Implementing the Concept of “Melayu Islam Beraja” (malay Islamic Monarchy) towards practices at the neurosurgical/oral maxillofacial Unit at RIPAS Hospital, Negara Brunei Darussalam

Azharuddin Haji Ahmad
Aims

- To reflect/demonstrate (share) on the implementation of the national philosophy of ‘Melayu Islam Beraja’ in clinical practice
- Share scenarios where the concepts have been applied in daily clinical practice
- To enlighten the audience on how the concept can be applied, modified and maintained into nursing practice in Brunei Darussalam
- To discuss initiatives to develop the concept as a national identity in the practice of nursing
Introduction

“Negara Brunei Darussalam adalah dengan izin serta limpah Kurnia Allah Subhanahu Wata'ala, akan untuk selama-lamanya kekal menjadi sebuah Negara Melayu Islam Beraja yang Merdeka, Berdaulat dan Demokratik bersendikan kepada ajaran- ajaran Ugama Islam. Menurut Ahli Sunnah Waljamaah..."

(Sir Muda Omar Ali Saifuddien Saadul KhairiWaddien, Petikan titah Pemasyhuran Kemerdekaan Negara Brunei Darussalam, 1984)
Introduction

- The neurosurgical and oral maxillofacial ward
- Provides nursing care and treatment for patients with problems sustained either by injury or progression of a disease that needs surgical intervention
- Most of the nurses were trained at the PAPRSB College of Nursing
- The values and concepts of MIB used as a model for Nursing have been practiced daily
Why implement M.I.B in ward9 clinical practice?

- It is the National Philosophy of Brunei Darussalam
- M.I.B. is the pride of Brunei Darussalam
- It is His Majesty’s Sultan Haji Hassanal Bolkiah Mu’izzadin Waddaulah aspirations that the values and concepts of M.I.B. forever guide the citizens daily life
- Not limited to daily life, the concepts and values is to be integrated and implemented in the public service organization
His Majesty’s Titah

On the Officiation of Persidangan Belia Asia Tenggara dan Pasifik 8th March 1984,
“adalah menjadi hasrat beta dan kerajaan beta untuk terus memelihara ajaran-ajaran Islam menurut Ahli Sunnah Waljamaah sebagai cara hidup yang sempurna dan segala peraturan kehidupan berasaskan ajaran-ajaran Islam”

On Hari Raya Aidilfitri 1387H/1967 untuk
- “..menjadikan Islam sebagai satu cara hidup yang lengkap dan penuh dengan nikmat bagi keseluruhan rakyat dan penduduk di negara Brunei Darussalam”

“... menumpukan tenaga dan usaha bagi menuju melaksanakan Islam sebagai ideologi negara”
- (Titah Kebawah DYMM Sultan dan Yang Di Pertuan Negara Brunei Darussalam pada 2 Ogos 1969)

Source: Adam Al Amin
The Minister of Health has called on nurses to understand the national philosophy of Malay Islamic Monarchy (MIB) and apply its ideals when carrying out their responsibilities.

“The application of these ideals could contribute towards (the creation of) an added value, that is highly beneficial in strengthening and improving proficiencies,”

Yang Berhormat Pehin Orang Kaya Johan Pahlawan Dato Seri Setia Hj Adanan Begawan Pehin Siraja Khatib Dato Seri Setia Hj Mohd Yusof (2013)
What preparations do we have, to implement the concept?

- MIB has been taught in secondary schools as a compulsory subject
- MIB module has been incorporated in the Diploma in Nursing programme at the PAPRSB College of Nursing
- There is rigorous support from high levels of administration in the continuous implementation of the values of MIB
- The values of MIB has been implemented at different stages in the nursing and midwifery services
An example of a patients pathway where MIB concept is applied
Greeting with salam and building rapport

Orientating the patient ward environment and routine

Perform patient assessment e.g. knowledge, consent

MIB application

Advocate patient when surgeon and anaesthetist performs presurgical assessment

Post-op care, recovery and stabilization

Surgery as scheduled

Discharge
• Doa recital:
  • Practiced daily at the start of every shift duty.
  • Recited throughout the hospital via central communication.
  • ‘Buku panduan doa bagi pesakit’ was published and distributed in the wards.
• Adhan recital and doa recital (post renovation).
• On meetings, educational activities and when incidents occur (Doa recital ceremony).
In-patient care

- Substantial part of ward9 nurses role is to accommodate patients and their families to perform soft doa recital ceremony in special circumstances (e.g. before surgery).
- However it is up to the patient to decide if they want to perform doa recital individually, with family presence, by the nurse or by a qualified ustadh.
- The ward is equipped with a laminated doa guide to prepare the patient pre-operatively and post-operatively.
In managing patients with neurosurgical problems

- Neurosurgical problems which come in many forms (Head injuries, Cerebral haemorrhages, Brain tumors etc)

- Managed according to local hospital standards policies

- MIB has been implemented in daily practice

- When patients are admitted the symptoms are unique

- Common symptoms are loss of consciousness, loss of motor and sensory function to the limbs, bizarre delusion, restlessness, aggression, confusion, altered thoughts
Very often family members, next of kin and carers are in distress in situations where their loved ones fall ill. Feelings of loss of hope due to the detached feeling in the absence of coherence in communicating or loss of limb function.

Apart from patients presenting with neurologic related symptoms such as restlessness, aggression, confusion and loss of consciousness due to the physiologic changes that have taken place, families also have their own beliefs as to why patients behave in such a way.

Common beliefs are crossing paths with a ‘djinn’ or paranormal being.
• There are also accounts where they believe that the ‘djinn’ that has entered the patients soul is the causative factor for the unexplained symptoms

• “And We did certainly create man out of clay from an altered black mud. And the jinn We created before from scorching fire.”

Al-Quran (Surah Al-Hijr verse 26-27)
In these situations the nurses role is paramount in order to alleviate their anxiety (patient and family). At the same time providing excellent care and treatment.

This is done by providing reassurance and information that is relevant. Information relating to the physiologic changes and the expected symptoms.

Informing patients and families availability of qualified ustadh to provide religious ritual as per request.
Scenario 1

Awang Fulan father of 2 sustained Subdural haemorrhage (SDH) following a motorbike accident. On admission does not obey command, very restless, gcs 8/15, incomprehensive verbal response, vital parameters fluctuating. Condition deteriorated, underwent evacuation of SDH. Received intensive care and returned to ward9.

- Because of the bizarre behaviour observed, father and wife very anxious to why symptoms not subsiding through medical treatment
- Decided whether an ustadh can be called to look onto patient and perform islamic rituals
- Father reported that son may have hit ‘orang halus’ and aggravated the entity in revenge
Scenario 2

Dyg Fulanah diagnosed with cerebral anterior communicating artery aneurysm was admitted in ward 9 due to intermittent focal fits. 2 treatment options for her problem were clipping of aneurysm or vascular recoiling (done abroad). Both options having their own risk

- Husband, parent and family were in unimaginable distress inspite of the depth of information provided
- Husband and father repeatedly asked me what is the best option.
- Then I decided that the best option would be for their family to perform hajat and istikharah prayer and make a decision based on submission to Allah SWT plus the unbiased information provided
Awg Muhammad a 23 year old youth sustained Diffuse axonal injury following a road traffic accident. He is unconscious and restless at times. As part of his nutritional requirements he receives enteral nasogastric feeds.

- Family believes that zam zam water will help their sons healing
- Asked wether zam zam water can be given
- Zam zam water used as a mix with powdered formula or flushings pre or post feed

The Messenger of Allah, Prophet Muhammad S.A.W. has said:" The most sublime of all earthly waters is that of zamzam; there in one finds food for the hungry and medicine for the ill." [At- Tabarani ]
"Zamzam water is what one intends to drink it for. When one drinks it to be healed, Allah heals him; when one drinks it to be full, Allah makes him full; and when one drinks it to quench his thirst, Allah quenches it. " [Ahmad, and Ibn Majah]
The extended role of the ward 9 nurses within the concept of MIB

- To detect warning signs of syiriq (against Islamic principles)
- To balance the permissiveness of rituals being conducted so as to avoid causing distress to neighbouring patients
- To advocate the patient and family the cultural and religious rituals that are available and permissible
- Providing and assisting the patient with their daily routines such as prayer, so as to prevent feelings of despair and loss of autonomy
• Assisting the patient with ablution

• Some patients prefer their own Next of kin to assist them with Their needs.

• The concept of MIB is also to tolerate and respect patients who come from different ethnic backgrounds
Communication

• More than nurse and patient transfer and exchange of messages (verbal or non-verbal)
• Language is seen as depository and reflection of ones knowledge of etiquette and behaviour (Fatimah and Mukul, 2009)
• Use of Bahasa Dalam (when addressing persons of specific titles)
Hamdan et al. (1991) defines ‘Bahasa Dalam’ according to its function, type and usage.

- **Function**: words or phrases with specific meanings appropriate for use by Bruneian nationals when addressing members of the royal family, other nobles and titled dignitaries.
- **Type**: comprised of words which are polite, gracious, respectful and cultured.
- **Usage**: the meanings and intent of Bahasa Dalam is conveyed through metaphors and innuendos.
Due to the strong influence of the Malay culture in daily life, in the caring context, we also have to behave in a certain way that is acceptable.

Misperceptions can mislead to negative beliefs, which can jeopardize the rapport between the patient and nurse.

A few examples include properly addressing a patient by their title, not using the index finger to point direction, eye contact when communicating, lowering one side of the shoulder when there is the need to move across the patient.
Recommendations

- The implementation of the concepts needs to be continuous
- Ward leaders and staff have to understand the added value of the MIB concept in patient care
- Leadership and management ensures the implementation and monitoring of activities related to MIB are being carried out
- MIB to be documented properly in patient care nursing documentation notes where applicable
Recommendations

- Work with ustadh/ustadnah under ministry of health or if needed personnel from religious department so as to ensure islamic medicine or rituals are recognized and have a legitimate hadith as a point of reference.
- Encourage more academic work related to the continuous efforts done in the implementation of MIB (CNE, conferences, presentations, publications) such as initiatives that have been done earlier in the year and at present.
Recommendations

- Research and development into the concept of MIB and nursing practice (general/advanced/specialist practice)
Conclusion

- The concept of MIB is the pride of the Nation
- The values and its impact on patient care should never be overlooked in daily practice
- Efforts need to be continued in support of integrating the concepts into the practice at all stages in the health care organization
- The concepts of MIB will continue to be a prominent value in the practice of nursing
References

- Adam Al-Amin. *Peranan Mib Dalam Menghadapi Cabaran Dialaf Baru.*
