




**SPIRITUAL NEEDS FOR MUSLIM PATIENTS WITH CHRONIC DISEASE: A SCOPING REVIEW**

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Article Info	ABSTRACT
<p><b>Article history:</b> Received: 13 Dec 2023 Revised: 26 Dec 2023 Accepted: 20 Jan 2024 Published: 1 April 2024</p>	<p>Introduction: For many patients struggling with a chronic illness, spirituality is an important way to deal with it. In Islam, spirituality is seen as calming and adaptable. The most important parts of spiritual needs involve understanding the meaning of human nature and man's relationship to God. Objective: Spiritual care is helpful for chronic patients in tolerating symptoms and dealing with conflicts relating to their conditions. The objective of this scoping review is to explore the dimension of the spiritual needs of chronic Muslim patients. Inclusion criteria: In this scoping study, only publications that addressed spiritual needs were considered. As is typical when performing scoping reviews, a review of all research techniques relevant to this topic was included. Methods: This scoping review collects the studies published from the year 2012 until 2021 written in English that were retrieved from PubMed, Scopus, Wos and ScienceDirect. This review focus on the article's presence with spiritual needs especially for Muslim patients with chronic disease. The methodology of this review was based on Joanna Briggs Institute (JBI). The abstract from 1250 articles retrieved from database search was screened and unrelated paper were excluded. The remaining 424 papers went through full-text screening and twelve articles were selected. Results: Twelve studies were included. Five qualitative, five quantitative and one mixed-method measurement of study were found. The studies focus on spiritual needs for chronic Muslim patient in variety chronic diseases. Conclusions: This result from this scoping review can give some idea in improving the quality of life and to fulfil spirituality for Muslim with chronic diseases. The result shows spiritual needs as one main resources of adjusting and coping with stressful situations, such as managing a chronic illness. From the point of view, spirituality, religion and personal beliefs are important factors influencing the perception of the quality of life of Muslim patients with chronic diseases.</p>
<p><b>Keywords:</b> Spiritual needs, Muslim Patients, Hemodialysis Treatment</p> <p></p>	

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## INTRODUCTION

When faced with a chronic illness, many patients rely on spiritual and religious issues to help them cope. There is growing evidence that a spiritual/religious distinction can help maintain self-esteem, instill meaning and purpose, in providing emotional comfort and instilling a sense of hope. In general, the dimensions of the spiritual needs of Muslim chronic disease patients include religion, epistemology, psycho-spiritual needs and spiritual support, which are divided into two main theme; transcendental needs and pleasures.

A person with a chronic illness will experience limits in a variety of activities and shifts in social dynamics and life experiences motivate factors including the desire to find meaning, hope and purpose in one's life. Spirituality is defined as "the personal quest to understand final questions about life, about its meaning, about relationships with the sacred or transcendent, which may or may not lead to the development of religious practices or formation of religious communities" (Egan et al. 2018). People with chronic illnesses, especially people with disabilities, need the help of other people in their daily activities. Since Islam places great emphasis on maintaining kinship ties and close family relationships, this requirement is well met in Muslim countries. According to Arzani, (2014) they consider this kind of connection within the family as a means to ensure peace and life expectancy and family members help each other during difficult circumstances. Religion has been defined as a social determinant of health (Kawachi 2020).

## LITERATURE REVIEW

In the Qur'an, humans experience emotional or emotional is caused by biological factors or the nature of human events itself. Allah SWT explains in His word; Translation: "*Man has been made (inclined) to be in a hurry. Later I will show you My signs (punishment); then, don't ask me to bring him immediately*" (Al-Anbiyā 21: 37). The verse of the Qur'an gives a picture of the human attitude that will become lamentation and anxiety when tested by a calamity, as if there is no way out of the problem (Qutb 2018). Every individual has the potential to do good deeds with good behaviour. Forming commendable morals requires the method of *mujāhadah* and *riyāḍah*, it is necessary to improve and develop good behaviour from time to time to gain the pleasure of Allah SWT to ensure peace in life when facing challenges in life requires the perfection of good behaviour and not violating the decrees of Allah (Musa & Saa'ri 2019).

Religion and spirituality are a concern in clinical practice because, particularly in patients with severe illness, the patient's beliefs may conflict with the physician's decision, affecting adherence to treatment. A study from Zainudin et al. (2014) had found a physical and mental healing process capable of healing and strengthening the patient's resistance. It is recommended for rescuers who perform additional circumcission prayers in the morning, such as Tahajud and *Witir* prayers, since the cortisone hormone levels are low at this time. Such a situation can strengthen the patient's immunity and give a new spirit to fight the disease. Therefore, the religious approach is the best injection to improve health aspects and spiritual and physical well-being. Among them is to strengthen faith to Allah, increasing the practices of worship such as reading the Quran, dhikr and praying a lot is a medicine that can heal the human soul.

For a Muslim, putting trust and a strong belief in God is believed to be a factor that can help cure a patient's illness. Evidence of the Quran can cure disease through the word of Allah says: and *We send down from the verses of the Quran something that can be syifa* '(cure) and a mercy to those who believe (Surah Al-Isra: 82).

The pursuit of spiritual healing can be influenced by values, beliefs, habits and mindsets that provide effective conditions for reducing health disparities (Kurniawati, Retnowati, Riyono & Widyawati 2018).

### **Review question**

According to the research questions and the review's purpose, the main research issues of previous studies were identified to establish search terminologies and strategies. Following the Joanna Briggs Institute's suggestions to construct a clear and meaningful scoping review for the study population the participant type was a chronic Muslim patient. Thus, the purpose of this scoping review is to identify the gaps in the current research and to identify and map the available evidence. To fulfill the purpose and to mitigate some of the issues, we developed two review questions:

1. How has Muslim patients' spiritual need defined in the study?
2. How have Muslim patients' spiritual needs been analyzed?

### **METHODS**

A scoping review was selected because it is the best method for identifying knowledge gaps in a particular area of research and for investigating topics that have not been identified in the literature. Scoping reviews are an increasingly common approach to evidence synthesis with a growing suite of methodological guidance and resources to assist review authors with their planning, conduct and reporting (Peters, Marnie & Colquhoun 2021). To be consistent with JBI methodology and to guide review question development, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines (PRISMA).

#### **Search strategy**

The keywords were searched through online databases which are Scopus, Web of Science, PubMed and ScienceDirect. Important keywords were listed to gather as much as possible relevant studies related to the view. The following search terms were used spiritual OR spiritual needs OR care for Muslim patients with chronic disease. The results from database searching were limited to studies from 2012 until 2021 only. The database search resulted in 21 abstracts from Scopus, 76 abstracts from Web of Science, 200 abstracts from PubMed and 127 abstracts from ScienceDirect.

#### **Inclusion and Exclusion Criteria**

Only publications focusing on the spiritual needs of Muslim patients were included in this scoping review. A review of all research methods related to this topic was included as this is the expectation when conducting a scoping review (Peters et al. 2015). These approaches include quantitative, qualitative, and mixed-method research. Since these are the focus of our review, the spiritual needs of Muslim patients were particularly relevant. All articles selected for this review were written in English. Strict criteria were established during the full-text review phase to ensure that their content matches our research interests. Research should consider the impact of spiritual needs on Muslims with chronic illnesses.

## Data Extraction

The data extraction began with the intent to identify content relevant to the review questions. We found a limited number of studies that met the selection criteria. Most research focuses on spiritual needs rather than Muslim patients. For scoping review, the data mining process may be referred to as "data tracking". This process provides the reader with a logical and descriptive summary of the findings consistent with the goals and questions of the scoping review. A scoping review, like any research project, should not be undertaken without detailed planning to ensure that everyone involved knows what a review is, why it is useful, and how each step and phase is handled (Lockwood, Santos & Pap 2019)

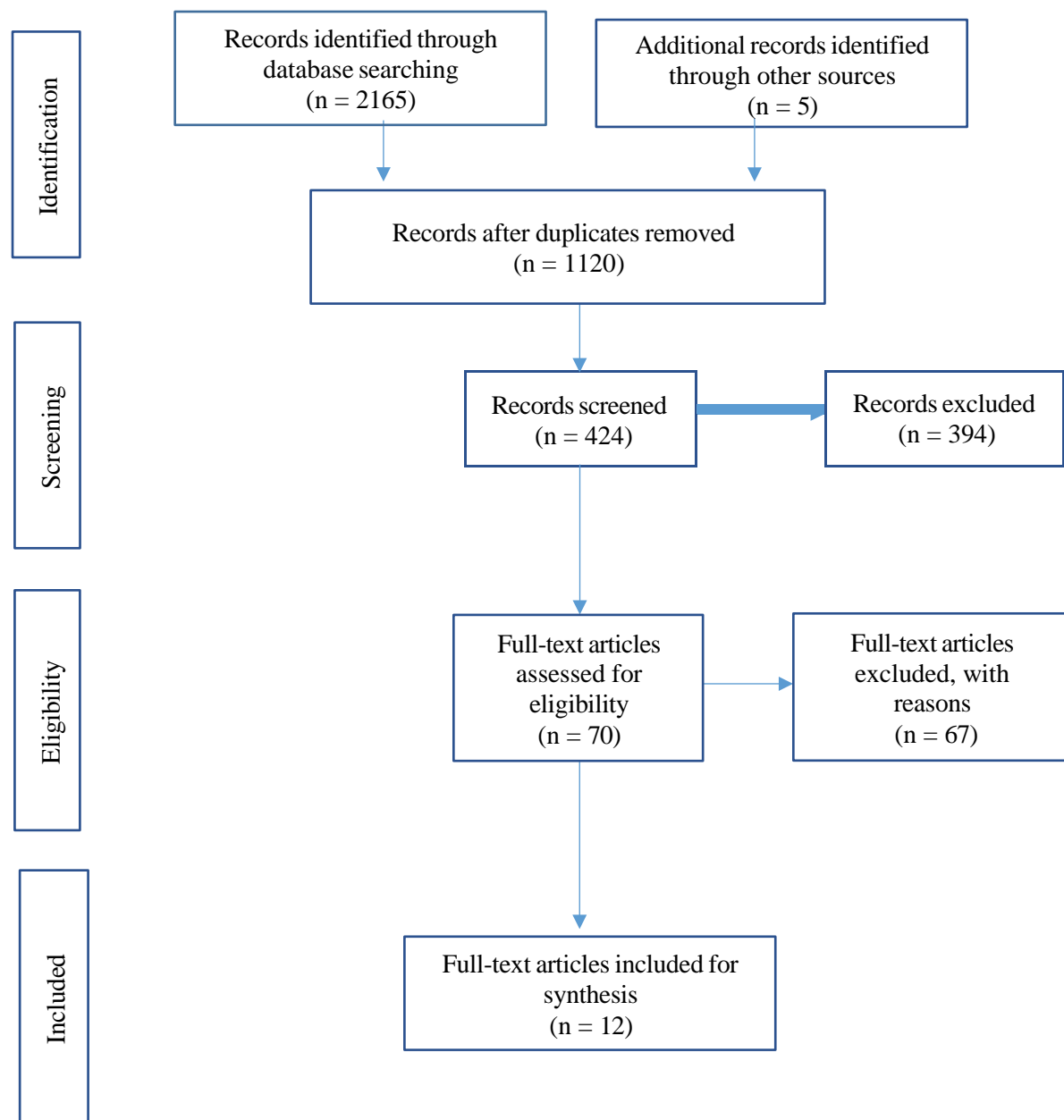


Figure 1. PRISMA flowchart of article selection

Table 1. Scoping Review Data Extraction Form

<b>Citation/ Country</b>	<b>Title</b>	<b>Aim/Purpose of study</b>	<b>Sample size &amp; population</b>	<b>Methodology</b>	<b>Data Analysis</b>	<b>Finding</b>	<b>Conclusion</b>
Moghimian, (2018), Iran	Dimension of the Spiritual Needs of Muslim Chronic Patients: A qualitative study	To explore dimensions of the spiritual needs of chronic Muslim patients	25 participants including patients, family caregivers, nurses, physicians, psychologist, social workers	Mix methods design	Conventional qualitative content analysis	1. transcendental needs (religious needs)  2. pleasurable needs (psycho- spiritual needs, spiritual support needs)	Health care teams should always remember that they need to assess patient's spiritual needs and consider special measures to meet these need.
Sohail (2018), Pakistan	Believe in God's Help During Hepatitis C: Qualitative Study on Muslim Patients in Pakistan	To investigate the association between different religious/ spiritual forces/ beliefs and their role as coping strategy in a sample of chronic liver disease patients.	26 Chronic patients of hepatitis C.	Qualitative research	Analysis of date yielded seven themes.	It was found that although individuals have different socioeconomic statuses, they show a great similarity and commonality when it comes to the situations of crisis.	The power of faith and prayer in coping with conditions that challenge biomedical treatment model.
Jadidi (2021), Iran	Spiritual Needs of the Muslim Elderly Living in Nursing Homes: A qualitative Study	To examine the spiritual needs of the Muslim elderly living in nursing homes.	17 elderly people ( nine women and eight men) permanent residence in nursing homes	Qualitative	Content analysis- MAXQDA software version 2010	760 codes were extracted and three main themes.	Healthcare providers should pay attention to older people's spiritual needs and take actions to cover such needs to the extent possible to

Ahmadi (2018), Malaysia	Religion, Culture and Meaning-Making Coping: A Study Among Cancer Patients in Malaysia	To explore the use of meaning-making coping mechanism (existential, spiritual and religious coping)	29 Malay cancer patients	Qualitative	RCOPE (religious coping method) method and themes	Sub-categories category 1: fine Meaning 1. Benevolent Religious Reappraisal 2. Punishing God Reappraisal 3. Demonic Reappraisal Category 2: Gain control 1. Passive religious deferral 2. Active religious surrounding 3. Collaborative religious coping Category 3: Gain comfort and closeness to God 1. Religious purification Category 4: Gain intimacy with others 1. Seeking support from clergy	promote their spiritual health A Muslim who strongly believes in an omnipotent God and does not regard Satan as possessing the power to change the course of events, in contrast to God's will, can hardly redefine her/his stressor as an act of an evil power; everything is in the hands of God not Satan.
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Dadfar (2020), Iran	Love life and its association with well-being in Iranian psychiatric	(a) To investigate the psychometric properties of the Love of Life Scale (LLS) (b) to explore sex differences in LLS scores (c) to explore LLS correlations with spiritual health and psychological well-being (d) to compare the mean LLS score with previous studies	191 psychiatric outpatients	Quantitative	SPSS 23.0 Descriptive statistics (mean, standard deviations)	The Cronbach alpha reliability of the LLS was 0.95 and the item-total correlations were moderate to high  Associations between love of life and both spiritual well-being and psychological well-being were significant and positive for the psychiatric patients	The associations of LLS with spiritual well-being and general well-being were statistically significant and positive
Nasution (2019), Indonesia	Effectiveness of Spiritual Intervention toward Coping and Spiritual Well-Being on Patients with Gynaecological Cancer	To determine the effectiveness of spiritual of spiritual intervention towards coping and spiritual well-being on patients with gynaecological cancer	108 patients (consecutive sampling)	Quantitative	SPSS version 23.0	There was a positive change in the average scores of coping ( $p = 0.001$ ) and spiritual well-being in the intervention group after receiving spiritual intervention ( $p = 0.006$ )	This study shows that coping and spiritual well-being in the intervention group increased significantly after receiving spiritual intervention.
Cruz (2016), Saudi Arabia	Influence of Religiosity and Spiritual	To explore the influence of religiosity and	168 HD patients from three	Quantitative	SPSS version 21	Older patients were found to reveal higher levels of	Religiosity and SC were revealed as the significant factors to

	Health-related Quality of Life in Saudi Hemodialysis Patients	spiritual coping (SC) on the health-related quality of life (HRQoL) of Saudi Arabia patients receiving HD.	hospital in Saudi Arabia			religiosity, whereas the younger one expressed a lesser degree of religious and nonreligious coping.	the HRQoL of the Saudi patients undergoing HD. Provision of quality care requires holistic approach, which necessitates careful consideration of all the dimensions of life.
Jafari (2014), Iran	Spiritual Well-being and quality of Life of Iranian Adults with Type 2 Diabetes	To assess spiritual well-being and QOL together with depression in a population of Iranian people with type 2 diabetes and to explore their possible association	203 patients with type 2 diabetes mellitus in Isfahan, Iran	Quantitative	SPSS	The mean QOL was (SD = 9.97) and the mean spiritual well-being (SD = 6.14). there was a significant positive correlation between all QOL subscales and meaning, peace, and total spiritual well-being score.	This study showed poor QOL and spiritual well-being and high prevalence of depression in Iranian patients with type 2 diabetes compared to other studies findings, especially Western studies. This indicates the need for psychosocial and spiritual support in caring for Iranian patients with diabetes.
Lazenby (2012), Jordan	Associations Among Patient Characteristics, Health-Related Quality of Life	To determine whether spiritual well-being is correlated with HrQOL and whether	159 adult Muslim patients in treatment for cancer at King Hussein Cancer	Quantitative	SPSS Version 17	Physical well-being was negatively correlated with the FACIT-Sp for participants who	The negative correlation between emotional and spiritual well-being for participants with



	and Spiritual Well=Being Among Arab Muslim Cancer Patients	participants' age, sex, marital status, site of cancer and stage of disease are related to spiritual well-being.	Centre, Amman, Jordan			were men, divorced and had stave IV disease	stage 1 disease, thought weak, may be due to an existential crisis from recent diagnosis
Sastra (2020), Indonesia	Spiritual Needs and Influencing Factors of Indonesian Muslims with Cancer During Hospitalization	To examine the spiritual needs and influencing factors of Indonesian Muslims with cancer during hospitalization (IMCH) using aa culturally adapted and psychometric-tested instrument	122 Indonesian Muslim cancer patients participated	Quantitative	SPSS Version 22	Age and length of being diagnosed could predict religious needs, while female gender and length of being diagnosed could predict existentialistic needs	Their strong degree of spiritual needs is unneglectectable, in particular their religious needs and the need for praying five times a day. Cultural-congruent spiritual care should be developed and accessibly provided.
Okviansanti (2021), Indonesia	Experience of Heart Failure (HF) patient's in Meeting Spiritual Needs During Hospitalization: A Muslim Perspective	To explore the experience of HF patients in meeting spiritual needs during hospitalization	15 HF patients participated	Qualitative	Thematic Analysis	Six big themes were generated from the study based on thematic analysis. They were perceptions of spirituality, the form of spirituality, its importance for patients, obstacles in meeting spiritual needs, patients' perception of the	Muslim HF patients perceived that spirituality and religiosity were an integral part. Nurses should help patients meet spiritual needs by reminding and facilitating worship as a from of HF Muslim spirituality

Md Rosli (2016), Malaysia	'I can't pray' - The Spiritual needs of Malaysian Muslim Patients Suffering from Depression	To explore the understanding of spirituality among Muslim patients with depression and to explore their spiritual needs	10 psychiatric patients (in-patient and out-patient)	Qualitative	Thematic analysis	nurse's role and patients' hope Almost of them expressed spiritual needs. Two major themes emerged in relation to the spiritual needs which are 1. religious needs; need for worship, religious knowledge and guidance, religious reminders and 2. existential needs; need for calmness, sensitivity and empathy, self-discipline, certainty, hope, physical help, ventilate and meaning of illness	The majority of patients expressed spiritual needs which are required during the process of recovery and this provides an opportunity to incorporate spiritual approaches in the treatment of depression.
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## RESULT

### *Spiritual needs*

As mentioned based on the inclusion and exclusion criteria, 12 studies were included in this scoping review, whose main characteristics are reported in Table 1. In general, 5 studies were qualitative, 6 quantitative and 1 mix- method. The studies focus on the spiritual needs of Muslim patients with chronic disease. In the following paragraphs, their main findings are described. As a whole, the studies in the current scoping review highlighted those spiritual needs is very important as a Muslim to the need for love and hope, as well as the quest for forgiveness and purpose, can emerge during a period of spiritual distress. In this regard, Stephenson & Hebeshy (2018), Islamic spirituality is viewed as the presence of a relationship with Allah that affects the individual's self-worth, sense of meaning and connectedness with others and nature. Interestingly in this review, we found that seemed to be more evident among older adolescents, who were more actively found to reveal higher levels of religiosity, whereas the younger ones expressed a lesser degree of religious and nonreligious coping.

A limited number of the reviewed studies discussed spiritual needs for Muslim patients with chronic disease. According to Moghimian & Irajpour (2018); Jadidi et al. (2021) found health care providers should pay attention and need to assess patient's spiritual needs and consider special measures to meet spiritual health. Two studies used thematic analysis; they were perceptions of spirituality, the form of spirituality, its importance for patients, obstacles in meeting spiritual needs, patients' perception of the nurse's role and patients' hope (Okviasanti et al. 2021) and two major themes emerged in relation to the spiritual needs which are religious; need for worship, religious knowledge and guidance, religious reminders and existential needs; need for calmness, sensitivity and empathy, self-discipline, certainty, hope, physical help, ventilate and meaning of illness (Md Rosli et al. 2016). Meanwhile, Cruz et al. (2017) and Jafari et al. (2014) found, the provision of quality care requires a holistic approach, which necessitates careful consideration of all the dimensions of life thus high prevalence of depression patients showed poor quality of life and spiritual well-being. However, the study of Dadfar, Abdel-Khalek & Lester (2020), showed there is an association between love of life and both spiritual well-being and psychological well-being were significant and positive for psychiatric patients.

### *Muslim spiritual belief*

In this review, two studies reported that the power of faith and prayer in coping (Sohail 2018) and Jadidi et al. (2021), A Muslim who strongly believes in an omnipotent God and does not regard Satan as possessing the power to change the course of events. Muslims followed their religious beliefs and practices, such as reciting prayers and passages in the Qur'an, to mitigate their emotional distress and fear and to feel the mercy of God (Al-Azri et al. 2014). Muslim patients find that spirituality allows them to draw closer to God, accept the diagnosis and free themselves from the fear and suffering that their condition brings. They can also change their perspective and discover the meaning of their status as a chronic patient. As a result, Muslims often show optimism and a willingness to embrace their illness. Therefore, Rababa & Al-Sabbah (2023), stated in Islamic cultures, patients and their families are more likely to be accepted religiously and culturally when they hear a Qur'an recited and listening to Qur'an recitation affects the physical and mental well-being of patients and how effective it is in relieving ailments.

This scoping review did not find that Muslim patients use Holy Al-Quran recitation as a form of Islamic spiritual needs for chronic patients. According to Umarji & Islam (2022), the Qur'an, Sunnah and the Islamic tradition are replete with guidance on inculcating spiritual and psychological resilience, uncertainty tolerance and other virtues. As Allah tells us in *Sūrah Tā Ha*, "We have not revealed the Qur'an upon you to cause

*distress.*” Applying the legal principle of *mafhum al-mukhālafah*, or the inverse implication, Allah therefore sent down the Qur’an to bring comfort and contentment. Hence, one study from Ghiasi and Keramat (2018) found a positive effect of listening to Holy Quran recitation in reducing anxiety in various settings. According to Quaranic creeds, a human being experiences a special life in his spirituality. As God says in the Quran: “Whoever leads a righteous life whether male or female, apart from the fact that he or she is a true believer, to them He will surely bestow a pure and good life in this world and He will reward them in commensurate proportion of the best of their service” (Marzband, Hosseini, Hamzehgardeshi 2016).

## DISCUSSION

They are based on religious beliefs and the important beliefs held by participants include belief in God, life after death, and the trustworthiness of religion. The most important aspects of spiritual needs include understanding the meaning of human nature and man's relationship to God; based on religious beliefs. Since chronic patient needs long-term care, they need to consider their spiritual challenges during the lifetime. Suffering from the disease process and all the treatment can be a hard time for them. Thus, most of the researchers want to explore their spiritual needs in terms of how they cope with the condition and progression of the disease.

Our findings indicate that very few papers are available in the Islamic context about spiritual needs at the end of life. According to Irajpour, Moghimian & Arzani (2018), chronic patients are more sensitive and receptive to treatment they want holistic care that takes social, psychological and spiritual aspects into account and treats pain and other physical symptoms. Spirituality and religion are important coping mechanisms for many people with chronic illnesses (Dadfar 2020). Patients often express unmet existential and spiritual needs and improved quality of life is also related to spiritual support. Not only do the dying need mental, existential and psychosocial care, but also people suffering from chronic long-term illnesses.

The relaxation response that can be evoked by reciting salat, zikr and the Qur'an. Hence, all combined with a very simple mental focus has many long-term health and well-being benefits. These lead to the power of self-care, to healthy activities that individuals can do themselves. Patients are raised to use values, thoughts and feelings for the benefit of their bodies. Patients get their emotional and spiritual needs through du'a. According to Rababa and Al-Sabbah (2023), spiritual care and Holy Quran recitation have been reported to be practical non-pharmacological interventions for critically ill Muslim patients.

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