

# Coaching Improving Self-efficacy to Perform Salat (Muslim Prayer) Among Muslim Patients in Hospital

Hamdan Hariawan<sup>1</sup>, Oedojo Soedirham<sup>2</sup> and Abu Bakar<sup>1</sup>

<sup>1</sup>Faculty of Nursing, Universitas Airlangga, Kampus C Jl. Mulyorejo Surabaya, Indonesia

<sup>2</sup>Faculty of Public Health, Universitas Airlangga, Surabaya, Indonesia

**Keywords:** Coaching, Self-efficacy, Salat (muslim prayer).

**Abstract:** Background: Hospitalization and weakness, attached medical equipment and lack of knowledge can decrease patients self efficacy to perform salat (muslim prayer) as spiritual needs. The purpose of this study was to determine the effect of individual coaching in improving self efficacy to perform salat among muslims patient in hospital. Methods: This study was used quasy experiment method. The samples were 36 hospitalized muslim patients. Data were collected by self-constructed questionnaire based on Prayer-based self efficacy scale. Data were analysed using Independent t-test with  $\alpha \leq 0.05$ . Results: Before giving the intervention, the means of pretest self-efficacy score in both groups were 24,72+2,67 and 25,06+2,34. There is no significant difference of self efficacy scores between two groups before intervention (P=0,693). After giving intervention, these scores have changed to 28,11+2,93 and 24,94+1,83, and there is higher significance of self efficacy scores after giving intervention (P=0,000). Conclusions: Coaching is suitable methode to increase patients ability and self efficacy to perform salat. It was recommended to nurses in hospital to do coaching as nursing intervention to increase patients self efficacy to perform salat as spiritual needs of muslim patients.

## 1 BACKGROUND

Hospitalized patients tend to have an unstable psychic condition and feel unmet spiritual needs during the treatment. Since 1998, psychic and spiritual needs are in the second place in the National Inpatient Priority Index (Gallison et al. 2013). One of patient's spiritual needs is how they are able to carry out religious practice (Kurniawati 2017). Salat is an obligatory worship for every Muslim. Salat (muslim prayer) must be performed five times every days in both sick and healthy conditions (Mohamed et al. 2015).

Salat is a religious practice which is performed by moving certain limbs. Movements in salat is certain movements in accordance with the guidelines for Muslims. Before performing salat, a Muslim should perform ablution first. Ablution is washing parts of particular body with water. In addition to obtain a valid salat, the body and clothing as well as the place of salat should be clean and sacred (Akgül and Karadağ 2016).

Patient in a poor conditions and attached medical devices lead to doubts and inability to perform salat

(Al-Obaidi *et al.*, 2012; Akgül and Karadağ, 2016). In addition, patients sense in an unholy condition so they unable to perform salat can be a lesser form of self-efficacy. Hospitalized patients with physical weakness will experience a decrease in self-efficacy, such as the physical weakness after surgery. Patients who have low self-efficacy levels cause themselves to consider they are not able to do something useful or feel less productive due to illness. The failure of self-efficacy has been shown to influence an individual's decision to conduct self-care behavior. A change of behavior will only occur if there is a change in the individual's self-efficacy (D'Souza et al. 2017).

According to Aris *et al.*, (2017) research, there are more than half patients (53.6%) had low knowledge about how to perform salat in hospital during illness. Low knowledge can also be the cause of lack of self-efficacy. Provision of education as a form of verbal persuasion by explaining how to pray during illness can be a solution of self-efficacy improvement. Salat has a specific way to be performed in a certain conditions called *rukhsah*, such as salat by sitting if unable to stand or lie down

if unable to sit. The movement in salat can be performed according to the patient's ability and can be performed in certain unavoidable conditions such as the place of salat is not clean (Hafiz J et al. 2016).

One form of education that can be given is coaching. Coaching not only exposes the material, but also teaches and do practices so the patient can immediately practice the prayer movement in their ability. The results of the study on the use of coaching in some previous researches may address existing clinical and community problems by improving patient self-efficacy, affecting adherence, increasing knowledge of health and self care behavior, and improving quality of life (Bennett *et al.*, 2009; Vanacker *et al.*, 2017; Wagner *et al.*, 2017). The purpose of this study was to determine the effect of individual coaching in improving self efficacy to perform salat among muslims patient in hospital.

## 2 METHODS

This study was used quasy experiment method with pre-post with control group design. The samples were 36 hospitalized muslim patients and sample is selected and divided in intervention and control groups by simple random sampling. The size of both groups are same. The independent variable was individual coaching, while the dependent variable was self efficacy. Coaching in this research consists of 5 stages. The first, fourth and fifth stages including assessment, personal support and evaluation are given by nurse, while the second and third stage are provision of education and practice of performing salat during illness are given by the hospital's guidance counselor.

Data were collected by self-developed questionnaire. The questionnaire was developed based on prayer-based self efficacy which is consisting preparation for salat, performance of ablution, and performance of salat. The reliability of this questionnaire was calculated using Cronbach Alpha value of 0,557. Data were analysed by using Independent t test with  $\alpha \leq 0.05$ . This study was approved by Rumah Sakit Umum Daerah Provinsi NTB Ethical Committee number 070/01/KEP/2018.

## 3 RESULTS

Table 1 shows that both groups have more male respondents than female. The ages of respondents

Table 1: Distribution of respondents.

Characteristics	Intervention Group		Control Group	
	$\Sigma$	%	$\Sigma$	%
<b>Gender</b>				
Male	14	77,8	12	66,7
Female	4	22,2	6	33,3
Total	18	100	18	100
<b>Age</b>				
26-35 years old	4	22,2	1	5,6
36-45 years old	8	44,4	8	44,4
46-55 years old	1	5,6	6	33,3
55-65 years old	5	27,8	3	16,7
Total	18	100	18	100
<b>Last Education</b>				
Elementary School	5	27,8	7	38,9
Junior High School	6	33,3	6	33,3
Senior High School	6	33,3	4	22,2
Bachelor	1	5,6	1	5,6
Total	18	100	18	100

Table 2: Self-efficacy before and after intervention.

Self efficacy		Groups			
		Intervention		Control	
		$\Sigma$	%	$\Sigma$	%
<b>Pre test</b>	Strong	17	94,44	18	100
	Very strong	1	5,56	-	-
	<b>Total</b>	18	100	18	100
<b>Post test</b>	Strong	15	83,33	18	100
	Very strong	3	16,67	-	-
	<b>Total</b>	18	100	18	100

Table 3: Score of Self-efficacy in both groups.

Variable	Groups	Pre	Post
Self Efficacy	Intervention	24,7 $\pm 2,6$	28,11 $\pm 2,93$
	Control	25,1 $\pm 2,3$	24,95 $\pm 1,83$

are varies, but most respondents are 36-45 years old. Last education of respondents also varies.

Based on Table 2, there are 94,44% respondents in intervention group had strong self efficacy and 5,56% had very strong self efficacy, all respondents in control group had strong self efficacy before intervention given to them. After respondents being given coaching, self efficacy in intervention group

became strong by 83,33% and 16,67% were in very strong self efficacy, there is no change in control group.

Table 3 shows the average score of self efficacy in both groups. Before get intervention, control group had higher mean (24,7) of self efficacy score than intervention group (25,1). After get intervention, the mean score of self efficacy higher (28,11) than before (24,7), and also higher (28,11) than control group (24,95).

Results of statistical tests using independent t-test in both groups before giving intervention was  $p=0,693$ , and after giving intervention was  $p=0,000$ . Based on test result after giving intervention, there was difference of self-efficacy in both groups. The difference indicated that coaching affecting self-efficacy to perform salat.

## 4 DISCUSSION

In this research, self-efficacy score based on gender and age on each respondent are varies. This is not in line with the theory of Bandura (1997) which states that olders tend to have more time and experience in overcoming something that happens when compared with younger individuals. It can be caused by last education of respondents. In this study the most last education of respondents are high schools and the average category of respondent's self-efficacy are in a strong category. Self-efficacy can be formed through the learning process and formal education is one of ways in learning process. The individual has a high self-efficacy according their length in learning.

Before the intervention, the average score of intervention group was 24.72 with 17 respondents had strong self-efficacy and 1 respondent had very strong self-efficacy. This can be seen from the average of answers "confident" and "very confident" of respondents to their ability to perform salat in a sitting or lying position, and there are some still confident the obligation to perform salat during illness. Some respondents also answer "confident" that family can help them in performing salat. This can be influenced by the information gained on how to perform salat during illness that obtained from religious studies or religious community. It can also be obtained from the experience of others and the support of family members during hospitalization.

After the intervention, the average score of the intervention group was 28.11 with 15 respondents had a strong self-efficacy and 3 respondents had very strong self-efficacy. Increased self-efficacy can

occur due to increased confidence in the obligation to perform salat in every condition and increased confidence in the ability to perform salat as their ability. While in the control group, there was no increase in self-efficacy. All control groups had an average self-efficacy score was 24.72 with a strong self-efficacy.

Based on the statistical test, it can be stated that the provision of coaching can improve self-efficacy significantly. Coaching in this research consists of 5 stages. The second and third stage are provision of education and practice of performing salat during illness are given by the hospital's guidance counselor. the results of this study are in line with several other studies such as the study of health coaching on self efficacy and the study of wellness coaching in improving self efficacy (Eom and Lee 2017; Dejesus *et al.* 2018)

The research of the effect of health coaching program on self-efficacy, health behavior and quality of life in hypertensive people in poverty resulted in a significant effect on improving self-efficacy. Eom and Lee (2017) stated in his research that health coaching is the right strategy to improve patient's self-efficacy to continue maintaining their health behavior. The results of this study are also in line with research conducted by Dejesus *et al.* (2018) that wellness coaching can improve self-efficacy. Self-efficacy can be improved because coaching enhances positive motivation and patient beliefs about their abilities. In addition, coaching also makes patients and coaches have regular schedule to meet and provide materials and training that can improve the motivation and ability of patients.

See *et al.* (2014) in his research stated that education which is provided personally to hospitalized patients with the right material can improve the patient's self-efficacy to be able to recognize and report symptoms of adverse conditions that can be experienced by patients. Education is part of health coaching that can meet the verbal persuasion in order to improve self-efficacy. Bandura (1997) states that the individuals can gain influence or suggestion so they are able to overcome the problems they faced. Verbal persuasion can be given by influential people such as family and experts such in this research is the religious leaders so that patients will be more confident about salat. A person who is always given the belief and drive to succeed, then will show the behavior to achieve that success. The focus of coaching includes factors that influence motivation, overcome obstacles, limit the disability of the

patient, influence patients to not limit themselves, produce solutions, support, build self-efficacy, and how patients become more involved in decision making (Macadam 2013).

Increased self-efficacy after given intervention can occur due to increased patients confidence in the obligation to perform prayers and increased patients confidence in their ability to perform prayers even in sick condition. This can be achieved due by individual coaching, because coaching which was given including providing information, training patients to perform prayers during hospitalization, helping patients to overcome barriers in performing salat, and motivating patients.

## 5 CONCLUSIONS

There was an improvement of self-efficacy to perform salat in illness condition after given individual coaching. Coaching not only emphasizes the cognitive aspects of the patient, but also on the affective and psychomotor aspects and it is suitable method to increase their ability and self-efficacy to perform salat. It was recommended to nurses in hospital to do coaching as nursing intervention to increase patients self-efficacy to perform salat as spiritual needs of muslim patients

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