

**THE EFFECT OF CONTEMPORARY NURSING
CARE PROGRAMME ON ISLAMIC WORK
ETHICS AND NURSING CARING BEHAVIOUR IN
SOUTHERN THAILAND**

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UNIVERSITI SAINS MALAYSIA

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SOUTHERN THAILAND**

by

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**KEBERKESANAN PROGRAM PERAWATAN KONTEMPORARI KE ATAS
ETIKA KERJA ISLAM DAN TINGKAH LAKU PENYAYANG JURURAWAT
DI SELATAN THAILAND**

ABSTRAK

Isu berkaitan kualiti penjagaan perawatan masih dibahas dalam literatur manakala hanya beberapa kajian sahaja didokumen berfokus kepada tingkah laku penyayang jururawat di Selatan Thailand. Tingkah laku yang tidak penyayang didapati telah membuat pesakit berasa kurang yakin dan tidak perkasa. Tujuan kajian ini adalah untuk menilai keberkesanan Program Perawatan Kontemporari dalam tingkah laku penyayang jururawat dan etika kerja. Rekabentuk kajian kuasi-eksperimen, pra-ujian pasca ujian telah dilaksanakan dalam kalangan 60 jururawat yang bekerja di Hospital Channae (kumpulan eksperimen, n=30) dan Hospital Bachok (kumpulan kawalan, n=30). Modul Program Perawatan Kontemporari telah dibentuk berdasarkan model konseptual penjagaan manusia yang terdiri daripada niat, menggunakan pengetahuan kemahiran profesional, komunikasi yang berkesan dan rasa hormat. Kumpulan eksperimen telah menerima lima sesi Program Perawatan Kontemporari dan sebelum itu, kedua kumpulan eksperimen dan kawalan telah menerima pra-ujian manakala pasca ujian telah dilaksanakan dalam minggu seterusnya selepas tamat program. Skala Tingkah Laku Penyayang Jururawat Thailand (TNCBS) dan Etika Kerja Islam (IWE) telah digunakan untuk mengukur tingkah laku penyayang jururawat dan etika kerja dan

dianalisis menggunakan perisian SPSS. Untuk lebih memahami kedua variabel, temubual separa berstruktur telah dijalankan terhadap responden terpilih ($n=10$). Keputusan paired t -tests menunjukkan tingkah laku penyayang jururawat dan etika kerja bertambah murni ($p < .05$) selepas program. Temubual separa berstruktur yang telah dianalisis menggunakan analisis tematik menghasilkan tema seperti piawai penjagaan, peranan jururawat dan penjagaan holistik. Kajian menunjukkan Program Perawatan Kontemporari telah berkesan dalam mempromosi tingkah laku penyayang dan etika kerja dalam kalangan jururawat. Justeru, Program Perawatan Kontemporari perlu dilaksanakan secara beransur di hospital terutamanya dalam kalangan jururawat baru. Cadangan bagi kajian masa depan adalah untuk melaksanakan program atau latihan yang merangkumi pelbagai budaya dan fahaman agama untuk mendapatkan penjagaan secara holistik.

**THE EFFECT OF CONTEMPORARY NURSING CARE PROGRAMME ON
ISLAMIC WORK ETHICS AND NURSING CARING BEHAVIOUR IN
SOUTHERN THAILAND**

ABSTRACT

Issues related to quality of nursing care are still being debated in the literature while only a few studies were documented focusing on nursing caring behaviour in Southern Thailand. Non-caring behaviours were found to make the patients feel less confident and not empowered. This study aimed at examining the effect of the Contemporary Nursing Care Programme on nursing caring behaviour and work ethics. A quasi-experimental, pre-test and post-test design was implemented among 60 nurses who worked at Channae Hospital (experimental group, n=30) and Bachok Hospital (control group, n=30). The module of Contemporary Nursing Care Programme which was developed based on the human care conceptual model consisted of intention, utilizing professional knowledge skill, effective communication and respect domains. The experimental group received five sessions of Contemporary Nursing Care Programme and prior to that, both the experimental and control group received a pre-test while the post-test was conducted in the following week after completion of the programme. The Thai Nursing Caring Behaviour Scale (TNCBS) and Islamic Work Ethics (IWE) were used to measure nursing caring behaviour and work ethics and analysed using SPSS software. To further understand the two variables, a semi-

structured interview was conducted among selected respondents ($n=10$). The results of paired t -tests showed nursing caring behaviour and work ethics were improved ($p < .05$) after the programme. Semi-structured interview which was analysed using thematic analysis revealed themes such as standard of care, role of nurses, and holistic care. The study found that the Contemporary Nursing Care Programme was useful in promoting caring behaviour and work ethics among nurses. Thus, the Contemporary Nursing Care Programme should gradually be implemented in the hospital setting particularly among new nurses. It is recommended that future research should implement a programme or training that embraces diverse culture and belief in order to achieve holistic care.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

Nursing is a caring profession. Thus, caring is the central concept of nursing. It has been considered as the ‘art’ of nursing which is conveyed through the exercise of human skill, that is the skill of caring (Clifford, 1995; Jasmine, 2009). Hence, it is paramount for nurses to implement high quality of caring behaviours in order to keep a high standard of nursing care. To build this trusting and caring relationship with the patients, a nurse must be self-aware of any judgmental feelings that could foster his or her crossing boundaries into intimacy. Caring requires a nurse to have a deep connection to the spirit within the self and to the spirit within the patient (Lachman, 2012).

The theory of Watson’s Human Caring focuses on the human and nursing paradigm (Fawcett, 2005). It defines nursing as the process of human-to-human caring which consists of four basics: healing processes, interpersonal maintenance of relationship, the caring moment and awareness (Fawcett, 2005). One study found that nurses’ personality is one of the factors that related to their caring behaviour for dying patients (Prompahakul, Nilmanat & Kongsuwan, 2015).

In Watson's theory, nursing is centred on helping the patients to achieve a higher degree of harmony within mind, body and soul; harmony is attained through caring transactions involving a transpersonal caring relationship.

In order to create an awareness among nurses and invigorate their caring behaviours due consideration should be given to the critical units' circumstances. In addition, the educational background of the nurses, their job satisfaction and proper realization of the conditions of the critically ill patients should be monitored as well for their constant encouragement and excellent performance (Shalaby, Janbi, Mohammed, & Al-harhi, 2018).

Suliman, Welmann, Omer, and Thomas (2009) found that patients perceived caring behaviour as an important factor. Similarly, Azizi, Mousavi, Marzoui-Sabdani, and Adip-Hajbaghery (2012) stated that the caring behaviours of nurses and patient education can increase the patients' satisfaction. In addition, Omari, AbuAlRub, and Ayasreh (2013) reported that patients regarded "physical and technical behaviours" as the most important principles while nurses in the same study affirmed that "teaching behaviours" were the top caring behaviour. As Poirier and Sossong (2010) stated that caring behaviour is an important element of nursing practice.

To promote the quality of nursing caring behaviours, prior studies have been conducted on the programme and module in order to enhance the level and intensity of their caring behaviour. For instance, Bradbury-Jones, Hughes, Murphy, Parry and

Sutton (2009) found that nurses became more self-aware after engaging in reflective practices. Glembocki and Dunn (2010) found that Reigniting the Spirit of Caring (RSC) can be used as effective educational intervention to increase nurses' perceptions of caring. Porter, Cortese, Vezina and Fitzpatrick (2013) have provided a comprehensive description of components of care that were introduced along with the Professional Practice Model (PPM).

Commitment to work could be varied because of the characteristics or personality or personal traits of the individual caregivers. Their working period (if they are experienced or new nurses) would not be effective on their commitment and dedication to work. The quality of services may vary depending on their experiences but obviously not on their dedication or commitment to work. An old experienced nurse could be less concerned for a patient while a new nurse could be more careful to serve the patient; it depends on their personality and the sense of fellow-feeling (Widiyaningsih, Yetti, K., & Kuntarti, 2019).

However, Golparvar, Reward and Hamid (2012) investigated the role of work ethics in reconciling the deviant behavioural aspects of the employees in order to establish a harmonious and favourable working environment which would certainly help to nourish their loyalty and commitment towards their profession. In addition, many studies have been carried out to investigate the concept of work ethics in different societies and communities (Parboteeah, Paik & Cullen, 2009).

Therefore, work ethics play a vital role in work performance. Besides, religion is identified as the major source of practicing and establishing the concept of IWE among the different professionals. Additionally, there is a paucity of research on specific programme efforts to enhance nursing caring behaviour (Porter *et al.*, 2013). To provide holistic care, it is necessary that nurses should be culturally competent; for this, a nursing education programme must incorporate such issues in order to ensure the cultural competency of future nurses (Bau, 2007).

1.2 Problem Statement

Presently, there are many changes in the environment of Health Care Services including climate change as well as the limitations of the resources in hospitals are also noteworthy; or the increasing numbers of patients is also significant. It is noteworthy that sometimes the patients also do not receive the quality care. Therefore, Nursing Service Quality Development Bureaus must take into consideration its worth in every respect in order to earn patients' ultimate satisfaction.

When a patient is admitted to the ward of a government hospital or a private one, it is generally expected that nurses would provide proper care being enlightened with modern knowledge and expertise by prioritizing their professional ethics. Nurses' excellent services, their smiling greetings, providing of assistance and careful advice in the operation build a good relationship with the client (Deephisansakun, 2013).

Developing nursing care signifies the fact that nurses should have the potential to support and provide quality nursing care services. They should develop themselves to be able to practice their profession with proper knowledge, skills, and experiences pertaining to their holy commitments to their profession and dedication to affirm the quality of their services.

Nevertheless, there are very few researches that focus on nursing caring behaviour in Thailand. That is why, it is important to take necessary steps to explore more effectively on nursing caring behaviour and their attitudes, concerns and services towards their patients. It would be also significant to examine how far they are committed to their sacred vow of serving and contributing to the patients.

In particular, one study found that the image of nurses in Thailand is observed negatively in terms of their behaviour to the patients and moral competence for their profession (Deephisansakun, 2013). For instance, nurses are accused to have lack of morality, lack of mercy to the patient, less discipline, hurry to finish their work without effectiveness, less responsibility towards their own commitment and dedication to their services, tendency of showing less respect, slow working, injustice, selected service or favour for someone or group (Deephisansakun, 2013; Jirapaet, Uthis, & Chaleoykitti, 2020).

Moreover, Khunkitti and Nusri-un (2016), found that affirm that factors stated that there were ten cases per month that had been reported in hospitals that nurses lacked

in their moral competency and caring behaviour. Similarly, Yenyong (2009) suggested that nurses should change their behaviours to be responsible for themselves as well as for others. Besides, Wuthimapakorn (2014) found that awareness of safety caring behaviour and devotion were predicted as professional nursing caring behaviour. Similarly, Prompahakul *et al.* (2011) found that nurses perceived themselves as having a moderate level of competency pertaining to their caring behaviours in taking care of dying patients. There are some factors which are in need to be explored intensively in order to attain a clearer view of an ideal form of nursing care, especially, in determining the extent of nursing caring behaviour.

In addition, according to the survey conducted on the patients' satisfaction and recommendations on the overall service quality affirmed that the dissatisfaction of patients was related to the staffs' unfriendly and disrespectful behaviour. Sometimes staffs did not explain or answer the inquiries made by the patients or their relatives in order to facilitate the hospital services (National Statistical Office and Office of the Public Sector Development Commission, 2012). Pongsuwan and Ruengtrakul (2012) asserted that the problems were usually found from the nursing personnel as they lacked internal cooperative behaviours, service competence, service responsiveness and enhanced service.

Many complaints were made by the service recipients for plenty of aspects. From the statistics of complaints for the past three years (2014-2016), it was found that there were complaints about behavioural service of the nurses at the most number of 91,

88 and 36 times; the most complaints were related to the nursing caring behaviours such as they did not speak well (Thaiautvitee & Jumpamool, 2019). Even the numbers of complaints were decreasing, but these matters need to be considered well for the sake of professionalism.

In contrast to the numbers of researches that had been carried out on nursing care across the world, a few studies effectively developed a module or programme to enhance caring behaviour in Thailand. For instance, Jormsri *et al.* (2005) had developed the model of moral competency in nursing practice in Thailand which was based on the Buddhist principles in order to enhance moral competence in nursing practice.

However, because of the Muslim majority people living in the three southern border provinces, it overall formulates a distinguished area with a variation in cultural contexts based on their religious practices, and also differs remarkably from other areas or provinces which are predominantly populated by the Buddhist peoples. It was noticeable that people with different religious backgrounds seemed to be comfortable with different patterns of health-care use. For example, the Muslims living in the southernmost provinces usually implement the doctrines of their religion Islam in their daily lives and it is also evident in their health-care practices (Jitmoud, 1992).

As per globalization, the population in Thailand, similar to other countries in the world, continued to rapidly grow in diversity, but nurses in this country mostly retained as a homogenous group which was apparently prevalent to the Thai Buddhists. The

present researcher believes that in order to develop the nursing caring behaviour for nurses in the three southern border provinces (Yala, Pattani & Narathiwass) where the majority of population is Muslim, the spirituality of caring is an important phenomenon.

Using Islamic principles might encourage caring behaviour of the practicing nurses in the three southern border provinces as the majority of them are Muslims. The content of the programme might apply into the suitable content for each element or culture that can be increased in a higher dimension in caring behaviour. One study found that caring behaviour of nurses can be positively influenced by their respective religious beliefs or spirituality (Bakar *et al.*, 2017).

It is a proposition from the present researcher that in order to enhance the productivity, credibility and effectiveness of the overall caring behaviour of the nurses in the three southern border provinces, special programmes could be arranged for the development of nursing care behaviour by implementing Islamic work ethics to be integrated in the nursing curricula, especially, in Pattani, Yala and Narathiwass which share similar perspectives in cultural diversity, primarily, because of the inhabitants' spiritual faith on two different religions, i.e., Islam and Buddhism, and the majority of the population living there is Muslim.

In line with this, the researcher strongly agrees that religion or faith plays an important role in the smooth progression of human life. Hence, it is more likely that the teachings derived from the principles of any religious beliefs would help to increase the level and intensity of the caring behaviour of the nurses.

Additionally, no research has been conducted yet in the three southern border provinces to implement Islamic integrated knowledge with nursing care programmes. It would be equally interesting and enlightening to examine how much the Contemporary Nursing Care Programme could affect to nursing caring behaviour in the three southern border provinces of Thailand.

1.3 Justification of the Study

Mamah, Suttharangsee, and Vanaleesin (2015) suggested that Muslim nurses should manage their time to cover a holistic care of nursing (bio-psycho-social and spiritual) which harmonized with the six articles of Islamic faith in order to follow as a sample for Muslim patients and others. Shahriari, Mohammadi, Abbaszadeh, and Bahrami (2013) found that recognizing the definition of ethical values can help to improve nursing practice and develop codes of ethics.

In this present study, the possible prospects of the Contemporary Nursing Care Programme (CNCP) for nurses were implemented in order to assist them to act better in their caring behaviour. The CNCP consists of four topics: Intention, Utilizing Professional Knowledge and Skill, Effective Communication and Respect. The content

was created from Islamic integration into nursing care. The content was modified into the verses or principles according to their religious beliefs in order to better understand their mutual, social and religious beliefs as well as to comprehend the delicacies of the norms and practices of the culture of one another.

The content of the CNCP was formulated and operated by Islamic integrated knowledge; hence, nurses can apply it upon their clients from the viewpoint of their respective religious beliefs. In addition, this CNCP provided a new understanding of nursing caring behaviour with the light of Islamic integration. Therefore, it is hoped that this present study would be instrumental to develop the overall nursing' caring behaviour not only in the three southern border provinces but also can be applicable to other Islamic environments in general.

Hence, it appeared to be essential for conducting the CNCP for nurses in order to enhance nursing caring behaviour. In this study, the researcher conducted the programme based on Jean Watson's theory. The CNCP was used to determine the nursing caring behaviour. Consequently, in order to ensure the best nursing care services among Muslim nurses, the CNCP is probably one of the approaches to improve nursing caring behaviour.

The researcher believes that nurses who attended this Islamic Integrated Programme would be benefited regardless of their different religious identities; either Muslim or non-Muslim nurses would be able to gain some important knowledge about

serving their patients efficiently and providing the best possible care which would ultimately bring eternal peace and glory in their Afterlife. It would improve their quality as caregivers being constantly reminded of their professional etiquettes and accountability for proper caring behaviour in the real-life working experiences at the hospitals.

1.4 Theoretical Framework

In this study, the researcher used by the concept of Islamic Work Ethics (IWE) and human care theories Jean Watson (2008), as the theoretical framework of this study. The researcher combined these two theories for creating the new innovation of knowledge. The IWE is originally based on the Qur'an and the teachings of the Prophet Muhammad (SAW). IWE also upholds the legacy of the four Caliphs of Islam (Rokhman, 2010). Ethics has always been studied in order to better comprehend why human beings with different mindset behave in distinctive ways and try to find justification for their various actions based on different settings.

According to Rizk (2008), the term Islamic Work Ethics (IWE) is defined as an orientation towards profession being conscious of the accountability to the Almighty for the sincerity and earnest devotion to perform in one's level best in the pursuit of their professional career. It also approaches work as a significant virtue in human life. Humans have the right to choose or practice in different ways according to their beliefs.

Additionally, the IWE has universal appeal as it deals with good deeds, conducts and nurturing of human qualities; it also strengthens a person's spirituality. The IWE is flourished from the divine teachings of the Qur'an and Sunnah; hence, its connectivity is with "the unity of Allah, the life after death, reward and punish[ment] on the day of resurrection" (Waeuseng, 2017, p. 2). The beauty of IWE lies in the fact that the concept itself is a source of "internal motivation[al] factor for Muslim" (Waeuseng, 2017, p. 2).

The IWE may be defined as the set of moral principles that distinguishes what is right from what is wrong (Beekun, 1997; Rokhman, 2010). According to Islamic tradition, to understand the overall psychological nature of man and his personality development, one must understand the inner workings, the essence of the whole person as well as the importance and role of knowledge. Thus, in order to build up a balanced personality, we need to fulfil every requirement of the various aspects and developmental phases of human personality. On the other hand, another theory is, human care theory by Jean Watson. Human caring is the practice of loving kindness and equanimity in order to enable them to nurture the deep beliefs of others (patient, colleague, family, etc.) and to cultivate one's own spiritual practice towards the wholeness of mind/body/spirit (Watson, 2008, p. 34).

Jean Watson's human care theory aims at moving away from treatment-centredness and focuses on "caring". It asserts that a human being cannot be healed like an object to be repaired. The conceptual elements of Watson's theory include the caritas process, the transpersonal caring relationship, caring moments and caring occasions, and

caring healing modalities (Watson, 2012). With the belief that these features would provide a suggestion for nurses, it was thought that nursing caring behaviour based on this theory would be appropriate and they would gradually grow and be able to perform better in terms of their caring behaviour.

In summary, these two theories shared a similar thought for the development of human qualities and refinement of manners. The content is not about worshipping of God, rather it directs how human beings could ennoble their inner soul and maintain a peaceful and harmonious coexistence among people from different social, cultural and religious backgrounds, especially, the nurses confronting different types of patients who had physical and psychological illness. That is why, nurses should be more tolerant to all such idiosyncrasies of their patients. Both the theories eulogize how a human being should live a dignified life by showing respect and embracing the others being compassionate and sympathetic towards them.

1.5 Conceptual Framework

The research sample is made up of the nurses who work in the hospital. They were randomly divided into two groups: firstly, the nurses working in Chanae Hospital (Experimental group); secondly, Bachok Hospital (Control group). The prospective topics that are suggested to articulate and put it in real life practice by the educational programme is called the Contemporary Nursing Care Programme (CNCP). Here, the Contemporary Nursing Care Programme (CNCP) as the independent variable consists of the four modules of nursing care by Islamic Work Ethics and Jean's Watson theory: the

content of the programme was divided into 4 topics: these were intention, utilizing professional knowledge and skills, effective communication, and respect.

The experimental group attended the CNCP while the control group was not involved in the period of data collection but the control group also attended later on. The TNCBS scale and IWE questionnaires were used to investigate the impact of the CNCP on nursing caring behaviour by pretest-posttest. The CNCP had an impact on nursing caring behaviour (Figure 1.1).

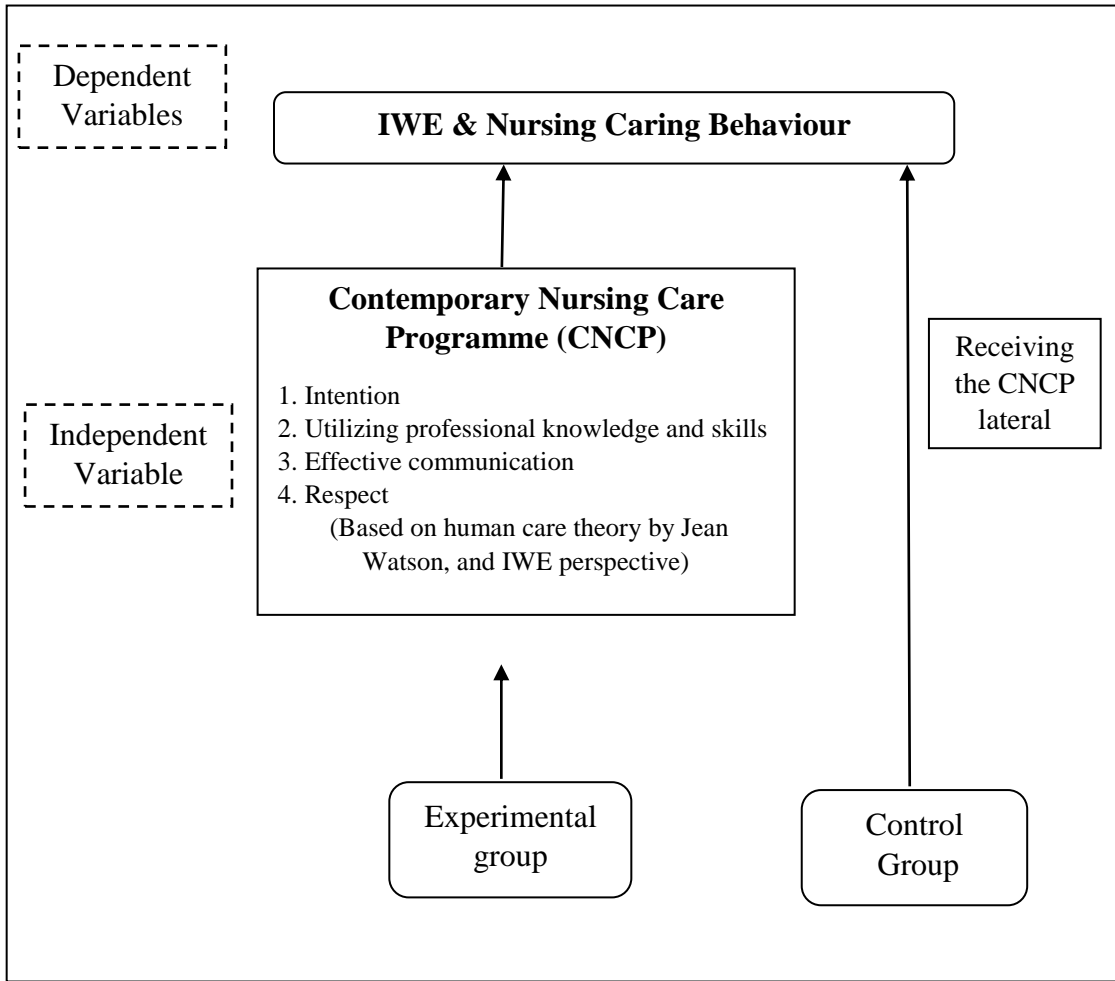


Figure 1.1 Conceptual Framework of the Study

1.6 The Objectives of the Study

The main objectives of this study are to determine the effects of the CNCP on Islamic work ethics and nursing caring behaviour towards nursing care:

Specific objectives:

1. To investigate the effects of the CNCP on IWE
2. To examine the effects of the CNCP on nursing caring behaviour
3. To determine the relationship between IWE and nursing caring behaviour
4. To explore the perception of the nurses regarding the implementation of CNCP

1.7 Research Hypothesis

- There is no significant difference in Islamic Work Ethics among nurses who used CNCP and non-CNCP.
- There is no significant difference in nursing caring behaviour among nurses who used CNCP and non-CNCP.
- There is no relationship between IWE and nursing caring behaviour.

1.8 Research Questions

RQ 1: Is there any significant difference in Islamic Work Ethics among nurses who used CNCP and non-CNCP?

RQ 2: Is there any significant difference in nursing caring behaviour among nurses who used CNCP and non-CNCP?

RQ 3: Is there any relationship between IWE and nursing caring behaviour following the used CNCP and non-CNCP?

RQ 4: What are the nurses' perceptions on the implementation of CNCP?

1.9 Significance of the Study

Generally, this research contributed to the perception of nurses on their caring behaviour and work ethics by using IWE among the selected nurses in two hospitals in Thailand including the factors that affect nursing caring behaviour. Especially, the implementation of CNCP was conducted to promote nursing caring behaviour. Additionally, the findings from this study could benefit the followings:

a) The findings could estimate the prevalence of nursing caring behaviour in the three Southern Border Provinces.

b) This study could explore the potential benefits of the CNCP as an educational programme for nurses who practice in the hospital or different settings such as primary hospitals or private clinics.

c) The CNCP might be an added value on the nursing curriculum in order to enhance the holistic care and multicultural care in Thailand and other places.

d) Moreover, the CNCP might be a programme for freshly graduated nurses in order to develop their preparation and self-confidence to take care of the patients.

1.10 Operational Definition

Nursing caring: Caring preserves human dignity to cure dominated health care systems and becomes a standard by which cure is measured (Watson, 1988, p.177).

Nursing Caring Behaviour: It means the actions of nurses which are being performed in accordance with individuals' personality and uplift of spirituality in providing holistic care to the patients.

Islamic Work Ethics (IWE): It is a concept of ethics that is based on Islamic teachings and principles which entirely rely on faith.

Contemporary Nursing Care Programme (CNCP): In this study, CNCP is referred to as an educational programme which comprises the content of nursing care and Islamic Work Ethics in order to enhance their nursing care. Only one experimental group can join in this study (Experimental Group). The topics that were discussed are: intention, utilizing professional knowledge and skill, effective communication, and respect.

Non-CNCP: In this study, non-CNCP refers to the nurses who were not involved in the implementation of the CNCP at the beginning which applied to a control group. Later on, this non-CNCP group received the CNCP.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter mainly consists of three parts. The first part is an overview of IWE and the second part is the nurse caring behaviour in general according to Jean's Watson theory. The third part is discussion on the content of the CNCP which comprises intention, utilizing knowledge and skills, effective communication and respect.

2.2 Islamic Work Ethics (IWE)

Ethics is the moral principles and values that determine and differentiate between what is right and wrong (Khan, Abbas, Gul, & Raja., 2013). PWE originated in Protestant ideology and philosophy whereas IWE is deeply rooted in the light of Qur'an and Sunnah (Yousef, 2000). Seminal research on the IWE was first conducted by Ali (1988) and was based on the teachings of the Qur'an and Sunnah of Prophet Muhammad (Ali & Al-Owaihan, 2008; Yousef, 2000). Both the Qur'an and Sunnah are the authentic sources of knowledge and guide human beings to lead their lives; these two sources of knowledge are considered to be valid for all times and for individuals who are true believers of the religion.

Islamic work ethics is identified under “divine command theory” which encompasses the principles of Islam as the foundation to disseminate services to people. Islam clearly identifies what is right and wrong and how human beings should behave with others in terms of maintaining a healthy and peaceful relationship with different peoples living in a society. The general work ethics enriched with Islamic principles would be more “comprehensive, moderate and realistic” (Al-Aidaros, Shamsudin, & Idris, 2013) while administering professionalism in terms of paying sincere attention towards their duties and responsibilities being fully aware of the accountability to the Almighty.

IWE can contribute significantly for the betterment of personal, economic, social and psychological prospects of any individuals; it would certainly help to strengthen the mutual relationship of the employers and employees. It would ultimately uplift the level and groundings of social welfare services disseminated by its practitioners who are sincerely dedicated to their work based on their affirmation of their religious faith (Ali & Al-Owaihah, 2008).

Many studies have been carried out to investigate the concept of work ethics in different societies and communities; religion is identified as the major source of practicing and establishing the concept of IWE among the different professionals. For example, studies have been conducted about the work ethics of different people living in different societies such as Confucianism, Buddhism, Hinduism, and Judaism, among others (Parboteeah, *et. al*, 2009).

The maintenance of good personal relationships with the patients is very significant. By doing this a nurse could easily get some necessary information regarding the diseases, sicknesses and complexities that their clients have been experiencing in terms of their physical health or could tactfully discover the underlying causes of the unwell condition of their mental health through asking questions with dedication and kindness, in a friendly manner, so that the patients become interested and self-motivated to reveal themselves.

Through these practices, the patients gain some innermost power while being cheerful to communicate with the nurses. In addition, along the way, the patients also feel more secure while they are being trusted and heartily accepted by the caregivers. This gradual establishment of relationship between both parties based on mutual trust, reliability, and devoid of worries creates a harmonious and peaceful relationship in a hospital scenario, especially, existing in a modern multicultural or multi-religious society (Papadantonaki, 2012).

The study shows that an employee's capability and adaptability to strike a balance through his/her "personal and organizational needs" in the workstation would mean "success in his religious and organizational life" (Sarwar & Abugre, 2013). This study also emphasizes on different "ethical variables" which are regarded as essential elements to work in an organization by keeping full faith on the religion Islam and its good commands (Sarwar & Abugre, 2013).

One study found that nursing caring behavioural aspects are more likely to be influenced by their personal traits such as conscience, distinctive religious beliefs, individualistic philosophical upbringing, their sense of responsibility, and most remarkably, altruism, or selfless love and concern for the benefits and welfare of the others might affect positively on their role while serving their clients. It is also asserted that the caregivers being blessed with these inborn or earned qualities were found to be more patient, empathic, and cooperative in performing their professional duties (Zamanzadeh, Jasemi, Valizadeh, Keogh & Taleghani, 2019).

2.3 Nursing Caring Behaviour

According to Watson (2006), caring is the main focal point of nursing which widens the scope of better performance and improvement of their professionalism. Caring behaviour encompasses a voluminous range of features and actions such as conversation, sharing thoughts and feelings, sympathetic look, gestures, touch, actions, procedures and keeping patients' data etc. (Udomluck, Tonmukayakul, Tiansawad & Srisuphan, 2010). Watson (2008) developed the Theory of Human Caring. The ten primary carative factors are as follows:

1. The formation of a humanistic- altruistic system of values.
2. The installation of faith-hope
3. The cultivation of sensitivity to one's self and to others
4. The development of a helping-trust relationship
5. The promotion and acceptance of the expression of positive and negative feelings.

6. The systematic use of the scientific problem-solving method for decision making
7. The promotion of interpersonal teaching-learning
8. The provision for a supportive, protective, and /or corrective mental, physical, socio-cultural, and spiritual environment.
9. Assistance with the gratification of human needs.
10. The allowance for existential-phenomenological forces. (Watson, 2008, p.29)

This ten carative factors affirm the importance of human care. Watson (2007) stated that “The Carative Factors helped to define a framework to hold the discipline and profession of nursing; they were informed by a deeper vision and ethical commitment to the human dimensions /living processes of caring in nursing; the art and human science context”. Therefore, nurses should be aware of their duties and responsibilities and they should be committed towards their profession.

However, nursing caring behaviour can be discerned through their commitment to the profession, efficient knowledge and skill, reverence for the patients as well as their gradual development of an inherent attitude of positive acceptance of the patients and mutual interconnectivity among the nurses and the patients (Bakar *et al.*, 2017). A holistic caring behaviour is very crucial in order to ensure the patients’ attainment of potential health conditions (Hamim, 2015).

To create an awareness among nurses and invigorate their caring behaviours due consideration should be given to the critical units' circumstances. In addition, the educational background of the nurses and proper realization of their patients' conditions should be monitored as well for their constant encouragement and excellent performance (Shalaby & AlDilh, 2015). On the other hand, a comprehensive nursing approach implies an extensive caring behaviour that includes the provision of nursing care to the enrichment of the biological, psychological, social and spiritual aspects of the patients; all these qualities should be nurtured and integrated by the nurses in order to provide proper care to their patients (Hamim, 2015).

Caring or nursing is so closely correlated. All the aspects and ideas of caring are intertwined with the noble feeling of nursing in such a way that it is often defined or described as doing some benevolent acts for human beings who are in need of care. It can be effectively demonstrated and mutually practiced among both caregivers and clients in order to meet the satisfaction of human needs. It represents an attitude of occupation, concern, responsibility and affective involvement with the others. Nursing care behaviour is an act, conduct, and trait enacted by professional nurses that provide concern, protection, and attention to the patients (Watson, 1979).

Moreover, it is noteworthy that several factors, for instance, age and experiences, manners, beliefs and working environment, can easily impact on the performance and caring behaviour of the nurses. Some studies revealed that the diagnosis of the patients