A CONCEPTUAL FRAMEWORK OF HOLISTIC MUSLIM SPIRITUAL CARE IN SHARIAH COMPLIANT HOSPITAL

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Abstract*: Spiritual care plays a crucial role in patient well-being, addressing religious, spiritual, and existential concerns of holistic patient care. It involves respecting patients' beliefs, values, and dignity through empathy, compassion, and guidance. Despite its importance, there is limited literature on frameworks for delivering spiritual care, especially from an Islamic perspective. This study aimed to revise and validate a holistic Muslim spiritual care framework in a Shariah compliant hospital setting. A qualitative study was conducted with participants in one hospital in Malaysia. Data were collected through focus group discussion in May 2023 to further refined and validated the framework. Thematic analysis was used to analyzed the data. The study identified four key stakeholders in the holistic spiritual care framework: patients, healthcare providers, hospital management, and family members. Four core elements, which are empathy, cooperation, trust, and responsibility were found to be essential for effective spiritual care delivery. This conceptual framework emphasizes the critical roles of each party in supporting the spiritual well-being of patients. Its implementation in hospital settings can guide the provision of holistic spiritual care in line with Islamic values. Further discussion is needed to explore the framework's broader applicability and its integration into healthcare organizations.*

Keywords*: Spiritual Care, Islamic Healthcare, Holistic Care, Shariah Compliant Hospital*

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Introduction

From an Islamic perspective, spiritual care should be an integral and accountable part of patient care (Marzband et al., 2016). It involves offering comprehensive spiritual support and fostering well-being through religious practices, which are essential in maintaining the holistic health of Muslim patients. In many Islamic countries, adherence to religious beliefs and practices is a significant aspect of daily life, making it crucial for healthcare providers to accommodate patients' spiritual needs. This includes provisions for daily prayers, ablution (wudhu'), and dry by Harorani et al. (2022). Despite the clear importance of spirituality in healthcare, spiritual needs are often overlooked, with the integration of spiritual care into daily routines and disease management viewed as challenging (Strabner et al., 2019).

Notably, Mamat et al. (2024a) conducted a study in a Malaysian hospital examining the spiritual issues faced by patients during hospitalisation. The study revealed that physical and emotional suffering, feelings of loneliness, the impact of a serious diagnosis, and the inability to perform religious practices were often intertwined with patients' overall well-being. These findings highlight the multifaceted nature of illness, where spiritual, emotional, and physical dimensions are deeply interconnected. While the study highlights the importance of addressing spiritual needs within healthcare settings, it is critical to question whether existing hospital frameworks sufficiently recognise or accommodate these needs. Moreover, spiritual distress, a common experience among patients and their families during serious illness, injury, or death, further emphasises the need for tailored spiritual care interventions (Claire, 2021).

Literature Review

The Important Of Spiritual Care

Spiritual care is a critical component of holistic patient care, particularly in Islamic healthcare settings. Patients often express spiritual concerns related to their faith, well-being, and the afterlife (Jadidi et al., 2017). Addressing these needs fosters inner peace and emotional well-being. However, many patients feel neglected when healthcare providers fail to support them spiritually. Patients expect doctors and nurses to treat them with empathy and kindness, which plays a crucial role in their overall care experience (Hairulisa et al., 2024). Moreover, some patients do not receive any spiritual support despite long stays in the hospital (Perrin et al., 2021).

Challenges In Providing Spiritual Care

Despite its significance, spiritual care remains underappreciated and inconsistently provided. Healthcare providers often struggle to find time for spiritual care due to heavy workloads and staff shortages (Burkhart et al., 2019; Gavaza et al., 2023; Giske & Cone, 2015; Schultz et al., 2020; Tao et al., 2020). Furthermore, many feel unprepared to offer such support effectively (Tao et al., 2020). Many healthcare providers also feel unequipped to provide spiritual care, even though they recognize the varying spiritual concerns among patients (Mamat et al., 2024b). The ambiguity in organizational policies further complicates the integration of spiritual care into medical treatment, causing some patients to miss out on this essential aspect of holistic care (Burkhart et al., 2019).

Efforts To Integrate Spiritual Care

Efforts have been made to integrate spiritual care into healthcare, with some healthcare providers assisting patients in finding purpose and strengthening their faith (Azhari et al., 2017). However, not all patients respond positively to spiritual care, highlighting the need for a tailored

approach (Mamat et al., 2024b). Effective spiritual care requires patients to have realistic expectations about their healing and to express their feelings openly (Perrin et al., 2021).

The Need For A Holistic Framework For Spiritual Care

Implementing structured spiritual care models has been shown to enhance patient outcomes. For instance, a Spiritual Care Model in Iran improved patients' spiritual well-being across religious backgrounds (Ghorbani et al., 2021). In Malaysia, nurses who completed specialized training saw notable improvements in their competencies (Abusafia et al., 2024).

Problem Statement

Although prior studies have explored the role of spiritual care, they often focus on healthcare providers and patients separately, lacking a comprehensive, multi-stakeholder framework (Marzband et al., 2016; Harorani et al., 2022). Existing research has yet to fully integrate Islamic principles into a model that encompasses the roles of patients, healthcare providers, hospital management, and family members. Addressing this gap, the current study aims to develop and validate a holistic spiritual care framework tailored for Shariah-compliant hospitals, ensuring a more complete and culturally appropriate approach to spiritual care delivery.

Methods

Study Design

This study utilized qualitative method. Qualitative research enables an in-depth understanding by listening, interpreting, and retelling participants' experiences in a vicarious manner, engaging the reader both emotionally and intellectually (Glesne, 2015). By exploring the participants' experiences in this study, multiple perspectives were obtained, enhancing the understanding of healthcare providers' and patients' experiences related to spiritual care.

Study Sample

The sampling aligns with the methodology used by Selman et al. (2018), who conducted focus group discussions with 4 to 12 participants per group.

Procedures

PHASE 1 → PHASE 2 → PHASE 3 → PHASE 4

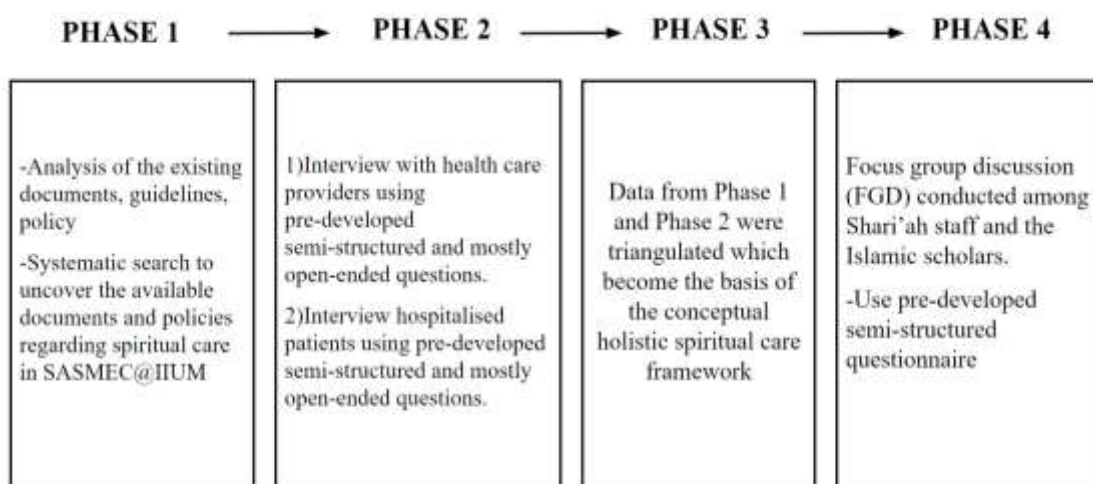| PHASE 1	PHASE 2	PHASE 3	PHASE 4
-Analysis of the existing documents, guidelines, policy -Systematic search to uncover the available documents and policies regarding spiritual care in SASMEC@IIUM	1)Interview with health care providers using pre-developed semi-structured and mostly open-ended questions. 2)Interview hospitalised patients using pre-developed semi-structured and mostly open-ended questions.	Data from Phase 1 and Phase 2 were triangulated which become the basis of the conceptual holistic spiritual care framework	Focus group discussion (FGD) conducted among Shari'ah staff and the Islamic scholars. -Use pre-developed semi-structured questionnaire

Figure 1: Study Phases

This study consists of four phases. However, this paper focuses only on Phase 4; therefore, explanations of the other phases have been omitted in this section. Phase 4 focused on validating the preliminary conceptual framework developed in Phase 3. To ensure the framework's relevance and applicability within an Islamic context, a focus group discussion (FGD) was conducted with 6 staff members from the Department of Shariah Compliance in the same hospital. These Shariah experts were selected as validators due to their extensive experience and involvement in providing spiritual care within the hospital. Their academic backgrounds in Shariah studies, Fiqh, and Usul Fiqh, as well as their responsibility for overseeing all Shariah compliance matters at the hospital, made them well-positioned to offer valuable feedback. Their roles included managing training programs, publications, and external collaborations related to spiritual care, making their input essential for ensuring that the framework aligned with both Islamic principles and the hospital's operational needs. This validation process helped refine the conceptual framework, ensuring it effectively addressed the spiritual needs of both patients and staff within a Shariah compliant hospital.

Data Analysis

The audio recordings were fully transcribed to ensure accurate data capture. NVivo software version 14 was used to categorize the data into relevant themes, streamlining the reporting process. The data were analyzed using thematic analysis, a method of pattern recognition where emerging themes are identified and used as the basis for analysis (Fereday & Muir-Cochrane, 2006). According to Kiger and Varpio (2020), thematic analysis involves six systematic steps. The first step is familiarization with the data, which involves reading and re-reading the transcripts to actively engage with the content. The second step is generating initial codes, where well-defined codes are created to represent the raw data. At this stage, discussions were held with qualitative research experts on the team to refine the coding process. The third step focuses on searching for themes by organizing, comparing, and linking related codes. Only relevant quotations were selected to illustrate each code accurately. In the fourth step, themes are reviewed to determine if any need to be discarded, combined, or refined for clarity. The fifth step involves defining and naming the themes, ensuring that the final theme names are concise and interrelated. The final step is producing the report or manuscript, where the findings are written up and presented in a structured format.

Ethical Consideration

Participation in the study was entirely voluntary, with participants assured of their right to withdraw at any stage without facing any consequences. Informed consent was obtained from each participant prior to data collection. The FGD were recorded with the participants' permission, and they were guaranteed full confidentiality and anonymity regarding their data. Ethical approval for the study was granted by the Kulliyyah of Nursing Postgraduate and Research Committee (KNPGRC) and the IIUM Research Ethics Committee (IREC-2023-058).

Results

Since this paper focuses only on phase 4, the interview findings from patients and HCPs in phase 2 have been published previously (Mamat et al., 2024a; Mamat et al., 2024b;Hairulisa et al., 2024).

During Phase 4, the finding from a focus group discussion provided a comprehensive review and resulted in several suggestions and feedback. A point of confusion arose among the Shariah

staff regarding the term "healthcare providers" and whether it adequately represents a holistic spiritual care framework. They suggested that other roles within the hospital, such as Shariah staff, welfare staff, and administrative staff, should also be included, arguing that a truly holistic approach should encompass contributions from all participants. From the research team committee's perspective, the term "healthcare providers" was chosen because the framework was developed based on findings from this study, which only involved interviews with healthcare providers and patients. Thus, the collected data reflects these specific perspectives and experiences.

Initially, there were no arrows connecting each relationship in the framework. However, the Shariah staff suggested adding arrows to clarify the representation of core components. The explanations and illustrations effectively clarify the roles and responsibilities of each party in contributing to holistic spiritual care for patients. In summary, all Shariah staff agreed with the development of the conceptual framework, provided it aligns with the study's findings (see Figure 2 below).
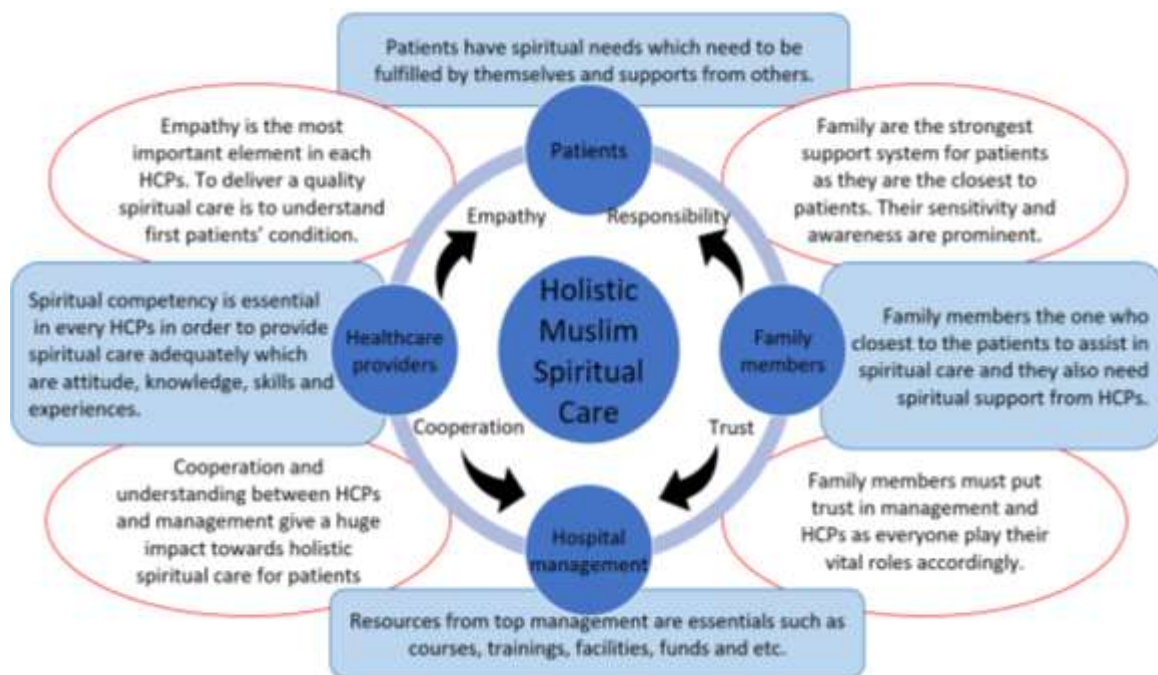

Figure 2: Conceptual Framework Of Holistic Muslim Spiritual Care

The Holistic Muslim Spiritual Care Framework, developed based on the study's findings and grounded in Islamic principles, is designed to ensure that comprehensive spiritual care is provided to hospitalized patients. This framework focuses on the interaction of four key stakeholders: (A) patients with their spiritual needs, (B) healthcare providers with spiritual care competencies, (C) hospital management equipped with adequate resources, and (D) patients' family members. Each relationship within the framework is built upon four core components: empathy, cooperation, trust, and responsibility.

Patients are at the center of holistic spiritual care. Their spiritual needs must be fulfilled through self-awareness and support from others. Empathy is the cornerstone of the relationship between healthcare providers and patients. The findings from patient interviews revealed that patients

sought greater empathy from HCPs, desiring to be treated with the same care and compassion shown to family members. They desire for someone to listen, need companion and expected healthcare providers (HCPs) to support and address these spiritual needs. In Islam, empathy is a central tenet, deeply embedded within the teachings of the Holy Quran. One needs to have empathy by putting themselves in the patient's shoes in order to provide spiritual care to patients. Patients believe someone who has empathy towards others will treat and care for them compassionately, thus fulfilling their spiritual needs. Healthcare providers, therefore, play a crucial role in delivering quality spiritual care by recognizing and responding to the emotional, psychological, and spiritual dimensions of health, alongside the physical aspects of treatment.

Cooperation is pivotal in the relationship between hospital management and healthcare providers. Hospital management creates the enabling environment for holistic spiritual care such as providing adequate and quality resources for healthcare providers, patients, and family members. Their character might be unseen in healthcare settings. However, their actions and strategies highly affect holistic spiritual care for the patients. From the interviews with HCPs, management is expected to provide adequate resources such as courses and training for staff, facilities, funds, and any materials related to spiritual care demands. Meanwhile, interviews from patients indicate that patients sought hospital management to carter lack of staff as it is the highlight issue seen by patients in wards. Also, other than providing resources, management should also identify any lacking in their system and plan so that improvement can be done for others benefit.

Trust is the essential element in the relationship between patients' family members and hospital management. Trusting others with the care of a loved one can be challenging, yet it is a fundamental aspect of providing holistic care. Meanwhile, from the findings of patients' interviews, family members raise their concerns regarding treatment for the patients whether it is necessary or suitable. It is normal for family members to act like that, representing their love towards their loved ones. However, family members should put their trust in hospital management and HCPs as it is one of the important key elements in holistic spiritual care. To put trust in someone to treat and care for their loved one might not be easy, but it is one of the most important ways to complete the key element in holistic spiritual care for patients. In hospitals, healthcare providers have the same goal, i.e., to treat patients as much as they can. Thus, family members play a significant role in trusting them and actively taking care of patients.

The final key element in this framework is responsibility, particularly the role of family members in supporting the spiritual care of patients. Family members are the strongest support system for patients, given their proximity and emotional connection. They are the closest individuals to the patients, bear a responsibility to attend to their spiritual and emotional needs. There is no interview done with family members. However, their role has been mentioned repetitively during the interviews with HCPs and patients. Thus, from the findings, it could be derived that family members have a prominent role and contribute to holistic spiritual care of patients. Family members indeed are the strongest emotional support for patients as they are the closest to them where patients mentioned the need for their presence in the ward. Also, HCPs acknowledge the importance of delivering spiritual care for family members too. In this situation, HCPs and hospital management should be attentive towards family members of patients too, as they contribute a lot in delivering spiritual care to the patients.

Discussion

The findings highlight four key elements—empathy, cooperation, trust, and responsibility—as fundamental components of holistic Muslim spiritual care, grounded in Islamic principles. Empathy, as expressed by patients, is essential for strengthening the relationship between healthcare providers (HCPs) and patients, with patients seeking care and compassion akin to that offered by family members. This aligns with Islamic teachings, where empathy is emphasized as a virtue, particularly in Surah Al-Anbiya' [21:107], emphasizing the importance of compassion in caregiving. "And We have not sent you [O Muhammad] except as a mercy to the worlds" (Quran, 21:107). This verse highlights Prophet Muhammad's (PBUH) role in exemplifying empathy and compassion, reinforcing the importance of healthcare providers adopting a similar approach in their care for patients. Previous studies have similarly identified empathy as a crucial factor in patient satisfaction and emotional well-being, with research by Ross et al. (2014) showing that empathetic interactions between HCPs and patients improve not only the patients' spiritual health but also their overall clinical outcomes.

Cooperation between hospital management and HCPs is equally important, as effective communication and mutual respect facilitate the collaborative efforts necessary for delivering comprehensive spiritual care. The Quran highlights the value of cooperation in Surah Al-Maidah: "Cooperate with each other in goodness and righteousness, and do not cooperate in sin and aggression" (Quran, 5:2). This verse reflects the importance of fostering a positive working relationship within the healthcare system, where management and providers work together to ensure holistic spiritual care for patients. Effective cooperation involves clear communication, mutual respect, and a willingness to engage in collaborative problem-solving (Irajpour et al., 2014). This finding is consistent with work by Sadeghi et al. (2018), which demonstrated that organizational cooperation within healthcare teams fosters improved patient outcomes and spiritual care delivery.

Trust, a challenging yet vital aspect of care, plays a crucial role in the relationship between family members and hospital management, ensuring that both parties work toward the shared goal of the patient's well-being. In Islam, trust is integral to both medical treatment and spiritual support. The Prophet Muhammad (PBUH) said: "Allah has appointed a cure for every disease, so treat yourselves medically, but use nothing unlawful." This hadith encourages seeking medical treatment while reinforcing trust in the healthcare system, as the ultimate goal for both family members and HCPs is to ensure the well-being of patients. The Prophet Muhammad's (PBUH) guidance on medical treatment reinforces this trust. This is supported by research from Swinton et al. (2017), which found that trust between families and healthcare providers is central to facilitating the provision of spiritual care, especially in complex medical settings.

Lastly, responsibility, particularly the role of family members in supporting the patient's spiritual and emotional needs. Patient interviews emphasized that family members who actively fulfil their responsibilities are more attuned to the patients' spiritual needs. The importance of responsibility is reflected in the Quran, where Allah commands in Surah An-Nahl: "Indeed, Allah commands justice, grace, and generosity towards close relatives. He forbids indecency, wickedness, and aggression. He instructs you, so perhaps you will be mindful" [16:90]. This verse emphasizes the duty of care, especially towards one's relatives, further reinforcing the need for families to play an active role in supporting the spiritual well-being of sick family members. A study by Eliadi et al. (2019) reinforced this, showing that family involvement in care is critical to meeting the spiritual needs of patients, especially in times of illness. Together,

these elements form a cohesive framework that not only enhances the delivery of spiritual care but also aligns with Islamic values, ensuring that patients' holistic needs are met within a Shariah compliant healthcare environment.

One limitation of this study is that participants were recruited from a single hospital, which may affect the generalizability and nuance of the data, particularly in constructing a universally applicable holistic Muslim spiritual care framework. However, the combination of in-depth interviews and focus group discussions (FGDs) employed in this study ensures a rigorous exploration of healthcare providers' and patients' experiences, which is crucial for developing a holistic spiritual care framework. The qualitative approach allowed for a deep understanding of the complexities of spiritual care in a Shariah compliant hospital setting. The use of FGDs with Shariah Compliance Department staff further validated the framework, ensuring alignment with Islamic principles. While this method offers robust initial validation, future studies could expand on this by testing the framework across multiple hospital settings to enhance its generalizability.

Conclusion

In conclusion, the care of hospitalized patients must extend beyond medical intervention to include their spiritual needs, which play a vital role in their overall well-being and recovery. This study highlights the importance of a holistic approach to spiritual care, with healthcare providers, hospital management, and family members each playing a critical role in addressing patients' spiritual needs. Although each group has distinct responsibilities, they collectively work toward the shared goal of enhancing the spiritual well-being of patients. The Holistic Muslim Spiritual Care Conceptual Framework could guide spiritual care delivery and ensure that patients, healthcare providers, hospital management, and family members all effectively contribute to the patient's spiritual well-being. The framework not only offers a comprehensive approach to spiritual care but also provides a roadmap for integrating spiritual care into Shariah-compliant healthcare environments. Future studies should explore the validation of this framework across various healthcare settings and evaluate its broader applicability in enhancing the spiritual care provided to patients.

Funder

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