

Theoretical Framework for the Development of an Islamic Competency Instrument for Nursing Educators

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Abstract: *This article explores the theoretical framework underpinning the development of an Islamic competency instrument for nursing educators in Malaysian higher education institutions. The framework integrates multiple Islamic and educational theories, including Ibn Khaldun's Model of Islamic Education, the Theory of Caring in Islam, the Concept of Islamic Work Ethics, and the Iceberg Model of Competency. Additionally, the Design and Development Research (DDR) model serves as the methodological foundation for instrument development. Based on the theories and models discussed, the researcher has integrated all relevant frameworks to develop an Islamic competency instrument for nursing educators in higher education institutions in Malaysia. The framework provides a structured basis for ensuring nursing educators embody both spiritual and professional competencies consistent with Islamic principles.*

Keywords: Development, Theoretical Framework, Islamic Competency

1. Introduction

The integration of Islamic values in healthcare education has become increasingly important in Muslim-majority societies like Malaysia. Nursing educators, as key agents of change and knowledge transmission, require not only professional competencies but also strong Islamic ethical foundations. To address this need, the development of an Islamic Competency Instrument for Nursing Educators must be grounded in robust theoretical underpinnings. This paper outlines the theoretical framework used to guide this development, highlighting five major theories and models that align with the spiritual, ethical, and professional demands of Islamic nursing education.

2. Literature Review

Competency is a fundamental pillar for assessing and ensuring the continuity of teaching and learning from the classroom to clinical practice. It acts as the bridge between theoretical knowledge and practical application, serving as a key measure for evaluating the cognitive, affective, and psychomotor domains (Bloom, 1956). From the perspective of educators in general, competency refers to the integrated set of knowledge, skills, abilities, and behaviors that a teacher or instructor must possess to perform effectively in their role. It's not limited to academic qualifications or subject matter expertise, but also includes the ability to manage

classrooms, facilitate learning, and adapt teaching strategies to meet diverse student needs. Robinson (2010) emphasizes that competency extends beyond technical proficiency and includes key areas such as pedagogical skills, interpersonal skills, and the ability to manage instructional methods according to varied learning requirements. This view is supported by Sani, Rashed, Othman, and Ishak (2020), who identified several priority categories in educator competencies: subject knowledge, pedagogical skills, classroom management, assessment techniques, and professional ethics. Adding to this, Kamran and Rafiq (2022) highlight that competency plays a key role in encouraging educators to engage in lifelong learning, enabling them to continuously enhance the quality and effectiveness of their teaching in response to evolving demands and changes in the education landscape. In the context of nursing education specifically, competency for a nurse educator or instructor is defined as the combination of specialized knowledge, practical skills, and teaching abilities. This combination enables nurse educators to deliver effective teaching, provide meaningful guidance, and support the professional development of both nursing students and practicing nurses (Fukada, 2018; Mohammadi et al., 2021; World Health Organization, 2022). When viewed through the lens of Islam, the competency of a nurse educator goes beyond technical knowledge and teaching skills. It also involves strong ethical values, spiritual awareness, and a deep commitment to serving others. Several key dimensions shape this holistic understanding of competency: professional competence; ethical standards; continuous learning and self-improvement; service to humanity; integration of faith (*aqidah*) in teaching and community engagement. By focusing on the continual enhancement of the three core components of competency (knowledge, practical skills, and personal attributes) nurse educators can elevate the professionalism of the field, improve the quality of education, and increase the overall effectiveness of teaching and learning. Ultimately, this leads to the development of more competent, ethical, and spiritually grounded nursing students and professionals.

2.1 Islamic Education Model by Ibn Khaldun (1967)

Ibn Khaldun (1332–1406), a prominent Islamic scholar, categorizes knowledge into two: '*aqliyah* (rational knowledge) and *naqliyah* (revealed knowledge) (Khaldun, 1967). He asserts that effective education involves a threefold methodology: *tadarruj* (gradual instruction), *tikrari* (repetition), and *tadrib* (practical training) (Unsi, 2018). His model views education to develop individuals' personal identity, fulfill social functions, and ultimately serve as God's stewards (*khalifah*) on Earth. Abd Al-Rahman ibn Muhammad ibn Muhammad ibn Abi Bakr Muhammad ibn Al-Hasan, better known as Ibn Khaldun (732H–808H / 1332M–1406M), was one of the most influential scholars in Islamic intellectual history. His legacy endures through seminal works such as *Muqaddimah*, which continues to shape various fields, particularly history, sociology, and education (Khaldun, 1967). Ibn Khaldun categorised knowledge into two main types:

- 1) *Aqliyah* (rational sciences) – Knowledge acquired through human reason and intellect, including the natural and social sciences.
- 2) *Naqliyah* (transmitted or revealed sciences) – Knowledge passed down through tradition, such as religious teachings and texts (Khaldun, 1967).

In terms of pedagogical methods, Ibn Khaldun proposed three essential approaches for effective teaching and learning (Unsi, 2018):

- 1) *Tadarruj* (gradual progression) – Concepts should be taught in stages, beginning with the basics and moving toward more complex ideas.
- 2) *Tikrari* (repetition) – Repeating lessons helps reinforce knowledge and ensures better retention.

- 3) *Tadrib* (practical training) – Application through practice is vital for solidifying theoretical knowledge.

Moreover, Ibn Khaldun outlined the objectives of education from three key perspectives:

- Individual development – Education should shape the learner’s intellect, character, and moral values.
- Social integration – It should prepare individuals to function effectively within society and contribute to its well-being.
- Spiritual responsibility – Learners should understand their role as servants of Allah and as His representatives (*khalifah*) on Earth (Unsi, 2018).

These ideas offer valuable insights for the development of Islamic competencies in nursing education. Nursing educators are not only tasked with teaching clinical knowledge and skills but also with instilling Islamic values such as compassion, integrity, and accountability. Ibn Khaldun’s framework helps guide educators in nurturing holistic professionals who are intellectually competent, socially responsible, and spiritually grounded.

2.2 Theory of Caring in Islamic Perspective

Barolia and Karmaliani (2008) introduced a caring theory rooted in Islamic theology. They proposed a holistic model emphasizing five human personality dimensions which is physical, ethical, ideological, spiritual, and intellectual. This model suggests that a balanced development of these dimensions leads to compassionate caregiving in nursing. Ethical care, spiritual satisfaction, and intellectual growth are interconnected with Islamic values and obligations toward God, society, and self. Rubina Barolia and Rozina Karmaliani (2008) proposed a theory of nursing care from an Islamic perspective, which they called the Interactive Model of Caring. This model is rooted in the idea that compassion is an essential element of Islamic theology, and caring in nursing should reflect this core value. At the heart of their model is the importance of maintaining a balance among five key dimensions of the human personality which are physical, ethical, ideological, spiritual dan intellectual. According to Barolia and Karmaliani (2008), when a nurse is able to harmonise these five dimensions, it leads to caring behaviour that is not only effective but deeply empathetic and meaningful.

2.2.1 Physical Dimension

This dimension includes three key themes: pain relief, purity (*taqwa*), and prevention. The concept of pain in this model is holistic and it encompasses both physical and psychological pain, with equal importance given to both. Cleanliness, in Islamic nursing, is not just about physical hygiene but also includes spiritual purity and mental clarity. Thus, a nurse is expected to uphold high standards of cleanliness and help patients maintain their dignity in both body and mind.

2.2.2 Ethical Dimension

Ethics in this model are grounded in universal principles such as honesty, justice, and equity, all of which are deeply embedded in Islamic teachings. Ethical care also includes respecting the patient’s rights, especially the right to access treatment and care when ill. This reflects the Islamic emphasis on doing good and protecting human dignity in all circumstances.

2.2.3 Ideological Dimension

This dimension is based on three areas of responsibility: duties to Allah, duties to others and duties to oneself. Islamic nursing care encourages maintaining a balanced life, fulfilling all

three obligations. This sense of balance is essential in guiding nurses to make ethical decisions and provide holistic care that aligns with religious, social, and personal responsibilities.

2.2.4 Spiritual Dimension

Spiritual well-being, according to this model, comes from self-satisfaction through acts of love, building connections with others, and showing empathy. Nurses are encouraged to develop strong emotional and spiritual bonds with their patients, fostering healing environments based on trust and compassion.

2.2.5 Intellectual Dimension

Islam places a high value on the pursuit of knowledge. In this dimension, nurses are called to engage in continuous learning, research, and the development of nursing knowledge, as this is seen as a divine command from Allah, as stated in the Qur'an. The intellectual pursuit in nursing is not just a professional obligation but it is a spiritual one. Barolia and Karmaliani (2008) argue that Islamic caring values are not exclusive to Islam, but rather align with universal moral principles found in other religious and secular nursing traditions. While some spiritual concepts in Islamic nursing may differ philosophically from those in Western traditions, the essence of compassion, empathy, and ethical care remains consistent and shared.

2.3 Islamic Work Ethics

Ali (2005) and Ali and Al-Owaihian (2008) define Islamic Work Ethics (IWE) through four core concepts: effort (*itqan*, *istiqamah*, *tawakkal*), competition (*mu'awanah*, *'adl*, *syura*), responsible behavior, and transparency. These concepts provide the ethical structure for Muslim educators, guiding their work behavior and personal discipline in line with Islamic principles. Islamic work ethics emphasise four core principles that reflect the moral, spiritual, and professional standards expected of individuals in the workplace. These principles are especially important in forming the Islamic competence of nursing educators, as they guide both personal conduct and teaching philosophy. The principles found in the Islamic work ethic, as proposed by Ali and Al-Owaihian (2008), are discussed through four main concepts, as illustrated in Figure 1.1:

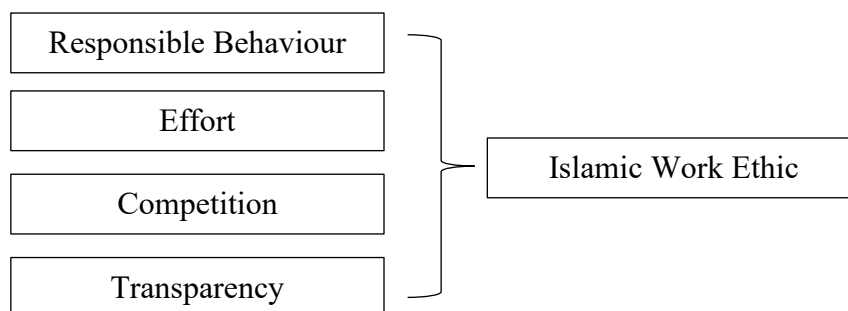


Figure 1.1 The Principles of Islamic Work Ethic by Ali & Al-Owaihian (2008), adapted from the conceptual framework of Kamaluddin (2010)

The first principle is effort, expressed through *itqan* (doing work with excellence), *istiqamah* (steadfastness), and *tawakkal* (placing trust in Allah after making sincere efforts). This combination encourages individuals to commit fully to their responsibilities while maintaining spiritual consciousness (Ali, 2005; Ali & Al-Owaihian, 2008). The second principle is ethical competition, based on *mu'awanah* (mutual-cooperation), *'adl* (justice), and *shura* (consultation). Islamic teachings view competition not as rivalry but as an opportunity to improve oneself while working together justly and seeking collective wisdom in decision-

making (Ali, 2005). The third principle focuses on responsible behaviour, which involves acting with integrity, fulfilling one's duties, being accountable for one's actions, and maintaining high ethical standards in all professional interactions (Ali & Al-Owaihian, 2008). The fourth principle is transparency, which refers to openness, honesty, and clarity in communication. In the workplace especially in education and healthcare transparency builds trust and promotes ethical leadership (Ali & Al-Owaihian, 2008). Together, these four principles provide a strong ethical foundation for educators in nursing. By embodying these values, nursing educators not only set an example for their students but also foster a learning environment rooted in trust, responsibility, and spiritual awareness as a key aspect for holistic Islamic professionalism.

2.4 Iceberg Model of Competency (Hay McBer, 1996)

Hay McBer's Iceberg Model (1996) delineates three competency domains: knowledge, skills, and personal traits. The visible components (knowledge and skills) represent surface-level competencies, while hidden elements (self-concept, motives, traits) lie beneath the "iceberg". This model ensures comprehensive assessment and development of educators' competencies. The Iceberg Model of Competency, developed by Hay McBer in 1996, has become one of the most widely recognised frameworks for understanding and assessing competencies in professional settings. In the context of Islamic education particularly in nursing education, this model serves as a foundational reference for identifying and developing Islamic competency among educators. The model outlines three key components that are essential for effective performance. The three components of competence are illustrated in the diagram as shown in Figure 1.2.

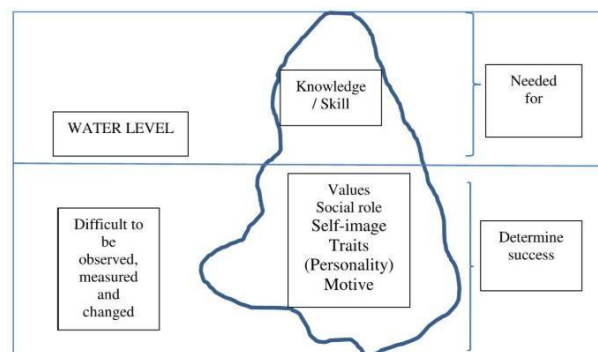


Figure 1.2: The Competence Components from the Modified Iceberg Competency Model (Hay McBer, 1996) by Saedah & Sani, 2012)

2.4.1 The Waterline of the Iceberg Competency Model

The components above the waterline are:

- *Knowledge*: The ability of an individual to continuously enhance their knowledge to improve personal performance in a quality, effective, and efficient manner. This also helps elevate the profession by practicing lifelong learning (Fukada, 2018; Malaysian Education Development Plan, 2013-2025; Saedah & Sani, 2012).
- *Skills*: The ability of an individual to apply and utilize the knowledge, practices, and experiences they have acquired to ensure that assigned tasks are carried out excellently, productively, and with quality, thus achieving the objectives, vision, and mission of the organization (Fukada, 2018; National Public Administration Institute, 2021; Malaysian Education Development Plan, 2013-2025; Saedah & Sani, 2012).

Both components are necessary for performing tasks and are visible and identifiable elements that ensure an individual is competent (Saedah & Sani, 2012). Furthermore, these components are typically acquired through courses, training, seminars, or academic qualifications (Saedah & Sani, 2012).

2.4.2 Below the Waterline of the Iceberg Competency Model

The components below the waterline represent personal traits. These include the values and behaviors that every individual should embody and practice (National Public Administration Institute, 2021). According to Saedah (2012), an individual's behavior can distinguish whether they are a high-performing or average-performing employee. Although personal traits are

difficult to measure, they are crucial in shaping an individual's excellence when combined with the knowledge and skills they have acquired (Mohamad & Salleh, 2009; Mohamed Salleh, 2018; Othman & Nilai, 2017; Saedah & Sani, 2012). This competency component aligns with the Malaysian Education Development Plan, which focuses on producing a competent and competitive workforce (Malaysian Education Development Plan, 2013-2025).

According to Hay McBer (1996), knowledge and skills are visible similar to the tip of an iceberg. These elements are easier to observe and assess. However, the deeper part of the iceberg included the personal characteristics such as attitude, integrity, motivation, and emotional stability which plays an equally, if not more, important role in shaping an individual's overall competency. These traits are often hidden but critically influence behaviour and performance. By applying this model in the development of Islamic competency instruments for educators, it becomes possible to evaluate and enhance the overall quality of education. The model supports a balanced approach to professional development by not only focusing on cognitive and technical aspects but also incorporating the deeper moral and spiritual qualities that are essential in Islamic teaching and learning. In short, the Iceberg Model provides a comprehensive and appropriate framework for defining the core competency components in this study: knowledge, skills, and personal characteristics. It aligns well with the broader goals of Islamic education, which seek to develop not just capable professionals, but ethically grounded and spiritually conscious individuals.

3. Methodology

The Design and Development Research Model by Richey and Klein (2007) serves as a primary framework in guiding the design and development of Islamic competency instruments for nursing educators. This model offers a structured and systematic approach to creating educational tools that are both practical and research driven. The DDR approach not only helps researchers carry out their studies in a structured and organised way, but it also gives them the flexibility to choose from a variety of tools and research methods tailored to each phase of the study (Ramlan Mustapha, 2017). According to Richey and Klein, the model consists of three key phases:

- 1) *Needs Analysis Phase* – This initial stage focuses on identifying and understanding the specific needs, gaps, or issues related to the area being studied. For Islamic competency development, this involves understanding what competencies are essential for nursing educators from both a professional and Islamic perspective.
- 2) *Design and Development Phase* – In this phase, researchers begin to design and build the instrument or tool based on the findings from the needs analysis. This includes creating items, selecting relevant indicators, and integrating Islamic values into the structure of the competency model.

- 3) *Evaluation Phase (Suitability and Usability)* – The final phase involves testing the instrument to ensure that it is both appropriate for the target audience and usable in real-world educational settings. Feedback is gathered, and adjustments are made to enhance the tool's effectiveness and reliability.

Each phase in the model is guided by methods tailored to the specific goals of the study, ensuring a systematic process from concept to implementation (Richey & Klein, 2007). By applying this model, researchers and educators can ensure that the development of Islamic competency tools is grounded in both academic rigor and practical relevance. This makes it a highly suitable approach for enhancing the quality of nursing education in contexts where Islamic values and professionalism are integral.

4. Findings

Based on the synthesis of literature, a theoretical framework (Figure 1.3) was developed to visualize the integration of the identified theories and models. The Islamic Competency Instrument for Nursing Educators was developed based on three main theories and one supporting model. The foundational theories and model that guided the design and development of this study are:

- a) Ibn Khaldun's Educational Model;
- b) The Islamic Perspective of Skill Theory by Barolina and Karmaliani;
- c) Islamic Work Ethics Theory by Ali J. Abbas;
- d) The Iceberg Competency Model by Hay McBer, which served as the structural reference.

The Iceberg Competency Model was adapted to shape the core constructs of the study, which include knowledge, skills, and personal attributes. Meanwhile, the sub-constructs of the study were formed by adapting elements from:

- a) Ibn Khaldun's Educational Model, which contributed to the knowledge component, particularly in the areas of faith (*aqidah*) and worship (*ibadah*);
- b) The Theory of Caring in Nursing from an Islamic Perspective by Barolina and Karmaliani, which informed the development of competencies in Islamic care skills and Islamic spiritual care skills;
- c) Ali J. Abbas's Islamic Work Ethics Theory, which was adapted to shape the personality component, especially regarding Islamic work ethics.

These theories and models were integrated to design and develop the instrument. The findings show that combining these theoretical foundations has contributed new components for evaluating Islamic Competency among nursing educators, as reflected in the final instrument.

Theoretical Framework for Islamic Competency of Nursing Educators

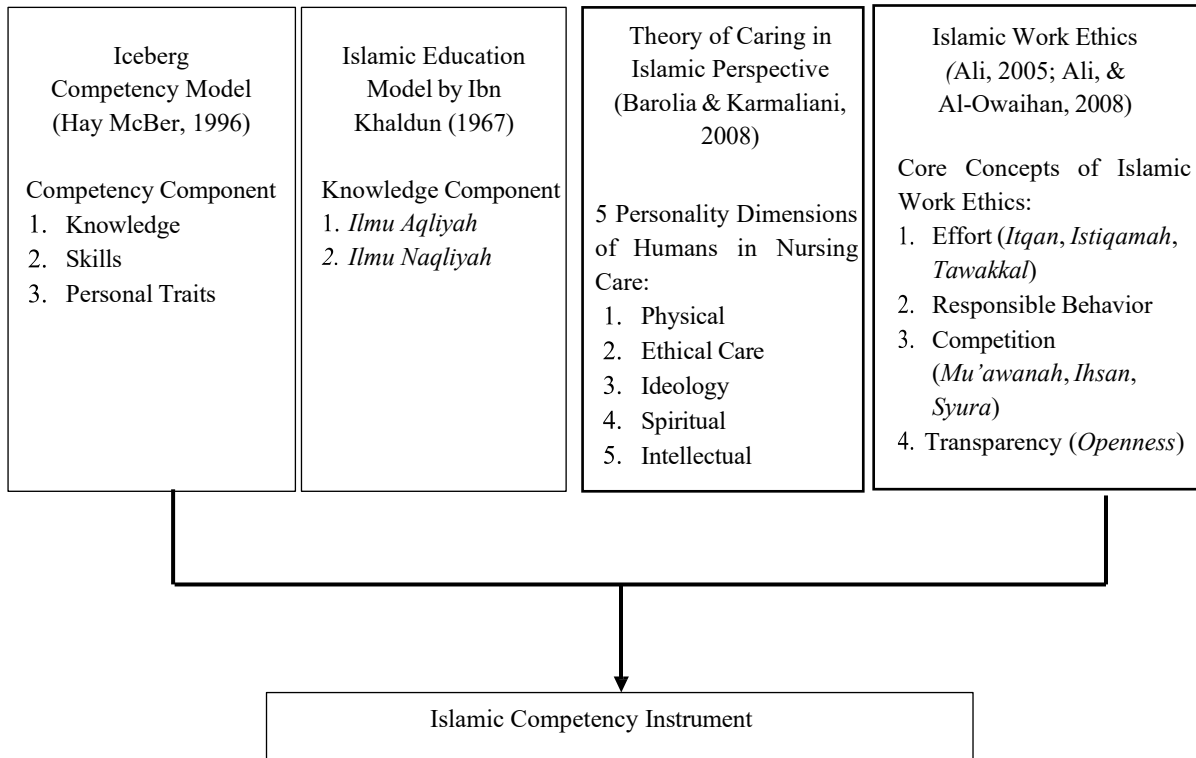


Figure 1.3: Theoretical Framework of the Study on Islamic Competency for Nursing Educators (Adapted from the Model of Islamic Education by Ibn Khaldun, 1967; Theory of Caring in Islamic Perspective by Barolia & Karmaliani, 2008; Islamic Work Ethics by Ali, 2005, Ali, & Al-Owaihyan, 2008; Iceberg Competency Model by Hay McBer, 1996).

5. Conclusion

The integration of classical Islamic scholarship with modern competency models provides a comprehensive foundation for developing an Islamic competency instrument for nursing educators. By aligning educational, spiritual, ethical, and professional competencies, the framework ensures a balanced and contextually relevant tool for Malaysian higher education. This theoretical model not only contributes to academic literature but also promotes the Islamization of knowledge in health education.

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Conflict of Interest Statement

The authors declare that there is no conflict of interest regarding the publication of this study. In addition, this study was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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