

Exploring a Qualitative Study on the Needs of Orthopaedic Muslim Patients During Period of Immobilisation

Nik Noor Kaussar Nik Mohd Hatta^{1*}, Nur Hulwani Zulkifli², Mohd Khairul Zul Hasymi Firdaus¹, Muhammad Kamil Che Hasan¹

¹ Department of Medical Surgical Nursing, Kulliyah of Nursing, International Islamic University Malaysia, Pahang Malaysia

² Ikonik Eye Specialist Centre, Kuala Lumpur, Malaysia

ABSTRACT

Background: The ramifications of immobilisation manifest in a spectrum of physical and mental complications across participants demographics, irrespective of age. The resultant challenges impede individuals from independently executing routine activities, such as bathing and mobility. Consequently, there is an escalating demand for nursing care to assist participants, while concurrently, meeting these needs becomes progressively challenging. This study aims to explore the needs of orthopaedic Muslim participants during their period of immobilisation.

Methods: This qualitative investigation adopted a semi-structured interview approach to engage participants, specifically Muslim orthopaedic participants at the Orthopaedic Ward of Sultan Haji Ahmad Shah Medical Centre @IIUM (SASMEC@IIUM). The study encompassed interviews with 10 participants, each experiencing immobilisation due to varying reasons and for differing durations. The interviews aimed to discern the participants' needs, Islamic practices observed during immobilisation, and their satisfaction levels regarding received nursing care.

Results: The study's findings elucidated multifaceted needs encompassing physical, psychological, psychosocial, financial aspects, pain management during immobilisation, Islamic practices, and nursing care satisfaction. Immobilisation profoundly affects participants across physical, psychological, psychosocial, and religious dimensions, necessitating support from individuals, aid from specialized equipment, communal assistance, the application of *Rukhsah* (Islamic dispensation), and tailored nursing care.

Conclusion: High-quality care from both nurses and family members is imperative to adequately address the myriad needs of immobilized participants. Enhanced support and attentive care significantly mitigate the risk of complications in participants recovery.

Keywords: Needs; Orthopaedic; Muslim; Participants; Immobilisation

*Corresponding author

Nik Noor Kaussar Nik Mohd Hatta Nik
Department of Medical Surgical Nursing,
Kulliyah of Nursing
International Islamic University Malaysia
Jalan Sultan Ahmad Shah
25200, Kuantan, Pahang
E-mail: kaussar@iium.edu.my

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INTRODUCTION

The challenges faced by immobilized participants significantly impact their daily functioning and well-being. The considerable distress experienced by individuals undergoing immobilisation, wherein reliance on external assistance for routine activities like bathing and mobility leads to heightened anxiety, diminished self-esteem, and physical debilitation (3). Notably, the satisfaction levels of immobilised participants are closely intertwined with the meticulousness of personal hygiene provided by nursing care (13). Within the context of Islam, which boasts a large following (4) underscore the rights of individuals with disabilities, encompassing social, treatment and rehabilitation, educational, and marital rights. These rights, as delineated by Islamic principles, encompass both physical and spiritual dimensions of care and rehabilitation. Unmet needs of immobilized participants, when transformed into unaddressed demands, have the potential to provoke stress and anxiety among family members, further impacting the participants' condition (2).

The multifaceted needs of immobilised participants encompass physical, emotional, and spiritual dimensions, a consideration of particular significance in the context of Muslim participants in Malaysia. Variations in limitations and challenges arise depending on the degree of immobilisation; for example, a participant undergoing total knee replacement necessitates distinct attention compared to someone with a fractured arm. Tailored nursing care that aligns with the specific needs of each participant is imperative to ensure optimal outcomes. However, challenges persist in delivering high-quality nursing care due to workforce shortages, increasing workloads, and the presence of underqualified staff.

This study aims to investigate the unique needs and challenges faced by immobilised participants, focusing on the Muslim population in Malaysia. By examining care's physical, emotional, and spiritual dimensions, the study seeks to identify gaps in current nursing practices and explore potential strategies for improving care delivery. Understanding these challenges and developing targeted interventions is crucial for enhancing the nursing care provided to immobilised participants, ultimately

improving their overall well-being and treatment outcomes. Additionally, this research contributes to the broader body of knowledge on culturally sensitive healthcare practices, providing a foundation for future studies and informing policy decisions aimed at optimising care for diverse populations.

METHODS

Study Design and Sample

This qualitative study utilised semi-structured interviews to delve into the needs, engagement in Islamic practices, and satisfaction with nursing care among immobilised patients in orthopaedic wards. Participants were selected through purposive sampling, ensuring representation of individuals who met specific inclusion criteria.

Inclusion criteria encompassed patients aged 18 years and above, of Muslim faith, currently undergoing treatment or rehabilitation in orthopaedic wards due to immobilisation caused by conditions such as fractures, joint replacements, or other orthopaedic injuries. Additionally, participants were required to possess the ability to communicate effectively in the interview language, ensuring accurate data collection.

Exclusion criteria involved patients who were unable to provide informed consent due to cognitive impairments or language barriers hindering effective communication. Patients with acute psychiatric conditions or those undergoing emergency medical interventions were also excluded from participation in the study.

These criteria were established to ensure that participants could provide meaningful insights into their experiences, needs, and perceptions related to their immobilisation and nursing care, thereby enhancing the validity and reliability of the study findings.

Ethical Approval

Ethical clearance was obtained from the IIUM Research Ethics Committee (IREC) and the Sultan Ahmad Shah Medical Centre @IIUM (SASMEC@IIUM) prior to the commencement of data collection. This involved a rigorous review process to ensure compliance with ethical guidelines and standards, including

protection of participants' rights, confidentiality of data, and adherence to ethical principles such as beneficence and non-maleficence. Approval from both institutions underscored the commitment to upholding ethical standards in conducting research involving human participants.

Data Collection Procedure

The data collection process was meticulously conducted as part of a qualitative research endeavour aimed at comprehensively understanding the needs of Muslim orthopaedic patients at the Orthopaedic wards of Sultan Haji Ahmad Shah Medical Centre @IIUM (SASMEC@IIUM). Ethical considerations were strictly adhered to, and approval for the study was obtained from the relevant institutional review board. Participants were recruited through purposive sampling, targeting Muslim orthopaedic patients receiving treatment or rehabilitation at SASMEC@IIUM. Eligible participants were identified based on predetermined criteria, including the nature of immobilisation and duration of hospital stay. Before participating in the study, all eligible patients were provided with detailed information about the study objectives, procedures, potential risks and benefits, confidentiality measures, and their rights as participants. Informed consent was obtained from each participant, emphasising voluntariness and the option to withdraw from the study at any time without consequences. Semi-structured interviews were conducted with participants to explore their needs, experiences, and perceptions related to their immobilisation and nursing care. Each interview session spanned approximately 30 to 45 minutes, affording ample time for a thorough exploration of the participants' experiences and requirements. The interviews were carried out by trained researchers proficient in the local language and cultural nuances, ensuring effective communication and rapport building with participants.

Measures were implemented to ensure the confidentiality and privacy of participants' information. Audio-recorded interviews were stored securely and accessed only by authorized research team members. Participants' identities were anonymised during data analysis and reporting to protect their privacy. Throughout the data collection process, ethical principles such as respect for

autonomy, beneficence, and justice were upheld. Any concerns or ethical dilemmas that arose during the study were promptly addressed following ethical guidelines and regulations.

The interview process conducted by proficient researchers fluent in the local language and adept at navigating cultural nuances, the interviews adhered to a semi-structured format. A meticulously crafted interview guide was employed to ensure consistency across interviews while permitting flexibility to explore emergent themes. The questions were strategically designed to elicit in-depth insights into participants' physical, emotional, and spiritual needs, as well as their perceptions of care provision. Throughout the interview process, rapport-building techniques were utilised to foster a conducive environment, facilitating participants' candid and detailed responses.

Interviews were continued until data saturation was reached, indicating that no new information or themes were emerging from subsequent interviews. This methodological approach ensured the acquisition of robust and comprehensive data, encapsulating the diverse perspectives and experiences of the participants. By adhering to the principle of data saturation, the study aimed to achieve depth and richness in its findings, thereby enhancing the credibility and validity of the research outcomes.

Data Analysis

Thematic Analysis was employed as the methodological framework to uncover underlying patterns within the collected data. The key steps of the analysis process involved familiarization with the data, coding, generating themes and refining themes until saturation is reached (Braun & Clarke, n.d.). The process commenced with the transcription and systematic coding of audio-recorded interviews and field notes, constituting the initial step in the analytical journey. Subsequently, the Malay data were translated into English to ensure coherence and accessibility throughout the analysis process. Themes emerged organically from the coded data, guiding the formulation of subsequent discussions and interpretations.

This analytical approach facilitated a comprehensive exploration of the participants' experiences and perspectives, allowing for the identification of recurring themes and nuanced insights. By adhering to established methodological principles and employing systematic techniques, the analysis endeavoured to provide a robust and insightful interpretation of the data, thereby contributing to the broader understanding of the research phenomenon.

RESULTS

The study delineates the multifaceted needs of orthopaedic participants during immobilisation, Islamic practices observed during this phase, and the nursing care administered to meet these requisites. From the collated data, distinct themes surfaced, including 'physical needs', 'psychological needs', 'psychosocial needs', 'financial needs', 'pain management during immobilisation', 'Islamic practices during immobilisation', and 'nursing care in meeting participants needs'.

Physical Needs

Participants faced significant challenges related to their physical well-being during immobilisation. The impact of their condition was profound, affecting various aspects of their daily lives and independence. One of the primary concerns expressed by participants was the difficulty in managing attire due to bandages or altered body shapes resulting from their orthopaedic condition.

Many participants described limitations in wearing regular clothes or footwear, with some noting the need for larger sizes to accommodate bandages or swelling. This challenge not only affected their comfort but also their sense of identity and self-expression. Participants expressed frustration and discomfort at being unable to dress as they normally would, highlighting the importance of addressing practical concerns related to attire during immobilisation.

Restricted mobility emerged as another significant issue, hindering participants' ability to perform basic activities of daily living (ADLs) independently. Tasks such as bathing, toileting, and eating became challenging or impossible without assistance. Participants described feeling dependent on others for

support with tasks they previously managed independently, such as self-feeding, personal hygiene, and mobility.

Family support played a crucial role in addressing participants' physical needs, with relatives often stepping in to provide assistance with household chores, personal care, and mobility. Additionally, the availability of assistive devices within the hospital ward, such as wheelchairs and crutches, significantly facilitated participants' mobility and independence within the hospital environment.

The provision of support tools and adaptive equipment within the ward was essential in promoting participants' autonomy and enhancing their quality of life during immobilisation. Participants expressed gratitude for these resources, which enabled them to navigate their physical challenges more effectively and maintain a sense of dignity and agency.

Immobilisation affects the participants physically by changing their appearance and limiting their dress up. Some participants complained about the limitation of the clothes and sandals they wear.

"I don't think I can wear my pants as usual unless I wear a bigger one, an XL size."

(P1)

"I can't wear the sandal easily."

(P10)

"As for appearance, I think it remains the same, just my foot can't fit my slipper due to the bandage."

(P3)

The participants suffer from limited movement in performing basic activities of daily living (ADLs) such as taking a bath, going to the toilet, and eating.

"I can't independently move and perform my daily activities as usual."

(P6)

"My life changed a lot. I can't grip strongly a spoon to feed myself, I only can sleep in certain positions, and I need someone to drive me anywhere I want to go."

(P5)

"Currently, I am a final year student in POLISAS and posted in Malaysia Telecommunication, Kemunting. So, I cannot go for the internship. Previously, I can walk slowly but the limited movements I have after the surgery disturbs my activities such as taking a bath and performing prayers."

(P3)

The participants claim that they require physical assistance to carry out their ADLs.

"I need help from my family to lift me, feed me, and reach the things that are far from me."

(P3)

"First is perineal care because of the limited hand movement I have. I need my wife to feed me, clean my body, and take anything for me."

(P5)

"My mom does the housework such as doing the laundry, cooking, and drying the clothes. I only help her a little bit."

(P7)

Physical support frequently includes facilitating the participants in shifting positions or moving around.

"I appreciate any help to turn me into a sitting position and to clean myself because I am incapable to take a bath in the bathroom."

(P6)

"I need someone to transfer me from the bed to the wheelchair."

(P9)

"I appreciate it if somebody assists me to stand up, to lift me."

(P1)

Mechanical support like wheelchairs and other assistive devices are useful for facilitating the participants' mobility.

"I need assistance tools like a wheelchair to go to the toilet."

(P4)

"I need crutches and a wheelchair to move."

(P10)

"... I must hang my hand like this while sleeping."

(P5)

"I need something to hold if I want to lie down or sit or adjust my position to the centre of the bed."

(P1)

The participants admitted that because the ward features and provides assistive tools, it's essential for them to move around.

"In the ward, I manage to go to the toilet and take a bath independently since they provide crutches and a wheelchair. I can sit on the toilet bowl and grip the handle of the toilet to take a bath."

(P7)

Since they are the closest to the participants, family members are frequently the caregivers. The needs that are met during the condition of immobility are also influenced by the care the caregiver gives.

"Yes, most of the time my wife helps and assists me."

(P2)

"My wife is an ICU nurse, so I often ask for help from her first and I am more comfortable with her."

(P5)

"My son stays with me here. My wife takes care of our children at home. She comes to visit."

(P9)

"My family advises me to always zikr, brings me food, and visits me. Some of my colleagues came to visit me too."

(P3)

Overall, addressing the physical needs of immobilised patients requires a comprehensive approach that considers both practical challenges related to attire and mobility and the provision of support services and assistive devices to promote independence and well-being. By addressing these needs effectively, healthcare providers can enhance the quality of care and support provided to immobilised patients, ultimately improving their overall health outcomes and quality of life.

Psychological Needs

During the period of immobilisation, participants experienced various psychological challenges that impacted their mental well-being and emotional resilience. These needs encompassed feelings of distress, coping mechanisms, and the role of religious beliefs in providing comfort and solace.

Participants expressed a range of emotional responses to their condition, including sadness, stress, acceptance, and even humour. Many participants described feelings of sadness and distress stemming from their dependency on others or the limitations imposed by their condition. They articulated frustrations about their inability to perform everyday tasks independently, which often led to feelings of helplessness and vulnerability.

However, amidst these challenges, some participants demonstrated a remarkable sense of acceptance and resilience. They found solace in their religious beliefs, particularly Islamic principles such as 'redha' (contentment) and acceptance of fate. These participants drew strength from their faith, viewing their condition as a test from Allah and finding comfort in the belief that their suffering served a higher purpose.

Additionally, participants highlighted the importance of emotional support and coping strategies in managing their psychological well-being. They spoke of seeking support from family members, healthcare professionals, and religious communities, who provided comfort, encouragement, and practical assistance during difficult times. Some participants also utilized humour as a coping mechanism, finding moments of levity amidst the challenges of immobilisation.

The participants expressed their emotions toward their conditions in many ways. Some of them burst into tears during the interview session.

"I feel sad that I am depending a lot on other people. I hope I can recover soon."

(P7)

"I feel sad that I lost a leg, so my job."

(P9)

A few participants are stressed by the limitations they have.

"I cannot walk or get out of bed as my leg isn't completely healed and standing can cause high pressure applied to this leg. So, I am a little bit annoyed with this condition since I am unable to do basic duties such as going to the toilet and performing prayers."

(P1)

"Sometimes I feel stressed thinking about my condition and my study."

(P3)

Some of them are calm as they are more accepting of the problems they face. They show a sweet smile, and a participant is laughing remembering the incident that happened to him.

"I think it is funny that I broke my hand during the accident, but I only knew it a week after that."

(P5)

"As for now, I feel better (calmer) than before, maybe due to the external applied to me. I am currently waiting for my next surgery."

(P2)

"I have had many health issues before, so it is easier for me to accept this condition."

(P2)

The participants experience worries and nervousness about the management they received.

"I am a little bit nervous to go for the surgery, but it is necessary."

(P6)

"Going to the toilet using crutches worries me somehow because I might slip on the floor while using them."

(P1)

Religion guides an individual's mentality, thoughts, and actions. Islam has significance in how participants accept and respond to their illnesses.

"The obvious answer is 'redha'. Complaining will not change anything that happened. Whatever hardship we have, always remember that Allah gives us the pain to remove our sins. We must find a way to cure it and keep praying to Allah to heal ourselves."

(P1)

"We have to accept that what happened is what Allah planned for us, and He is the best planner. Losing a leg doesn't mean that it is the end for me. Maybe, He wants to give more good things later, but we don't know what they are."

(P9)

"As a Muslim, I have to be participants, remember Allah, and accept my fate. Without Islam, I might turn out crazy."

(P5)

"I am glad that Allah choose me to be tested, so I accept it with an open heart."

(P10)

Overall, addressing the psychological needs of immobilised patients requires a multifaceted approach that acknowledges the complex interplay between emotions, beliefs, and coping mechanisms. Healthcare providers should strive to offer empathetic support, validate participants' feelings, and integrate culturally sensitive interventions, such as religious counselling or support groups, into their care plans. By addressing these psychological needs effectively, healthcare teams can promote resilience, emotional well-being, and overall recovery among immobilised patients.

Psychosocial Needs

Participants highlighted the impact of their condition on social aspects of life, expressing feelings of stress, sadness, or embarrassment due to their inability to partake in social events or the absence of family visits. The significance of family support emerged prominently, with participants expressing the need for varying degrees of support, ranging from 50% to 90%, emphasizing its role in their recovery and emotional well-being. Social support, through visits, messages, and emotional encouragement, was identified as instrumental in promoting a sense of calmness and morale among the participants.

According to American Psychological Association. Dictionary (2020), psychosocial refers to the interrelation of social factors and individual thought and behaviour. The participants pointed out their feelings regarding their social life and activities. During immobilisation, participants experienced a range of psychosocial challenges that affected their emotional well-being and social interactions. These needs encompassed psychological support, social engagement, and coping strategies to navigate the emotional and social impacts of their condition.

Emotionally, participants exhibited diverse responses to their immobilisation, including

sadness, stress, acceptance, and humour. Many expressed feelings of sadness and distress related to their dependency on others, or the limitations imposed by their condition. Others demonstrated a more accepting attitude, finding humour in their circumstances or exhibiting calmness due to prior experiences with health issues.

Religious beliefs played a significant role in shaping participants' attitudes and coping mechanisms towards their condition. Islamic principles such as 'redha' (contentment) and acceptance of fate were commonly cited, indicating how faith provided participants with a sense of purpose, resilience, and inner peace during challenging times.

Socially, participants highlighted the impact of immobilisation on their social interactions and support networks. Many expressed feelings of isolation, embarrassment, or sadness due to their inability to participate in social events or receive visits from family and friends. The significance of family support emerged prominently, with participants emphasising the importance of emotional support and companionship in their recovery journey.

Social support, whether through visits, messages, or emotional encouragement, was identified as instrumental in promoting a sense of connection and well-being among participants. These interactions provided participants with a source of comfort, reassurance, and belonging during a period of vulnerability and uncertainty.

"I feel sad when I see the others are visited by family. My family and I live in Terengganu, but I was admitted here. So, they didn't visit me. Moreover, my mom is not so healthy. She always cries when she calls me."

(P5)

"I feel stressed a little bit since I cannot do the things, I always do such as attend my weekly meetings and perform prayers."

(P6)

"Sometimes when there is a wedding ceremony in my village, I feel stressed and embarrassed that I can't join them to help."

(P10)

All participants asserted that to achieve their health and condition back to normal, they need at least 50% of their family's support.

"I think 9/10, I need support to regain my health and continue my internship to complete my study."
(P3)

"I don't like to depend on others, so I think the support I only need is from my family, around 50%."
(P7)

"The support I need from my children and nurses is 80% to 90%. I know they supported me and were willing to help me."
(P6)

"I need 70% support from my family and my friends."
(P9)

Visits, messages, cheers, and phone calls that provide psychosocial support aid in promoting calm and boosting the participants' morale.

"My parents always come with me when I have an appointment for physiotherapy or rehabilitation since I'm still single. My parents always emphasize I perform the physio exercises."
(P1)

"My family cheers and visits me every day. They call and message me."
(P9)

"My family advises me to always zikr, brings me food, and visits me. Some of my colleagues came to visit me too."
(P3)

Overall, addressing the psychosocial needs of immobilised patients requires a holistic approach that acknowledges the interplay between psychological, emotional, and social factors. Healthcare providers should strive to provide empathetic support, facilitate social connections, and integrate religious and cultural beliefs into care planning to promote resilience, coping, and emotional well-being among immobilised patients. By addressing these needs comprehensively, healthcare teams can enhance the overall quality of care and support provided to immobilised patients, fostering a sense of dignity, autonomy, and empowerment in their recovery journey.

Financial Needs

Participants reported economic challenges resulting from their immobilisation, including the inability to pursue certain occupations or engage in income-generating activities. Many expressed concerns about their ability to provide for themselves and their families, particularly if their immobilisation led to a loss of employment or decreased earning capacity.

For some participants, the financial strain extended beyond immediate concerns to long-term financial stability. They worried about accumulating medical expenses, potential loss of savings due to reduced income, and the impact of their condition on future employment opportunities. Several participants expressed frustration at the financial burden imposed by their immobilisation, highlighting the need for external support to alleviate financial pressures.

Government support in the form of disability cards, such as the OKU card, was mentioned by some participants as a crucial source of financial assistance. These cards often provided access to benefits and services designed to support individuals with disabilities, including financial aid, healthcare subsidies, and transportation assistance.

In addition to formal government support, participants also relied on financial assistance from family and friends to meet their immediate needs. Many described receiving financial contributions to cover medical expenses, household bills, and daily living costs. These contributions were essential in alleviating financial stress and ensuring participants could focus on their recovery without worrying about financial constraints.

"I feel sad that I lost a leg, so my job (Grab driver)."
(P9)

"I feel disappointed that I can't do farming anymore, but I accept my condition."
(P10)

"I stop working 3 to 4 years ago due to my foot condition."
(P7)

One participant said that the government gives her an OKU card, while another claimed that his family and friends were his main sources of support.

"I have a card for my disabilities (OKU card)."
(P7)

"My siblings give me around RM 2000 to support my family and pay the bills. My friends bring groceries every time they visit me."
(P10)

Overall, the financial needs of participants during immobilisation were diverse and complex, requiring a combination of formal support mechanisms and informal networks of assistance. Addressing these needs effectively necessitates a comprehensive approach that considers both immediate financial pressures and long-term financial security for individuals and their families affected by immobilisation.

Pain Management During the Period of Immobilisation

Managing pain effectively is crucial for patients undergoing immobilisation due to orthopaedic conditions. During this period, participants reported experiencing various levels and types of pain, highlighting the importance of comprehensive pain management strategies. Participants described their pain using descriptors such as stabbing, throbbing, and tightening, indicating the diverse nature of their discomfort. Pain was often exacerbated by movements or pressure on the affected limb, significantly impacting participants' quality of life and ability to perform daily activities.

To address their pain, participants employed a variety of strategies, including medication, limb elevation, topical ointments, massage, and engagement in religious practices such as *Zikr* (remembrance of God). Painkillers were commonly used to alleviate discomfort, with participants seeking relief from healthcare providers when necessary. Additionally, elevating the affected limb and applying ointments provided temporary relief from pain, while massage helped to alleviate muscle tension and promote relaxation.

Religious practices, such as prayer and recitation of religious verses, were also cited as effective coping mechanisms for managing pain. Participants found solace in their faith,

using spiritual practices to divert their attention from their discomfort and find inner peace amidst their physical challenges.

The participants' disorder hinders how much pain they endure. Participants mentioned various levels of pain, with the same quality and triggering factors.

"I score the pain 7/10 since it is not so painful but the pain feels like stabbing my foot."
(P4)

"My pain score is 10/10 when I put pressure on it or move it. The pain feels like stabbing."
(P5)

"When I put pressure on my left foot like standing or walking, I feel pain like throbbing, stabbing, and tightening. I feel pain even when I lift my leg. The pain score at rest is 3/10."
(P10)

"According to the pain score, my pain level is around four to five at rest while the pain including movement will elevate to six to seven as the recon ligament is not fully adapted to the bone yet. The pain feels like stabbing."
(P1)

"My leg is painful especially when it moves as it scores 10/10. I am uncomfortable with my position, but I can't change to another position with this (skin traction)."
(P6)

Painkillers are well known for their ability to reduce pain. Nearly all participants mentioned using medications and requested them when they are in pain.

"The night after the surgery, I was unable to sleep properly so I asked for medications from the nurses."
(P3)

"... but if the pain does not go away, I'll take the medication."
(P3)

In addition to medication, other practices of pain management encompass elevating the affected limbs, applying ointments, rubbing the area around the painful spot, or using *Zikr* to divert our attention.

"I do zikr apply ointment on the affected site to relieve the pain"

(P4)

"Praise to Allah, my leg doesn't hurt that much but the wound under my buttock hurts the most at night. So, I can barely sleep at night. To overcome it, I zikr and read any Quranic verses that come to my mind."

(P6)

"I try to cope with the pain by taking the medications, elevating my leg, massaging my leg, and changing my position."

(P7)

The servant's religion promotes tranquility and draws Muslims' attention away from his/her troubles.

"The pain reduces as I focus on the prayer, so I feel calm."

(P7)

"We can take Saidina Ali's story as an example. He was stabbed while praying but he manages to finish the prayer because he focused completely on his pray."

(P5)

"Zikr makes us remember Allah and realize that only He can reduce our stress and give us peace."

(P9)

"Religious activities promote calm and peace. We tend to accept and be optimistic about fate."

(P6)

Overall, effective pain management during immobilisation requires a comprehensive approach that addresses both physical and psychological aspects of pain. Healthcare providers should tailor pain management strategies to individual patient needs, considering factors such as pain intensity, tolerance, and preferences for pain relief modalities. By incorporating a combination of pharmacological and non-pharmacological interventions, healthcare teams can help minimise pain, improve patient comfort, and enhance overall recovery outcomes for immobilised patients.

Islamic Practices During the Period of Immobilisation

For Muslim patients undergoing immobilisation, adhering to religious practices remains an integral aspect of their daily lives, even amidst physical limitations. Participants in this study shared insights into how they adapted Islamic rituals and observances to accommodate their condition and maintain spiritual connection during the period of immobilisation.

Central to Islamic practices is the concept of 'ibadah' (worship), which encompasses various religious duties and rituals. Participants demonstrated a deep understanding of these practices, emphasizing the importance of performing prayers, fasting during Ramadan, giving alms (zakat), and making the pilgrimage (hajj) when possible. Despite their physical limitations, participants expressed a strong commitment to fulfilling these obligations to the best of their abilities.

Participants also discussed the concept of 'rukhsah' (dispensation) in Islamic jurisprudence, which allows for flexibility in religious practices under certain circumstances, such as illness or disability. This concept enabled participants to adapt their worship rituals to accommodate their immobilised state, such as praying while sitting or lying down, performing ablution (wudu) using alternative methods, or making charitable donations in lieu of physical acts of worship.

Furthermore, participants highlighted the role of religious beliefs in providing comfort and resilience during times of adversity. They spoke of finding solace in prayer, recitation of Quranic verses, and seeking forgiveness from Allah for their perceived shortcomings. By maintaining a strong connection to their faith, participants found strength and purpose in their struggles, viewing their immobilisation as a test of faith and an opportunity for spiritual growth.

During the interview, Muslims' understanding of the concept of ibadah as a Pillar of Islam was tested. The participants showed their pieces of knowledge and awareness greatly.

"It's like reciting syahadah as the oath, performing prayers five times a day, fasting, paying zakah, and performing pilgrimage. I perform prayers, fast, and pay zakat."

(P2)

"Performing prayers are compulsory even when we're sick or in trouble. If we can't move, then just use our eyes to perform it. The pilgrimage is compulsory for those who are financially stable. We should try our best to fast, but we are allowed to break in certain conditions. But for prayers, we should perform them in whatever condition we are."

(P5)

"I am weak about religion, but I know that we should perform prayers 5 times a day and fast during Ramadhan."

(P7)

"Ibadah is wide. Other than performing prayers, fasting, and other elements in the Pillar of Islam, working and being kind are part of ibadah as well."

(P9)

The interview concerns the participant's knowledge of the rukhsah that Islam provides because they are having difficulty praying normally.

"Prayers in Islam are compulsory no matter in what condition we are. If we are unable to perform it while standing, we can sit. If not, lying, using eyes, even with an intention (niat) also can. Islam is easy and simple. It is depending on the individual to obey the pillars or not."

(P1)

"Prayers can be performed in sitting or lying or lateral position. As long as we can pray, we must. Ablution should be done on the compulsory part of our body and can be replaced with tayammum if water is harmful."

(P9)

All Muslims are required to pray, therefore rukhsah is crucial to ensuring the successful implementation of the participants's religious practices.

"Allah knows what we require so He provides us the alternatives to ease our religious activities."

(P6)

"We will never think of using the alternatives until we need them, but Islam always provides us with a

way to solve the problems. It is important to have alternatives to ease our religious activities."

(P1)

"I'm looking forward to this hospital providing a board to guide the participants using rukhsah to pray and tayammum since the participants in this ward require it very much."

(P5)

As a Muslim, religious activity such as performing prayers and taking ablution is compulsory to do every day. The adaptations to physical activity alter how religious activities are conducted as said by the participants.

"Since I cannot bend my leg, I perform prayers while lying."

(P2)

"I can fast as usual, but I pray while sitting."

(P7)

"I pray in a lying position. For ablution, I'll do as usual without my left limb."

(P9)

"For the first rakaat of my prayer, I'll stand and continue the next rakaat in a sitting position. When fasting, I limit my activities to reduce the pain, so I can avoid taking the medication during the day."

(P10)

Some of the religious activities are interrupted due to the uncomfortable and weak state of the participants.

"Before the surgery, I went to the toilet slowly to take ablution and perform prayer while sitting. But after the surgery, I did not perform prayer yet as it is hard for me to move and take ablution."

(P3)

"I did not perform prayers yet after my surgery since I am not capable of going to the toilet independently."

(P4)

"My prayers are disturbed by my limited movement. I am uncomfortable praying without taking a bath, so I did not perform any prayers yet throughout this period. I asked for His forgiveness and hope that He forgives me."

(P6)

"For the time being, I feel weak to perform prayers."

(P8)

The application of the rukhsah in the participants' religious actions serves as evidence of their understanding.

"Normally, I never perform prayers while sitting but my condition now restricts me from standing."
(P6)

"It has been two weeks since I performed prayers while lying."
(P2)

"I can't bend my knees, so I use a chair to perform prayers. I use tayammum instead of ablution since I must keep the bandage area dry."
(P5)

Overall, Islamic practices serve as a source of strength, guidance, and comfort for immobilised patients, allowing them to navigate the challenges of their condition with resilience and faith. Healthcare providers should be mindful of the importance of religious observance in patients' lives and strive to accommodate their spiritual needs within the context of their care plans. By respecting and supporting patients' religious practices, healthcare teams can promote holistic well-being and recovery among immobilised Muslim patients.

DISCUSSION

Impact of Immobilisation on Participants Needs

The experience of immobilisation significantly impacts the physical, emotional, and psychosocial needs of participants, which can vary depending on the underlying conditions and duration of immobilisation. Physical challenges, such as limited mobility and difficulty performing daily activities, are common among immobilised individuals (3). This necessitates careful consideration from healthcare providers in addressing their personal hygiene needs, mobility assistance, and management of physical discomfort.

Furthermore, the psychological impact of immobilisation cannot be understated, as participants often experience frustration, sadness, and stress due to their dependence on others and the limitations imposed by their condition. Islamic teachings, such as the concept of 'redha' (contentment) and acceptance of fate, play a significant role in

helping participants cope with these emotional challenges. Drawing from Surah Al Baqarah's verse, where Allah mentions, "But perhaps you hate a thing, and it is good for you. But perhaps, you like a thing, and it is bad for you. And Allah knows, and you're not," (2:216), adapting to changes and applying Islamic principles aids participants in accepting fate with greater optimism. By finding solace in their faith and trusting in Allah's wisdom, participants are better able to navigate the difficulties of immobilisation with resilience and optimism.

The experience of immobilisation encompasses a complex interplay of physical, emotional, and psychosocial dynamics, each with its unique challenges and implications. Physically, individuals undergoing immobilisation encounter a myriad of obstacles, ranging from impaired mobility to difficulties in carrying out routine tasks essential for daily living. These challenges often necessitate a multifaceted approach from healthcare providers, encompassing strategies to address personal hygiene needs, provide mobility assistance, and alleviate physical discomfort effectively.

Emotionally, immobilised individuals frequently grapple with a spectrum of feelings, including frustration, sadness, and stress, stemming from the profound impact of their condition on their autonomy and independence. Such emotional turmoil can be exacerbated by the prolonged nature of immobilisation and the resultant disruption to their accustomed way of life. In navigating these emotional challenges, participants often draw strength from their faith and spirituality, finding solace in Islamic teachings such as 'redha' (contentment) and the acceptance of fate as ordained by a higher power.

This reliance on faith as a coping mechanism is exemplified in Quranic verse 2:216, which imparts a profound wisdom regarding the acceptance of life's vicissitudes and the recognition of divine providence. By embracing these teachings, immobilised individuals are empowered to cultivate resilience and optimism in the face of adversity, thereby fostering a sense of inner strength and tranquillity amidst their physical limitations.

In essence, the discussion underscores the intricate interplay between physical, emotional, and spiritual dimensions in the experience of immobilisation, highlighting the importance of holistic care approaches that address the

multifaceted needs of individuals undergoing such challenges. Through a nuanced understanding of these dynamics and a steadfast commitment to compassionate care provision, healthcare providers can play a pivotal role in supporting immobilised individuals on their journey towards healing and recovery.

Additionally, immobilisation can have profound psychosocial implications, affecting participants' social interactions, sense of self-worth, and overall well-being. Feelings of embarrassment, isolation, or inadequacy may arise from the inability to participate in social activities or the absence of family support. However, the presence of strong social support networks, including family, friends, and healthcare professionals, can mitigate these psychosocial challenges and promote a sense of belonging and emotional stability.

In summary, the impact of immobilisation extends beyond physical limitations to encompass a wide range of needs and challenges for participants. By recognising and addressing these multifaceted needs, healthcare providers can deliver holistic care that supports participants' physical, emotional, and psychosocial well-being throughout the immobilisation process. Additionally, incorporating Islamic principles of acceptance, resilience, and reliance on faith can further enhance participants' coping mechanisms and facilitate their journey towards recovery and rehabilitation.

Role of Social Support

The presence of a strong support network comprising family and friends emerges as a pivotal factor in alleviating the emotional burden experienced by immobilised participants. Emotional support from loved ones not only bolsters the participants' confidence but also contributes to a more positive outlook, which in turn facilitates improved health outcomes and accelerates the pace of recovery. However, it's crucial to recognise that unmet needs of immobilised participants can potentially strain familial relationships and become a source of stress and anxiety for caregivers and family members alike. Therefore, fostering open communication and addressing the needs of both the immobilised individuals and their support

network is essential for maintaining overall well-being during this challenging period (2). Furthermore, the experience of pain represents a significant aspect of the immobilisation process, stemming from the underlying illness, its complications, or the treatment regimen itself. Effectively managing pain is paramount not only for alleviating physical discomfort but also for reducing stress levels and promoting quality sleep, which are essential for the participants' overall well-being. Pain management strategies often involve the administration of medications or painkillers, particularly in instances of severe or unbearable pain. However, participants also commonly employ complementary methods such as applying topical ointments, gentle massage techniques, and elevating the affected limbs to alleviate discomfort.

In addition to conventional pain management approaches, religious activities and spiritual practices serve as powerful coping mechanisms for immobilised participants. Engaging in prayers, reciting Quranic verses, and participating in religious rituals not only provide a sense of solace and inner tranquillity but also offer a distraction from physical pain and discomfort. This spiritual connection is underscored by the Quranic verse in chapter 2, verse 222, which assures believers that Allah does not burden any soul beyond its capacity. By embracing their faith and finding solace in divine teachings, immobilised individuals can cultivate a sense of resilience and acceptance, thereby navigating their journey towards recovery with grace and fortitude.

Financial and Pain Management Challenges

The constraints imposed by limited mobility can have far-reaching consequences on participants' employment prospects and financial stability. Individuals facing challenges in mobility, particularly those undergoing surgeries like below-knee amputations (BKA), often encounter significant hurdles in maintaining employment. The physical limitations imposed by such surgeries may render certain occupations inaccessible or require significant adjustments, potentially leading to job loss or decreased earning capacity. Moreover, the prolonged recovery period associated with these procedures further exacerbates financial strain, as individuals may face extended periods of reduced or no income while they recuperate.

Furthermore, disabilities resulting from surgeries like BKA have enduring financial implications that extend beyond the immediate recovery period. Even after individuals have completed their rehabilitation and returned to the workforce, they may continue to face obstacles and limitations in their professional lives due to their physical disabilities. These challenges may manifest in various forms, such as reduced job opportunities, lower earning potential, or increased healthcare expenses related to ongoing medical care and assistive devices.

In recognition of the financial hardships faced by individuals with disabilities, the Malaysian government has implemented measures to provide support and assistance. One such initiative is the issuance of the OKU card, which entitles individuals with permanent disabilities to monthly allowances. These allowances aim to alleviate financial burdens by providing financial assistance to cover expenses related to self-care, mobility aids, and adaptive equipment. By acknowledging and addressing the economic challenges faced by immobilised participants, policymakers and stakeholders can work towards creating a more inclusive and supportive environment that enables individuals with disabilities to lead fulfilling and financially secure lives.

Facilitation of Religious Practices

Facilitating religious practices for immobilised participants entails addressing various challenges and ensuring access to necessary aids and accommodations. One crucial aspect highlighted by participants is the importance of ablution (wudu) before prayers, as prescribed in Chapter 5, Verse 6 of the Quran. While water spray devices enable individuals to perform ablution while confined to their beds, challenges arise when clean dust for tayammum (dry ablution) is unavailable within the ward environment. This underscores the need for healthcare facilities to consider the religious requirements of patients and provide adequate resources to facilitate their religious obligations.

Moreover, participants demonstrate a deep understanding of the significance of obligatory prayers, particularly emphasizing the middle prayer, as mentioned in Chapter 2, Verse 238 of the Quran. Their adherence to Islamic practices reflects their commitment to the Pillars of Islam

and their comprehensive knowledge of religious rules and allowances (rukhsah) provided by Islam. However, to fully utilize these allowances, participants require complete equipment and accommodations to ensure comfort and hygiene during religious activities. The spiritual significance of prayers and the flexibility inherent in Islamic practices, as described in Chapter 3, Surah Al-Imran, Verse 191, highlight the essence of rukhsah in accommodating individuals' diverse circumstances. This continuous remembrance of Allah, regardless of one's physical state or position, underscores the inclusive nature of Islamic teachings and the importance of ensuring that religious practices remain accessible to all, including those experiencing physical limitations. By recognizing and addressing the religious needs of immobilised participants, healthcare providers can contribute to their holistic well-being and spiritual fulfilment during challenging times.

Participants Satisfaction During Period of Immobilisation

The satisfaction of immobilised participants is intricately linked to the quality of nursing care they receive, particularly in terms of personal cleanliness practices demonstrated by nurses (3,12). Nurses, as primary healthcare providers in the ward, hold a significant responsibility in meeting participants' needs, which directly influences their satisfaction with the services provided. Research by Tuegeh and Rantepadang (12) underscores the importance of this correlation between participants' satisfaction and the extent to which their needs are met by healthcare providers.

Moreover, the criticality of participants' satisfaction as a metric for measuring the overall quality of care is emphasized in the literature (7). Manzoor et al. (7) highlight the pivotal role of participants' satisfaction in determining the success of a hospital. Furthermore, the study's findings suggest that participants' contentment is not solely dependent on the care provided by healthcare professionals but is also shaped by the support and assistance they receive from family members (3,12). As observed earlier, participants expressed greater comfort and satisfaction when assisted by their spouses and children in maintaining personal hygiene.

Recognizing and addressing the physiological needs perceived by family caregivers in the hospital setting can significantly contribute to elevating the standard of care provided to participants and facilitating their rapid recovery (2). By acknowledging the integral role of family members in the care process, healthcare professionals can enhance participants' overall satisfaction and well-being during their immobilisation period. This highlights the importance of a collaborative approach between healthcare providers and family caregivers in delivering patient-centred care and ensuring optimal outcomes for immobilised participants.

CONCLUSION

The study's inclusion of individuals across various age groups provides a comprehensive understanding of the diverse needs experienced by immobilised participants. By encompassing a wide range of ages, from younger individuals to the elderly, the study offers valuable insights into how different age demographics navigate and cope with immobility, thereby enriching our understanding of their unique requirements.

Furthermore, the findings of the study hold significant implications for enhancing the effectiveness of nursing care, particularly in integrating Islamic practices to cater to the needs of Muslim participants during periods of immobility. By recognising and accommodating the religious and cultural beliefs of participants, healthcare providers can deliver more culturally sensitive and patient-centred care, ultimately improving the overall experience and satisfaction of immobilised individuals.

In conclusion, the study's comprehensive exploration of participants' needs and experiences during periods of immobility not only enhances our understanding of the challenges they face but also underscores the importance of tailoring nursing care to meet their specific requirements. By incorporating insights from this study into clinical practice, healthcare providers can better support immobilised individuals, fostering improved outcomes and a higher quality of life during their recovery journey.

LIMITATIONS

In addition to the primary limitations of time constraints and participation controls, which impacted the number and diversity of participants, several other factors may have influenced the study's outcomes. Firstly, the use of purposive sampling introduced potential bias, as participants were selected based on predetermined criteria, potentially limiting the range of perspectives represented in the study. This could have resulted in a lack of diversity in the sample population, affecting the generalizability of the findings.

Moreover, the reliance solely on semi-structured interviews as the primary data collection method may have restricted the depth of understanding of participants' experiences. Future research should consider incorporating additional data collection techniques, such as participant observation or focus groups, to provide a more holistic view of the phenomenon under investigation.

Furthermore, the study's focus on a specific healthcare setting or demographic group may have limited the transferability of the findings to other contexts or populations. To address this limitation, future research could adopt a multi-site or cross-cultural approach to explore the experiences of immobilised individuals across different settings and cultural backgrounds.

Overall, while the study provides valuable insights into the needs and experiences of immobilised participants, it is essential to acknowledge these limitations and consider them in the interpretation and application of the findings. Future research should strive to address these limitations by employing more diverse sampling methods, incorporating multiple data collection techniques, and exploring the phenomenon across varied contexts and populations.

RECOMMENDATIONS

To enhance the quality of care provided to Muslim participants in hospitals in Malaysia, it is recommended that hospitals consider incorporating rukhsah guidance directly into ward protocols and procedures. This could involve developing standardized guidelines or protocols that outline the accommodations available for participants to perform religious practices according to Islamic principles.

Additionally, hospitals should organize Continuous Nursing Education (CNE) sessions focused on rukhsah to educate healthcare providers about the importance of accommodating religious practices for Muslim participants effectively. These sessions could cover topics such as the significance of rukhsah in Islam, practical strategies for facilitating religious practices in healthcare settings, and cultural competency training to ensure healthcare providers are sensitive to the religious and cultural needs of Muslim participants.

Furthermore, future studies should aim to diversify responses by quantitative methods with increasing sample sizes and integrating observation techniques in the qualitative study methods. By expanding the sample size, researchers can capture a more comprehensive range of perspectives and experiences among immobilised participants. Additionally, incorporating observation techniques alongside interviews can provide complementary insights into participants' behaviours, interactions, and experiences within the hospital setting. This mixed-methods approach would offer a more holistic understanding of the needs and challenges faced by immobilised participants, allowing for more nuanced recommendations for improving their care and overall satisfaction.

CONFLICT OF INTEREST

The authors declared no potential conflicts of interest regarding this article's research, authorship, and publication.

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AUTHOR CONTRIBUTIONS

NHZ: drafted the manuscript and contributes to the concept development and design of the article through data collection, analysis and data interpretation for the article.

NNKNMH: revised the manuscript critically with intellectual contents and approved the final version of the manuscript.

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