



Definitions and Expressions of Caring Among Muslim Nurses in Indonesia

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Thesis Title Definitions and Expressions of Caring Among Muslim Nurses
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ABSTRACT

This study aims to explore the definitions and expressions of caring among Muslim nurses. The study was conducted at a teaching hospital in Banda Aceh, Aceh Province Indonesia and involved fifty staff nurses as informants. They were Muslim nurses and selected from the surgical ward, medical ward, and intensive care unit. The methods of data collection were focus group discussion and additional individual interview using semi-structured questions developed and based on Islamic caring and the concepts of caring expressions from a literature review.

The majority of the informants was female (82%), married (88%), half of them had work experience of less than 5 years (50%), and earned a diploma in nursing (52%). Data were analyzed using content analysis. The definition of caring was categorized into ten themes: concern, connection, understanding, attention, sharing, connection, help and support, appreciation, reminding, and disclosure. The caring expressions were classified into four themes: (1) expressions of caring for nurse colleagues who were in pain; (2) expressions of caring for nurse colleagues in performing Salaah as duties toward Allah; (3) expressions of caring in positive doing to colleagues; expressions of caring in honesty, expressions of caring when colleagues doing harmful for others, expressions of caring in equity, and expressions of caring in

justice; and (4) expressions of caring for nurse colleagues who were having a serious sickness or the death of a family member.

The results of this study were congruent with the definitions and expressions of caring reported in literature. However, the contents of each theme in this study highlighted the aspects of caring based on spirituality. The study described the uniqueness of caring expressions in the context of Islamic culture, the religion, and hospital environment. The intellectual concepts that influenced the caring expression of nurses that took a role in constructing an Indonesian Muslim nurse's explanation of caring toward their nurse colleagues in the clinical workplace. This research findings regarding Islamic caring among nurses in clinical workplace can be further tested in wider nurse population using quantitative research methodology to enhance generalizability. The findings can also be used as a baseline data in nursing administration to develop practice guideline to focus on caring actions of Indonesian Muslim nurses in clinical workplace.

Key words: caring, definition, caring expression, Islam, nurse colleagues.

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CHAPTER 1

INTRODUCTION

Background and Significance of the Problem

The shortage of nurses is still a problem worldwide, but nowhere is it as acute as in the developing world. Evidence shows that there is a continuing shift of nurses to other careers as well as an increasing number of resignations among nurses from their jobs. There are many reasons explaining the shortages of nurses in the workplace. In Indonesia, there is a shortage of nurses at health-care facilities. The nurse-patient ratio in Indonesia is approximately 1:8. Ideally a nurse should be responsible for a maximum of two patients (Syafawi, 2009). Some reasons behind the shortage of nurses in Indonesia are the limited quota of nurses as civil servants in each district and the disproportionate distribution of nurses in district areas (Kompas, 2011). The other reason is nurses prefer to be nurse administrators and nurse educators as their profession (Nafsiah, 2013).

Studies have found that nurse retention is low because of the stressful work environment coupled with inadequate support in the workplace. A study from Decola and Riggins (2010) reported that because of work environment issues regarding high workloads, many nurses were thinking about leaving the profession. The same study found nearly half of all nurses (46%) complained that their workloads were higher at the time of the study than five years earlier. Nurses view the most unfavorable parts of nursing as follows: heavy workloads (42%), insufficient pay and benefits (22%), a lack of recognition for their work (15%) and too much bureaucracy

(13%). Selye (as cited in AbuAlrub, 2004) indicated that nursing is one of the most stressful professions. Persky, Nelson, and Bent (2004) reported that nurses feel most frustrated in their workload and are most affected by stress in their relationships with the patients in the unit.

In Indonesia, burnout and work stress among nurses has occurred in hospitals. Kristanto, K.S. Dewi, and Dewi (2009) reported poor interactions with co-workers as one cause of work stress. The results of the study found that a lack of social support was given as the cause of 22% of work stress problems among Intensive Care Unit (ICU) nurses. When nurses are more satisfied with the quality of their work and the conditions of their work environment, the risks of burnout and turnover decreased (Vahey et al., as cited in Swanson, 2004). Therefore, effective strategies are required to ensure nurses are satisfied with their work environment. One important strategy is to create a caring work environment. Caring service requires a caring and supportive environment (Sikma, 2006). Several studies have shown that the social support among nurses is one of the variables that might reduce the negative effect of job stress. Providing an environment with an improved level of social support and reduced level of stress might help retain staff and thus alleviate nursing shortages (AbuAlrub, 2004).

According to AbuAlrub (2004), improving the level of social support and decreasing the level of stress are needed. Nurses who believe that their colleagues support them like their work environment. Thus, they improve their work and perform better than those with less support. They also feel comfortable asking for help from their colleagues concerning certain unclear nursing tasks, thus decreasing error and

enhancing performance. Therefore, social support from coworkers is important and gives a positive effect on job performance to help enhance the quality of care.

Several studies have been undertaken to examine the different ways nurses can show their support to their nurse colleagues in the workplace. Longo (2011) reported that caring among colleagues is supported and embraced in the development of the environment. Providing a supportive environment with support from colleagues has beneficial effects for nurses in balancing the demands of their career. Another study conducted by Turkel (2003) explored the caring experienced by nurse managers during their interaction with staff nurses and found three themes. First, the informants described essential themes of growth such as listening, support, intuition, receiving gifts, and frustration. Second, variant themes including touch, humor, flexibility, counseling, limitations, and competency also emerged. Third, interpretive themes including nurses' ways of being, reciprocal caring, and caring moments as transcendence were also identified.

Ensuring colleagues' support as recognizing and nurturing positive caring behaviors among nursing colleagues can enrich professional life (Yam & Rossiter, 2000). Teamwork is also closely linked to the caring relationship between nurses and colleagues. Teamwork seems to be strengthened when nurses face situations which needed a quick assessment and an emergency intervention. Therefore, a good relationship among colleagues who are concerned with patients and are concerned for each other helps to create teamwork. This way, teamwork is closely linked to a caring relationship between colleagues (Mebrouk, 2008).

The focus of nursing is nurturing persons by living in caring and growing in caring (Boykin & Schoenhofer, 2001). Caring is central to nursing and for

each nurse to create a good working environment nurses should also consider the needs of their colleagues as well as their patients (Ousey & Johnson, 2006). Another study on caring revealed that nurses will provide good care that is beneficial not only for patients but also for nurses (Suliman, Welmann, Omer, & Thomas, 2009). However, nurses are more often focused on caring for patients and neglect to care for themselves or for their colleagues.

Caring is an essential part of nursing and is influenced by culture. The caring culture is supported by the nurses' attitudes towards care which is related to their life experience and their daily practice (Wikberg & Eriksson, 2008). Cultural factors are recognized as having an impact on the caring behaviors of people, including nurses (Leininger & McFarland, 2002).

In Islam, caring focuses not only on caring for the physical needs of people but is also concerned with the interrelationships between the multiple dimensions of a person (Ameer Ali, Hunzai, Rassool as cited in Barolia & Karmaliani, 2008). Empirical studies from an Islamic perspective particularly relating to care have not been documented in the nursing literature, especially the care given by nurses to nurses. However, in terms of nursing, some Muslim scholars have argued for the use of a western framework including the focus on the support of nurses for one another, as well as their patients. Nevertheless nursing in Islam goes back to Prophet Muhammad, peace be upon him (PBUH) (Barolia & Karmaliani, 2008; Mebrouk, 2008).

The population of Indonesia is approximately 237 million people with five religions recognized by the state of Indonesia including Islam, Catholic Christian, Protestant Christian, Hindu and Buddhist. The majority of the people in Indonesia are

Muslim (88.1%), and 12% of the world's Muslims live in Indonesia, which is a larger percentage than any other single country (Badan Pusat Statistik, 2010). The total number of nurses in Indonesia is 624,000 and the ratio of nurses to the overall Indonesian population is 262.6:100,000 people (Jurnal Parlemen, 2012). Indonesia has 33 provinces with Aceh as a province with special autonomy for Islamic Syaria and has a higher percentage of Muslims than other provinces which is 98.7% of the total population of approximately 3,970,853 (Departemen Agama Republik Indonesia, 2011). Therefore, Islam has a profound influence in the lives of the Indonesian people and society.

Indonesian Muslims have specific beliefs and values that influence their way of life including caring. Caring for others is addressed in Islam as the holy Prophet stated, "Each of you is a guardian and is charged with responsibility, and each of you shall be held accountable for those who have been placed under your care". In the Hadith, Prophet Muhammad (PBUH) said when asked what actions are excellent, Prophet Muhammad (PBUH) replied, "To gladden the hearts of human beings, to feed the hungry, to help the afflicted, to lighten the sorrow of the sorrowful, and to remove the sufferings of the injured". This shows that nurses as Muslim health care professionals must maintain life and ease suffering (Khan as cited in Rassool, 2004).

The researcher appraised whether or not the definitions and expressions of caring among nurses were well established and could they have a positive impact on the well-being of nurses in the nursing profession in order to provide care to the patients. Therefore, to better understand the definitions and expressions of care among Muslim nurses in Indonesia, a descriptive qualitative study

was needed to describe how nurses define and express caring to their colleagues in the workplace.

Objectives of the Study

The objectives of this study were:

1. To explore the definitions of caring among Muslim nurses in Indonesia.
2. To describe the expressions of caring among Muslim nurses in Indonesia.

Research Question

What were the definitions and expressions of caring among Muslim nurses in Indonesia?

Theoretical Framework of the Study

In order to explore caring defined and expressed by Muslim nurses, the researcher used the Barolia and Karmaliani concept of caring in nursing from an Islamic perspective (2008) and related literature regarding the expressions of caring among nurse colleagues to guide this study (Blair, Hill, Walters, Senn, & Brockopp, 2011; Enns & Gregory, 2007; Huggard, 2012; Longo, 2011; Mebrouk, 2008; Parliadelis, Cruickshank, & Sheridan, 2007; Sikma, 2006; Turkel, 2003). The core concept of caring from an Islamic perspective is balancing the five dimensions of the human personality. The maintenance of balance in all dimensions is through the

process of response, reflection, relationship, relatedness, and role modeling, from which the result is an action. The caring dimensions from the Islamic perspective are grounded in humanism and caring in nursing is based on a human science perspective. There are five dimensions of this concept: the physical, ideological, ethical, spiritual, and intellectual dimensions (Figure 1). These dimensions are based on the philosophy of Islam and the holy Al-Quran (Barolia & Karmaliani, 2008). The way in which each dimension is related to caring among nurses can be described:

The physical dimension is physical care with a focus on relief of physical and psychological pain both of which need patience. The ideological dimension is a balanced ideology of Islam in the duties toward Allah. The ethical dimension focuses on Islamic ethics which is a decision making process based on the principle of doing good to humanity in honesty, justice, maleficence, and equity. The spiritual dimension is an individual concept related to Islam that greatly affects a person's daily work and lifestyle such as compassion and empathy which are related with the concept of Islam. The intellectual dimension is the inquiry process in Islam that is rooted in knowledge, wisdom, intellectual exertion, and reason.

In this study, the caring expressions were explored based on four themes according to Barolia and Karmaliani's Islamic caring namely; physical, ideological, ethical and spiritual dimension. The fifth theme, namely the intellectual dimension, was not included but it was used to guide the inquiry process of the study.

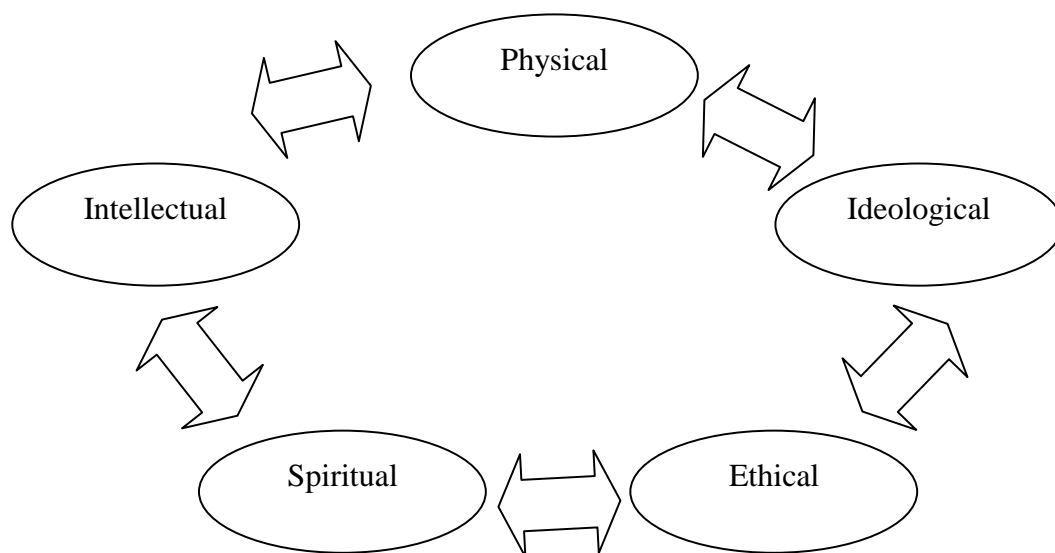


Figure 1. Concept of Caring in Nursing from the Islamic Perspective

Caring expression reported in the literature was also reviewed to guide the study. The researcher categorized caring expressions among nurses into four themes based on the literature: (1) Caring through helping and supporting each other (Blair et al., 2011; Huggard, 2012; Longo, 2011; Parliadelis, Cruickshank, & Sheridan, 2007; Sikma, 2006;Turkel 2003), which includes such caring expressions as emotional support, informational support, giving time, and physical support; (2) Caring through appreciating (Longo, 2011; Sikma, 2006; Turkel, 2003), which specifically refers to recognizing a need of a colleague, acknowledging a moment, and appreciating each other; (3) Caring through acting together (Enns & Gregory, 2007; Mebrouk, 2008; Sikma, 2006), refers to the expression of caring among nurses through teamwork and acting together in the workplace; and (4) Creating a caring environment, which includes two themes; trusting and safety, and communicating (Sikma, 2006).

The five dimensions of caring in nursing from an Islamic perspective, and the four themes of expressions, were used to guide the study and the researcher to

develop a semi-structured interview guide in order to understand how Muslim nurses define and express their caring behaviors toward their colleagues from an Islamic perspective.

Definition of Terms

The definition of caring among Muslim nurses refers to the meanings defined by nurses toward nurse colleagues.

Expressions of caring refers to the way of caring given and received from nurse colleagues in the workplace described by nurses.

Scope of the Study

This study focused on exploring the informants' perceptions towards caring from their responses in the semi-structured questions. Muslim nurses who work in a teaching hospital in Banda Aceh, Indonesia were recruited for the study. This study was conducted between December 2012 and February 2013.

Significance of the Study

The expected outcomes of this study were:

1. To provide basic cultural knowledge related to caring in Muslim nurses for a better understanding of the influence of culture on caring.
2. To provide basic knowledge for nursing management to promote caring among nurses.

CHAPTER 2

LITERATURE REVIEW

The literature review section focuses on theoretical reviews and research findings regarding: (1) Concepts of caring; (2) Islam and Islamic culture related to caring; (3) Definitions and expressions of caring among nurses; (4) Influence of Islam on caring among nurses; (5) Descriptive qualitative study; and (6) Summary of the literature review. The topics are organized as follows:

Concepts of Caring

Meanings of Caring

Care is the root word of the term caring. Care has meaning as a noun and a verb. Care as a noun is defined as serious attention, solicitude, heed, and caution. Care as a verb means to be concerned or solicitous, have a special preference to feel concern about, to wish; to desire; and to like (Dictionary.reference.com, 2011).

Caring as an interpersonal interaction and transpersonal process is considered a core concept in nursing as a practiced discipline and it appears to reside within the professional paradigm of nursing (Brilowki & Wendler, 2005; Swanson as cited in DalPezzo, 2009). In contrast, Connett (2007) and Watson (as cited in Suliman, Welman, Omer, & Thomas, 2009) described caring as nurturing among humans, a way relating to a valued other and towards the deep experiences of life where there is a personal sense of commitment and responsibility. Moreover, Thouny, Strews, and Brown (2005) described caring as competences, cleanliness, meeting

basic needs, touch, and the safe administration of medication, kindness, and consideration.

Several authors founded the theory of caring and described the meanings of caring clearly. Firstly, Madeleine Leininger with the theory of cultural care diversity and universality defined care as the essence of nursing and asserts that care or nurturance can be understood by providing care in a culturally congruent and culturally appropriate way. Caring refers generally to care actions and activities. The assumption of care was explained as abstract, whereas concrete phenomena related to assisting, supporting, or enabling experiences for others (Leininger as cited in Parker & Smith, 2010). Caring by Leininger's theory focused on actions and activities directed towards assisting, supporting, or enabling another individual or group with evident or anticipated needs to improve a human condition or way of life, or to face death.

Moreover, Simone Roach's theory of conceptualization of caring describes caring as the human mode of being. Roach (as cited in Gibson and Lynn, 2008) formulated the six Cs of caring: compassion, competence, confidence, conscience, commitment, and comportment. Roach (as cited in Thouny, Strews, & Brown, 2005) describes compassion as one of the attributes of nurses when he/she is caring. Nurses express compassion by demonstrating conscience by advocating and doing what ought to be done to provide best practice care.

Watson (1979) formulated the theory of human caring and defined caring as attributes transmitted by the culture of the profession as unique coping with the environment. The theory requires the nurse to examine and try to understand the meaning of human actions involved in carative factors and values that determine

human choice. The ten carative factors evolved to be a clinical *caritas* process for love and caring to come together for a new form of deep transpersonal caring. This theory also mentions human actions and spirituality because this theory is holistic and the unifying focus and process is the connectedness with self, other, nature, and God. This theory has applicability in the nursing practice; it covers not only physical aspects, but also spirituality (Watson & Woodward as cited in Parker & Smith, 2010). Similarly, caring by Devies (as cited in Schofield et al., 2005) defines caring as attending physically, mentally and emotionally to the needs of another and giving a commitment to the nurturance, growth and healing of others.

Boykin and Schoenhofer's theory of nursing as caring, describes caring as the intentional and authentic presence of nurses with another person. Caring is the active expression of love and is the intentional and embodied recognition of value and connectedness (Boykin, Schoenhofer & Linden as cited in Parker & Smith, 2010). The theory of nursing as a caring theory (Boykin & Schoenhofer, 2001) aims at commitment to knowing the self as a caring person with a commitment to knowing others as a caring person. Knowing self as a caring person is of key importance for our moment-to-moment living in professional and personal situations because who we are as a person influences all the roles we enact. This theory is illustrated in the "dance of caring person" which person is known, respected, and valued. Each person brings particular services at different points to the one being nursed: nursing, nursing administration, human resources, dietary, housekeeping, maintenance, and others. The important point is that each person is encouraged and supported in a culture that values each person as a person and a person as a caring person.

Furthermore, Boykin et al. as cited in Bailey (2009), reported that all who participate in or connect with the nursing situation have a contribution to make to the caring that is being created and expressed. Furthermore, the concept of living and growing in a caring situation assumes a substantive meaning when nurses reflect on their own personal expressions of living and caring day-to-day. The capacity of a nurse to know the value of unique expressions of caring of those individuals, who are nursed, therefore assists the nurse in coming to know self as caring.

A study from Hudacek (2008) describes the seven dimensions of caring which are unique to nursing: caring, compassion, spirituality, community outreach, providing comfort, crisis intervention, and going the extra distance.

Caring Expressions

Expression is defined as the act of expressing or setting forth in words (Dictionary.reference.com, 2011). According to Brilowski and Wendler (2005), nursing care consists of the actions and interactions with others. There are four actions related to nursing care, including verbal and non-verbal expressions. First, physical care is the primary focus of caring among the nurse actions. Another action of caring is through touch as a non-verbal communication. Mallory (as cited in Brilowski & Wendler, 2005) recorded touching, stroking hair, and holding hands. Even though these are considered small actions, they made others laugh and feel good. Touching is the core of caring. Furthermore, presence was identified as a third action of caring. Presence is the act of sincerely being engaged with another (Liehr as cited in Brilowski & Wendler, 2005). Clinical competence is a fourth action related to caring.

Nurses need to understand how human and physical science interact with each other (Welch & Sanford as cited in Brilowski & Wendler, 2005).

Another study by Sumner (2006) reported caring in nursing as communicative actions to respect all human lives. It involves human experience and it manifests in the verbal and non-verbal discourse among human beings. Nurses need individual care for themselves first and then they can care for others. The interaction is interactive, collaborative, and is a social contract related to providing solace for the human condition which requires responsibility. As a social contract, caring in nursing has an embedded consideration for both nurses and patients. However, the response reflects who the nurse is as a person and as a nurse; therefore, it is an expression of the nurse's caring, living uniquely and creatively in the moment (Boykin, Schoenhofer, Baldwin & McCarthy, 2005).

Attributes and Consequences of Caring

Attributes of caring. Brilowski and Wender (2005) identified five attributes of caring: (a) relationship, (b) variability, (c) acceptance, (d) attitude, and (e) action or doing. Schmidt (as cited in Dalprezzo, 2009) described attributes of care/caring that included communality, interpersonal and interactional relationship, a response to need, tailored giving and assistance, reciprocity, control, selectivity, responsibility and concern, boundaries, the nature of care, impressions and interpretations, individuality, and surveillance. A meta-synthesis study from Connett (2007) reported three attributes of the caring process which included expert nursing, interpersonal sensitivity, and an intimate relationship.

According to McCance et al. (as cited in Scotto, 2003), there are four critical attributes of caring: (a) serious attention, (b) concern, (c) providing for, and (d) getting to know the patients. Moreover, Dyson (as cited in Dalprezzo, 2009) determined the attributes of caring as (a) a human trait, (b) a moral imperative, (c) an effect, (d) an interpersonal interaction, and (e) a therapeutic intervention. Additional attributes of caring include the attitudes of caring, knowledge of caring, ability of caring and perceptions of caring mentioned by Meng, Xiuwei & Anli (2011).

Consequences of caring. According to Cutcliffe and McKenna (as cited in Palese, 2011), caring consequences are not easily identifiable but patient satisfaction is considered one of the outcomes theoretically linked with caring behaviors enacted by nurses. The other iterative process of the evolutionary conceptual analysis from Brilowki and Wendler (2005) is an examination of the consequences of caring. The majority of the consequences of caring were positive for the nurse, patient, and the patient's family (Hilt & Fealy as cited in Brilowki & Wendler, 2005). Caring can be motivated to take responsibility for the human well-being. The goal of caring consists of caring that leads to change towards health and well-being (Wikberg & Eriksson, 2008). Finally, care results in both patient and professional nurses' satisfaction (Brilowki & Wendler, 2005; Dalprezzo, 2009; Sikma, 2006).

The practice of caring leads nurses to personal and professional wellbeing. Personal outcomes of caring are the feelings of importance, accomplishment, purposefulness, awareness, integration, wholeness, and confirmation. Professional outcomes of caring include enhancing intuition, empathy, clinical judgment, capacity for caring, and work satisfaction. However, personal

outcomes of caring for nurses include feeling connected to both their patients and to colleagues (Swanson & Wojnar, 2004).

Sikma (2006) reported the outcomes of caring for clients, staff, and the organization. The nurses perceived positive outcomes that included satisfaction, pride, motivation, productivity, retention, and better attendance. The clients were satisfied, quality of care improved, and risks were minimized. Staff personnel who were satisfied, motivated, and proud of their work will have a positive impact on the organizational outcomes of productivity, consistent attendance, and staff retention.

Factors Influencing Caring

Sikma (2006) reported that conditions in the organizational environment influenced staff nurses to provide caring. The three factors that influenced the nurses in providing care in organizations were (1) having adequate resources in staffing, equipment and supplies such as education, expertise, consultation, and reimbursement levels that made nurses feel cared for and supported in their caring work, (2) a trusting and safe environment, and (3) communication (vertical and horizontal communication). The three factors above must exist in the organizational to support staff nurses and to provide adequate care for the patients and others.

According to Ampansirirat et al. (2008), family and education or religious institutes influence caring. The family is primarily where nurses received positive impacts of caring behaviors. However, the education that nurses received from their cultural background influenced nursing care. Moreover, Burtson and Stichler (2011) reported that there are two new areas that may influence caring of nurses: compassion satisfaction and opportunities for social contact with colleagues in

and outside of the work environment. Moreover, caring is influenced by culture, values, costs, stress levels, maturational levels, and time (Bevis as cited in Harrison, 1990).

Islam and Islamic Culture Related to Caring

Concept of Islam

Islam means submission to God which gives mankind will and purpose. Islam is an Arabic word that connotes submission, surrender and obedience to Allah, the Lord of the universe. Islam means peace and this connotes that one can achieve real peace of body and mind only through submission and obedience to Allah (Mawdudi as cited in Abbasi, Rehman, & Bibi, 2010). In the Al-Quran, Allah guarantees that Islam dominates and will be victorious forever (Islam, 2011).

Muslim is not a religion but it refers to the person. The person who is Muslim must practice Islam and follow the dictates of the five pillars of Islam. (Charles & Daroszewski, 2012). The Al-Quran and Hadith provide guidance for Muslims in their daily lives. The Al-Quran is the central religious text of Islam. In Islamic teachings, the Al-Quran is the holy book of 'divine' guidance and direction for humankind. According to the Islamic faith, the Al-Quran is the last revelation to Prophet Muhammad (PBUH) by Allah (God) through the angel known as Jibril. The Al-Quran is the holy book of Islam that contains guidelines to the past, present, and future. The Hadith contains the sayings, traditions, and actions that relate to the words and deeds of Prophet Muhammad (PBUH). Ah_dith (plural) are regarded as an important source of teaching in Islam (Abbasi et al., 2010).

There are two main sects in Islam: Sunni and Shi'a. Ninety percent of Muslims are Sunni and the remainder is Shi'a. The differences lie in both historical direction of political and spiritual leadership with slight practical and doctrinal differences between the sects (prayer and the practice of rituals). The majority Sunni Muslims are in the Middle East, while the Shi'a are dominant in Iran, Iraq and Yemen (Lovering, 2008).

The five pillars of Islam that must be followed are called Rukun Islam. The first is the faith (Sahadah); a statement made by Muslim believers that there is no other God to worship but Allah and Muhammad the Prophet as the messenger of Allah. The second is prayer (Salaah) which is performed five times a day and it is an essential part of daily activities. The third is Zakat (pay Zakat) which is donation for the needy and its purpose is to purify. The fourth is fasting (Saum) which is another act of purification where Muslims abstain from food, fluids, sexual practices, and worldly comfort from sunrise to sundown during Ramadhan month. The last is the pilgrimage to Mecca (Hajj) which is intended for all who are able to take the journey once in their lifetime (Lovering, 2008).

Islam has six beliefs called Rukun Iman. The first is to believe in one God (Allah). The second is to believe in angels; there are ten angels that Muslims must know. The third is to believe in God's revealed books or holy books; there are four holy books. The fourth is to believe in the Prophets or the messengers; there are twenty-five Prophets that Muslims must know. The fifth is to believe in the day of the judgment and the last is to believe in Qadr (destiny) (Lovering, 2008).

Islam teaches individuals and societies how to live a physically, mentally, and morally upright life. The Islamic legal system (Sharia) derived from the

Al-Quran and Sunnah (traditions of the Prophet) aims to create a good environment for an individual's physical, mental, and spiritual development (Yousif, 2002). Sharia has five objectives which include: protecting life, safeguarding the freedom to believe, maintaining the intellect, preserving human honor and dignity, and protecting property (Lovering, 2008).

According to McKennis (1999), the practice of Islam is an all-encompassing way of life. Therefore, Islam is a religion with more followers. It organizes every part of their lives, from birth through social relationships. Kindness and consideration of others are important social responsibilities to fellow Muslims and fellow human beings. Muslims believe that people are created equal in the law of God, and it is very important not to hurt the feelings of another. Additionally, Muslims believe that all people are born free of sin and that there will be a day of judgment when all will be accountable for their own deeds. Life and religion are encompassed in the Islam way of life, and there is also freedom of thought and expression. Moreover, Muslims believe they should be sincere and truthful while demonstrating modesty, humility, and control of passions and desire.

Caring in Islamic Culture

Caring in Islam means the will to be responsible, sensitive, concerned with the motivation and commitment to act in the right way to achieve perfection. The act of caring is doing good (Maaruf) and doing wrong is to be avoided (Mungkar). Caring in Islam is expressed at three different levels: intention, thought, and action. Therefore, in the Islamic context, there is no spirituality without religious thoughts and practice and the religion provides the spiritual path for safety and a way of life

(Rassool, 2000). Mebrouk (2008) showed that values in nursing and the perception of care are closely linked to the Islamic values of the nurses.

Barolia and Karmaliani (2008) conducted a study and found the balancing of five dimensions (physical, ideological, ethical, spiritual, and intellectual) of the human personality is essential for providing nursing care from an Islamic perspective. The five dimensions have categories that enable nurses to maintain harmony of persons while taking care of them in practice settings through the five Rs: response, reflection, relationship, relatedness, and role modeling. The balancing among all dimensions results in caring behaviors and caring actions. That means caring in the Islamic perspective should be viewed as a circular process and not in a linear manner.

The major themes under each dimension are as follows. The physical dimension is physical care with focus on (1) relief of physical and psychological pain both of which require patience, (2) piety (maintaining cleanliness) in physical and purity of heart and mind, and (3) prevention is linear with piety and relieving pain. The ideological dimension is a balanced ideology of Islam in three themes: duties toward Allah, duties toward mankind, and duties toward self. The ethical dimension focuses on Islamic ethics and is a decision-making process based on the principle of doing good to humanity such as honesty, justice, caring in maleficence, and equity. Spiritual dimension is an individual concept related to Islam that greatly affects a person's daily work and lifestyle such as compassion and empathy which is related to the concepts of Islam. The intellectual dimension is the inquiry process in Islam that is rooted in knowledge, wisdom, intellectual exertion, and reason.

Definitions and Expressions of Caring Among Nurses

Definitions of Caring Among Nurses

Most articles did not specifically discuss the meaning of caring among nurses. However, in a phenomenology study conducted by Turkel (2003), nurse managers described the meanings of caring for their nursing staff in many themes including growth, listening, support, intuition, receiving gifts, frustration, nurses' way of being, reciprocal caring, and caring moment as transcendence.

Nurse managers described caring as helping the nursing staff grow in social and professional levels and how nurse managers perform therapeutic listening; not only listening to their voices but their presence and time given when listening. They also describe meanings of caring as being supportive and that intuition guides their expressions of caring. Receiving gifts from their staff meant a lot for the managers. It signified the caring they received from their staff. What is meant by frustration is what they feel when they are battling bureaucracy which values money over of caring. The other meaning of caring described by the managers is the nurses' way of being included and can be characterized in three attributes. Firstly, authentic presence is a sense of going beyond to share feelings and experiences of another during interactions. Informants shared a vision that involves understanding, compassion, and being there for one another. Secondly, instillation of values includes trust, openness, fairness, respect, and humility. Thirdly, spirituality involves faith, hope, and religious attitudes as well as openness to alternative methods of healing and confidence in one's own skill (Turkel, 2003). Study from Huggard (2012) also

mentions spirituality that nurses described as the many and varied spiritual practices of being supportive and comforting in their practice.

The meaning of caring among colleagues is described as reciprocal caring that includes four attributes of mutuality (having the same feeling during interactions), oneness and connectedness (in-depth knowing, feelings, and experiences between of the one who is caring and the one cared for), increased self-worth, and a feeling of being care for. Another meaning of caring described by managers is the moment of transcendence which includes a change and energy exchange. It is described as the transformation that gives a new meaning to the experience between managers and their staff. All meanings described by managers are the caring they felt during interactions between their staff and the value of caring among colleagues as part of their practice.

Expressions of Caring Among Nurses

The researcher reviewed ten articles related to caring among nurses in the clinical workplace. Caring expression among nurses can be classified into five themes: (1) caring through helping and supporting each other, (2) caring through appreciating, (3) acknowledging unappreciated caring, (4) caring through acting together, and (5) caring through creating a caring environment.

Caring through helping and supporting each other. Most articles described expressions of caring as helping and supporting each other in the clinical workplace (Blair et al., 2011; Huggard, 2012; Longo, 2011; Parliadelis, Cruickshank, & Sheridan, 2007; Sikma, 2006; and Turkel 2003). In those studies, nurses expressed

caring through helping and supporting which consisted of emotional support, informational support, giving time, and physical support.

Helping and supporting in emotional support are expressed by nurses with simple questions like, “Are you okay?”. Nurses also helped in demanding situations such as when their unit was overloaded with work, they would help their colleagues. Therefore, nurses checked with a simple question in order to help and support (Longo, 2011). Emotional support was demonstrated by nurses when they prepared and sought certification in a study group to become certified in a nursing specialty. Nurses felt care from their peers during the study period (Blair et al., 2011). However, another expression of emotional support studied by Huggard (2012) mentioned that nurses felt being supported and comforted in their practice.

Another expression of caring was described as informational support. Nurses have an opportunity to learn from each other in seeking certification (Blair et al., 2011). They felt comfortable asking for help from coworkers concerning certain unclear nursing tasks, thus decreasing error and enhancing performance. This is the expression of informational support nurses gained from their colleagues (AbuAlrub, 2004). During interactions with their staff, the nurse managers also expressed limitations related to the limited financial support and knowledge of their staff (Turkel, 2003). Promoting quality by maintaining the standards and competency by nurse managers is another way those managers can express their caring (Sikma, 2006).

In expressing caring for their colleagues, nurses have time to care for their colleagues and give time to listen or counsel. That is part of caring through helping and supporting and can be a role in unburdening the nurses when they are

feeling stressed and facing problems in their workplace (Longo, 2011; Turkel, 2003). Giving the time for peers can be expressed in humor and sharing laughter with their staff (Turkel). Another helpful expression is through giving time that is flexible with the schedule.

Helping and supporting each other can also be in the form of physical support through touch. It enables the one being touched to experience caring between nurses and their peers (Turkel, 2003).

Caring through appreciating. Several articles describe caring expressions among nurses through appreciating (Longo 2011; Sikma, 2006; Turkel 2003). Appreciation among nurses can be as recognizing a need, acknowledging a moment, and appreciating each other.

Recognizing the need for nurses was important. When a nurse has a family health crisis, managers and peers covered the shift themselves, so that the nurse can attend to the situation (Longo, 2011). Another expression identified caring recognizing value. It involves three sub-dimensions of respecting, recognizing, and rewarding. Nurses need to respect staff members' value and worth as individuals and help them, thus demonstrating humanity to clients. Recognition is very important and it means a lot. Rewarding represents the material worth of caring work (Sikma, 2006).

Gift giving and moment acknowledging is way that nurses appreciating their colleagues. Nurses express caring with gift giving; small token gift such as candy bars and a crystal animal. Although it is a small gift, it conveys a message to nurses that someone is there for them (Longo, 2011). Moment acknowledgment is another way that caring is expressed by nurses through birthday celebrations or moments of grief (Turkel, 2003).

Caring through appreciating is also appreciate each other by working consistently with the same people (Longo, 2011), belonging and knowing (Sikma, 2006). Longo (2011) reported that the way of coming to know and to appreciate each other was carried out through the opportunity to work with the same people. This created a feeling of family to become appreciated with the capabilities and weaknesses of colleagues. Another expression from Sikma (2006) described caring through appreciating is a sense of belonging that involves feeling connected to and accepted. Belonging includes two dimensions; being there for each other even in difficult situations and have a common set of values and goals that guide actions called sharing a vision. Knowing is the process that gains understanding, being known inter-individual, inter-group, and the whole persons and situation.

Acknowledging unappreciated caring. Another way that nurses express their caring among coworkers is acknowledging unappreciated caring (Longo, 2011; Enn & Gregory, 2007). In order to provide caring to their colleagues, nurses often felt it was not easy to do. Nurses explain that sometimes they have to identify the difference between someone who really needed help and someone who was seeking to escape work. When they face that situation, sometimes they express willingness to establish a relationship and try to demonstrate caring to their colleagues. In other situations, the nurses as informants described the lack of support and shared how often they felt alone, frustrated, and exhausted, and lamented the loss of care in contemporary practice.

Caring through acting together. Sikma (2006) reported that expression of caring among nurses in the workplace as acting together included teamwork and participation. Teamwork in the organization involves everyone

working together to get work done and consists of cooperating, helping out, and backing up each other. Mebrouk (2008) explained caring among nurses in the clinical workplace is shown through teamwork. Teamwork in this way is closely linked to a caring relationship between colleagues. According to Enns & Gregory (2007), nursing is a profession that demands teamwork. Participation involves contributing ideas, responding, and working to incorporate staff input into the operations (problem solving, decision-making, program development, implementation, and evaluation) (Sikma, 2006).

Caring through creating caring environment. Caring service requires a caring and supportive environment. Conditions in organizational environment are critical to the staff's capacity to provide care. Sikma (2006) reported the three themes of caring conditions: providing resources to do the work, trusting and safety, and communicating.

Providing resources to do the work includes human and material resources needed to support the work of caring. Adequate staffing in the organization helps nurses provide care. Nurses who felt cared for by peers and supervisors were also able to provide quality care for their patients. It is the responsibility of nursing staff to support each other (Enn & Gregory, 2007). According to Burtson & Stichler (2010), compassion, satisfaction, and social interaction opportunities among nurses might improve nursing care. Another favorable condition is having enough material resources such as equipment and supplies. The physical environment, education, expertise, consultation, and reimbursement for medical care also made nurses feel cared for and supported in their caring work.

Trusting supports the caring environment because it helps caregivers feel safer in vulnerable situations. Trusting involves confidence by staff to do their job, and handle them fairly in an environment free from defensiveness, discrimination, harassment, prejudice, and elitism. Nurses are aware of their vulnerability in many situations and expressed a strong desire for an expression of trust that helps them feel safe (Sikma, 2006).

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Another condition reported by Sikma (2006) in caring environments is communication. It is supportive for nurses to have open communication both

horizontally and vertically, to get information to do their work and to understand what was happening in the organization. Communicating involves listening, responding, feedback, and follow-through. Providing dialogues with each other to receive information was important. Nurses said when they spoke the same language and had a common goal, it can be form of caring for each other (Parleadelis, Cruickshank, & Sheridan, 2007).

In order to be cared for in the environment, the positive outcomes of caring for clients, staff, and the organization were supported. The outcomes for the clients include satisfaction, improved quality of care, and decreased risk. The staff personnel were satisfied, motivated and proud of their work. The perceived outcomes of caring include satisfaction, pride, motivation, productivity, retention, and better attendance. Finally, the benefits also contributed to the organizational outcomes of productivity, consistent attendance, and staff retention. In order to be cared for in the environment, nurses perceived that those outcomes of caring are needed.

Influence of Islam on Caring Among Nurses

Islam dictates a unique set of behaviors that can present a cultural challenge to health care providers around the world (Charles & Daroszewski, 2012). In implementing nursing care, a person cannot work alone but requires contribution from other people, whether it is one team or another team that is based on the concept of man in Islam. It is a paradigm of nursing known as An-nas (social being) where cooperation and partnership in nursing are the commandments of God (QS. Al-Maidah: 2 and Al-Hujarat: 10) (Ridwansyah, 2011).

Caring among nurses is a spiritual environment (Huggard, 2012). At the core of spirituality is the fundamental human need for connectedness (Yousefi, Abedi, Yarmahommadian, & Elliot, 2009). Islam emphasizes the relationship between man and God called *Habluminallah* and the relationship between man and the man called *Habluminannas*. The human relations are listed in the *Al-Quran*. Fadlullah (2011) mentioned that the *Al-Quran* talks about coexistence of various humans that is based on safety, tolerance and peace: “O mankind! We created you from a single (pair) of a male and a female, and made you into nations and tribes, that ye may know each other (not that ye may despise (each other). Verily the most honored of you in the sight of Allah is (he who is) the most righteous of you, and Allah has full knowledge and is well acquainted (with all things)”. A person will benefit from a relationship with a friend who is trustworthy, kind, faithful and virtuous. The person reaches the majority of the emotions, thoughts, and attitudes of friends because friends’ faith and behaviors have a psychological impact.

In Islam, the relationship between men and women is clearly explained. Touch is prohibited between members of the opposite sex (i.e. men and women), especially if this person is not the husband. For example, the female nurse is not permitted to touch male patients if there is no need to and especially if a male nurse is present. However, it would be permitted if the woman wears gloves and it is possible even without wearing gloves if there is a need and no male nurse is available. Therefore, Muslim women would like female nurses to work in places where they can keep their religious commitments (Fadlullah, 2011).

Muslims believe that when they care for another, God will care for them. The *Al-Quran* says, “If you do good (that) you do well for yourself and if you

do evil it is a crime for yourself". Hence, any small action will receive a reply, whether it is a good or not good action. The Al-Quran states, "Please help in doing good and pious, and not to help in sin and a violation". However, Allah says to do good (to others) as Allah has been good to humans. According to Lovering (2008), caring is an act of spirituality. The beginning point of caring is the relationship between the nurse and God. Nurses receive rewards from Allah for their caring actions.

Muslims consider the Prophet Muhammad as a role model and they try to emulate his deeds in their own lives by following his traditions and the Quranic instructions. Such teachings have historically influenced the attitudes and practices of human beings. Devout Muslims pray (Salaah) 5 times a day. Daily Salaah is mandatory and performed at dawn, noon, midafternoon, sunset, and late night. It should be noted that Muslims ritually wash (Wudhu) before their daily prayers. This ritual includes washing the arms, face, mouth, ears, and feet each time before prayers. Therefore, during nurse shift, attention is needed from colleagues to perform their daily prayers (Taheri, 2008).

An important principle of Islam is that everything belongs to God. An individual may also give as much as he or she pleases as Sadaqah and does so preferably in secret. Although this word can be translated as voluntary charity, it has a wider meaning. The Prophet said, "Even meeting your brother with a cheerful face is an act of charity." The Prophet also said: "Charity is a necessity for every Muslim." He was asked: "What if a person has nothing?" The Prophet replied: "He should work with his own hands for his benefit and then give something out of such earnings in charity." The Companions of the Prophet asked: "What if he is not able to work?" The

Prophet said: "He should help the poor and needy." The Companions further asked: "What if he cannot do even that?" The Prophet said: "He should urge others to do well." The Companions said: "What if he lacks that also?" The Prophet said: "He should prevent himself from doing evil. That is also an act of charity. Therefore, hand over (giving) is better than hand under (begging) (Zahid, 2008).

Hadith of the Prophet explains that believing in Islam is to care for others. Caring in Islam is not only based on standards and professional ethics, but also based on the faith to obtain the blessing of God. Prophet Muhammad said; "the best man is one who helps other human beings". Men should be ashamed if they are not doing good (HR. Muslim).

Descriptive Qualitative Study

The design of this study is descriptive qualitative. This method is explained in a variety of general qualitative research resources. The purpose of the qualitative descriptive method is to study intensely a phenomenon to discover patterns and themes about life events when the researcher has specific questions about the phenomenon. Assumptions underlying the descriptive qualitative method follow three themes; humans create social networks, humans can describe retrospective and prospective life events, and patterns and themes surface through intense study of phenomena (Parse, 2001).

Several qualitative studies claimed no particular disciplinary or methodology roots. The researchers may simply indicate that they have conducted a qualitative study or a naturalistic inquiry (Polit & Beck, 2008). However, in this

study, the researcher used the concept of caring in nursing from an Islamic perspective from Barolia and Karmaliani (2008) and the concept of caring expression from the literature review to guide the study. These concepts will be used to develop the semi-structured interview guide in order to understand how Muslim nurses define and express their caring behavior for their colleagues in an Islamic perspective.

There are two descriptive qualitative approaches: the exploratory study and the case study. The exploratory study is an investigation of the meaning of a life event for a group of people, while the case study is an investigation of one social unit for example a person or a family (Parse, 2001). This study is an exploratory study to explore definitions and expressions of caring among Muslim nurses in Indonesia. The informants of this study were Muslim nurses who work in a teaching hospital in Banda Aceh Indonesia.

The qualitative data of this study will be analyzed using content analysis from McCain (1988). Content analysis is a method that may be used with either qualitative or quantitative data (Elo & Kyngas, 2007). A content analysis of qualitative data is an analysis of themes, patterns, and categories that emerge in the narrative content (Polit & Beck, 2008; Waltz, Strickland, & Lenz, 2005). Content analysis is appropriate if every informant in the study is asked and responds to the same questions (Waltz, Strickland, & Lenz).

Summary of Literature Review

Nowadays, nurse retention is low as a result of a stressful work environment coupled with inadequate support in the clinical workplace. Caring among nurses is therefore crucial in enhancing and enriching the working environment that helps increase a nurse's satisfaction and alleviate nurse shortages in the profession. Thus, the nurse leaders should pay more attention to increasing nurse satisfaction in their job through promotion of caring among nurses in the clinical workplace.

Nurses define meanings of caring in various themes and express caring in several ways. The meaning and expression of caring among nurses in the clinical workplace were described by staff nurses during interaction with their peers. This study focused on caring among nurses based on Islamic caring (Barolia & Karmaliani, 2008) that consists of five dimensions: physical, ideological, ethical, spiritual, and intellectual. Since there are a limited number of studies about caring among nurses in Indonesia particularly based on the Islamic concept, understanding the definitions and expressions of caring among Muslim nurses in Indonesia is crucial. The findings of this study will be useful for providing a basic knowledge to promote caring among nurses in the clinical workplace that is congruent with the socio-cultural context in Indonesia.

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CHAPTER III

RESEARCH METHODOLOGY

Design of the Study

A descriptive qualitative study was conducted to explore definitions and expressions of caring among Muslim nurses in Indonesia.

Population

The population of this study was nurses who work in a teaching hospital in Banda Aceh, Indonesia.

Informants

The informants were Muslim nurses who work at a selected hospital. The informants were recruited by using the following inclusion criteria: 1) being a Muslim nurse, 2) has a diploma or bachelor degree, and 3) has worked in the hospital for at least one year.

For most research studies encountered in the behavioral sciences and education, a sample size 50-100 is sufficient (Kirk, 1995). Fifty subjects were deemed a suitable sample size for this study, based on the sample size of similar studies (Brown, Sorrell, & Raffaelli, 2005) that explored the meanings and human behavior using a semi-structured interview guide with focus group discussion (FGD) and

individual interviews. Descriptive qualitative studies tend to include 20-50 informants, as opposed to smaller sample sizes used in other qualitative methodologies (Sullivan-Bolyai, Bova, & Harper, 2005).

Study Context

This study was conducted at a teaching hospital in Banda Aceh, Indonesia. Aceh is the only province of the 33 provinces in Indonesia that applies Sharia Islam or Islamic law. Most of the population in Aceh is Muslim (98.7%). Islam has a profound influence in the lives of Indonesian people. This teaching hospital was selected to be the setting for the study because it is a public hospital in Aceh under Islamic policies and regulations. This is a general hospital and the main referral hospital, with approximately 500 beds with 543 mainly Muslim nurses.

Instrumentation

Instruments

The instruments used in this study consisted of:

1. A Demographic Data Form used to collect demographic information including age, years of working experience, ward of working, marital status, and education level.
2. Personal Health Information Form used to collect information on the informant's health, including personal health and social problems.

3. A semi-structured interview guide developed based on the concept of caring both from an Islamic perspective and as expressed in studies examined during the literature review. Some general research questions were used to explore the definitions and expressions of caring among nurses as follows:

- a) What are the definitions of caring among nurses in your workplace?
 - b) How do you and your colleagues express caring with each other?
 - c) What Islamic concepts influence the definitions of caring among nurses you described and the caring expressions you conveyed to your colleagues?
4. An audio recorder was used to record all interviews.

Methods

The methods conducted in this study consisted of:

1. FGD was initially used to collect the data because the method allowed the informants to explain and give more information related caring and discuss deeply on the provided issue among nurse colleagues. The researcher expected that in each FGD the informants in the group were able to obtain more ideas from other informants to further discuss their answer on the same question. Thus, as a result, better data could be obtained.

2. In addition, the researcher chose the individual interview to complete the qualitative data that could not achieve during the FGDs. The interview was held with some informants and the researcher assured the informants that they could give more explanation with the same questions provided.

Validation of the Instruments

The researcher had three experts in caring and qualitative studies from the Faculty of Nursing, Prince of Songkla University to validate the semi-structured interview guide before data collection was began.

Trustworthiness

The trustworthiness of a study is considered through four key areas: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985).

Credibility

Credibility refers to confidence in the truthfulness of the findings of a particular inquiry in terms of the informants' answers, and the interpretations of the data. In the current study, the researcher built a trusting relationship with the informants before conducting the focus group discussions and interviews. The informant's narrative descriptions of their experiences were tape-recorded for accuracy, and later transcribed for detailed analysis.

Transferability

Transferability or applicability refers to the probability that the study findings have meaning or applicability in similar situations. To establish transferability in this study, the researcher provided the informants' backgrounds, the context of the study, and the setting.

Dependability

Dependability or auditability refers to ensuring the consistency of the findings of the study, and the data collected. To achieve dependability in this study, the audit trail used which the rich descriptions in the specific purpose of the study discussing how and why the informants were selected for the study, describing how the data were collected and how long the data were collected, describing the data analysis methods used, and an explanation of the data collection procedures.

Confirmability

Confirmability refers to the objectivity of the data. In this study, the researcher provided detailed documentation of the research process, including keeping written or audio records regarding the researcher's role, reactions, and influences on data collection and analysis.

Pilot Study

Before beginning the actual data collection as described above, the researcher conducted a focus group discussion (FGD) as a pilot study with five Indonesian Muslim nursing master's students from the same faculty as the researcher who had previous experience in working in the hospital. The purposes of this pilot study were to test the research instruments and plan for the feasibility and trustworthiness, to give the researcher some preliminary experience in conducting the study, to test the content validity of the instruments developed for the study (interview guide), and to identify possible barriers to recruiting the informants and determine the

most suitable time to conduct the FGD and interviews (Secomb & Smith, 2011). The pilot study was conducted as follows:

Steps of the Pilot Study

A. Preparation

1. The researcher developed the interview guide based on the concept of caring from the Islamic perspective together with the concept of caring expressions as found in the literature review.
2. The researcher prepared material and equipment for use at the discussion, such as paper for the informants to write their thoughts, pens, board markers, sticky tape, and recorder.
3. The researcher invited five informants and one assistant to participate in the pilot FGD.
4. The researcher also invited her thesis advisor to attend in order to assist and guide the FGD process.
5. The researcher informed the informants and the advisor of the time and place for the FGD to be conducted.

B. Implementation

1. The FGD started with the researcher greeting and saying thank you to the informants and advisor for their willingness to participate in the pilot study.
2. The researcher gave explanations to the informants including the purposes of the meeting and its duration, the process of the FGD, and their contribution to the FGD.

3. The researcher explained each question (Appendix D) and asked the informants to write their answers on the blank paper provided. About 2 minutes were given for each question.
4. The answers for each question were collected and stuck on the white board with sticky tape.
5. After finishing all the questions, the informants were asked to read all the answers on the board and give more explanations to clarify their answer if needed. All the explanations were recorded using the tape recorder.
6. At the end, the researcher asked them to give suggestions related to the questions.
7. For the suggestions, most of them agreed that one question related to an ethical action about doing in harm was not clearly understood.
8. The researcher ended the meeting by saying thank you.

Findings of Pilot Study

After receiving the data from the FGD, the researcher revised the questions based on the suggestions from the informants and analyzed the data using content analysis. The researcher revised the statement of the previous question from “how do you express caring given or received from nurse colleagues at the workplace to show an ethical action in doing harm” become “How do you express caring given or received from nurse colleagues to show an ethical action when you or your colleagues do harm to others?”

Data Collection Procedures

The data collection was divided into two phases:

Preparation Phase

1. Obtaining official approval from the Faculty of Nursing, Prince of Songkla University to collect data at the teaching hospital in Banda Aceh, Indonesia.
2. Obtaining official permission for data collection from the directors and nursing superintendents of the teaching hospital in Banda Aceh, Indonesia.

Implementation Phase

1. Before beginning the data collection, the researcher recruited one nursing student who studied in the same faculty with the researcher to participate as the research assistant. The researcher trained the assistant to help in the FGDs.
2. Before starting the data collection, the researcher asked the head nurses of each ward to nominate potential staff nurses who would be available to be the informants of this study. The nurses who met the inclusion criteria were identified and asked if they would participate in this study.
3. The informants who agreed to participate in this study completed an informed consent form.
4. The informants were invited to attend a meeting hosted by the researcher and given a verbal explanation outlining the study, including the purposes and benefits of this study, the informant's role, and confidentiality of the data.

5. Data were collected using the FGDs complemented by individual interviews to explore further the interesting and meaningful issues related to caring for nurses.

6. The researcher consulted the informants about to choose a time and place convenient for both the researcher and informants to conduct the focus group discussions and the individual interview study.

7. The individual interviews were conducted after a relationship with the informants had been established. Twelve informants were interviewed at the workplace.

8. The research assistant helped the researcher during the process for the data collection of the data in the FGDs. The research assistant collected the answer papers from the informants and stuck them on a board. The research assistant also helped to make brief notes during the FGDs, from which the researcher could get additional data.

9. There were 10 FGDs for approximately 60 – 70 minutes for each FGD which included 4-7 informants who worked at the same ward of the ICU, surgical unit, and medical unit. They were asked to answer open questions and write their answers on the blank paper provided. After finishing all of the questions, the informants were asked to read their answers, and give more information if needed.

10. During the FGDs, the researcher noted that there were informants who did not give further explanations for each question provided or there were active informants who were contacted later to give more detailed information. Then the researcher chose twelve informants to participate in the individual interview. The interview was conducted in order to get more qualitative data. The researcher

interviewed the twelve informants in their workplace using the same questions as used in the FGDs and they gave further explanation. All the FGDs and interviews were conducted in the ward.

11. All focus group discussions and individual interviews were tape-recorded with the permission of all informants.

12. The researcher entered all of the data from each FGD and from the personal interviews and then typed the data into a computer. The data were analyzed using content analysis method based on McCain (1988).

Data Analysis

Data collection and analysis were guided by using the concept of caring in nursing from an Islamic perspective of Barolia and Karmaliani (2008) as the conceptual framework. Findings of expression were classified into four themes: 1) expressions of caring for a person who was in pain, (2) expressions of caring for a person in performing duties toward Allah, (3) expressions of caring in positive doing to colleagues such as in honesty, maleficence, equity, and justice, and (4) expressions of caring for a person who was having a serious sickness or the loss of a family member.

Content analysis of qualitative data followed the three steps of McCain (1988), as follows:

Identify the Unit of Analysis

In this step, the researcher identified and counted the words as the definitions and expressions of caring explained by the informants. The researcher

counted the similar words of the content (frequency) to determine how many informants explained the definitions and expressions of caring for their colleagues in the same way.

Identify the Main Topic in Each Phrase

In this step, the researcher identified significant words or statements regarding definitions and expressions of caring. The researcher labeled and identified the main ideas of the data.

Develop Theme/Subthemes from Similar Clusters of Words

In this study, the main themes were identified into four themes according to Islamic caring of Barolia and Karmaliani (2008). In this step, the researcher placed the similar words that emerged from the data of this study into sub themes under the existing main themes. For those words that fell outside of the sub themes was created.

Ethical Considerations

The researcher obtained an approval letter for data collection from the Institutional Review Board (IRB) of the Faculty of Nursing, Prince of Songkla University, Thailand, and obtained permission from the director and nursing superintendents of the teaching hospital in Banda Aceh, Indonesia. All informants received a written explanation of the study, and assurance of confidentiality.

Those who agreed to participate in the study were asked to provide verbal or written consent before being enrolled. The informants were informed that they could withdraw from this study at any time without negative consequences. The

interviewer asked permission to tape record the meetings before they began and any informant could ask for the recording to be stopped if they felt uncomfortable at any time during the meeting. They were also told they should feel free to not answer any question that they did not feel comfortable with. The researcher assured the informants that their participation was voluntary and this study would have no effect on their job or position. All informants' information was kept confidential, and in the study no identifying information is given anywhere. The anonymity of the informants was strictly protected by giving a code for each informant, and only the information gained from the informants was used in this study.

CHAPTER 4

RESULTS AND DISCUSSION

This descriptive qualitative study explored definitions and expressions of caring of fifty Muslim nurses in a teaching hospital in Banda Aceh, Aceh-Indonesia. The findings presented include: 1) demographic data, 2) personal health information data, 3) definitions of caring, and 4) expressions of caring.

Demographic Data

The majority of the informants were female (82%), married (88%), and earned a diploma in nursing (52%). Their ages were ranged from 24 to 47 years old, and most of them were aged less than 30 years old (54%). Half of them had a working experience of less than 5 years (50%). Most of them worked in the surgical ward (58%), whereas the rest of them worked in the medical ward (34%), and intensive care unit (8%) (Table 1).

Table 1

Demographic Data of the Informants (N=50)

Variables	n	%
Age		
24-30 years	27	54
31-40 years	19	38
41-47 years	4	8
M(SD) = 31.24(5.6)		
Min-Max = 24-47 years		
Years of working experience		
< 5 years	25	50
6-15 years	20	40
>15 years	5	10
M(SD) = 6.5 (6.39)		
Min-Max = 1-28		
Worked in the unit		
Surgical ward	29	58
Medical ward	17	34
Intensive Care Unit	4	8
Gender		
Female	41	82
Male	9	18
Marital status		
Married	44	88
Single	5	10
Divorced	1	2
Education level		
Diploma	26	52
Bachelor	24	48

Personal Health Information Data

The majority of the informants (70%) did not have any health problems while working in the hospital, while the rest of them (30%) had illnesses such as migraine and low back pain. Among those who had health problems (n=15), almost all of them (n=14) did not require routine treatments and the health problems did not influence their work as a nurse (n=13). Most of the informants did not have any social problems (94%) (Table 2).

Table 2

Personal Health Information Data (N=50)

Variables	n	%
Having health problems while working		
No	35	70
Yes	15	30
Migraine	4	8
Low back pain	4	8
Cough and flu	2	4
Anemia, hypotension, gastroenteritis	1	2
Hypertension	1	2
Asthma	1	2
Sinusitis	1	2
Thyroid	1	2
Health problem requiring a routine treatment (Among informants who had health problem n= 15)		
No	14	28
Yes	1	2

Variables	n	%
Health problem influencing work (Among informants who had health problem n=15)		
No	13	26
Yes	2	4
Having a social problem		
No	47	94
Yes (with colleagues, workload)	3	6

Definitions of Caring Toward Nurse Colleagues

The highest frequency of definition of caring described by the informants was concern for their colleagues (24%) while the second highest frequency was connection (24%) followed by understanding (22%). Attention and sharing had the same percent (20%). Some of the informants defined caring as help and support (14%) and appreciation (12%), while only a few of the informants (n≤ 3) defined caring as reminding, and disclosure (Table 3).

Table 3

Definitions of Caring Toward Nurse Colleagues (N=50)

Definitions	Subthemes	n	%
Concern	Internal and external conflict: concern with conflicts that were raised among nurses or between nurses and other health care professions or patients' families.	12	24
	Personal problems: concern with personal problems of their colleagues and supported them to solve their own problems to alleviate the problems.		
	Malpractice of junior nurses as a result of incompetence: concern with malpractice of their junior colleagues in the clinic and helped to teach them and provide them with direct assistance.		
Connection	Friendly relationship: having a close and friendly relationship with their colleagues.	12	24
	Communication: building up good communication among nurses.		
	Cooperation/solidarity: working as a team requiring cooperation and solidarity among team members to strengthen the connection with a trusting relationship.		
	Being with: physical and psychological presence, always being ready to help those needed, connection also could be gained through electronic communication.		

Definitions	Subthemes	n	%
Understanding	Love: being loved by colleagues with close relationship like a family member: feeling sincerely like a family member and working as in a second home.	11	22
	Sufferings: understanding the colleagues' sufferings such as their sickness or having a sick family member or the loss of a family member. Being sensitive to their colleague's conditions by observing their colleagues facial expressions because they usually hesitated to ask for help from their colleagues.		
Attention	Professional duties: needed understanding of their colleagues in clinical workplace situation.	10	20
	Needs: knowing their colleagues deeply though it was their own need.		
Sharing	Health and social problem: giving attention to their colleagues especially when they were in an unhealthy condition and caring for their colleague's family issues.	10	20
	Well- being: attention to colleagues and their families' well-being.		
	Experience and knowledge: giving and receiving experience and knowledge among nurses.		
	Workload: sharing the workload in the workplace.		

Definitions	Subthemes	n	%
Help and support	Helping and supporting as a team: working together and supporting each other as a team.	7	14
Appreciation	Helping nurse colleagues to grow: helping nurse colleagues both junior and senior nurses in updating knowledge or promoting a positive attitude. Occasions: special occasions of a nurse that are usually appreciate by their colleagues.	6	12
Reminding	As a professional: showing appreciation of nurses to their colleagues when they did a good action by giving a reward Wrong action: maleficence to others (friends, patients and families) that needed caring of colleagues.	3	6
Disclosure	Spiritual: reminders to do daily spiritual practice at the workplace. Feeling free to share ideas: did not hesitate to share any problems or idea with close friends.	1	2

Concern

The highest frequency definition of caring described by the informants was concern for their colleagues (24%). The concern was focused on conflicts among nurses or between nurses and other health professionals as well as concern for their personal problems and problems related to nursing practice.

Internal and external conflict. The concern was focused mainly on their colleagues' problems related to both internal and external conflicts of professional duties in the workplace. In the clinical workplace, while taking care of the patients, nurses also needed to care for their nurse colleagues. Seven informants explained caring related to professional duties in the workplace. Professional problems referred to conflicts among nurses (internal) and between nurses and other professional personnel in the ward (external). Internal conflict was described by the informants as a conflict or misunderstanding among nurses in the ward, while an external conflict referred to the conflict between nurses and other health professionals such as physicians, pharmacists, and nutritionists. The external conflicts also included those that occurred between the nurses and the patients' families.

The conflicts and problems raised by the informants in the workplace influenced nurses in defining caring. A previous study by Hellzen, Asplund, Sandman, and Norberg (2004) found that conflict that happened in the workplace can increase caring among nurses.

Personal problem. Concerns raised by the informants in the present study were mainly about their colleagues and family problems. The problem might cause their nurse colleagues to work ineffectively. In the study, five informants explained caring as a concern for the personal problems of their colleagues. The problems might be related to family and social issues. Since most of the informants were female which was congruent with the structure of the nurse population, they usually took the expected woman's role such as a wife, a mother or perhaps as a daughter of an extended family. The informants raised their concern for their colleagues' problems because working in a clinical setting is very stressful. Nurses

usually did not want to introduce their personal problems into the clinical workplace, but they could not hide the problem from their colleagues as they worked closely for a whole shift. The informants concern was expressed through encouraging their colleagues to share their stories afterwards.

Malpractice of junior nurses as a result of incompetence. Caring was defined by informants as a concern for their junior colleagues who might be anxious and worried about adaptation to their roles as new nurses in the new environment in the clinical workplace. They tried to help relieve their colleagues' anxiety and worry by supervising and teaching them nursing and social skills. This would help and develop nurse competency and attitude as a nurse in order to improve their professionalism in the nursing practice at the workplace.

Connection

Several informants (24%) defined caring as a true connection among their colleagues. The feeling of connection was perceived through a friendly relationship, good communication, cooperation/solidarity as teamwork, and being there for their colleagues. Those were basic interpersonal interactions that led to trust and understanding.

Friendly relationship. A friendly relationship with nurse colleagues was created through a worthy relationship and understanding of each other among nurses.

Communication. Nurses built up good communication to gain a caring relationship among nurses.

Cooperation/Solidarity. An effective professional teamwork required good cooperation and solidarity among its members. As a result, good quality care could be achieved as well as a feeling of trust and being cared for.

According to Turkel (2003), caring is not limited to interactions between nurses and patients. Creating good cooperation and solidarity among team members will enhance the work environment and will improve the nurse caring relationship. Fudge (2006) mentioned the strength of a good team. Nurses worked under pressure but they laughed, had fun, and cared for each other as they worked to achieve the best that could be achieved together. Another study conducted by Lindwall and Post (2008) found that the habit of showing respect for colleagues creates an atmosphere of well-being, warmth, calmness and harmony. The habit of showing respect for one another leads to people caring for each other and feeling they are all part of a professional team. They were proud of the nurse colleague who can influence their work situation and use their knowledge effectively.

Being with. Physical and psychological presence meant always being ready to help when needed. The informant could also be reached through a phone call or electronic access.

Love. Three informants explained caring as love. Love was described by the informants as caring because they felt their colleagues were like their family members. They interacted and worked together with love.

Understanding

Understanding was another definition of caring defined by many informants (22%) toward their colleagues. There were three subthemes of caring as

understanding: sufferings, professional duties, and needs. Many of them had been working together in the same ward for more than six years (Table 1). They knew and understood each other well. However, it did not mean that a lengthy time of knowing each other was a very important basis for understanding unless they really paid attention to their nurse colleagues.

Sufferings. In the present study, the informants described caring as understanding of their colleagues' problem in a suffering situation. An expression of understanding to the suffering of their colleagues was very meaningful. One informant defined caring as understanding their colleague's difficult situation when they could not come to work due to a sickness or death of a family member. The informants should be sensitive and understand their colleague's difficulty and suffering by showing empathy and sympathy and offer assistance.

The importance of sensitivity to another's condition was mentioned by Watson (2007). She stated that to be human is to feel. The only way to develop sensitivity to one's self and to others is to recognize and feel one's feeling. The sensitivity in human relationships evolves from emotional states. People who are not sensitive to others and do not express their own feelings may be unable to allow others to express and explore their feelings. Nurses who recognize and use their sensitivity promote self-development and self-actualization and are able to encourage the same growth in others.

Professional duties. The informants described caring as understanding when their colleagues had emotional or psychological exhaustion related to professional duties that usually occurred in the clinical workplace.

Needs. In some situations, nurse colleagues might need only some spare time to solve their own problems. Nurses should understand their colleague's needs. Being silent or an active listener could be very powerful assistance to ease their colleagues in overcoming their problems. An informant in the study described caring as understanding through active listening, because in that situation her colleagues only needed a friend to be a listener to relieve their personal problem. The meaning of caring was supported by Turkel (2003) who stated that caring means active listening and giving time to be a good listener for nurse colleagues.

Attention

Ten informants defined caring as attention (20%). Attention was needed not only when their colleagues encountered problems but also paid attention to their well-being in daily life.

Health and social problem. Seven informants defined caring as attention when their colleagues had a personal problem while another two informants defined caring as attention when their colleagues or their families were facing health problems. When a nurse or a family member is sick, the nurse needs more time to take a rest, recover and take care of their family member.

Well-being. Three informants explained that caring is attention paid to the colleagues and their families' well-being.

Sharing

Sharing was another basic action defined by the informants (20%) as caring toward their nurse colleagues. In the clinical workplace, they usually shared experiences, knowledge, and the workload.

Experience and knowledge. The experiences and knowledge were not only related to the nursing care but also to personal and social matters.

Workload. Sharing the workload among nurses occurred frequently even though it had been clearly allocated to each nurse based on the task or functioning assignment. However, in some situations when there were critical patients requiring close attention or there was an unexpected shortage of nursing staff as a consequence of a sudden sickness of a nurse colleague, the nurses working at that time usually showed their willingness to share the workload.

A study from Sorlie, Jansson, and Norberg (2003) reported that when the nurses were given support in the team concerning all difficulties in the workplace, they appreciated their colleagues' knowledge and sharing the skill with them.

Help and Support

Helping was referred as caring among nurses. Seven informants (14%) described caring as a helping action. It is a basic action of nurses who work as a team member within a nursing team and it helps the nurses to grow.

Helping and supporting nursing care as teamwork. The informants believed that it was not possible for them to accomplish their nursing duty which was a demanding and complicated job without help from their nurse colleagues, such as providing total care to patients and working as a team. Thus, receiving and giving

help and support were common ways to show caring among them that was supported to be an important distributor of attention (Longo, 2011).

Helping nurse colleagues to grow. Senior nurses usually helped their junior nurses in teaching, coaching, stimulating, and giving suggestions and encouragement in nursing practice. These caring actions were viewed as assisting others in developing their competency and attitude as a nurse in order to improve their professionalism in practicing nursing care at their workplace. This was supported by the study of Turkel (2003) that mentioned that nurse managers described caring as being supportive of their staff in times of personal crisis and they let the nurses talk and the nurse manager tried to be supportive for them.

Appreciation

Some informants (12%) described caring as appreciation. Appreciation was used in several occasions such as when their colleague was promoted to a new position or when they were pregnant. Appreciation was also described in a professional view. They usually expressed their appreciation through verbal and nonverbal communication such as congratulating their colleagues by shaking hands or giving them a hug.

Altruistic values arise from commitment to and satisfaction from receiving through giving. They bring meaning to one's life through one's beliefs and relationships with other people (Watson, 2007).

Reminding

Three informants defined caring as reminding. Reminding was described by the informants as a way to care for their colleagues; for example, giving them sincere reminders to avoid an improper action at the clinical workplace. A reminder was also often given to remind their colleagues to perform daily prayer.

The informants mentioned the importance of spiritual care. They could simply remind their colleagues to pray. For Muslim people, prayer is an obligation and must not be abandoned in any circumstances even when they are busy or sick. The informants usually could see when the colleagues did not perform their Salaah on time. Therefore, reminding their colleagues to perform prayer is caring toward nurse colleagues. In nursing, spiritual care is primarily expressed in the nurses' attitudes and actions (Meehan, 2012).

Disclosure

Caring explained by one informant was feeling free to share ideas with her colleagues in the workplace. The informant was open with her colleagues especially if she was needed by her close nursing colleagues.

Expressions of Caring Toward Nurse Colleagues

Expressions of caring toward nursing colleagues were presented based on caring from an Islamic perspective introduced by Barolia and Karmaliani (2008). There were four themes: (1) expressions of caring for a person who was in pain, (2) expressions of caring for a person in performing duties toward Allah, (3) expressions

of caring in positive doing to colleagues such as in honesty, maleficence, equity, and justice, and (4) expressions of caring for a person who was having a serious sickness or a loss of a family member.

Expression of Caring for Person who was in Pain

There were ten actions given by the informants to express caring for a colleague who was in pain both physically and psychologically. The pain might be caused by a disease and any kind of health problem. The top three expressions were giving a suggestion/reminder (84%), giving verbal support (44%), and taking care of a friend's job (42%) (Table 4).

Table 4

Expressions of Caring for Nurse Colleagues who were in Pain (Physical and Psychological Problem) N=50

Expressions of Caring	n	%
Giving suggestion/ reminder	42	84
Giving verbal support	22	44
Taking care of a friend's job	21	42
Giving time (being a listener, providing humor)	15	30
Giving material support (money and medication)	10	20
Giving a visit	9	18
Praying for them	6	12
Showing empathy	5	10
Providing comfort	3	6
Providing touch	3	6

Giving suggestion/reminder. When a nurse was sick, the most common caring expressions given to her were suggestions and reminders (84%) to take some actions to relieve the pain. One informant stated:

“...When my colleague is sick during her shift work, I suggest and remind them to take a rest, have appropriate healthy food for the condition, and take some medicine or vitamins”. (P10)

Sometimes, even though their colleagues were also nurses and had good knowledge on health, very often they ignored taking care of their own health and ignored taking some actions when they were sick especially with mild health problems such as headache or influenza. In Islam, giving advice and reminders for good actions is obligatory (Islamweb, 2011).

For psychological problems, the most common psychological problems were related to family matters. Conflicts among their nurse colleagues and with other professionals sometimes occurred at their workplace. Muslims believe that Allah has the power to resolve all of the problems and conflicts. Allah created man and provided him with the capability to resolve his problems. However, Allah stated in his discourse that Allah does not burden a person but according to his ability (Al-Quran 2: 286).

The informants usually provided the colleagues suggestions and reminders to pray and worship God. The following statement reflected this.

“...With my friend’s social problems, I will suggest that they increase their worship and ask for guidance from Allah”. (P32)

Another caring expression raised by many informants was giving suggestions to solve the problem promptly in order to avoid introducing other problems or unwanted consequences. One of the informants also suggested that her

colleagues consult a psychiatrist when the problem was prolonged and serious which might need more appropriate treatments. The informants stated:

“When my colleague told me about her problem with her husband I usually suggested that she talk to her husband soon in order to solve the problem, and she should not avoid talking”. (P2)

“One of my colleagues shared with me her mental problem. I thought it was serious and I suggested that she consult a psychiatrist”. (P16)

Giving verbal support. Verbal support was another common caring expression (44%) given among nurse colleagues when they were in physical and psychological pain. For a physical problem, they often encouraged their colleagues to be patient and hoped that they would get well soon as stated in the following statement:

“...I visited one of my colleagues in the hospital when she was hospitalized in a private ward. At that time, she had dengue hemorrhagic fever and I sat near her and encouraged her to be patient with the condition. I also told her not to worry about her work. It will be taken care of by her colleagues. She should pay attention to her pain. That was the way that I could show my caring to her”. (P45)

Regarding psychological problems that were experienced by their nurse colleagues, the informants also used verbal support to encourage them to be patient. One informant stated:

“..I sometimes encourage my colleague who has problems with her husband to be patient and optimistic because all problems can be solved”. (P1)

Patience is meaningful in Islam. In the Al-Quran Allah stated, “Those who endure with patience shall be rewarded without measure” (Al-Quran 39:10) (Maududi, 2013). In the Hadith, Prophet Muhammad (PBUH) mentioned patience, which is not there something happened to a Muslim in fatigue, illness, anxiety,

sadness, or something that is painful to them except God shed his sins partly because that problems (www.alsofwah.or.id, 2004).

Taking care of a friend's job. In the clinical context, taking care of a friend's job when a nurse could not do their job due to several reasons was a way to express caring among nurses (n =21). In case of an urgent situation when a nurse was sick that might or might not require hospitalization, their colleagues usually offered to take care of the friend's duty. The willingness to help demonstrated that they were taken care of. They were encouraged not to feel guilty from taking a rest or not able to complete their tasks. This informant stated:

“.....My colleague had dysmenorrhea when we were working together in the same shift. I suggested that she take a rest until her condition was better. At that time, I helped take care of her responsibilities. We usually shared her job among us who were working in the same shift”. (P12)

It also happened occasionally that a nurse was sick and hospitalized in the hospital. The most common health problem of the nurses was low back pain. They usually took a sick leave. In this situation, there was a guideline to guide the decision making to solve the problem. Nurses in the same team or other teams would be allocated to replace the sick member. In a situation where the illness was not serious and the nurses were still able to work, the head nurses and nurse colleagues usually allowed them to go home early to take a rest.

Giving material support (money and medication). Other caring expressions among nurses in responding to physical and psychological problems also extended to their nurse colleague's family members by giving them material support (money and medications) (20%) if the illness was serious and turned into a chronic

condition that might lead to financial difficulty. The quotes below reflected their caring expressions in different situations.

“..We also collected some money and give it to our colleagues who have a sick family member or a loss of a family member. This is a way to show our love, concern and caring to our nurse colleagues”. (P5)

Besides giving money, usually the informants provided medication to their colleagues when they were sick in the clinical workplace. The expressions are presented below:

“..My colleague said that she got a headache while working and she wanted to take a rest. I gave her a painkiller and encouraged her to take a rest.” (P4)

“While working in a day shift, I had a relapse of my gastritis. My colleague accompanied me to the emergency unit to obtain a proper investigation and some medication”. (P7)

Giving time (offering humor and listening). In case of nurses having emotional or psychological problems, the informants expressed their caring by giving time to comfort them and listen to their colleagues’ concern and suffering (30%).

Humor and laughing together were also used to relieve their stress and suffering. The informants stated:

“With emotional or psychological problems, it should be beneficial to encourage the sick individual to share their story if she or he is comfortable enough. What I have done is just being a good listener, paying sincere attention to her story and keeping her private story in secret”. (P48)

“With the problems and conflicts among nurse colleagues either professional or personal, usually, my colleagues and I spent some time to talk and laugh together. At that time, we can forget our problems for a while and then we will have a clear mind to see the proper solution“. (P10)

“I understood that loss of a loved family member would make one feel sad, so I sometimes used humor to relieve her/his sadness”. (P10)

The caring expressions by giving time to be a listener and using humor were discussed in the study of Longo (2011) and Turkel (2003). In a stressful work situation, nurses should learn to spend time listening, and sharing humor and laughing together. That can be a role in unburdening the nurses when they are feeling stressed and facing problems in their workplace. Therefore, providing time to sit together and provide some humor can be a support for others in order to seek the solution to their problems.

Giving a visit. Providing a visit (18%) was another caring expression that usually was conducted by the informants for their colleagues who were sick as stated by some informants:

“We sometimes go to visit our sick colleagues together after working hours. If I cannot pay a visit together with my friends, I will visit my colleague personally and bring him/her some fruits, cake, and money (if seriously sick) “. (P5)

“When our friend is sick and admitted in the hospital, all of us take turns to visit her/him during the break time because we don’t want to burden our colleagues who are working in the ward“. (P27)

“..I was visiting my colleague when she was sick, giving her a lot of verbal support and touch to boost her up“. (P2)

When visiting someone who is sick in Islamic culture, a Muslim usually brings some food, fruits, cake, or money for the sick person. It is important in Islamic culture to pay a visit to the sick individual when they hear the news of one being sick. Muslims are encouraged to visit sick colleagues and friends. Rashidi and Rajaram (2001) identified that visiting a sick friend is the third critical concept in Islamic belief. It is clearly stated that Allah will reward Muslims who visit the sick even if they are not relatives or friends. A visit from a family member and friends providing care, comfort, and support are important aspects of the healing and recovery

process for the sick individual in Islamic culture. The statements below of the informants reflected the concept mentioned above:

“I visited the sick individual to provide caring and Allah will give a reward to those providing a visit to the sick people”. (P5)

Praying for. In the present study there were six informants who expressed caring by praying for the sick individual (12%). As a Muslim who believes in God, the informants performed Dhuaa prayer when there was a physical problem as stated in the following quotes.

“I wish my colleague to get well soon when she is sick and hospitalized, so she would be able to work and do activity as usual “. (P10)

The Dhuaa that they sent personally can be performed in front of the sick individual or when the informants perform Salaah or after praying to ask Allah for better health of their colleagues.

Showing empathy. When friends are in pain, showing empathy to colleagues is part of caring expressions. Nurses felt that there were cared for by persons around them. The idea was supported in a quote below:

“I think expressing our empathy to our friends when they are in a difficult time for example when their family member is sick or has passed away, we should be there to share the feelings of sadness, grief with understanding and also to offer some assistance as needed”. (P10)

A study related to empathy among nurses was conducted by Jen-Che, Jung-Feng, Yu-Lan, Hanoch, and Tzung-Yi (2012). The researcher described empathy to be essential to optimal health care. The study aimed to examine the empathy among nurses in Taiwan. The researcher found that nurses who worked on a

psychiatric ward demonstrated significantly higher empathy scores if they had children and had more years of nursing work experience.

Providing comfort and providing touch. Other expressions such as providing comfort and touch for a sick individual were expressed by the informants to their colleagues. The informants stated:

“...When my colleague felt a bit of pain on her body while working, I would prepare for her a comfortable room (nurse’ room) and then she could take a rest until she felt good”. (P15)

“..I saw my colleague taking a rest in a room because she was sick. Then I asked if she needed any help, touched her gently and sometimes provided her a massage”. (P41)

Caring can be expressed using touch. A simple touch offered in a compassionate manner by a health care professional and not in the context of any medical procedure, is experienced as an act of deep caring by a recipient (Barnett & Chambers as cited in Brill and Kashurba, 2001). However, in Muslim culture there was a study conducted by Alamah (2008) to explore Muslim generic (folk) care beliefs and practices related to touch which is prohibited between members of the opposite sex. The rationale behind this prohibition is to minimize unlawful male–female touching and unnecessary body exposure to a person of the opposite gender. Therefore, in providing touch to colleagues, nurses must consider the relationship between male and female. The statement below supports the idea:

“...We only give touch to our female colleagues because Islamic concept/rules do not allow us to touch the opposite sex. It is called Haram in our religion”. (P1)

Expressions of Caring for a Person in Performing Duties Toward Allah

All of the informants described expressions of caring in performing duties toward Allah as conducted through facilitating the Salaah performance in the workplace because Salaah is obligatory. There were two caring actions that were usually conducted related to this matter; giving time and reminders. Most of the informants expressed caring by giving time and taking care of a friend's job when the time for Salaah was coming (70%) and reminding friends to offer Salaah in time (58%) (Table 5).

Table 5

Expressions of Caring in Huquq-u Allah (Duties toward Allah) (N=50)

Expressions of Caring	N	%
Giving time and taking care of a friend's job	35	70
Reminding friends to offer Salaah	29	58

Performing actions in duties toward Allah, called Huquq-u Allah, is a part of the ideological dimension from the Islamic framework (Barolia & Karmaliani, 2008). As a Muslim nurse, they have to perform Salaah as an obligation for every Muslim. The highest caring expression in duties toward Allah was giving time and taking care of a friend's job (70%) followed by reminding their colleagues to offer Salaah (58%) according to the following details.

During working hours, nurses are required to attend to the caring of patients for the full hours in the shift. Thus, in the study nurses needed to arrange a time for everyone to pray during the working hours. They also needed to take care of a friend's job while they were away to perform Salaah. In this way, nurses in the ward

could take turns to perform Salaah without interfering with their job. An informant in this study stated:

“When the time for Salaah is coming, our colleagues who are not busy at that time are allowed to perform Salaah first. Their job will be taken care of by other colleagues. When they come back, others can take turns to do the prayer. Finally, we all can perform Salaah in time”. (P3)

“In order to allow everyone to practice Salaah in time, we usually do Salaah with a short Surah and do not perform a long Dhuaa after Salaah as we usually do at home. So, we can rush back to work”. (P12)

In performing Salaah, there are two types of group practice of Salaah; the Jamaah and the Jum’ah. The Jamaah is an everyday Salaah practice together in the mosque or at home, while the Jum’ah refers to a group practice of Salaah on Friday at noon in the Mosque only for the males. To practice Salaah Jum’ah, male Muslims should follow several Sunnah before they go to the Mosque such as taking a bath, cut the nails, wear nice and neat clothes, and come early before Salaah starts to follow the sermon (Khutba) given by the imam. It requires a longer time than Salaah Jamaah which is performed daily. According to the Islamic teaching, male Muslims are encouraged to practice Jamaah and Jum’ah. Therefore, male Muslim nurses also receive a special offer as Jum’ah usually takes more time to practice in the Mosque as stated by a male nurse below:

“For men, if possible we are encouraged to perform Salaah five times with group (Jamaah) in the Mosque according to the Islamic doctrine. My colleagues (female nurses) understand our obligation and try to give us a chance to perform Salaah in the hospital Mosque that usually requires a longer time due to a longer distance to the Mosque and usually the imam (leader in Salaah Jamaah) performs a long Ayat (Surah Al-Quran)”. (P47)

“The head nurse and staff nurses who organize the shift schedule together try not to put male nurses in the morning shift of Friday so that they can practice Salaah Jum’ah on Friday as Jamaah at the Mosque”. (P48)

Based on the informants’ description above, the nurse’s manager and colleagues provided time for the male nurses to perform Salaah Jamaah and Salaah Jum’ah on Friday in the Mosque. However, it was frequent that male nurses were scheduled to work in the morning shift on Friday. In this case, female nurses usually offer to take care of their duty to allow them to do Jum’ah with the group in the Mosque. This was another way to express their caring to their colleagues in fulfilling duties toward Allah. Furthermore, one informant was really concerned about Salaah Jamaah and Salaah Jum’ah as he realized the sin obtained if he did not perform proper Salaah. He really appreciated the caring given from his colleagues.

Another caring expression in duties toward Allah (Huquq-u Allah) was a reminder of their colleagues to offer Salaah. During working hours, the informants might pay more attention to their job and forgot to practice Salaah in time. Therefore, they usually helped remind each other to practice Salaah. The informant stated:

“It is frequent that when we are busy with our routine nursing care, we may forget the time of Salaah. Therefore, we need to remind each other when the time comes”. (P20)

Caring related to prayer was discussed by Parsa (as cited in Shahriari, Mohammadi, Abbaszadeh, Masuod, and Fooladi, 2012). The study emphasized the religious beliefs and spirituality among nurses that prayer is a religious obligation and a form of caring. However, sometimes it was so difficult for the informants to offer Salaah in time, because of several reasons such as a heavy workload, busy taking care of emergency patients and new patient admissions. All the informants concluded that

they could perform Salaah in the workplace with caring among them. They felt satisfied when they could perform the duties toward Allah through Salaah which is the second pillar of Islam.

Expressions of Caring in Positive Doing to Colleagues

Expressions of caring through positive doing to the nurse colleagues in this study were guided by the ethical code in Islamic teaching. There were four concepts; positive doing in honesty, positive doing in a situation of maleficence, positive doing in equity, and positive doing in justice (Table 7, 8, 9, 10, and 11).

Expressions of Caring in Honesty. In honesty, most of the informants expressed their caring to their colleagues by telling the truth (56%) and giving suggestions (48%) (Table 6).

Table 6

The Positive Doing to Humanity in Honesty (N=50)

Expressions of Caring	n	%
Telling the truth	28	56
Giving suggestions (reminding)	24	48
Appreciation	2	4

Honesty was a very important quality of nurses. An appropriate expression of being honest toward self and others by telling the truth (56%) was a way of caring given to self and others. The informants described the situations that they should be honest even though in some situations they hesitated to do that.

Examples of the statements of the informants are presented below:

“With one of my senior nurses who came to work late a few times, I talked to her sincerely and honestly with the concern that she might receive a deduction in her salary as punishment. I tried to encourage her to arrive at the ward on time and offered her assistance if I could be of any help”. (P6)

“I sometimes need to do my personal business during my shift work. I tell my colleagues honestly that I am going to the bank, to a wedding, lunch and others. It is not good to use the working hours this way, but I do not do it often”. (P1)

“I need to be honest with my own actions. I sometimes broke some medical device or equipment. I did not hide my fault. I informed my colleagues and reported it to my head ward. This made me feel good toward myself and others for not shifting the problem to others”. (P19)

The other expressions in honesty are giving suggestions and reminding nurse colleagues to improve their positive attitudes as a nurse. The informants stated:

“With my junior nurses, I usually honestly make suggestions to them regarding their nursing practice. I point out clearly based on my observation what they should do to improve their practice. For example, a patient’s background should be considered when teaching the patients”. (P35)

In honesty, the informants also expressed their caring by appreciating the one who was telling the truth.

“I always express my appreciation to my colleagues when they are telling the truth. For me, I still hold a principle of being honest”. (P17)

The informants valued the honesty because Islam states very clearly concerning honesty and the truth. They perceived that every person should be honest to others and the honesty was very important to them as a Muslim.

The study from Shahriari, Mohammadi, Abbaszadeh, Bahrami, and Fooladi (2012) explained the importance of honesty for nurses. Honesty was one of the dominant themes of the study related to the ethical values perceived by Iranian nurses and recognized as the avoidance of cheating and telling a lie to patients, family

members, colleagues and other healthcare providers and even to the public. Another study talking about honesty perceived by nurses is a study of Erichsen, Danielsson, and Friedrichsen (2010). In the study, nurses understood honesty to have several meanings and the reasons to be honest. Firstly, honesty means a basic human need because human beings want to be honest and do good deeds. Honesty turns out to be a virtue that is important in caring situations. Secondly, honesty is a way of behaving which is practiced in work as well as in private lives. Thirdly, honesty means a quality that is an ability to understand the other's situations and needs. Nurses in the study had reasons why they should be honest. Nurses perceived that honest information was a prerequisite for good care. This was because honest information was a basis of all good caring relationships leading to building mutual trust. Another reason was their own values and expectations to be honest especially in health care services.

Expressions of Caring in Positive Doing in Maleficent Situations.

Another expression of caring is positive doing to humanity in maleficent situations which means that nurses show their caring even when their colleagues do something harmful to others. It does not mean that nurses encourage unethical actions but it is rather a positive way to deal with especially unintentional harmful actions in order to allow the doer to get relief from a feeling of guilt and be able to grow. In clinical practice, it was possible that nurses might do harmful actions to others usually without intention (Stanley, 1998). When the nurses did something harmful to others (patients, patient's family, colleagues and other health professionals) especially without intention, their colleagues gave them a reminder or suggestion, showed them what was right, and encouraged them to apologize to themselves while the informants would help keep it as a secret. Caring action is essential to allow their colleagues to

learn from the mistake and prevent this from happening again in the future. More importantly, this will give an opportunity to their colleagues to grow in an appropriate way. The top two highest frequencies of their responses were reminding (50%) and giving suggestions (48%) (Table 7). The following statements of the informants reflected their views on expression of caring related to maleficence.

Table 7

The Positive Doing to Humanity when Doing Harmful for Others (N=50)

Expressions of Caring	n	%
Reminding	25	50
Giving suggestions	24	48
Apologizing	4	8
Keeping a secret	1	2

When a nurse does harm to others, one of the most common caring expressions given to her/him was reminding (50%) and giving suggestions (48%).

One informant stated:

“When my colleague did something wrong unintentionally with her nursing intervention, I reminded her to be cautious with her actions. I also provided her suggestions to improve the practice. Importantly, this needed to be done privately among the two of us”. (P13)

Apologizing (8%) was another caring expression given among nurse colleagues. Nurses were encouraged to give an apology to themselves and to others when they did something wrong to others with a sincere realization of having done wrong actions and to be more careful and cautious about their own practice in order to prevent mistakes in the future. Nurses were also encouraged to accept their own faults

and be brave enough to speak out honestly. Additionally, only one informant expressed caring in a maleficent situation by keeping it as a secret.

The above expressions by the informants were in line with the concept of Islam when doing something wrong whether intentionally or unintentionally.

Prophet Muhammad (PBUH) said, “He who amongst you sees something abominable should modify it with the help of his hand, and if he has not strength enough to do it, then he should do it with his tongue, and if he has not strength enough to do it, (even) then he should prevent by his heart, and that is the least of faith.”

The above hadith described the importance of caring for the one who did the wrong actions. That is a positive doing that the nurses can do for their colleagues in situations of maleficence in order not to harm others by making suggestions and reminding their colleagues. Humans can help with their hands, but if they cannot do it with their hands, they can help by words, lastly, sometimes humans can only keep it in their heart but it is better to act by hands or words.

Stanley (1998) reported that whenever we try to benefit others we inevitably take a risk of harming them especially when the action is in the context of healthcare. The situation can also happen when the nurses are trying to provide nursing intervention with their patients. It is essential to consider the principles of beneficence and non-maleficence together. However, the nurses provided caring to their colleagues to support them in case they did something wrong but everything will be solved if the nurses understand the situation and prevent the same wrong actions with others.

Expressions of Caring in Equity. Another action of caring expressions conveyed by the informants is positive doing to humanity in equity. The

informants expressed their caring in equity by no discrimination (74%), sharing a fair workload (24%), giving opportunity to access the information (6%), and receiving equal financial benefits (2%) (Table 8). The details of the statement of the informants are presented below:

Table 8

The Positive Doing to Humanity in Equity (N=50)

Expressions of Caring	n	%
No discrimination	37	74
Sharing a fair workload	12	24
Giving an opportunity to access the information	3	6
Receiving equal financial benefits	1	2

No discrimination (74%) was a caring expression given by the informants to their colleagues in order to show caring in equity. One informant stated:

“We are treating our nurse colleagues equally without discrimination whether they are senior or junior, permanent or non permanent. That is an example of caring that can be expressed in my ward. Here, we felt as family members”. (49)

Most informants stated that it was not easy to treat people equally in the clinical workplace. There were various factors needed to be considered such as pregnancy, and health condition. However all nurses should have a fair or reasonable number of day and night shifts, number of non-critical and critical cases under their care. When the informants described caring expression through equity, they usually referred to it as equity related to work indicating that they usually allocated their work equally.

The informants expressed caring with sharing a fair workload (24%) in the ward. The informants stated:

“..When sharing a fair workload or job equally for example: we divided the nurses into 3 teams in each shift responsible for the same number of patients and approximate same conditions of the patients”. (P4)

“When sharing a fair workload, usually we helped each other even though we were already allocated with specific tasks according to our job description”. (P5)

“When there were more critical cases in one team, we helped share the over workload from that team without asking in order not to be burdensome to one team”. (P9)

The informants described caring expressions with giving the same access to important information to all colleagues (6%) either permanent or non-permanent nurse staff without discriminating against them and receiving the equal financial benefits (2%). The ideas supported by the following statements:

“When I had a chance to attend a training session, I gave the same opportunity to other colleagues to access the information that I received from the training session by giving them the print out or CD of the subject matter from the training”. (P35)

“Equity for my colleagues can be observed in cases related to money. When our ward receives support money (extra money) from the hospital, we are provided the same amount of money”. (P43)

The concept of equity is discussed in Islam. Islam is a religion of the unity of God and the equality of mankind (Mission Islam, 2013). Allah loves the equitable. In the Al-Quran Allah stated: “..and be equitable. Verily, Allah loves the equitable” (Al-Quran, 49:9) (Al-Jaza’iry, 2013). Equality is the value that may positively contribute to caring (Ibrahim, 2010). As a human, we have to treat each person equally in relevant respects because they are morally equal in relevant respects, and it is thus fair to treat them as such (Wilmot, 2012).

Expressions of Caring in Justice. In case of having a problem or conflict among nurse colleagues in the workplace, the informants demonstrated their caring expressions through giving suggestions and consultation (64%), avoiding bias (18%), and apologizing (8%) (Table 9). The details of the statements of the informants are presented below:

Table 9

The Positive Doing to Humanity in Justice (N=50)

Expressions of Caring	n	%
Giving suggestions & consultation	47	64
Avoiding bias	9	18
Apologizing	4	8

Regarding the positive doing to colleagues in justice, the informants gave suggestions and consultation (64%) to show justice among nurse colleagues. The informant's statement below presented the idea.

“When there was a conflict among my colleagues, I dealt with the situation by listening and giving them suggestions. If the problem could not be solved, I would suggest that they have a discussion with the head nurse”. (P3)

Most informants stated that there was no big conflict among their nurse colleagues in their wards. However, small problems sometimes occurred but they could solve them without referring the conflicts to a higher level. An action commonly expressed by the informants was to arrange for a discussion for the two colleagues involved in the conflict. The discussion was also referred to the monthly ward meeting for discussion.

The informants also showed avoiding bias for the colleagues who were involved in the conflict (n= 9). Four informants expressed their caring to their colleagues by giving an apology and showing forgiveness (8%) for being part of the conflict. The ideas were supported by the following statements:

“Justice for me as a nurse is not partial to seniors or juniors if they have a problem or conflict between other nurse colleagues”. (P7)

“When there were two colleagues in a conflict, I tried not to be biased to one side. I did my best in giving the suggestions for the two of them”. (P15)

“In having a conflict between colleagues, I would forgive her and also apologize to her”. (P7)

Justice is a moral obligation to act based on fairness in the distribution of benefit or risk. There are three areas of justice. Justice as fair distribution (distributive justice), justice as respect for people's rights (rights-based justice), and justice as respect for morally acceptable laws (legal justice) (Stanley, 1998). Justice consists of treating people equally unless there are relevant reasons for not doing so (Hussey, 2012).

Based on Wilson (2004) and Wynd (2003) as cited in Zakari, Kharmis, and Hamadi (2010), conflict among nurses traditionally has generated negative feelings because the ability of nurses to practice in the profession may be influenced by the organizational culture and conflict levels of their work environment. A study from Zakari, Kharmis, and Hamadi found that interpersonal conflict between nurses in the profession is the second highest perceived by nurses.

Positive doing in solving conflict among Muslims is constituted in Islam. In the Al-Quran, Allah stated, “The believers are but brothers, so make settlement between your brothers. Therefore, fear Allah that you may receive mercy”

(Al-Hujurat 10). Rasulullah also stated "...and is not lawful for a Muslim to be silent more than three nights (days)".

As a form of brotherhood, Muslims should love each other. Therefore, if there are two Muslims who are angry with each other, the brotherhood should correct the situation and get them to love each other like one body which needs each other. The believers are but brothers, so make settlement between your brothers. Therefore, fear Allah that you may receive mercy. As a nurse, there is a need to treat each other carefully, for we have no special justification for imposing our own personal or professional views about justice on others. We need to recognize and acknowledge the competing moral concerns.

Expressions of Caring for a Person who was Having a Serious Sickness or the Loss of a Family Member

The spiritual dimension in Islam includes empathy. Caring expressions of the informants toward a sickness or the loss of a family member consisted of visiting (68%), giving verbal support (62%), praying individually and together (22%), doing a friend's responsibility (10%), feeling empathy (8%), and giving time to help ease the grief (8%) (Table 10).

Table 10

Expressions of Caring for a Person who was Having a Serious Sickness or the Loss of a Family Member (N=50)

Expressions of Caring	n	%
Visiting	34	68
Verbal support	31	62
Praying individually and together	11	22
Doing a friend's responsibilities	5	10
Feeling empathy	4	8
Giving time to help ease the grief	4	8

In the case of having a family member who was sick or passed away, the nurse colleagues usually provided a visit and gave verbal support to their colleagues and family members, prayed for them, took over their friend's responsibilities, and gave them some time to help ease the grief. An informant related the caring expressions in giving a visit:

"When there was a death in the family of our colleague, we visited them together". (P27)

Verbal support was another caring expressed by the informants (62%) to their colleagues when having a serious sickness or the loss of a family member. In performing support, the informants mentioned patience and referred to the Prophet Muhammad's teaching: "The human judges from the level of his patience". Therefore, the informant reinforced herself to be patient in facing the problems or adverse event then she could support her colleagues to be patient following Islamic teaching.

Moreover, as a Muslim who believes in God, the informants performed Dhuaa to convey their caring as praying (n=11) to those who were having a physical problem or losing a family member. Nurses did Dhuaa personally and together which we call Tahlil. They sent Dhuaa personally to wish their colleague's sick family member to get well soon. For Muslims, praying together (Tahlil) was performed to convey the message to Allah (Dhuaa) to wish the dead person gets the best place near Allah. The theme is supported by the following statements below:

“When my colleague’s family member was sick and hospitalized, I prayed for them to get well soon. A mother of one of our colleagues had paralysis and was admitted in this ward, I always prayed for her mother”. (P9)

“We usually prayed in group (Tahlil) for a dead family member of our colleagues at their homes”. (P11)

Prayer was perceived by the informants as a powerful caring action in Islam. Muslims pray for others to ask assistance from Allah because they believe that everything that happens in their lives results from Allah and Allah is the one who is able to help solve it. In Al-Quran Surah 2: 186 Allah stated “... I answer the prayer of every supplicant when he calls me...”, so the informants sent the Dhuaa to their colleagues to wish them well with good health when they faced poor health or they were in a mourning condition.

There were five informants who performed a friend's responsibility by do their job while their colleagues were taking care of a sick family member or absent from work because of a loss of their family member or their relative. Expressions of caring through supporting and helping were also described in a study by Longo (2011). The study stated that caring behavior was demonstrated between the nurses'

manager and the staff in a professional level which resulted in coming to know the nurses personally.

Feeling empathy (n=4) was another caring expression toward nurse colleagues conveyed by the informants. Caring for others is the ability to accept people unconditionally, showing empathy, sympathy, and being non-judgmental (Mulaudzi, Mokoena, and Troskie as cited in Chokwe & Wright, 2012). Empathy is an understanding of the feelings, thoughts and emotions of people's situations. In expressing a nurse's feeling, empathy is an understanding of the other's experience and viewed as putting oneself in the other's position (Baillie, 1996).

Summary of the Study

Caring among nurse colleagues was influenced by both universal caring value and religious value. Religion disposes the definition and the expression of caring in different societies. In Islamic countries, such as Indonesia in where Islamic value is considered as a part of public affairs, caring among nurse colleagues was expressed through faith and concern in religious practices. The study findings reflected the practice where the informants expressed caring toward their colleagues by encouraging them to strengthen their faith on God and practicing the religion, either in state of wellness or illness.

In the state of wellness, the informants defined caring as an appreciation that could be expressed through verbal, such as oral words or printed words, and non-verbal caring such as giving a hug and touch. In the state of illness, where the colleagues were sick or suffering from a physical and psychological pain or

loss of a family member, they encouraged their colleagues to be patient, paid a visit, delivered a verbal support to alleviate the grief, and kept reminding them to maintain their focus on practicing their religion, while other colleagues also prayed for them. Taking care of friend's job was a way of the caring actions which was expressed by the informants to their colleagues when they were in sick or lost a family member.

In the context of clinical workplace, caring among nurses was expressed through encouraging and facilitating their colleagues in performing duties toward Allah by giving time and reminding them to pray during working hours. Furthermore, caring was also expressed through positive deed guided by ethical code in Islam which consists of honesty, issues related to maleficence, equity, and justice.

This study illustrated the uniqueness of definitions and expression of caring among Muslim nurses in Indonesia that was strongly influenced by Islam. Caring among nurse colleagues was mainly expressed to encourage and facilitate them to maintain religious practices that were congruent with their social and professionalism, either in the state of wellness or illness.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

This descriptive qualitative study was conducted to explore definitions and expressions of caring among Muslim nurses in Indonesia. The study was conducted in a teaching hospital in Aceh, Indonesia with fifty Muslim nurses invited to be the informants. The collected data were processed from December 2012 to February 2013. The informants were invited to join in the focus group discussion. They were provided with a list of questions and asked to write their answers on the blank paper provided. All the answers for each question were posted on the board for further clarification and discussion in the group. Additional individual interviews with some informants were conducted for more details if needed. Data were analyzed using content analysis.

Conclusion

Fifty Muslim nurses were invited to participate in this study as informants; the majority of the informants were female (82%), married (88%), and earned a diploma in nursing (52%). Most of them aged less than 30 years old (54%). Half of them had a working experience of less than 5 years (50%). Most of them worked in the surgical ward (58%), whereas the rest of them worked in the medical ward (34%), and intensive care unit (8%). The majority of the informants (70%) did not have any health problems while working in the hospital, while the rest of them (30%) had illnesses such as migraine and low back pain (LBP). Among those who had health problems (n = 15), almost all of them (n = 14) did not require routine

treatments and the health problems did not influence their work as a nurse (n = 13).

Most of the informants did not have any social problems (94%).

The highest frequency of definition of caring described by the informants was concern (24%) for their colleagues while the second highest frequency of definition was connection (24%) followed by understanding (22%). Attention and sharing had the same percentage (20%). Some of the informants defined caring as help and support (14%) and appreciation (12%), while only a few of the informants (n≤ 3) defined caring as reminder, and disclosure.

Expressions of caring toward nurse colleagues were presented based on caring from an Islamic perspective introduced by Barolia and Karmaliani (2008). There were four themes: (1) expressions of caring for nurse colleagues who were in pain due to physical or psychological problems, (2) expressions of caring for nurse colleagues in performing Salaah as duties toward Allah, (3) expressions of caring in positive doing to colleagues; (a) expressions of caring in honesty, (b) expressions of caring when colleagues did something harmful to others, (c) expressions of caring in equity, and (d) expressions of caring in justice, and (4) expressions of caring for nurse colleagues who were having a serious sickness or a death of a family member.

Strengths and Limitation

Strengths of the Study

1. This study used caring based on an Islamic perspective to explore caring definitions and expressions among nurses in the clinical workplace. It helps shed light on the influence of the religion on the meaning of caring and the way Muslim nurses expressed caring to their nurse colleagues in the hospital. Thus, the

study can provide better understanding of Islamic caring that can be used to guide caring practice in the hospital.

2. This study used the FGD to collect the data which gave time to the informants to think and answer the questions on the blank paper before discussing the answers with the group. That is a powerful method to explore caring, which is an abstract concept. The answers and responses of the other informants in the group also helped stimulate the thoughts concerning the issues being discussed. As a result, a better quality of data could be obtained.

The Limitation of This Study

There was limited time of some FGDs because the FGDs were conducted in the ward during working hours. Therefore, using more than 60 minutes for the discussion could interfere the informants' shift work and would be burdensome on them. However, additional individual interviews were used to clarify and gather more data with some informants later by special arrangement.

Implications and Recommendations

1. The study provided in depth understanding about Islamic caring and demonstrated caring expressions among nurses in the clinical workplace that are useful for nursing management. The knowledge can be used to develop cultural sensitive caring programs to increase nurse satisfaction in the workplace.

2. Further research is suggested to develop an Islamic caring model focusing not only caring to patients and family but also caring given to nurse colleagues.

REFERENCES

- Abbasi, A. S., Rehman, K. U., & Bibi, A. (2010). Islamic management model. *African Journal of Business Management*, 4, 1873-1882.
- AbuAlrub, R. F. (2004). Job stress, job performance, and social support among hospital nurses. *Journal of Nursing Scholarship*, 36, 73-78.
- Alamah, H. B. (2008). Bridging generic and professional care practices for Muslim patients through use of Leininger's culture care modes. *Contemporary Nurse*, 28, 83-97.
- Alexis, O. (2009). Overseas trained nurses' perception of UK nurses' caring attitudes: A qualitative study. *International Journal of Nursing Practice*, 15, 265-270.
- Al-Jaza'iry, A. J. (2013). *Justice and Equity*. Retrieved from <http://www.islaam.net/main/display.php?id=1280&category=76>.
- Ampansirirat, A., Chitviboon, A., Supeepree, N., Chuntrasook, P., & Janjaroen, K. (2008). Perspectives in caring of nursing students with multicultural backgrounds: Buddhist and Muslim perspectives. *International Journal of Human Caring*, 12, 84-85.
- Atree, M. (2001). Patients' and relatives' experiences and perspectives of "good" and "not so good" quality care. *Journal of Advanced Nursing*, 33, 456-466.
- Badan Pusat Statistik Indonesia. (2011). *Hasil sensus penduduk 2010 (The result of Indonesian census 2010)*. Retrieved from <http://www.bps.go.id/>.
- Baig, K. (2006). *The values of words*. Retrieved from <http://Islamicvoice.com/October2006/Reflections/>.
- Bailey, D. N. (2009). Caring defined: A comparison and analysis. *International Journal for Human Caring*, 13, 16-31.
- Baillie, L. (1996). A phenomenological study of the nature of empathy. *Journal of Advanced Nursing*, 24, 1300-1308.
- Barolia, R., & Karmaliani, R. (2008). Caring in nursing from an Islamic perspective: A grounded theory approach. *International Journal for Human Caring*, 12, 55-63.
- Blair, M., Hill, K. S., Walters, B. J., Senn, L., & Brockopp, D. A. (2011). Caring for nurses; Hospital-based study group for certification. *Journal for Nurses in Staff Development*, 27, 165-169.

- Boykin, A., & Schoenhofer, S. (2001). The role of nursing leadership in creating caring environment in health care delivery systems. *Nurs Admin Q*, 29, 1-7.
- Boykin, A., Schoenhofer, S., Baldwin, J., & McCarthy, D. (2005). Living caring in practice: The transformative power of the theory of nursing as caring. *International Journal of Human Caring*, 9, 15-19.
- Brill, C., & Kashurba, M. (2001). Each moment of touch. *Nurs Admin*, 25, 8-14.
- Brilowski, G. A., & Wendler, M. C. (2005). An evolutionary concept analysis of caring. *Journal of Advance Nursing*, 50, 641-650.
- Brown, J., Sorrel., & Rafaelli, M. (2005). An exploratory study of constructions of masculinity, sexuality and HIV/AIDS in Namibia, South Africa. *Culture, Health and Sexuality*, 589-598.
- Burtson, P., & Stichler, J, F. (2010). Nursing work environment and nurse caring: Relationship among motivational factor. *Journal of Advance Nursing*, 66, 1819-1831.
- Charles, C. E., & Daroszewski, E. B. (2012). Culturally competent nursing care of the Muslim patient. *Issues in Mental Health Nursing*, 33, 61-63.
- Chokwe, M.E., & Wright, S.C.D. (2012). Caring as a core concept in educating midwifery learners: A qualitative study. *Health SA Gesondheid*, 17, 1-7.
- Connett, D. F. (2007). Concept comparison of caring and social support. *International Journal of Nursing Terminologies and Classifications*, 2, 58-68.
- Connett, D. F. (2007). Meta-synthesis of caring in nursing. *Journal of Clinical Nursing*, 17, 196-204.
- DalPezzo, N. K. (2009). Nursing care: A concept analysis. *Nursing Forum*, 44, 256-264.
- Decola, P. R., & Riggins, P. (2010). Nurses in the workplace: Expectations and needs. *International Nursing Review*, 57, 335-342.
- Departemen Agama Republik Indonesia. (2011). Sejarah Kementerian Agama (*History of Department Religious*). Retrieved from <http://www.kemenag.go.id/index.php?a=artikel&id2=sejarahdepag>.
- Dictionary.com. (2011). Retrieved from <http://dictionary.reference.com/>.
- Ello, S., & Kyngas, H. (2007). The qualitative content analysis process. *Journal of Advanced Nursing*, 62, 107-115.

- Enns, C., & Gregory, D. (2007). Lamentation and loss: Expressions of caring by contemporary surgical nurses. *Journal Compilation*, 58, 339-347.
- Erichsen, E., Danielsson, E.H., & Friedrichsen, M. (2010). A phenomenological study of nurse's understanding of honesty in palliative care. *Nurse Ethic*, 17, 39-50.
- Fadlullah, S. M. H. (2011). *The principles of coexistence*. Retrieved from <http://english.bayynat.org/Issues/coexistence.htm>.
- Fudge, L. (2006). Why, when we are deemed to be careers, are we so mean to our colleagues?. *Canadian Operating Room Nursing Journal*, 13-16.
- Gibson, S. E., & Lynn, C. E. (2008). Legal caring: Preventing retraumatization of abused children through the caring nursing interview using Roach's six cs. *International Journal for Human Caring*, 12, 32-37.
- Halligan, P. (2006). Caring for patients of Islamic denomination: Critical care nurses' experiences in Saudi Arabia. *Journal of Clinical Nursing*, 15, 1565-1573.
- Harrison, L. L. (1990). Maintaining the ethic of caring in nursing. *Journal of Advanced Nursing*, 15, 401- 405.
- Hellzen, O., Asplund, K., Sandman, P., & Norberg, A. (2004). The meaning of caring as described by nurses caring for a person who acts provokingly: An interview study. *Scand J Caring Sci*, 18, 3-11.
- Hudacek, S. S. (2008). Dimensions of caring: A qualitative analysis of nurse's stories. *Journal of Nursing Education*, 47, 124-129.
- Huggard, J. (2012). Support for hospice nurses. *Kai Tiaki Nursing New Zealand*, 18, 25-27.
- Hussey, T. (2012). Just caring. *Nursing philosophy*, 13, 6-14.
- Ibrahim, K. (2010). *Muslim cultural care for people living with HIV infection in the Bandung community, Indonesia* (unpublished doctoral dissertation). Prince of Songkla University, Thailand.
- Islam, A. M. (2011). *Concept of quality management under Islamic law and application of zero-defect policy: An Islamic response*. Retrieved from <http://www.sonarbangladesh.com/articles.htm>.
- Islamweb. (2011). *Direction in giving advise-1*. Retrieved from <http://www.Islamweb.net/emainpage/index.php?page=articles&id=164145>.

- Jen-Che, K., Jung-Feng, C., Yu-Lan, C., Hanoch, L., & Tzung-Yi, T. (2012). An exploration of empathy and correlates among Taiwanese nurses. *Japan Journal of Nursing Science*, 9, 169-176.
- Jurnal Parlemen. (2012). *DPR targetkan RUU keperawatan selesai tahun 2012 (Indonesian parliament targeting nursing law will be finished in 2012)*. Retrieved from <http://www.indonesiannursingtrainers.com>.
- Kirk, R. E. (1995). *Experimental design: Procedures for the behavioral Sciences* (3rd ed). New York: Thomson.
- Kompas. (2011). *Perawat Indonesia: Sebaran tak merata, kualitas masih rendah (Indonesian nurses: unequal nurses, the low quality)*. Retrieved from <http://Health.Kompas.com/2011>.
- Kristanto, A. A., Dewi, K. S., & Dewi E. K. (2009). *Causing factors of work stress among ICU's nurses in type C hospital at Semarang city*. Retrieved from http://eprints.undip.ac.id/10782/1/%28jurnal%29-andreas_agung_k.pdf.
- Leininger, M., & Mcfarland, M. R. (2002). *Transcultural nursing; Concepts, theories, research & practice* (3rd ed). New York: McGraw-Hill-Medical Pub Division.
- Lincoln, Y. S., & Guba. E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.
- Lindwall, L., & Post. I. V. (2008). Habits in preoperative nursing culture. *Nursing Ethics*, 15, 670-681.
- Longo, J. (2011). Acts of caring: Nurses caring for nurses. *Holistic Nursing Practice*, 21, 8-16.
- Lovering, S. (2008). *Arab Muslim nurses' experiences of the meaning of caring*. The University of Sydney. Retrieved from http://prijipati.library.usyd.edu.au/bitstream/2123/3764/1/sr_lovering_2008_thesis.pdf.
- McCain, G. C. (1988). Content analysis: a method for studying clinical nursing problems. *Applied Nursing Research*, 1, 146-150.
- McCance, T. V., McKenna, H. P., & Boore, J. R. (1999). Caring: Theoretical perspective of relevance to nursing. *Journal of Advanced Nursing*, 30, 1388-1395.
- McCance, T. V. (2009). Caring in nursing practice: The development of a conceptual framework. *Research Theory Nursing Practice*, 17, 101-106.
- McKennis, A. T. (1999). Caring for the Islamic patient. *AORN Journal*. Retrieved from <http://findarticles.com>.

- Mebrouk, J. (2008). Perception of nursing care: Views of Saudi Arabian nurses. *Contemporary Nurse*, 28, 149-161.
- Meehan, T. C. (2012). Spirituality and spiritual care from a careful nursing perspective. *Journal of Nursing Management*, 20, 990-1001.
- Meng, M. , Xiuwei Z., & Anli. J. (2011). A theoretical framework of caring in the Chinese context: A grounded theory study. *Journal of Advanced Nursing*, 67, 1523–1536.
- Mission Islam. (2013). *Basic principles of Islam*. Retrieved from <http://www.missionIslam.com/discover/basic.htm>.
- Nafsiah. (2013). *Menkes kritik perawat yang jahat dan tidak berjiwa melayani* (Health ministry critics the bad nurses and soulless to serve) Retrieved from [http:// health. detik.com/read/ 2013/03/ 08/145513/2189636/763/menkes-kritik-perawat-yang-jahat-dan-tidak-berjiwa-melayani](http://health.detik.com/read/2013/03/08/145513/2189636/763/menkes-kritik-perawat-yang-jahat-dan-tidak-berjiwa-melayani).
- Ousey, K., & Johnson, M. (2007). Being a real nurse – concepts of caring and culture in the clinical areas. *Nursing Education in Practice*, 7, 150-155.
- Palese, A., Tomietto, M., Suhonen, T., Efstathiou, G., Tsangari, H., Merkouris, ... Papastravrau, E. (2011). Surgical patient satisfaction as an outcome of nurses' caring behaviors: A descriptive and correlational study in six European countries. *Journal of Nursing Scholarship*, 43, 341–350.
- Parker, M., E., & Smith, M. C. (2010). *Nursing theories and nursing practice* (3rd ed). Philadelphia, PA: F.A. Davis.
- Parliadelis, P., Cruickshank, M., & Sheridan, A. (2007). Caring for each other: How the nurse managers 'manage' their role?. *Journal of Nursing Management*, 15, 830-837.
- Parse, R. R. (2001). *Qualitative inquiry: The path of sciencing*. London: Jones & Bartlett.
- Persky, G. J., Nelson, J. W., & Bent, K. (2004). Creating a profile of nurse effective in caring. *Nurse Administration Quarterly*, 32, 15-20.
- Polit, D. E., & Beck, C.T. (2008). *Nursing research: Generating and assessing evidence for nursing practice* (7th ed). New York: J.B. Lippincott.
- Rashidi, A & Rajaram, S, S. (2001). Culture care among Asian-Islamic immigrant women in US hospitals. *Holistic Nursing Practice Journal*, 16, 55-64.

- Rassool, G. H. (2000). The crescent and Islam: Healing, nursing and the spiritual dimension: Some considerations towards an understanding of the Islamic perspective on caring. *Journal of Advanced Nursing*, 32, 1476-1484.
- Rassool, G. H. (2004). Commentary: An Islamic perspective. *Journal of Advanced Nursing*, 46, 270-283.
- Ridwansyah. (2011). *Perawat dalam pandangan Islam (Nurses in Islamic view)*. Retrieved from <http://Perawat dalam Pandangan Islam.htm>.
- Scotto, C. J. (2003). A new view of caring. *Journal of Nursing Education*, 42, 289-291.
- Secomb, M., & Smith, C. (2011). A mixed method pilot study: The researchers experiences. *Contemporary Nurse*, 39, 31-35.
- Sikma, S. K. (2006). Staff perceptions of caring: The importance of a supportive environment. *Journal of Gerontological Nursing*, 32, 22-29.
- Shahriari, M., Mohammad, E., Abbaszadeh, A., Masoud, B., & Fooladi, M. M. (2012). Perceived ethical values by Iranian nurses. *Nursing Ethics*, 19, 30-44.
- Sørli, K., Jansson, L., & Norberg, A. (2003). The meaning of being in ethically difficult care situations in pediatric care as narrated by female registered nurses. *Scand J Caring Sci*, 17, 285-29.
- Stanley, R. (1998). Applying the four principles of ethics to continence care. *British Journal of Nursing*, 7, 44-51.
- Suliman, W. A., Welmann, E., Omer, T., & Thomas, L. (2009). Applying Watson's nursing theory to assess patient perceptions of being care for in a multicultural environment. *Journal of Nursing Research*, 17, 293-300.
- Sullivan-Bolyai, S., Bova, C., & Harper, D. (2005) Developing and refining interventions in persons with health disparities: The use of qualitative description. *Nursing Outlook*, 53,127-133.
- Sumner, J. (2006). Concept analysis: The moral construct of caring in nursing as communicative action. *International Journal for Human Caring*, 10, 8-16.
- Swanson, K. M., & Wojnar, D. M. (2004). Optimal healing environment in nursing. *The Journal of Alternative And Complementary Medicine*, 10, S-43- S-48.
- Syafawi, Z. (2009). *Rasio perawat-pasien belum berimbang (Unequal ratio of nurses-patient)*. Retrieved from <http://suaramerdeka.com/v1/index.php/read/cetak/2009/07/28/74230/> Rasio-Perawat- Pasien-Belum- Berimbang.

- Taheri, N. (2008). *Health care in Islamic history and experience*. Retrieved from <http://ethnomed.org/cross-cultural-health/religion/health-care-in-Islamic-history-and-experience>.
- Thouny, T., Strews, W., & Brown, C. (2005). Expression of caring as lived by nursing home staff, residents, and families. *International Journal for Human Caring*, 9(3), 31-37.
- Turkel, M. C. (2003). A journey into caring as experienced by nurse managers. *International Journal of Human Caring*, 7(1), 20-26.
- Vanaleesin, S. (2007). *Family caregivers' caring for person with schizophrenia from Islamic perspective* (Doctoral Dissertation). Prince of Songkla University, Thailand.
- Waltz, C. F., Strickland, O. L., & Lenz, E. R. (2005). *Measurement in nursing and health research*. 3rd ed. New York: Springer.
- Watson, J. (1979). *Nursing: The philosophy and science of caring*. Boston, MA: Little, Brown and Company.
- Watson, J. (2007). Watson's theory of human caring and subjective living experiences: Carative factors/caritas processes as a disciplinary guide to the professional nursing practice. *Texto Contexto Enferm, Florianopolis*, 16, 129-135.
- Wikberg, A., & Eriksson, K. (2008). Intercultural caring: An abductive model. *Journal of Caring Science*, 22, 485-496.
- Wilmot, S. (2012). Social justice and the Canadian Nurses Association: Justifying equity. *Nursing Philosophy*, 13, 15-26.
- www.alsofwah.or.id. (2004). *Sabar dan keutamaannya (Patient and it's primacy)*. Retrieved from <http://www.alsofwah.or.id/?pilih=lihathadits&id=15>.
- Yam, B. M. C., & Rossiter, J. C. (2000). Caring in nursing: Perceptions of Hong Kong nurses. *Journal of Clinical Nursing*, 9, 293-302.
- Yegdich, T. (1999). On the phenomenology of empathy in nursing: Empathy or sympathy?. *Journal of Advanced Nursing* 30(1), 83-93.
- Yousefi, H., Abedi, H. A., Yarmahommadian, M. H., & Elliot, D. (2009). Comfort as a basic need in hospitalized patients in Iran: A hermeneutic phenomenology study. *Journal of Advanced Nursing*, 65, 1891-1898.
- Yousif, A. F. (2002). *Muslim medicine and health care*. Retrieved from <http://www.truthandgrace.com/Muslimmedicine.htm>.

Zahid, I. (2008). *Five pillar of Islam*. Retrieved from <http://www.Islam101.com/dawah/pillars.html>.

Zakari , N. M., Khamis, A., Hamadi, H. Y. (2010). Conflict and professionalism: Perceptions among nurses in Saudi Arabia. *International Nursing Review*, 57, 297-304.

APPENDICES

APPENDIX A
INFORMED CONSENT FORM

Dear Colleagues,

My name is Putri Mayasari, I am a master student of Faculty of Nursing, Prince of Songkla University, Thailand. I am also a lecturer at Nursing School of Syiah Kuala University, Banda Aceh, Indonesia. I am conducting a research regarding “Definitions and Expressions of Caring among Muslim Nurses in Indonesia”. This study will be valuable for the development of nursing professional in caring environment particularly in area of nursing management. Your participation is voluntary. Your personal identity and all information will be kept confidentially and will only be used for the purpose of this research project. If you disagree and feel uncomfortable, you can withdraw from this study any time without negative consequences. If you agree to take part in this study, you will be asked to participate in focus group discussion (FGD) and then be interviewed. This will take around 60 minutes for FGD. Lastly, if you still need further information or have any questions regarding this study, please do not hesitate to contact me by phone number +6285260097950 or email me at pu3_aceh85@ymail.com. Thank you for your cooperation.

Based on information above, I agree to participate in the study

.....
Name of Informant	Signature of Informant	Date

Putri Mayasari

.....
Name of Researcher	Signature of Research	Date

APPENDIX B
DEMOGRAPHIC DATA FORM

Code:

1. Age years
2. Years of working experience years
3. Working inward
4. Gender (choose one with putting (√) mark that you think appropriate) :
 Male
 Female
5. Marital status (choose one with putting (√) mark that you think appropriate) :
 Single
 Married
 Divorced/Widowed/Separates
6. Education level (choose one with putting (√) mark that you think appropriate) :
 Diploma
 Bachelor
 Master

APPENDIX C

PERSONAL HEALTH INFORMATION FORM

Instruction: please fill in the questions and explains it briefly of personal health information form

1. Do you have any health problems during working in your workplace?

- Yes... a. Low back pain ()
 b. Hypertension ()
 c. Diabetes ()
 d. Heart disease ()
 e. Others (please identify).....

No ()

2. Is the health problem requiring a routine treatment?

Yes (please identify).....

No ()

3. Did the health problem that you have influence your working as a nurse?

Yes (please describe).....

No ()

4. Is there any social problem (related to friends/ colleagues/ family/ organization) you have experienced during working in your workplace?

Yes (please describe).....

No ()

5. Did the social problems influence your working in the workplace?

Yes (please describe).....

No ()

APPENDIX D
SEMI-STRUCTURED INTERVIEW GUIDE

A. Definitions of Caring

How do you define caring toward your nurse colleagues?

B. Expressions of Caring

For the next step, please describe how you express caring toward your nurse colleagues at work from each question by identifying the type of expressions listed on the left column (can be more than one) and briefly describe it with example provided on the blank space given.

List of Questions for Caring Expressions

1. Pain (Physical and Psychological)

- a. How do you express caring given or received from nurse colleagues at the workplace in case of having physical pain as result of disease or health problems?
- b. How do you express caring given or received from nurse colleagues at the workplace in case of having psychological problems?

2. Huquq-u Allah (Duties Toward Allah e.g. Prayer)

How do you express caring given or received from nurse colleagues at the workplace in fulfill the duties toward Allah?

3. The Positive Doing to Humanity

- a. How do you express caring given or received from nurse colleagues at the workplace to show an ethical action such as honesty?
- b. How do you express caring given or received from nurse colleagues to show an ethical action when you or your colleagues do harmful for others?
- c. How do you express caring given or received from nurse colleagues at the workplace to show equity among nurses?
- d. How do you express caring given or received from nurse colleagues at the workplace to solve conflict among colleagues with justice?

4. Spiritual Dimension (Empathy)

How do you express caring given or received from nurse colleagues at the workplace in case of seriously sick or dead of a family member?

List of Type of Expressions

Expressions of Caring	Describe how you do it and provide some examples	Intellectual concept of Islam
<p><i>1) Helping and supporting</i></p> <p>1.1.Emotional support (e.g. verbal, sharing workload)</p> <p>1.2.Informational support (e.g. giving advice, maintaining the standard and competency)</p> <p>1.3.Giving time (e.g. listener, humor)</p> <p>1.4.Physical support (e.g. touch, medicine provision)</p> <p><i>2) Appreciating</i></p> <p>2.1.Recognizing a need (deal with shift)</p> <p>2.2.Acknowledging moment (gift giving and verbal acknowledging)</p> <p>2.3.Sense of belonging (e.g. sharing vision, being there for)</p> <p><i>3) Acting together (teamwork)</i></p> <p><i>4) Create caring environment</i></p> <p>4.1. Trusting (e.g. trusting each other)</p> <p>4.2. Communicating (e.g. dialogues and give information)</p> <p><i>5) Other expressions (please identify)</i></p>		

APPENDIX E
GUIDE LIST OF EXPERTS

Three experts validated the content validity of the instruments

Demographic Data Form, Personal Health Information Form, and Semi-structure

Interview Guide were;

1. Assist. Prof. Dr. Srisuda Vanaleesin
Nursing Lecturer in Psychiatric Department, Faculty of Nursing Prince of Songkla University, Thailand.
2. Assist. Prof. Dr. Kirrikorn Nilmanat
Nursing Lecturer in Medical Department, Faculty of Nursing Prince of Songkla University, Thailand.
3. Assist. Prof. Dr. Tippamas Chinawong
Nursing Lecturer in Medical Department, Faculty of Nursing Prince of Songkla University, Thailand.

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