draft, which would thereafter be disseminated to them for assessment, in line with the procedure executed in the research by (Burrows, 2011).

The procedure for implementing this study using the NGT method can be understood based on the table below

Table 3
NGT procedure in developing the patient's prayer module



In this study, a five-point scale evaluation was utilised, mirroring the study by Habibah (2017), to assess the entirety of the organised topics and sub-topics. The ratings were as follows: 1: not important, 2: slightly important, 3: moderately important, 4: important, and 5: very important. Table 4 below is the form that was sent to all NGT respondents for evaluation.

Table 4
The front page of the expert answer form

Please rate the items based on their IMPORTANCE to the module.

Degree of IMPORTANCE:

1 = least important
2 = slightly important
3 = moderately important
4 = important
5 = most important

No	Items	Importance					Comments
1.0	INTRODUCTION						
1.1	Introduction to prayer	1	2	3	4	5	
1.2	Purification (*taharah*) for the patient	1	2	3	4	5	
1.3	Prayer for the patient	1	2	3	4	5	
1.4	Islamic law related to prayer and purification (*taharah*) for patients	1	2	3	4	5	
Additional suggestion							

Referring to Table 4 above, evaluations were made in accordance with a predefined scale in the assessment form, completed by the NGT respondents. Each component evaluated was ascribed a scoring metric. Subsequently, these score evaluations were transformed into percentages, facilitating interpretation of the compatibility and appropriateness of each primary topic and sub-topic for inclusion within the module under development, or otherwise. In accordance with the study undertaken by Dobbie (2004), a score percentage exceeding 70% was deemed acceptable.

As a consensus, all respondents agreed that this module should commence with an introductory section elucidating the content, functioning as the module's preamble. The NGT session conducted yielded four primary topics: introduction to prayer, purification (Taharah) for patients, prayer for patients, and legal rulings, each comprising several sub-topics. Tables 5, 6, 7, 8, and 9 delineate the evaluation results provided by the respondents, inclusive of the aggregate vote results, subsequently converted into percentage scores.

Table 5
NGT results for content

Bil	Topic	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6	Participant 7	Participant 8	Participant 9	Participant 10	Participant 11	Participant 12	Total item score	Percentage	Rank priority	Voter consensus
1	introduction to prayer	4	4	5	5	5	5	5	5	5	2	5	5	55	91.7%	4	suitable
2	purification (taharah) for the patient	5	4	5	5	5	5	5	5	5	4	5	5	58	96.7%	1	suitbale
3	prayer for the patient	5	4	5	5	5	5	4	5	5	5	5	5	58	96.7%	1	suitable
4	Islamic law related to prayer and purification (taharah) for patients	4	5	5	5	4	5	4	5	5	4	5	5	56	93.3%	3	suitable

Table 6
NGT results for the introduction to prayer

Bil	Topic	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6	Participant 7	Participant 8	Participant 9	Participant 10	Participant 11	Participant 12	Total item score	Percentage	Rank priority	Voter consensus
1	Argument from Quran and Sunnah	5	4	5	5	5	5	4	4	5	2	5	5	54	90.0%	3	suitable
2	Valid conditions for prayer	4	4	5	5	5	5	4	5	5	2	5	5	54	90.0%	3	suitbale
3	Mandatory conditions for prayer	4	4	5	5	5	5	5	5	5	2	5	5	55	91.7%	2	suitable
4	Pillar of prayer	3	4	5	5	5	5	5	5	5	2	5	5	54	90.0%	3	suitable
5	Prayer motivation for patients	5	5	5	5	4	5	5	5	5	4	5	5	58	96.7%	1	suitable

Table 7
NGT results for purification (taharah) for patients

Bil	**Topic**	**Participant 1**	**Participant 2**	**Participant 3**	**Participant 4**	**Participant 5**	**Participant 6**	**Participant 7**	**Participant 8**	**Participant 9**	**Participant 10**	**Participant 11**	**Participant 12**	**Total item score**	**Percentage**	**Rank priority**	**Voter consensus**
1	Cleanliness *(taharah)* introduction for the patient	4	4	5	5	5	5	5	5	5	3	5	5	56	93.3%	12	suitable
2	Water distribution	3	4	3	5	5	5	3	4	5	4	5	5	51	85.0%	18	suitbale
3	Stool division	3	4	3	5	5	5	3	4	5	4	5	5	51	85.0%	18	suitable
4	Pillar of ablution	4	4	5	5	5	5	4	5	5	3	5	5	55	91.7%	17	suitable
5	Ablution for patients	5	4	5	5	5	5	5	5	5	5	5	4	58	96.7%	8	suitable
6	Ablution procedures for patients with bandaged limbs	5	5	5	5	5	5	5	5	5	5	5	4	59	98.3%	3	suitable
7	Procedures for	5	5	5	5	4	5	5	5	5	5	5	5	59	98.3%	3	suitable

	ablution for patients with ablution injuries															
8	Procedure of ablution on the part where medicine is placed	5	5	5	5	3	5	5	5	5	5	5	4	57	95.0%	10	suitable
9	Ablution procedures for patients who need the help of others (staff/family members)	5	5	5	5	5	5	5	5	5	5	5	4	59	98.3%	3	suitable
10	Ablution tools in the hospital	5	4	5	5	5	5	5	5	5	2	5	5	56	93.3%	12	suitable
11	Tayamum	5	5	5	5	5	5	5	5	5	2	5	5	57	95.0%	10	suitable

12	Pillar of Tayammum	5	5	5	5	5	5	5	4	5	2	5	5	56	93.3%	12	suitable
13	Purification for patients who cannot perform ablution or tayammum	5	5	5	5	5	5	5	5	5	5	5	5	60	100%	1	suitable
14	Common questions and purification problems for patients	5	4	5	5	5	5	5	5	5	5	5	5	59	98.3%	3	suitable
15	The patient is unable to perform ablution	5	4	5	5	5	5	5	5	5	5	5	4	58	96.7%	8	suitable
16	The patient combines taking ablution and	5	5	5	4	3	5	5	5	5	5	5	4	56	93.3%	12	suitable

	tayammum																
17	The patient is able to perform ablution but do tayamum	5	5	5	4	3	5	5	5	5	5	5	4	56	93.3%	12	suitable
18	Help with ablution for different genders	5	5	5	5	5	5	5	5	5	5	5	4	59	98.3%	3	suitable
19	Patients who have excrement in their bodies such as urine bags, large water bags (colostomy bags)	5	5	5	5	5	5	5	5	5	5	5	5	60	100%	1	suitable

Table 8
NGT results for prayer among patients

Bil	**Topic**	**Participant 1**	**Participant 2**	**Participant 3**	**Participant 4**	**Participant 5**	**Participant 6**	**Participant 7**	**Participant 8**	**Participant 9**	**Participant 10**	**Participant 11**	**Participant 12**	**Total item score**	**Percentage**	**Rank priority**	**Voter consensus**
1	Introduction to prayer for patients	5	4	5	5	5	5	4	5	5	2	5	4	54	90.0%	13	suitable
2	Standing prayer procedure	5	4	5	5	5	5	3	5	5	3	5	5	55	91.7%	12	suitbale
3	Sitting prayer procedure	5	4	5	5	5	5	5	5	5	3	5	4	56	93.3%	7	suitable
4	Procedure for praying side by side	5	4	5	5	5	5	5	5	5	3	5	4	56	93.3%	7	suitable
5	Procedural prayer lying down	5	4	5	5	5	5	5	5	5	3	5	4	56	93.3%	7	suitable
6	Prayer according to the condition of the patient (who is able)	5	4	5	5	5	5	5	5	5	4	5	4	57	95.0%	6	suitable
7	Approach to patients in the ICU, dying and terminally ill	5	5	5	5	5	5	5	5	5	5	5	5	60	100.0%	1	suitable
8	Common questions and problems related to prayer for patients	5	4	5	5	5	5	5	5	5	5	5	5	59	98.3%	4	suitable
9	The patient prays not facing the Qibla	5	5	5	5	5	5	5	5	5	5	5	5	60	100.0%	1	suitable
10	Multiple prayers (combining two	5	5	5	5	5	5	5	5	5	5	5	5	60	100.0%	1	suitable

	prayers at one time) for patients																
11	Patients who are unable to eliminate stool	5	5	5	5	4	5	5	5	5	5	5	4	58	96.7%	5	suitable
12	A patient who prays while sitting despite being able to perform standing	5	4	5	5	3	5	3	5	5	5	5	4	54	90.0%	13	suitable
13	Patients who pray lying down despite being able to pray standing or sitting	5	4	5	5	4	5	4	5	5	5	5	4	56	93.3%	7	suitable
14	Patients who have excrement in their bodies such as urine bags, large water bags (colostomy bags)	5	5	5	5	5	5	5	2	5	5	5	4	56	93.3%	7	suitable

Table 9
NGT results for Islamic law related to prayer and purification (taharah) for patients.

Bil	**Topic**	**Participant 1**	**Participant 2**	**Participant 3**	**Participant 4**	**Participant 5**	**Participant 6**	**Participant 7**	**Participant 8**	**Participant 9**	**Participant 10**	**Participant 11**	**Participant 12**	**Total item score**	**Percentage**	**Rank priority**	**Voter consensus**
1	Prayer of pregnant women	5	5	5	5	5	5	5	5	5	3	5	4	57	95.0%	4	suitable
2	The prayer of a woman who miscarries	5	5	5	5	5	5	5	5	5	4	5	4	58	96.7%	2	suitbale
3	Haid, Istihadah and Nifas	5	5	5	5	5	5	5	5	5	2	5	4	56	93.3%	5	suitable
4	Rukhsah for health workers	5	5	5	5	5	5	5	5	5	5	5	4	59	98.3%	1	suitable
5	Qada Salat and I'adah Salat	5	5	5	5	4	5	5	5	5	5	5	4	58	96.7%	2	suitable

Discussion

In accordance with Tables 6, 7, 8, and 9, all topics and subtopics garnered high evaluation scores of 90%, thus sanctioning their incorporation into the patient prayer module.

Several supplementary remarks and proposals were contributed by the respondents through the provided evaluation forms. Respondent 1, an Assistant Officer for Islamic Affairs at Sungai Buloh Hospital with a decade of experience in patient prayers, suggested the following:

1. The procedures for ablution, tayamum (dry ablution), and patient prayer necessitate refinement to accommodate a variety of circumstances.
2. Consideration should be accorded to the viewpoints of the Shafi'i School of thought (widespread in the Nusantara region) and other esteemed schools of Islamic jurisprudence.
3. The utilisation of infographics is advised to facilitate user comprehension of this module.
4. Explanations should be concise, with a focused emphasis on the module itself.

Furthermore, constructive feedback was submitted by respondents 5 and 6, both of whom have served as medical lecturers for a decade. They proffered the following additional comments and insights:

1. Concerning the subtopic 'prayer motivation for patients', it was suggested to present motivations that are simple and feasible for patients to implement.
2. The term 'I'adah' should be substituted with a more comprehensible term.
3. The 'Legal Rulings' subject is proposed to be rephrased to 'Legal Rulings Pertaining to Taharah and Prayer'.
4. It was suggested that any emerging fiqh issues refer to Fiqh at-Taysir or the perspective of the Shafi'i school, or less prevalent viewpoints that nonetheless remain within the ambit of ijtihad of the fuqaha' of the school.
5. The brief inclusion of reference sources is recommended to afford additional information to patients.

Regarding respondent 9, a former inpatient, it was proposed that this module be displayed in wards, as it surpasses the practicality of pamphlets and similar materials. Respondent 10, also a previous inpatient, commented that the propagation of awareness and knowledge concerning prayer during illness should be extended to visitors and family members of the patients.

In summation, all the topics and subtopics delineated and scrutinised through the NGT technique received outstanding evaluations from all NGT respondents.

Conclusion

In light of the NGT results procured, it is evident that the future module's construction encapsulates essential elements pertaining to the circumstances of patients, both preceding and during the intent to perform prayers. The module is further enriched by the inclusion of pertinent, contemporary medical realities, such as the presence of patient accoutrements like urine and colostomy bags, as suggested by NGT participants. These elements serve as a reflection of the current realities frequently encountered by patients. Consequently, the utilisation of the NGT technique in the development of this patient prayer module has yielded

excellent outcomes, considering that the NGT process encompassed a diversity of input from three distinct groups with varying educational backgrounds and experiences. The myriad ideas and suggestions garnered have facilitated comprehensive data findings on patient prayer, further substantiated by a consensus evaluation from all NGT participants. This clearly illustrates that the application of the NGT technique in this study has enriched the diversity of ideas and recommendations, thereby enhancing the objectives of developing a patient prayer health education website.

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