

Attitude toward Enjoining Good and Forbidding Evil in an Iranian Hospital

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Abstract

Background and Objectives: Appropriate attitude about Enjoining good and forbidding evil (EGFE) as two fundamental topics in Islam that are known as a social phenomenon can use as a powerful tool in Islamic organizations to promote happiness, management improvement and correction of deficiencies. The objective was to assess attitude of hospital staff regarding 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 research population. The data collection tool was a 25-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 attitude of task awareness were 67%, beliefs about the EGFE 39%, religious actions 66%, acceptance 63%, the effects of the EGFE 59%, behavior of others who gives orders 56%, and self-justification was 65%. The overall employee attitude about EGFE was 65%. Significant difference was seen between the hospital departments ($P=0.010$). There was no significant difference between the scores of the EFGE and the other demographic variables ($P>0.05$).

Conclusion: According to the findings of the study, the status of employee attitude about task awareness, religious actions, acceptance, effects, behavior of others who gives orders, self-justification, and attitude was relatively moderate. Employee attitude toward the EGFE beliefs was relatively weak. It is recommended that employees' attitude should be increased. Training to improve the employee attitude toward the EGFE should be focused on women, persons who have diploma or under diploma education, and also the coronary care unit (CCU) staff.

Keywords: Enjoining good; forbidding evil; Attitude; Hospital; employee.

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Introduction

Much emphasis on the enjoining good referred to as Amr-bil-Ma'roof or Ordering for Acknowledged Virtues) and forbidding evil (alternatively called

Nahi-anil-Munkar or Forbidding from Sin) shows its importance in Islam. The holy Quran describes Enjoining good and forbidding evil (EGFE) as the first duty of all the prophets (1). The EGFE is a necessity in religion and it forms the basis for other Islamic duties.

Appropriate attitude about the EGFE as two fundamental topics in Islam that are known as a social phenomenon can use as a powerful tool in Islamic organizations to promote happiness, management improvement and correction of deficiencies (2). Ma'roof is synonym of goodness and goodness is the good work done in society (3, 4). It can be explained that, from an 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 the social effects such as administering Islamic rules, social justice, stability of the 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 above mentioned such as the results in the social, economic, cultural and political benefits (4).

In the attitude and behavior field, the study of social influence has been conducted predominantly within the frameworks of the theories of reasoned action and planned behavior. According to the approach, norms will have a stronger impact upon intentions and behavior (6).

It is said that there is a distinction between aggressive (with mostly negative connotation) and assertive (with mostly positive connotation) forms of behavior. The most of studies in organizational behavior (OB) are focused on a positive depiction of organizational life. Attitudes toward work, motivation, performance, and leadership appear to be main areas of interest in OB research (7). Although by definition, attitudes toward work can be negative as well as positive; the articles reviewed tend to focus on positive attitudes such as job satisfaction and organizational commitment. In summary, traditional research on attitudes toward work, job satisfaction in particular, tended to focus on improving the balance between the individual and his or her occupation. But it is less explained that what employee must do.

In the other hands, there is a growing research interest in specific organizational misbehavior (OMB) phenomena such as incivility, lying and cheating, insulting, betrayal of trust, whistle blowing, concealment of pertinent information, substances abuse, sexual harassment, vandalism, and revenge (8). In fact, both EG and FE are attended in the EGFE. Evil in the literature is known as misbehavior. Ma'roof (virtue) is expressed less attention in this way and are emphasized as ethics, values, or even spirituality. OMB has great financial and social costs (7). Furthermore, misbehavior may yield not only direct but also indirect negative outcomes to the firm, such as reduction in productivity or impaired reputation. It is not unlikely to assume that some of the negative consequences, such as an increased fear or insecurity, could even be felt in the broader community (9). For example, estimates of the costs of the most prevalent misbehavior-employee theft- run as high as \$200 billion annually in the United States alone (7).

In the literature review, we faced with valuable attempt that investigated the organizational behavior and ethical behavior (10). Misbehavior, also has a good, but not enough background and done with different terms like workplace aggression, dysfunctional work attitude, workplace deviance, Counterproductive work behavior (CWB), absenteeism, disruptive practices, Employee theft (9) and many others that Verdi and Weitz (2006) have fully described. Misbehavior is typically viewed as a form of infra-politics, or "less formalized and organized attempts to challenge managerial hegemony" (7). These works are viewed either behavior or misbehavior. It is seemed that we must consider the two sides of the coin. We must say to our employee not only what to do, but also what to donate and relate these two to religious values. It is seemed that the EGFE has these potentials.

In the western countries, Spirituality in the workplace has been increasingly attentive.

Applying values in management systems, also, 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 (11). Being spiritual makes people strong in their job and allows them to relate themselves to God in all aspects of their lives (12, 13).

Moral awareness and judgment are generally considered to be cognitive processes that serve as precursors to ethical intentions and behavior. The link between moral cognition and behavior has long been theorized and studied, and a moderate correlation has been found (10). Deploying EGFE and optimizing its status needs behavioral change. The authors have prepared various categories of setting goals for behavioral change; some of those are knowledge, attitude and performance aspect. Attitude is a bridge for gaps between awareness or knowledge and behavior. We have discrepancies between current and desired status in the case hospital about implementing of the EGFE. Then we should deeply examine second step in learning process which is called attitude (14).

Nowadays, thanks to God, we have an 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.

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 (17), EGFE from Islamic fiqhe of Shi'ah standpoint (18), EGFE in Kalam Science, its effect and results from the standpoint of Quran and Nahj-ol-balaghe (19) and EGFE and its administrative quality in society (20). 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. Basij et al. (2008) address the role of the elites and academics supervising in cultural reform and society improvement in relation to EGFE (21). 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. Vardi and weitz in their valuable work had represented a model of organizational misbehavior that insert employee intentions in the center of their model (7, 8).

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 attitude 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 hospital. 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.

Method

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 29-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. Four items deleted because of expert group opinion.

The reliability coefficient for this questionnaire was relatively high (Cronbach's Alpha= 0.88). The questionnaire had two sections. The first section included demographic characteristics of the staff and the second section had 25 questions about their attitude about the EGFE dimensions, including task awareness, beliefs about the EGFE, religious actions, acceptance, effects, and behavior of others who gives orders, self-justification, and attitude. 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). 400 questionnaires were distributed among the statistical population and 253 questionnaires were gathered.

To assess the employee's attitude 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 attitude group, the moderate attitude group obtained 51 to 75% of the score, and those who achieved more than 75% were named the good attitude 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.

According to independent T-test results, attitude about beliefs gained 5.2 scores in men and 4.4 in women that this deference was significant (P value= 0.019) with 95% confidence interval. Other dimensions had no significant differences between men and women (P value> 0.05).

The percentage score about the attitude to task awareness of EGFE was 67%. Analytical results of one-way ANOVA showed that there was no significant difference in 95% confidence level between the scores of the task awareness in relation to variables of age (P value= 0.183), job experience (P value= 0.524), education level (P value= 0.142), workplace department (P value= 0.258), and organizational position (P value= 0.276).

The attitude toward beliefs gained 39.9% 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 beliefs in relation to variables of age (P value= 0.577), job experience (P value= 0.182), education level (P value= 0.437), and organizational position (P value= 0.803) but significant difference in the scores of beliefs was seen between staff with different workplace department (P value= 0.014). LSD test was showed that pharmacy, medical ward, and catering employees gained significantly lower grades.

There was no significant difference with 95% confidence level in the scores of the religious actions about EGFE between the scores of the religious actions in relation to variables of age (P value= 0.112), job experience (P value= 0.659), education level (P value= 0.642), and organizational position (P value= 0.924) but significant difference in the scores of religious actions was seen between staff with different workplace department (P value= 0.021). Based on LSD test, employees of pharmacy, coronary care unit (CCU), outpatient clinic, safekeeping and catering had lower grades.

The percentage score of staff attitude about acceptance of the EGFE was 63%. The analytical results of one-way ANOVA showed

on LSD test, employees of catering, safekeeping, facilities, pediatric ward, and emergency department gained lower grades.

Table 1: Frequency distribution of the employee attitude in relation to the dimensions of EGFE in the case hospital

Dimension	N	Mean	Std. Deviation	Score Percentage
task awareness	253	8.0859	2.32505	67.38221
beliefs	253	4.7966	2.37561	39.97146
religious actions	253	10.7189	2.40415	66.99308
acceptance	253	10.1166	2.39788	63.22899
effects	253	9.5932	2.67148	59.95730
behavior of others who gives orders	253	8.9732	3.15061	56.08264
self-justification	253	7.8331	2.20762	65.27610
attitude	253	60.1175	11.98388	65.58891

Attitude about effects of EGFE gained 69% 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 effects in relation to variables of age (P value= 0.209), job experience (P value= 0.158), workplace department (P value= 0.371), and organizational position (P value= 0.514) but significant difference in the scores of the effect was seen between staff with different education level (P value= 0.020). LSD test was showed that doctors and employee with master (MSc) gained significantly upper grades than diploma and under diploma.

The percentage scores of the behavior of others who gives orders of EGFE were 56%. 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 behavior of others who gives orders with variables of age (P value= 0.302), job experience (P value= 0.594), education

95% confidence level in the scores of acceptance in relation to variables of age (P value= 0.481), job experience (P value= 0.879), education level (P value= 0.217), and organizational position (P value= 0.449) but significant difference in the scores of religious actions was seen between staff with different workplace department (P value= 0.004). Based

level (P value= 0.122), and organizational position (P value= 0.861) but significant difference in the scores of the behavior of others who gives orders was seen between staff with different workplace department (P value= 0.009). LSD test was showed that employees of catering, safekeeping, and CCU gained significantly lower grades.

Attitude about self-justification of EGFE gained 65% 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 effects in relation to variables of age (P value= 0.467), job experience (P value= 0.058), education level (P value= 0.168) and organizational position (P value= 0.051) but significant difference in the scores of the effect was seen between staff with different workplace department (P value= 0.046). According to LSD test, outpatient clinic, CCU, catering, and operating rooms' employees gained significantly lower grades.

The overall employee attitude about EGFE gained 65%. 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 attitude about EGFE in relation to variables of age (P value= 0.117), job experience (P value= 0.317), Education level (P value=0.053), and organizational position (P value= 0.870).

Significant difference was seen between workplace department (P value=0.010). Employees of CCU and catering gained significantly lower grades.

Discussion

In fact, we can see a distinction between aggressive (with mostly negative connotation) and assertive (with mostly positive connotation) forms of behavior (7). The EGFE that is considered as a foundation of Islamic trainings for all other duties and is also to guarantee the safety and well-being of human society has these two sides of behavior inherently. 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. 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). The EGFE -as a religious task- is a valuable instrument that could help us to encourage good behavior and eliminate misbehavior in our organization. But we should be neither indifferent nor too aggressive. EGFE should be institutionalized and educated in the society and organizations.

In this section we answer the research question: "how is attitude of the hospital employees about EGFE?" As the findings showed, the status of employee attitude about task awareness, religious actions, acceptance, effects, behavior of others who gives orders, self-justification, attitude was relatively moderate. Employee attitude toward the EGFE beliefs was relatively weak. No meaningful difference between the variables of age, job experience, and organizational position could imply the relatively identical level of attitude between the employees. Findings showed that doctors and employee with master (MSc) gained significantly upper grades than diploma and under diploma.

Attitude about beliefs gained higher scores in men than women. Workplace department had the highest diversity in the case hospital. Pharmacy, medical ward, and catering employees gained significantly lower grades in score about the attitude to task awareness of EGFE. Employees of pharmacy, coronary care unit (CCU), outpatient clinic, safekeeping and catering had lower grades in the scores of the religious actions. Employees of catering, safekeeping, facilities, pediatric ward, and emergency department gained lower grades in score of staff attitude about acceptance of the EGFE. Employees of catering, safekeeping, and CCU gained significantly lower grades in behavior of others who gives orders of EGFE. Attitude about self-justification of EGFE gained 65% from the total scores. Outpatient clinic, CCU, catering, and operating rooms' employees gained significantly lower grades. The overall employee attitude about EGFE gained 65%. Employees of CCU and catering gained significantly lower grades. These groups could be the first action for employee training.

Unfortunately, there is no other similar research in this area and all articles have just addressed this topic superficially. But in the review of Javan-arasteh (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 is necessary to have a supervisory and legal system for EGFE (13). It seems modern organizations' initiatives could play an important role in this respect. It is recommended that EGFE has an administrative guarantee and be taught through educational courses (22).

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 (23). Although, Rezaei-rad et al. (2011) mentioned that there is needed to an organization for administration of EGFE, the researcher believes that the EGFE should be deployed in any organization. Besides, the mechanism of governmental support needs to be designed effectively (24).

Although, the employee attitude about EGFE was relatively in intermediate level, 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 moderate attitude 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. Although much needs to be done on the road towards ideal attitude and behavior, this study can present lessons from various perspectives. First, it illustrates that hospital staffs are motivated to participate in measuring dimensions about the EGFE. Second, it identifies attitude domains that urgently need improvement in these hospitals; that is, the attitude toward beliefs and behavior of others who gives orders especially in CCU and catering unit. Third, it confirms how realistic measurable approach can be applied for assessing of employee attitude about the EGFE. We think that improving employee attitude toward the EGFE needs developing the most effective the EGFE strategies and projects in the hospital. Other hospitals can use this experience and share their attempt to promote the EGFE.

Recommendations:

According to findings and discussion, the main recommendations for employee attitude improvement can be explained as:

- Increasing employees' attitude by workshop training with focus on women and persons who have diploma and under diploma education.
- Staff training with focus on coronary care unit (CCU) and catering for the first action and then Pharmacy, medical ward, and , outpatient clinic, safekeeping, facilities, pediatric ward, and emergency department, operating rooms as the second target group.
- Designing an administrative mechanism with both formal an informal support and feedback.
- Deploying a debate on the EGFE and using employee participation.
- Assessing the employees' attitude related to EGFE periodically.

- Factor analysis of the questionnaire to assess its reliability.
- Using structural equation modeling to Assess the dimensions of the employees' attitude toward the EGFE

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