

Hospital Employees' Knowledge of Enjoining Good and Forbidding Evil

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Abstract:

Background and Objectives: Enjoining good and forbidding (EGFE) evil are two fundamental topics in Islam. Many verses and narratives underscore the social, religious and political duties implied by enjoining good and forbidding evil. After all, these two divine treasures have been neglected because of indulgence and forgetfulness. The prime reason for this negligence seems to be the obliviousness of employees in different organizations throughout the country. The purpose of this study is to assess a hospital employees' knowledge of enjoining good and forbidding evil.

Methods: This cross-sectional analytic descriptive study was done in a hospital of Isfahan province in 2012. The data were collected from the employed staff of the hospital in all the organizational ranks. No sampling was done in this census study and the data were elicited from all the members of the population. The data collection instrument was a 28-item questionnaire whose validity and reliability were confirmed. The data were analyzed using SPSS 16 software.

Results: In the current study, 50.9% of the participants were men and 49.1% were women. The percentage scores of the staff knowledge of the bounden duties of EFGE were 72%; effects of EFGE 73%; moralities of EFGE 85%; virtue examples 78%; and evil examples 72%. The overall knowledge of EFGE turned out to be 76%. There was a meaningful difference between the moral dimension in men and women as the women's knowledge was higher ($P=0.045$). Based on the analytical results of analysis of variance (ANOVA) test, there was no meaningful difference between the scores of the EFGE with demographic variables ($P>0.05$).

Conclusion: The results indicated that the knowledge of the hospital staff of enjoining good and forbidding evil was satisfactory. Requisite training of the knowledge of enjoining good and forbidding evil, its effects, and the evil examples could result in the promotion of their knowledge score.

Keywords: Enjoining good and forbidding evil; Knowledge; Hospital employee.

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Introduction

There has been so much emphasis on the enjoining good (also referred to as Amr-bil-Ma'roof or Ordering for Acknowledged Virtues) and forbidding evil (alternatively called Nahi-anil-Munkar or Forbidding from Sin) in Islam that individual and societal health have been deemed to be based on enjoining

good and forbidding evil (EGFE). The value and importance of this issue made the uprising of Imam Hussein for EGFE. The holy Quran describes EGFE as the first duty of all the prophets (1).

EGFE is known as a social phenomenon and its being the code of divine orders establishes in the Islamic society happiness, management and correction of society and organization of

society discipline (2). Ma'roof, etymologically, is the past participle of goodness and goodness is the good work done in society (3, 4). It can be explained that, from Islamic perspective, all positive (good) actions are in Ma'roof (virtue) and all the negative (bad) actions lie in Munkar (evil or sin) (5). The effects of EGFE include social effects such as administering Islamic rules, social justice, stability of Islamic regime, and security and health. The individual effects from earthy dimension include health in religion and the world, divine victory, reduction of disasters as well as individual effects from the other world, dimensions including God's satisfaction, salvation, too many requitals and disembarment of the hell. In addition, EGFE has other important effects than the abovementioned such as the results in the social, economic, cultural and political benefits (4).

Based on the holy Quran's verses, men and women who believe in Islam help each other in EGFE. EGFE includes three stages: hearty (or internally), verbal and practical stages. In the first stage, the promoter or preventer should express his heart's hatred of evil. It can come about by closing the eyes, frowning, returning the face or body and huffing. The second stage involves advising and informing with open face and laughter, and sometimes with harsh words. Finally, the third stage is to threaten by using power. Hitting, confining, and the like, but not to the extent of injuring or breaking body parts (4,7).

EGFE is a must in religion and it forms the basis for two other Islamic duties. These two subsidiary principles are deemed equivalent with the primary principles of prayers and zakat (religious tax). But heedlessness in doing them brings irreparable consequences. When we talk about EGFE, the first thing that comes to our mind is the verbal remembrance, but it is the last thing that should be done (8). An example includes the popular story of Imam Hussein and Imam Hassan's childhood showing an old man how he should be ready to say his prayers. The old man sat to perform his Wudhu / Wuzu (Ablution). But his Wudhu was not correct. They watched him. They immediately realized that the old man was not

doing his Wudhu correctly, but they hesitated to tell him directly. Perhaps the old man would feel humiliated by the two young boys, or he might have even lost interest in the act of worship. Sitting next to him, they started to do the Wudhu and during the Wudhu, Imam Hassan said: "Oh Hussein my Wudhu is correct and more perfect than yours." In reply, Imam Hussein insisted that his own Wudhu was better than Imam Hassan's. Finally they said: "Let us refer to this gentleman. He is older than us and should be able to decide." The old man was listening patiently. The boys performed their Wudhu under his supervision, doing one step after the other. And when they had finished, he realized the Wudhu done by the boys was methodical and correct. In fact, his Wudhu was incorrect. Turning to both the young boys, he gently said: "The Wudhu which you both did is correct. I am grateful that you chose to guide me in such a beautiful manner" (9).

From the administrative aspect, EGFE includes two stages. In the first stage, which is the individual stage of EGFE, it is necessary for everyone to do it, but this is limited and related to verbal and hearty (internally) stage. But the second stage is the collective stage of EGFE that includes EGFE in each organization such as healthcare organizations and hospitals. During the early Islamic period, this stage was done in an organizational framework called *hasbe* and the one who did this was called *mohtaseb* (10).

On the other hand, applying values in management systems has been given more attention. Today, the managers have concerns to integrate spirituality and management. Paying attention to spirituality and management requires the integration of the deepest values that affects job and succeed in it. Managers have committed themselves to spirituality because of joint interests (11).

Spirituality in workplace is the awareness of the fact that interactions and respect are not limited to us and our privacy and is applicable to our fellow workers. This results in better work status and also more return on investment (12). There are many beneficial reasons for investigating the relationship between

spirituality and management. One of them is the effect that spirituality has on managerial behavior. Spirituality in workplace has many benefits for managers, staff and organizations. People seek meaning in their job and want to relate their spirituality to their working life and go beyond mere money-making. Being spiritual makes people strong in their job and allows them to relate themselves to God in all aspects of their lives (13,14).

In managing economic purposes, it is stated that we should strengthen our moral values instead of strengthening the control system in the management and this is the best alternative for a complicated control system, because this releases employees for producing activities and reducing costs. So we need moral values and should identify those values as well as being human (13).

Nowadays, thanks to God, we have Islamic system in our country; many barriers have been removed from the path for the revival of EGFE. The emphasis of Imam Khomeini -our leader of Islamic revolution- and Ayatollah Khamenei, paved the way to be ready for EGFE. All the people must participate in EGFE. According to the eighth principle of Iran's constitution, in the Islamic Republic of Iran, EGFE is an interactive public responsibility for people in society and also in government. Of course, law determines properties, boundaries and quality of EGFE (15). For reinforcing EGFE, the guideline for EGFE is sent to all organizations by the Iranian president (16). Hospitals, which are the promoters of the health and providers of medical services, should implement this guideline.

Deploying EGFE and optimizing its status needs behavioral change. Authors have prepared various categories of setting goals for behavioral change; some of those are knowledge, attitude and performance aspect. The necessity of identification and knowledge of EGFE before doing anything else are recognized, because those who do this without proper knowledge and awareness make things worse (18). Often, theoretical goals which need mental and logical activities are in the knowledge area. In fact, it is stated that human

understand things with proper knowledge. Then they can apply and analyze it and then assess and judge it (17). The main issues in this areas include identification of virtues and evils, effects and results of EGFE and moral issues which must be considered in administering it (9,19).

Many research studies have been done in the area of EGFE. These research projects which are mostly in the form of review address historical pathology (20), EGFE from Islamic fiqhe of Shi'ah standpoint (21), EGFE in Kalam Science, its effect and results from the standpoint of Quran and Nahj-ol-balaghe (22) and EGFE and its administrative quality in society (23). These studies have some strong points including addressing the practical position of governing systems, considering justice and control of the managers' behavior and prevention of luxurious life. The developmental factors of EGFE in these researches are recognized as an increase of research in this area and attempts of mosques, university and religious schools. Basij et al. (2008) address the role of the elites and academics supervising in cultural reform and society improvement in relation to EGFE (24). None of these research studies, nonetheless, have used measuring approaches. But, it is well known that if we cannot measure, we can manage. In the other words, the first step for improvement is to measure the current situation.

With respect to the importance of these topics in Islam and Islamic society and also due to the negligence in these areas, we decided to address EGFE from the organizational point of view. So due to the importance of medical centers, the current study was done with the purpose of surveying the knowledge of employed staff in a general hospital with 150 beds about EGFE. We want to confirm EGFE to hospital's duties, and help the deployment of these issues in the hospitals. We hope the managers will be aware of the status of EGFE in their organization and can plan for these important issues which are the Quran's, our prophet Muhammad's and the leader of the Islamic revolution's orders.

Methods:

The current research was done with an analytical descriptive method in 2012. The research area was a hospital with 150 beds in Isfahan province. Our statistical population was the whole hospital staff. There were no sampling and data compiled using census from hospital staff. The statistical population included 400 people.

The data gathering tool in this research was a 30-item questionnaire designed by the researchers using questionnaires in similar studies. We used 15 religious and academic professors in the area of EGFE in Isfahan to confirm the validity of the questionnaire.

The questions' difficulty index was calculated 0.7. The reliability coefficient for this questionnaire was relatively high (Cronbach's Alpha= 0.87). Two questions were omitted due to the correlation of less than 0.3. The questionnaire had two sections. The first section included demographic characteristics of the staff and the second section had 28 questions about their knowledge about the EGFE dimensions, including the bounden duties, effects of the EGFE, morality in the EGFE, examples of good (Virtues or Ma'roof) and the examples of evils (Sins or Munkar). The EGFE questionnaire was designed with 5 options for each item on Likert scale (totally agree=4, agree=3, No opinion=2, disagree=1, totally disagree=0). Four hundred questionnaires were distributed among the statistical population and 253 questionnaires were gathered.

To assess the employee's knowledge of EGFE in the hospital, the gained scores were divided into three groups. Those who obtained less than 50% of the scores were considered as the low awareness group, the moderate knowledge group obtained 51 to 75% of the score, and those who achieved more than 75% were named the good knowledge group. Data analysis was done using descriptive statistical indicators, one way ANOVA and t-test with SPSS16 software package.

Results:

From 400 distributed questionnaires, 253 questionnaires were gathered. The questionnaires' response rate was about 63

percent. The findings about demographic properties of the staff show that 50.90% were men and 49.1% women. From the total participants, 7.3% , 29.1%, 1.3% 49.6%, 15%, and 9% were 20-25, 25-30, 30-35, 35-40, 40-50, and older than 50, respectively.

From the total number of employees, 36.7% had high school diploma, 17.2% Associate, 42.1% Bachelor, 2.3% Master, and 1.8% Doctoral degree. Totally, 7.9%, 20.5%, 23.6% ,28.8%, 18.3% and 0.9% had job experience of less than 1 year, 1 to 5 years, 5 to 10 years, 10 to 15 years, 15 to 20 years, and more than 20 years, respectively.

The staff distribution in workplace was as follows: 6.6% in clinic, 3.9% pharmacy, 8.2% laboratory, 4.4% men surgery ward, 6.6% women surgery ward, 7.7% midwifery ward, 2.8% infants' ward, 2.2% radiology, 3.4% CCU, 2.8% ICU, 2.2% maternity ward, 3.3% men internal ward, 6.1% surgery room, 5% emergency department and 31.1% administrative and logistic areas.

An independent t-test indicated a significant difference at confidence interval of 95% in the morality of EGFE as the women's score was higher (P value= 0.045). There was no significant difference in the dimensions of bounden duties, effects of EGFE, examples of good (Virtues or Ma'roof) and the examples of evils (Sins or Munkar) (P value> 0.05).

The percentage score about the bounden duties of EGFE was 72%. The analytical results of one-way ANOVA showed that there was a significant difference with 95% confidence level in the scores of the bounden duties between staff with different degrees. (P value= 0.014). The staff with doctoral degree had higher scores.

There was a significant difference with 95% confidence level in the scores of the bounden duties about EGFE between the employed staff in different sections (P value= 0.008). The staff in storage section had significantly higher scores than the staff in radiology. There was no significant difference in the scores of bounden duties in relation to variables of age (P value= 0.175), job experience (P value=0.061), and organizational position (P value= 0.308). The frequency distribution of the scores about the

dimensions of EGFE between the hospital staff is shown in table 1.

The percentage score of staff about the effects (or results) of the EGFE was 73%. The analytical results of one-way ANOVA showed that there was a significant difference with 95% confidence level in the scores of the effects of the EGFE between staff with different ages (P value= 0.005).

The staff with 40-50 years old had higher scores compared to 25-30 year-old staff. There was no significant difference between the scores of staff about the effects of EGFE in relation to variables such as job experience (P value= 0.161), education level (P value= 0.111), workplace department (P value= 0.563), and organizational position (P value= 0.857).

Table 1: Frequency Distribution of the Employee Knowledge in Relation to the Dimensions of EGFE in Case Hospital

| the EGFE Dimensions | Total | Mean | Standard deviation | Score percentage |
|------------------------|-------|------|--------------------|------------------|
| bounden duties of EGFE | 253 | 2.8 | .49 | 72.4 |
| effects of EGFE | 253 | 2.9 | 0.53 | 73.2 |
| morality in EGFE | 253 | 3.4 | 0.52 | 85.4 |
| virtue's examples | 253 | 3.1 | 0.61 | 78.8 |
| evil's examples | 253 | 2.8 | 0.59 | 72.2 |
| Total scores | 253 | 3.07 | 0.38 | 76.8 |

The morality in EGFE gained 85% from the total scores. The analytical results of the one-way ANOVA showed that there was no significant difference in 95% confidence level between the scores of the moralities in relation to variables of age (P value= 0.261), job experience (P value= 0.328), education level (P value= 0.228), workplace department (P value= 0.081), and organizational position (P value= 0.247).

The percentage scores of the examples of virtue in the EGFE was 78%. The analytical results of the one-way ANOVA showed that there was no significant difference in 95% confidence level between the scores of the examples of virtue with variables of age (P value= 0.510), job experience (P value= 0.40), education level (P value= 0.188), workplace department (P value= 0.4281), and organizational position (P value= 0.472).

The dimension of the examples of evil in EGFE was gained 72% of total scores. The analytical results of the one-way ANOVA showed that there was no significant difference in 95% confidence level between the scores of staff about the examples of evil in relation to variables of age (P value= 0.592), job experience (P value= 0.430), education level (P value= 0.056), workplace department (P value= 0.176), and organizational position (P value= 0.070).

The overall employee knowledge about EGFE gained 76%. The analytical results of the one-way ANOVA showed that there was no significant difference in 95% confidence level between the overall scores of the employee knowledge about EGFE in relation to variables of age (P value= 0.057), job experience (P value= 0.194), Education level (P value=0.105), workplace department (P value=0.198), and organizational position (P value= 0.499).

Conclusion:

One of the most important Islamic trainings is EGFE. This is considered as a foundation for all other duties and is also to guarantee the safety and well-being of human society. Modern world passes the science boundaries too fast to use its effects for a healthy life and welfare of human beings. But one-sided scientific developments and separation of science from prophets' trainings in the area of ethics and spirituality, have threatened the welfare and health of mankind in the modern human industrial life (10). We should return to the prophets' trainings and divine religions in the area of ethics, spirituality and healthy human relationships to survive the crisis of the physical and mental diseases of threatening modern industrial world. This return is also visible in the western world, too (11, 12).

As the findings showed, the status of employee knowledge about EGFE was relatively good. Employee knowledge in the areas of morality and examples of virtue was relatively good, too. No meaningful difference between the variables of age, job experience, education level, workplace department and organizational position could imply the relatively identical level of knowledge between the employees.

In the area of bounden duties of EGFE, effects of EGFE and examples of evil, we see a moderate level. Unfortunately, there is no other similar research in this area and all articles have just addressed this topic superficially. But in the review of JavanArasteh (2011), it is recommended to relegate EGFE to a qualified person and other people only do it in the verbal and not practical level. It also should be practiced in a moderate level. We should be neither indifferent nor too aggressive. EGFE should be institutionalized and educated in the society and organizations (7). Staff training in this area could result in the higher scores of knowledge. In trainings, the young staff (younger than 40) and the radiology staff should be in the target group.

It is necessary to have a supervisory and legal system for EGFE (14). It seems modern organizations' initiatives could play an important role in this respect. In the study by Homayoun et al. (2009) it is recommended that EGFE has an administrative guarantee and be taught through educational courses. In addition, being indifferent to these topics in the absence of Imam Mahdi could bring crisis in the society (8).

Abooyi-Mehrzi (2008) in his study states that serious attention to the EGFE in individual and governmental dimension is a fundamental factor in the physical and mental health of people in society (25). Rezaei-Rad et al. (2011) mentioned that we need an organization for administration of EGFE. Besides, he also insists that although this issue should not be only administered by government because it brings undesirable consequences, the role of government is inevitable and without governmental support, these topics cannot be done (26). Jamshidi et al. (2009) in their study

suggest that EGFE affects society's safety and discipline. According to these ideas, it seems that increasing employees' knowledge and change in their attitude especially in governmental organizations can help in the efficiency of these topics.

Finally, the status of the employees' knowledge about EGFE was relatively good. Staff knowledge in the areas of morality of EGFE and examples of virtue was relatively good, too. In the area of bounden duties of EGFE, effects of EGFE, and examples of evil, we see a moderate level. For EGFE, first we should know virtue and evil and its boundaries. So the people who do this without proper knowledge, not only do not do service but also make others deluded. Staff training in this respect can increase their knowledge scores because the important tools in practicing EGFE is the educating the promoter and the preventer.

Although, the employee knowledge about EGFE was relatively good but, the managerial team of the hospital was expressed that there was a big gap between the current and desirable condition in practicing EGFE. They asked how they could reduce this gap. Their employee has good knowledge but it does not mean that their performance is good in the area. As mentioned before, there are various categories of goals for behavioral change; one of those is knowledge, and the others are attitude and performance aspect (18). The next step for improvement in EGFE can be proposed as assessing the employees' attitude about them.

Recommendations:

The main recommendations can be explained as:

- Increasing employees' knowledge by training and using appropriate tools, improving the role of multimedia and organizational education, making the staff responsible and committed, and considering the ethical and spiritual factors.
- Staff training with focus on the youth (younger than 40) and radiology staff as the target group.

- Making appropriate policies and procedures for these affairs in organizational frameworks to prevent running to extremes and personal fancies.
- Making information centers and lists of virtues and evils on posters.
- Preparing valid books in this area and holding competitions.
- Assessing the employees' attitude related to EGFE.
- Assessing the employees' performance related to EGFE.
- Factor analysis of the questionnaire to assess its reliability.

References:

1. Seyyedi M, Arab Hashemi M. Identification of the Role and Position of Enjoining Good and Forbidding Evil in the Thoughts and Works of Motahari and the Role of University in its Development. National Congress of Responsible Citizen, Islamic Azad University of Khorasgan, Isfahan, Iran 2011. [Persian]
2. Jamshidi M, GholamJamshidi M.S, Sayyah Alborzi H. Modern and practical Analysis of the Enjoining Good and Forbidding Evil in Social Order. Scientific Research Journal of Social Order 2009; 1(4): 143-168. [Persian]
3. Tabarsi A A F. Majmaol Bayan fi Tafsir el Quran. Boyout 1994; 4: 414-6. [Persian]
4. Selection of Imam Khomeini's Works. Enjoining Good and Forbidding Evil., Tehran: Orouj;2009. P. 4-10.
5. Motahari M. Hemaseh Hosseini. vol.2, Tehran: Sadra Publications;1994.p.6-16. [Persian]
6. Holy Quran. Qom: Amir al Momenin Publication;2000.P.198-9.
7. Javan Arasteh H. Legal and Religious Realm of the Enjoining Good and Forbidding Evil. Sci Res J Islamic Revolution Stud 2012;8(27):255-281.
8. Homayoun M, MotahariNia M. comparative Study of the Enjoining Good and Forbidding Evil in Apocalypse and Islamic Republic of Iran and Global Governance of Imam Zaman. Res J Islamic revolution 2009;18:1-27. [Persian]
9. Gheraati M. Enjoining Good and Forbidding Evil. Tehran: Cultural Center for lessons of Quran;2009.p.15-35. [Persian]
10. Velayati A. Dynamic of Culture and Civilization of Islam and Iran. 3rd ed. Tehran: Ministry of Foreign Affairs; 2010:158-161 Vol2. [Persian]
11. Mitroff Lan I, Denton E A. A Study of Spirituality in the Workplace. Sloan Management Review 1999;40(4):83-92.
12. Marques JF. The Spiritual Worker. J Manage Development 2006;25(9):884-95.
13. Kazemi K. Management with Focus on Spirituality. Tadbir 2005;149:79-80. [Persian]
14. Sheikh Nejad F, Ahmadi G. Management in the light of Spirituality. Tadbir 2011;20: 202. [Persian]
15. Zahedi A. Constitution of the Islamic Republic of Iran. Jungle Bud 2012;6-16. [Persian]
16. Anonymous. Guideline for the Enjoining Good and Forbidding Evil by Trustees in Offices. Iranian Presidential office Guideline, No:61888;2007.
17. Hamidzadeh Arbabi Y. health education and communication. tehran: Boshra;2008.p.23-26. [Persian]
18. Soroush M. Topical Interpretation of the Enjoining Good and Forbidding Evil. Research and Publication Institute of Maarefe-Ahlebeit 2013. Available At: <http://lib.ahlolbait.ir/parvan/resource/59839/> [Persian]
19. safi Al-golpayegani L. Reform way or the Enjoining Good and Forbidding Evil. Research and Publication Institute of Maarefe-Ahlebeit; 2013. Available At: <http://lib.ahlolbait.ir/parvan/resource/60116>. [Persian]
20. Rezaei Rad A, Ghabuli Dorafshan M. Pathology of the Enjoining Good and Forbidding Evil with Respect to the Historical Experiences. Islamic Stud QS 2005;69. [Persian]
21. ShirNejad M. Enjoining Good and Forbidding Evil from the Islamic Point of View Especially Shiite. [Masters Degree Thesis]. Qom: Qom University;2001. [Persian]

22. Mohagheghnajafi S. Enjoining Good and Forbidding Evil in kalam Science and its Effects and Results from Quran and Nahjolbalaghe View. [Masters Degree Thesis]. Qom: Qom University; 1993. [Persian]
23. Zarei M. Enjoining Good and Forbidding Evil: its Administrative Quality in Society. [Masters Degree Thesis]. Faculty of Theology and Islamic Studies. Mashhad: Ferdousi University; 1998. [Persian]
24. Basij A. Elites' Supervision in Recognition of the Enjoining Good and Forbidding Evil. Najaf Abad: Publication of Islamic Azad University; 2008. [Persian]
25. Abuyi Mehrizi H. Role of the Enjoining Good and Forbidding Evil in the Environment's health. J Rafsanjan Univ Med Science (Special Issue for Health Congress in Supreme Prophet's Trainings) 2008; 23-30.
26. Rezaei Rad A. Government and the Enjoining Good and Forbidding Evil. Polit Science Res J 2011; 6(1): 109-134.