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# A Scoping Review of Islamic-Based Spiritual Nursing Care Methods in Critical Care Units

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**Abstract**

Addressing the spiritual needs of critically ill Muslim patients is crucial to prevent spiritual distress that may occur during their treatment. Tailored interventions aligned with their beliefs can significantly alleviate spiritual distress, but there is a lack of comprehensive research in this area. This review study aimed to identify existing literature on the methods tailored to address spiritual needs for Muslim patients with critical illness who are hospitalized in critical care units according to Islamic principles and practices. This scoping review is based on the PRISMA ScR (Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews) checklist. Five electronic databases were searched: COCHRANE, ProQuest, Scopus, CINAHL, and PubMed. The keywords are used for searching, including "Islamic-based intervention" AND "spiritual nursing care" AND "Muslim patients with critical illness". The ten included articles were analysed and appraised following the protocol of The Joanna Briggs Institute. The results revealed that the selected studies employed various methodologies, including both qualitative and quantitative studies. The review synthesized detailed descriptions of Islamic-based spiritual nursing care in critical units and categorized them into five methods: 1) prayer facilitation, 2) environmental accommodation, 3) spiritual counselling, 4) respect for Islamic practices, and 5) use of Islamic phrases. The methods outlined for delivering Islamic-based interventions provide crucial guidance on how to address the religious and cultural requirements of Muslim patients during their challenging circumstances.

**Keywords**: Spiritual Nursing Care, Islamic-Based Intervention; Muslim Patients; Critical Care Units.

## INTRODUCTION

Critically ill patients experiencing actual or potential life-threatening health conditions that can affect their psychological, social, and spiritual well-being (Puchalski et al., 2006). Generally, critically ill patients experience fear of physical pain, ignorance, and death that may lead to uncertainty about the meaning of death and become vulnerable to spiritual distress (Görücü & Arslan, 2024). The spiritual needs of patients admitted to the critical care unit include a desire for family support, peace from noise in the room, interaction with people they need, and the ability to engage in religious practices such as worship and prayer (Sibiya, 2021).

Meeting patients' spiritual needs may contribute to their recovery, especially for those in critical or terminal conditions (Klimasinski, 2021a). Conversely, when these needs are neglected, patients may



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struggle to cope with their illness, develop additional health problems, or experience delayed healing, and are at risk of spiritual distress manifested as pain, alienation, anxiety, guilt, anger, loss, and despair (Kozier et al., 2010; O'Brien et al., 2019a).

Spiritual distress among critically ill patients is described as a state of suffering due to the compromised ability to find meaning in life through connections with oneself, others, the world, or God (Roze des Ordons et al., 2018). For Muslim patients, this distress may be exacerbated by the inability to perform regular religious practices or maintain a connection with their faith community while in critical care settings (Bashar et al., 2018). A previous study found that Muslim patients with critical illness reported spiritual distress due to the difficulty of performing their daily ritual, such as prayer (salat), and reciting the Holy Qur'an (Mohammed et al., 2015).

Moreover, spiritual distress can significantly impact a patient's overall well-being and health outcomes, leading to decreased quality of life, an increased risk of depression, and potentially slower recovery rates (Klimasiński et al., 2022). Addressing spiritual distress requires a holistic approach that integrates spiritual care into overall patient care, such as providing opportunities for spiritual and religious practices. This approach aligns with the holistic view of health in Islamic perspectives, which considers the spiritual, physical, and emotional aspects of a person (Rababa & Al-Sabbah, 2023a). Integrating spiritual care into the nursing plan can help healthcare providers address the multidimensional nature of spiritual distress in critically ill patients (Abuatiq, 2015).

The provision of Islamic-based interventions into spiritual nursing care may help patients maintain a connection with their faith during critical illness, reducing alienation and distress while demonstrating cultural competence in nursing care by acknowledges the unique spiritual needs of Muslim patients and offers tailored interventions that resonate with their beliefs and practices an unfamiliar environment (Baig & Isgandarova, 2023; Attum et al., 2023). These practices frame the experience of illness in the context of Islamic teachings related to patience, endurance, and the will of God, so that patients can find purpose and acceptance in their difficult situation (Baig & Isgandarova, 2023), bring comfort, pleasure and confidence for them, especially when they are sick (Rustam et al., 2021). Therefore, Islamic-based spiritual nursing care, as an ancient and widely used approach, remains an effective strategy for promoting health outcomes and recovery (Bensaid et al., 2021).

In this regard, since nurses are the first person and are in constant contact with patients 24 hours a day, they have crucial role in meeting patients' spiritual needs (Canfield et al., 2016). The provision of spiritual care aims to improve patient well-being, with some recommendations suggesting that spiritual care be included as a fundamental aspect of patient care (Willemse et al., 2020). However, current nursing practices in intensive care units (ICUs) tend to neglect spiritual care, considering it a last option in caring critically ill patients (Nguyen & Bagis, 2024). This is exacerbated by limited studies have discussed the employed of spiritual care among Muslim patients critically illness, leaving nurses uncertain about its application in their practice (Rababa & Al-Sabbah, 2023; Abusafia et al., 2024). Evidence-based methods tailored to Islamic-based spiritual care methods are needed to explore, along with guidelines and integration into standard critical care practice (Attum et al., 2023; Bangcola, 2021; Moghimian et al., 2022). This scoping review may address a critical gap in nursing literature and provide robust conclusions regarding the methods of Islamic-based spiritual nursing care specifically designed for critically ill Muslim patients.

## METHODS

### Design



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This scoping review is based on the PRISMA ScR (Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews) checklist. PRISMA entails seven key steps: formulating review questions, establishing eligibility criteria, conducting a thorough search strategy across various information sources, identifying potentially relevant studies, selecting pertinent studies, evaluating the quality of the included studies, and synthesizing the findings from the included studies.

**Selection criteria**

The following criteria will be used to include studies in this review: 1) articles that addressed the methods employed on Islamic-based spiritual care in critical care setting; 2) all types of articles, including original research articles, letters to the editor, editorials, opinion pieces, observational studies, etc.; 3) Articles were published between 2014 and 2024; 4) Articles were published in English; and 5) Full text can be retrieved. The exclusion criteria are: 1) articles that are not available in the full text; 2) articles that are not related to Islamic based spiritual care among Muslim patients with critical illness and do not present methods of Islamic based spiritual care in critical care setting.

**Searching strategy**

The search for journal articles adhered to the PICo (Population, Intervention, Context) criteria, with specific parameters outlined as follows.

Table 1. PICo questions of the review

| PICO Elements | Keywords | Search Terms | Search Strategies |
|---|---|---|---|
| Population (P) | Critical illness, Muslim patients, critical care unit | Critically ill patients | Critically ill patients<br>OR<br>Critical patients<br>OR<br>Critical illness |
| Intervention (I) | Islamic-based spiritual care | Islamic-based spiritual care | Islamic-based spiritual care<br>OR<br>Islamic spiritual care |
| Context (Co) | Critical care unit | Critical care unit | Critical care unit<br>OR<br>Intensive care unit |

The literature search was conducted using the online database, including COCHRANE, ProQuest, Scopus, CINAHL, and PubMed. The keywords are used for searching, including “Islamic based spiritual care” AND “Muslim patients with critical illness” OR “critically ill Muslim patients”. In addition, hand searches are also conducted by identifying and reviewing references from related articles. Two authors (JSR and WK) independently screened the titles and abstracts of all records identified through the database search, with each record screened in duplicate. Then the relevant articles were appraised by following the protocol of The Joanna Briggs Institute (JBI). If disagreement occurs between the authors, the issue will be brought into team discussion, and a consensus will be made.

Table 2. Searching strategy

| | Keywords |
|---|---|
| Search 1 (P) | Critically ill patients OR critical illness OR critical patients |
| Search 2 (P) | Muslim OR Muslim patients |
| Search 3 (I) | Islamic-based spiritual care OR Islamic spiritual care |
| Search 4 (Co) | Critical care unit OR critical care setting |
| Search 5 | Search 1 AND Search 2 AND Search 3 AND Search 4 |



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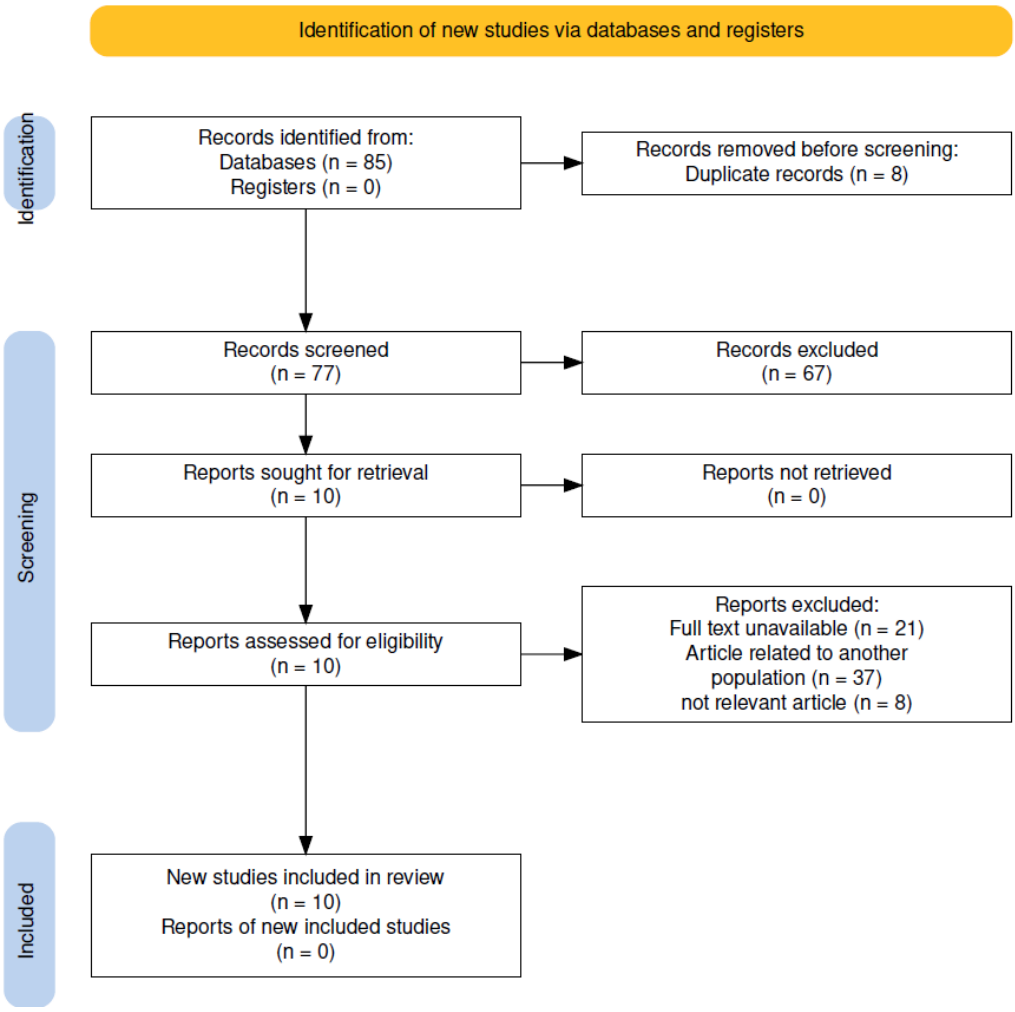



Figure 1. PRISMA flowchart of study selection and inclusion process

### Data extraction, appraisal, analysis, and synthesis

Data was extracted into the created table, and the item in the table consists of authors, year of publication, study design, sample characteristics, measurement, results, level of evidence, and the methods used on Islamic based spiritual care among Muslim patients with critical illness. The extracted data were reviewed by two authors (JSR and WK), and themes were discussed to categorize the Islamic-based spiritual nursing care method, including: 1) prayer facilitation, 2) environmental accommodation, 3) spiritual counselling, 4) respect for Islamic practices, and 5) use of Islamic phrases.

## RESULTS

### Description of the selected studies

The study encompassed a diverse range of methodologies, as illustrated on Table 3. Specifically, two articles adopted a qualitative approach, two utilized randomized control trials, two studies were reviewing study. Additionally, one study was observational, and the remaining three articles were cross-sectional. As per the study's framework, all ten studies (100%) provided detailed descriptions of the methods or strategies employed for Islamic-based spiritual nursing care in critical care units.



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### Methods of Islamic-based spiritual care in critical care units

The selected studies described several methods for implementing Islamic-based spiritual care in critical care units. As shown in Table 4, the methods of Islamic-based spiritual care divided into five methods including: 1) facilitation of prayer (Abudari et al., 2016; Bashar et al., 2018a; Farzanegan et al., 2021; Kamali et al., 2018a; Rustam et al., 2021), 2) environmental accommodation (Bashar et al., 2018; Ismail & Hatthakit, 2018; Kamali et al., 2018; Rababa & Al-Sabbah, 2023; Rustam et al., 2021), 3) spiritual counselling (Bashar et al., 2018; Kamali et al., 2018), 4) respecting Islamic practices (Ismail & Hatthakit, 2018; Rababa & Al-Sabbah, 2023), and 5) the use of Islamic phrases and supplications (Nazir, 2023; Rustam et al., 2021; Wisuda et al., 2024).

Moreover, result of this study highlights the facilitation of prayer and spiritual counselling as a common method of Islamic-based spiritual care for Muslim patients with critical illness. Apparently, 70% of studies focused on facilitating prayer and spiritual counselling, indicating a significant use on these methods in caring for Muslim patients. Nevertheless, the study also showed that only 30% of the studies prioritized on respecting Islamic practice in the context of spiritual care.

Table 3. Methods of Islamic based spiritual care in critical care units

| Methods / Studies | Facilitation of prayer | Environmental Accommodation | Spiritual counseling | Respecting Islamic practices | Use of Islamic Phrases and Supplications |
|---|---|---|---|---|---|
| Abudari et al (2016) | ✓ | | ✓ | | |
| Suhartini et al (2018) | ✓ | ✓ | ✓ | ✓ | |
| Kamali et al (2018) | ✓ | ✓ | ✓ | ✓ | |
| Bashar et al (2018) | | | ✓ | | |
| Rustam et al (2021) | ✓ | ✓ | | | ✓ |
| Khan and Saad (2022). | | | ✓ | | |
| Farzanegan et al | ✓ | ✓ | | | |
| Nazir (2023) | | | | | ✓ |
| Rababa (2023). | ✓ | ✓ | ✓ | ✓ | ✓ |
| Wisuda (2024) | | | | | ✓ |

## DISCUSSION

The methods that were identified on providing Islamic-based spiritual care offer valuable insights into addressing the religious and cultural needs of Muslim patients during critical illness. This study revealed five methods of Islamic-based spiritual care that have been provided in critical care units as described as follows:

### Facilitation of prayer

For Muslims, prayer (Salat) is a fundamental pillar of their religion by meeting their spiritual needs and providing support during their lifetimes, especially when they are sick (Ismail & Hatthakit, 2018). The facilitation of prayer can be essential method of Islamic-based spiritual care for Muslim patients in critical care units as it allows patients to maintain their spiritual identity despite physical limitations (Rababa & Al-Sabbah, 2023; Rustam et al., 2021). Prayer provides an alternative source of control in a high-dependency environment, allowing individuals to adapt to their vulnerabilities by accepting their situation and finding strength through faith and hope (Simão et al., 2016). Prayers also may offer the opportunity to observe patients' religious obligations, which can have a positive impact on their overall well-being and recovery (Miller et al., 2020). This kind of method of Islamic-



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based spiritual care for Muslim with critical illness in ICU can help alleviate their feelings of isolation and provide comfort and solace amid medical crises (Kamali et al., 2018; Rustam et al., 2021). A study by Amini et al. (2020) showed that prayer interventions in the ICU significantly reduce the severity of illness, it underscores the importance of integrating spiritual practices into critical care to support both psychological well-being and holistic healing of critically ill patients.
Additionally, this method also demonstrates cultural sensitivity and respecting on the religious beliefs and practices of Muslim patients with critical illness that may fostering a more inclusive and supportive environment for the patients (Isworo, 2022). Therefore, the facilitation of prayer in critical care units is a meaningful way to address the holistic needs of patients, acknowledging the important role that spirituality plays in their healing process (Attum et al., 2023).

**Environmental accommodation**

Creating an environment that is accommodating to Islamic practices is crucial for individuals to fully engage in their daily religious rituals. This includes providing appropriate facilities for ritual of ablution, also known as wudu, before performing the prayer (Rababa & Al-Sabbah, 2023; Rustam et al., 2021). The process of wudu consists of washing the exposed body parts including the mouth, nose, face, head, ears, arms, and feet (Simão et al., 2016). To facilitate the wudu, it is important to have clean and accessible water sources, as well as private areas for individuals to perform this ritual in peace (Rustam et al., 2021). Hence, for Muslim patient with critical illness, facilitation of ablution may provide by involving family members to help the patients for ablution by using bottle spray with sterile water (Karati et al., 2011; Simão et al., 2016).

In addition, environmental accommodations for prayer facilities must also be designed to allow for congregational and individual prayer, including consideration of the direction of the qibla towards Mecca. This environmental accommodation not only enables individuals to fulfil their religious obligations comfortably but also fosters a sense of community and spiritual connection (Abu-El-Noor, 2016). An appropriate environment that integrates Islamic aspects in the design of prayer spaces needs to be considered so that Muslims can perform their prayer or other religious practice with calm and peace of mind (Willemse et al., 2020). Integrating Islamic aspects into the design of prayer spaces fosters an environment of calm and peace, allowing Muslims to practice their faith without disruption. By incorporating these elements into spiritual nursing care, nurses affirm the patient's religious dignity and spirituality, creating a holistic and inclusive care experience.

**Spiritual counselling**

Spiritual counselling has emerged as a vital component in addressing the spiritual needs of Muslim patients experiencing critical illness. This approach not only acknowledges the emotional and psychological challenges that patients face but also integrates their spiritual concerns, ensuring a holistic care model that aligns with Islamic principles (Bashar et al., 2018; Kamali et al., 2018). The benefit of spiritual counselling is its ability to address emotional and spiritual needs in ICU, nurses can foster better coping, improve well-being, and support safer, more thoughtful decision-making in critical care contexts (Lukmanulhakim & Syukrowardi, 2018).

Spiritual counselling rooted in Islamic principles provides patients with an opportunity to connect with their faith, find solace in their beliefs, and derive strength from their relationship with Allah. This connection can be particularly empowering for patients as they navigate the uncertainties and challenges associated with critical illness (Ismail & Hatthakit, 2018; Kamali et al., 2018). Furthermore, spiritual counselling offers emotional and psychological support by helping patients process their fears, anxieties, and feelings of vulnerability. The process of integrating spirituality into care enables


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patients to reframe their experiences through a lens of faith, promoting resilience and providing hope during difficult times (Rogers & Wattis, 2015).

Thus, Islamic-based spiritual counselling represents a valuable resource for Muslim patients during critical illness. By addressing their unique spiritual needs while providing emotional and psychological support, it offers a holistic approach to care that aligns with Islamic values (Badanta et al., 2022). This integration of spirituality into healthcare not only enhances the patient's experience but also contributes to their overall well-being and recovery journey. As healthcare systems continue to evolve, recognizing the importance of spiritual counselling can pave the way for more inclusive and compassionate care models that respect and honor the diverse needs of patients (Nguyen & Bagis, 2024).

**Respecting Islamic practices**

Respecting Islamic practices in critical care is essential to providing culturally competent and holistic care for Muslim patients. This involves a deep understanding of religious and cultural values that shape patient preferences and needs, particularly in sensitive and high-stakes environments such as the ICU. One of the central aspects of Islamic-based care is the inclusion of family in decision-making processes. In many Muslim communities, family members play a pivotal role in providing emotional support and participating in critical healthcare decisions. This collective approach to care emphasizes the importance of fostering a collaborative relationship with the patient's family to ensure that their spiritual and emotional needs are met (Ismail & Hatthakit, 2018; Rababa & Al-Sabbah, 2023).

Nurses should be mindful of Islamic teachings when making treatment decisions and be aware of these beliefs to avoid practices that may be irrelevant with Islamic values, such as those related to end-of-life care, modesty, and gender interactions (Bensaid et al., 2021). For instance, many Muslim patients may have specific preferences regarding life-sustaining treatments or interventions that align with their religious perspectives on life and death. In this situation, nurses should engage in open and respectful dialogue to understand these preferences and incorporate them into care plans (Attum et al., 2023).

Cultural communication norms also important in Islamic-based spiritual nursing care. In Islamic culture, interactions between genders are guided by principles of modesty and respect, which often involve limiting physical touch between men and women who are not closely related (King et al., 2023; Mahmood et al., 2023). For male nurses, this means avoiding unnecessary physical contact with female patients unless it is medically necessary. Similarly, female healthcare providers may need to consider these norms when caring for male patients (Ismail & Hatthakit, 2018). So, avoiding unnecessary physical touch between genders, need to be considered in Islamic based spiritual care in the ICU as a method of respecting Islamic practice (Attum & Shamoon, 2018).

In addition to physical boundaries, the manner of communication is equally important. Using polite language and a gentle tone can help build trust and rapport with Muslim patients, particularly when discussing sensitive health issues. This approach not only reflects respect but also fosters a supportive environment that can ease stress and anxiety often associated with critical illness (Heydari et al., 2016). Therefore, by integrating these practices into spiritual nursing care, nurses can create a respectful and supportive environment for Muslim patients that respects theirs cultural and religious needs. This approach not only honors the spiritual beliefs of patients but also promotes their emotional well-being, leading to improved quality of care in critical care unit (Bensaid et al., 2021).

**The use of Islamic phrases and supplications.**



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The integration of Islamic phrases and supplications into the care of Muslim patients in critical care units has shown significant promise in enhancing patient well-being and providing culturally sensitive care. This approach not only addresses the physical needs of patients but also attends to their emotional and spiritual health, which is a vital component of holistic care. Nurses can provide comfort and reassurance to Muslim patients by facilitate the patient to read or listening to the holy Qur'an recitation (Nazir, 2023; Rababa & Al-Sabbah, 2023; Wisuda et al., 2024). Several studies had been conducted to examine the effect of the Holy Qur'an recitation in critical care setting and found diverse positive impact on the patients including reducing anxiety and depression (Wisuda et al., 2024a), increase comfort (Rustam et al., 2021), and decreased pain (Rababa & Al-Sabbah, 2023). These findings highlight the therapeutic potential of incorporating Islamic practices into patient care. For Muslims, the sound of Qur'anic recitation is believed to have healing properties and a calming effect, even for those who may not fully understand the meaning of the verses (Ghiasi & Keramat, 2018). This aligns with the study by Alhouseini et al. (2015), which found significant changes in alpha brain waves during Qur'anic recitation, indicating relaxation and stress reduction. Incorporating Islamic phrases and supplications as part of spiritual care in critical care settings can create a more supportive and comforting environment for Muslim patients. Facilitating access to Qur'anic recitation, whether through reading or listening, can provide solace and enhance the overall patient experience during challenging times (Rababa & Al-Sabbah, 2023). By respecting and understanding the religious and cultural beliefs of Muslim patients, nurses can ensure that their care plans address not only physical health but also spiritual and emotional well-being (Wisuda et al., 2024).

Therefore, the use of Islamic phrases and supplications in Islamic-based spiritual nursing care is an effective way to provide culturally sensitive care for Muslim patients with critical illnesses. This method may enhance patients overall experience, supports emotional and spiritual well-being (Rababa & Al-Sabbah, 2023), and acknowledges the integral role of spirituality in healing (Wisuda et al., 2024).

## CONCLUSION

Based on the findings of this review study, it was found that most of the Islamic spiritual care methods used were facilitating prayer and providing spiritual counselling to Muslim patients in critical condition. From the included articles in this study, it appears that Islamic-based spiritual care significantly improves overall well-being and reduces negative outcomes during intensive care, such as anxiety, depression, pain, and discomfort. Furthermore, the findings of this study also emphasize and highlight the importance of religion-based spiritual aspects in providing care to critically ill patients. This is often overlooked in routine clinical practice for patients facing complex, chronic, progressive, and often terminal pathological conditions. Nurses are expected to recognize and integrate Islamic spirituality as an important element in holistic care to effectively improve the quality of nursing care and have an impact on improving patient well-being, especially for Muslims.

## LIMITATION

This scoping review may have limitation due to the criterion of included articles published in English only, which may have resulted in missing relevant studies and potentially varied results. Furthermore, the broad range of publication years (ten years), due to the limited literature focusing on this topic, may limit the relevance of the evidence presented.

The generalizability of the findings of this study is also limited by the small sample size of the selected studies that focusing on different Muslim countries. Whereas the relatively small amount of literature used in this study due to time constraints in searching the literature may be also the limitation of this



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study. Therefore, its limitations suggest that this review study should be developed with appropriate design and suitable sample size.

## RECOMMENDATION

It is recommended that future research builds upon the findings of this study to further explore the impact of spiritual care on patients' well-being and recovery. Additionally, the results of this study can provide insights into providing Islamic-based spiritual care for critically ill patients by considering the diverse cultural and religious backgrounds of patients, it is important to continue investigating the role of spiritual care in critical care settings.

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