



ROLE OF ISLAMIC-BASED CARING IN ENHANCING THE SPIRITUAL WELL-BEING OF CRITICALLY ILL PATIENT: A NARRATIVE REVIEW

Dhea Praditiya Nengsari*, Suhartini, Wahyu Hidayati

Departement of Nursing, Faculty of Medicine, University of Diponegoro, Jl. Prof. Soedarto, Tembalang, Semarang, Jawa Tengah 50275, Indonesia

*Praditiyadhea@gmail.com

ABSTRACT

Critically ill patients in intensive care units (ICUs) frequently experience psychological stress, anxiety, and uncertainty, which can adversely affect recovery and overall quality of life. Spiritual well-being is a crucial dimension of holistic care, particularly for Muslim patients, as it promotes inner peace, resilience, and coping during critical illness. Islamic-based caring integrates religious practices, including prayer, dhikr, and Qur'an recitation, into nursing interventions to address patients' spiritual needs. This narrative review aimed to examine the role of Islamic-based caring in enhancing spiritual well-being among critically ill patients, focusing on its psychological, physiological, and spiritual outcomes, and the contributions of nurses, families, and healthcare institutions in facilitating effective spiritual care. A literature search was conducted in Scopus, PubMed, ScienceDirect, and SINTA using keywords such as "Islamic-based caring," "Qur'an recitation," "critical care," and "spiritual well-being." Inclusion criteria encompassed peer-reviewed studies on adult ICU or critically ill patients published between 2015 and 2025, in English or Indonesian, and focusing on Islamic spiritual interventions. Excluded were pediatric populations and non-Islamic interventions. After screening 134 articles, 11 studies that met the inclusion criteria were finally analyzed and synthesized narratively. Islamic-based interventions, including Qur'an recitation, audio therapy, prayer facilitation, dhikr, and mindfulness programs, consistently reduced anxiety, depression, and pain while enhancing emotional stability and spiritual well-being. Several studies reported shorter ICU or hospital stays. Nurses were identified as primary facilitators, families provided emotional and spiritual support, and institutional policies and facilities influenced implementation. Islamic-based caring is a safe, cost-effective, and holistic approach that improves psychological, physiological, and spiritual outcomes in critically ill patients. Effective integration requires multi-level collaboration, formal training, supportive policies, and family involvement, reinforcing its potential as a standard component of critical care practice.

Keywords: critical care; ICU; islamic-based caring; spiritual well-being

How to Cite (in APA Style)

Praditiya, D., Suhartini, S., & Hidayati, W. (2026). Role of Islamic-Based Caring in Enhancing the Spiritual Well-Being of Critically Ill Patient: A Narrative Review. *Indonesian Journal of Global Health Research*, 8(2), 1011–1024. <https://doi.org/10.37287/ijghr.v8i2.705>.

INTRODUCTION

Critical care in the Intensive Care Unit (ICU) not only demands rapid and accurate medical and nursing interventions but also requires substantial attention to the psychological and spiritual needs of patients. Critically ill patients often experience anxiety, fear, and uncertainty about their lives, which can significantly affect the healing process and overall quality of life. Therefore, the spiritual dimension of nursing care becomes particularly essential, especially in the context of Muslim patients (Satwika et al., 2022).

Spiritual well-being is defined as a state of inner peace, hope, and meaningfulness, even in difficult circumstances. In Islam, spiritual aspects are often expressed through worship, prayer, and other religious practices that provide a sense of calm and psychological strength (Yusuf et al., 2016). When the spiritual needs of Muslim patients are neglected, it can trigger emotional distress and prolong recovery time (Suhartini et al., 2023). Conversely, spiritual support has been shown to enhance psychological resilience, accelerate healing, and strengthen patients' motivation to recover (Yustilawati et al., 2025).

Islamic-Based Caring is a nursing approach that integrates Islamic values such as compassion (rahmah), sincerity (ikhlas), empathy, prayer, and spiritual support into health care practices (Mugihartadi, 2021). This approach is considered an essential component of holistic nursing, balancing the physical and spiritual needs of patients (6). Several studies have demonstrated that the implementation of Islamic-Based Caring can improve spiritual well-being (Kartini et al., 2022), foster a sense of tranquility (Ismail et al., 2015), boost self-confidence, and instill hope in critically ill patients (Amir, 2020).

However, the reality in clinical settings reveals that this approach has not been fully integrated into ICU care systems. Preliminary findings at RSUD Tugurejo indicated that many Muslim patients in the ICU felt their spiritual needs were inadequately addressed (Ismail et al., 2018). Nurses acknowledged the importance of spirituality in patient care but reported a lack of specific training and guidelines for applying Islamic-Based Caring (Khasanah & Kristinawati, 2020). This highlights a gap between the ideal concept of spiritual care and its practical implementation in critical care settings (Komariah et al., 2020).

Thus, this narrative review aims to examine available evidence related to Islamic-based caring interventions in critically ill Muslim patients, focusing specifically on their effects in improving psychological, physiological, and spiritual outcomes. Additionally, this review intends to identify the role of nurses, family support, and institutional policies in facilitating the successful implementation of spiritual care in intensive care settings, as well as to highlight existing barriers and future recommendations for strengthening spiritual nursing practices in the ICU.

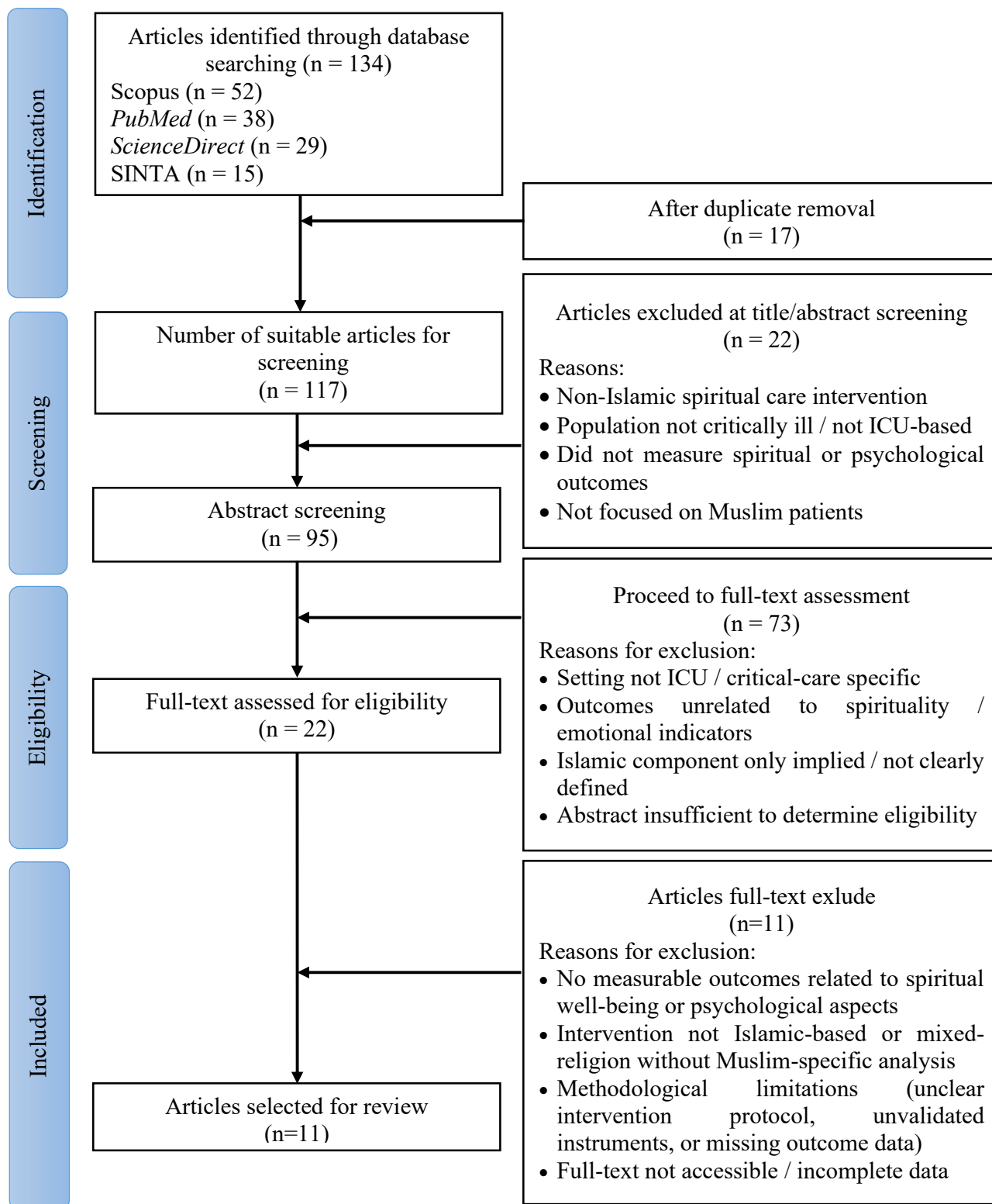
METHOD

This study employed a narrative review approach. A comprehensive electronic search was performed through Scopus, PubMed, ScienceDirect, and SINTA databases from January 2015 to January 2025. The keywords applied included: (“Islamic-based caring” OR “Islamic spiritual care” OR “Qur’an recitation” OR “Holy Qur’an audio therapy”) AND (“critical care” OR “ICU” OR “critically ill adults”) AND (“spiritual well-being” OR “anxiety” OR “depression”).

Articles were imported into Mendeley for screening and removal of duplicates. Screening was conducted in three stages: (1) Title screening to identify relevance to spiritual care and Islamic context (2) Abstract screening to ensure studies targeted critically ill adult patients (3) Full-text eligibility review to verify outcome measures and intervention relevance.

The inclusion criteria in this review consisted of peer-reviewed original research articles or systematic reviews that focused on adult Muslim patients who were critically ill or treated in intensive care units. Studies were required to involve Islamic-based caring interventions such as prayer, dhikr, Qur’an therapy, or Islamic mindfulness practices. Only articles published in English or Indonesian with full-text availability were considered eligible for inclusion. Conversely, studies were excluded if they involved pediatric populations, non-Islamic spiritual interventions, or non-research publications such as theses, commentaries, and conference abstracts.

A total of 134 articles were identified; 11 articles met all criteria and were narratively synthesized focusing on outcome similarities and thematic patterns. The detailed selection stages were:



RESULT

A total of 11 studies published between 2015 and 2024 were included in this narrative synthesis. These studies were conducted in various clinical settings where Islamic-based caring interventions were applied to critically ill Muslim patients. The studies were conducted across several countries as follows:

1. Indonesia (n = 5) : Komariah et al. (2020, 2024), Ismail & Hatthakit (2018), Ismail et al. (2018), Wulandari & Muhith (2024)

2. Jordan (n = 2) : Rababa & Al-Sabbah (2023), Eid Aburuz et al. (2023)
3. Malaysia (n = 1) : Bakar et al. (2018)
4. Saudi Arabia (n = 1) : Moulaei et al. (2023)
5. Iran (n = 1) : Nuraeni et al. (2023)
6. Global (Systematic Review Across Multiple Countries) (n = 1) :

Based on their primary focus, the selected studies were categorized into four major themes:

1. Qur'an Recitation and Auditory Therapy (n = 4) : Rababa & Al-Sabbah (2023), Eid Aburuz et al. (2023), Moulaei et al. (2023), Wulandari & Muhith (2024)
2. Structured Islamic-Based Caring and Islamic Mindfulness (n = 3) : Komariah et al. (2020, 2024), Bakar et al. (2018)
3. Nurses' Roles and Family Involvement in Faith Facilitation (n = 2) : Ismail & Hatthakit (2018), Ismail et al. (2018)
4. Spiritual Well-being, Emotional Stability, and Mental Health Outcomes (n = 2) : Nuraeni et al. (2023), Rababa & Al-Sabbah (2023)

These themes represent the core components of Islamic-based caring practice that contribute to holistic patient care within critical settings.

Intervention characteristics and clinical outcomes:

1. Duration and delivery of interventions varied among studies:
 - a. Daily Qur'an recitation therapy for 10–20 minutes, twice per day, reduced pain, anxiety, and length of ICU stay (Eid Aburuz et al., 2023)
 - b. A 6-week Islamic Mindfulness-Based Caring program improved emotional resilience and spiritual well-being (Komariah et al., 2024)
2. Forms of implementation included:
 - a. Direct facilitation of worship activities (prayer, dhikr) by nurses
 - b. Family involvement in providing spiritual support
 - c. Audio murottal devices placed near ICU patients
3. Outcomes consistently demonstrated:
 - a. reduced anxiety, depression, and stress
 - b. increased inner peace, religious coping, and spiritual well-being
 - c. improved physiological indicators (heart rate, blood pressure, sleep quality)
 - d. better nurse–patient rapport and satisfaction with care

The collective evidence strongly supports the role of Islamic-based caring as a non-pharmacological intervention beneficial to healing processes in the ICU.

Table 1
Analysis Article

No.	Author & Year (Country)	Title	Objective	Design	Key Findings
1.	Rababa & Al-Sabbah. 2023. (Jordan). (Rababa & Al-Sabbah, 2023)	The use of Islamic spiritual care practices among critically ill adult patients: A systematic review	To review evidence of Islamic spiritual care practices among critically ill adult patients	Systematic Review	This systematic review, conducted in Jordan, synthesized evidence regarding Islamic spiritual care practices in critically ill adult Muslim patients. The review demonstrated that practices such as Holy Qur'an recitation, prayer, and dhikr can serve as practical and beneficial non-pharmacological interventions in critical care. These practices were found to reduce anxiety, promote calmness, strengthen religious coping, and enhance spiritual well-being among

No.	Author & Year (Country)	Title	Objective	Design	Key Findings
					ICU patients. The authors also emphasized the critical role of nurses in facilitating worship activities and engaging families to support spiritual needs. Additionally, the review underscored the lack of institutional guidelines and nurse training related to Islamic spiritual care, and recommended further research to evaluate the clinical effectiveness of its integration into patient care management in ICU settings.
2.	Aburuz et al. 2023. (Jordan). (Eid Aburuz et al., 2023)	The Effect of Listening to Holy Quran Recital on Pain and Length of Stay Post-CABG: A Randomized Control Trial.	To assess the effect of Qur'an audio therapy on pain and hospital stay among post-CABG patients	Randomized Controlled Trial (Multicenter)	This randomized controlled trial in Jordan involving 132 patients post-CABG demonstrated that listening to the Holy Quran recital twice daily for 10 minutes significantly reduced pain levels and shortened both ICU and overall hospital length of stay compared with usual care. Specifically, the intervention group's mean pain score dropped from 6.82 ± 2.27 to 4.65 ± 2.18 ($t = 23.65$, $p < 0.001$). Additionally, ICU stay averaged 5.0 ± 4.02 days versus 6.38 ± 4.18 days in the control group ($t = -2.01$, $p < 0.05$), and hospital stay averaged 10.15 ± 9.21 days versus 15.01 ± 13.14 days in controls ($t = -2.60$, $p < 0.05$). The authors concluded that Holy Quran audio therapy is an effective, safe non-pharmacological intervention to reduce pain intensity and shorten hospitalization after CABG.
3.	Moulai et al. 2023. (Iran). (Moulai et al., 2023)	The effect of the holy Quran recitation and listening on anxiety, stress, and depression: A scoping review on outcomes.	To evaluate the effects of Qur'an recitation on psychological indicators	Systematic Review (Scoping) (Narrative Synthesis of Multiple Studies)	In this scoping review, the authors analysed twelve studies focusing on listening to or reciting the Holy Qur'an among patients experiencing anxiety, stress, or depression in inpatient settings. The review found that Qur'an recitation and listening interventions were consistently associated with reductions in anxiety and depression scores, alongside improvements in emotional stability. Some included studies further reported favourable physiological effects such as lowered heart rate and blood pressure. The authors concluded that Qur'an-based audio interventions represent a safe and cost-effective non-pharmacological approach that could be integrated into critical and inpatient care settings, yet they also stressed the need for more robust randomized trials to establish clinical guidelines.
4.	Komariah, Hatthakit & Boonyoung.	Impact of Islam-based caring	To evaluate Islamic caring	Quasi-Experimenta	This quasi-experimental study demonstrated that an Islam-based

No.	Author & Year (Country)	Title	Objective	Design	Key Findings
	2020. (Thailand/Indonesia). (Komariah et al., 2020)	intervention on spiritual well-being in Muslim women with breast cancer undergoing chemotherapy	intervention among cancer patients	1 Study (pre-post with control group)	caring intervention—comprising prayer facilitation, dhikr (remembrance of God), and spiritual counselling—led to significant improvements in the spiritual well-being of Muslim women undergoing chemotherapy. Participants in the intervention group showed higher scores on the Functional Assessment of Chronic Illness Therapy–Spiritual Well-Being (FACIT-Sp) at multiple time points (baseline, Day 3, Day 23, Day 44) compared with the control group. The findings underscore the relevance of integrating Islamic spiritual caring into oncologic nursing practice, providing patients with enhanced inner peace, connection to God, and illness acceptance.
5.	Komariah et al. 2024. (Indonesia). (Komariah et al., 2024)	Islamic Mindfulness-Based Caring as an Intervention to Manage Fatigue.	To reduce fatigue in cancer patients	Quasi-Experimental Study (pre-post design, control vs intervention group)	In this quasi-experimental study conducted among 112 Muslim women with stage III breast cancer undergoing chemotherapy in Indonesia, the Islamic Mindfulness-Based Caring (IMC) intervention demonstrated a statistically significant reduction in fatigue scores compared with the usual care group. Data were collected at baseline (day 1), day 3, day 23 and day 44, and analyses using mixed-effects linear regression revealed a significant interaction between time and intervention (adjusted $\beta = 6.62$; 95% CI: 2.17-11.06) indicating that fatigue decreased more rapidly in the IMC group over time ($p < 0.001$) compared to controls. The authors conclude that nurse-led IMC is capable of alleviating fatigue effectively and merits integration into oncology nursing practice for Muslim patients.
6.	Ismail & Hatthakit. 2018. Indonesia/Thailand. (Ismail & Hatthakit, 2018)	Islam-Based Caring for the harmony of life among Moslem critically Ill patients	To explore Islamic caring practices in critically ill Muslim patients	Action Research qualitative study (exploratory descriptive design)	This action-research study examined how ICU nurses implemented Islam-based caring practices to enhance the harmony of life for critically ill Muslim patients in a referral hospital in Semarang, Indonesia. Through two cycles of model development and implementation over one year, nurses facilitated patient–family–God connectedness by providing care that integrated physical, spiritual, intellectual, ethical and ideological dimensions. The study found that such caring practices led patients to experience a state of harmony characterized by inner peace, acceptance, hope, and

No.	Author & Year (Country)	Title	Objective	Design	Key Findings
					reduced fear or anxiety despite critical illness. Nurses also enabled and supported family involvement in spiritual practices (such as Qur'an reading, prayer) and created a healing environment conducive to these practices. Institutional and cultural support (e.g., time, space, nurse training) were identified as key enablers for achieving life-harmony in critically ill Muslim patients.
7.	Ismail, Hatthakit & Songwathana. 2018. (Indonesia/Thailand). (Ismail et al., 2018)	Exploring Islamic Based Caring Practice in Intensive Care Unit : A Qualitative Study	To explore nurses' experiences with Islamic-based caring in ICU	Qualitative Descriptive Study	This qualitative study explored the Islamic-based caring practices implemented in the ICU by nurses in Indonesia. Participants identified that facilitating patient worship activities such as Qur'an recitation, prayer and dhikr, and integrating spiritual care into physical nursing tasks contributed to enhanced spiritual satisfaction among critically ill Muslim patients. Nurses noted family involvement and a faith-facilitation role were critical enablers, while barriers such as limited time, absence of formal guidelines, and insufficient institutional support were repeatedly pointed out. The study concludes that integrating Islamic caring practices in intensive care can strengthen patient spiritual well-being and recommends organizational policy support and nurse training programs for effective implementation
8.	Nuraeni et al. 2023. (Indonesia). (Nuraeni et al., 2023)	Islamic Spiritual Care, Depression, and Quality of Life Among Patients With Heart Disease: A Systematic Review	To explore Islamic spiritual care in cardiac patients	Systematic Review (narrative thematic analysis)	This systematic review sought to explore how Islamic-spiritual care interventions are delivered in patients with heart disease and their impact on depression and quality of life (QoL). The analysis included six experimental or cohort studies—all conducted in Iran—revealing that interventions based on Islamic teaching strategies significantly reduced depressive symptoms and improved QoL, although only a small number had low risk of bias. Central mechanisms identified included belief and surrender to God's providence, strengthening meaning and purpose in life, and enhanced worship and coping skills. The authors conclude that while Islamic spiritual care holds potential for treating depression and enhancing QoL in cardiac patients, further robust research involving diverse Muslim populations and

No.	Author & Year (Country)	Title	Objective	Design	Key Findings
9.	Wulandari & Muhith. 2024. (Indonesia). (Wulandari & Muhith, 2024)	Islamic Spiritual Care in Supporting Emotional Stability in High Care Unit Patients: A Systematic Review	To evaluate Qur'an murottal therapy for HCU patients	Systematic Review (narrative synthesis)	strong methodology is needed. This systematic review analyzed the role of Islamic spiritual care—particularly through the recitation of the Holy Qur'an (Surah Ar-Rahman, murottal audio therapy)—in supporting emotional stability among patients in High Care Unit (HCU) settings in Indonesia. The authors identified that listening to or engaging with Qur'an murottal significantly contributed to reductions in anxiety, depression, and stress among patients with prolonged high-care stay (3–15 days). Beyond psychological outcomes, improved emotional wellbeing was linked to enhanced coping, acceptance, and spiritual resilience among patients under intensive monitoring. The review underscores that Qur'anic-based spiritual interventions can serve as practical, low-cost non-pharmacological strategies in high-dependency units and recommends further randomized controlled trials to validate these findings in ICU/HCU contexts.
10.	Bakar et al. 2018. (Indonesia). (Bakar et al., 2018)	The development of islamic caring model to improve psycho spiritual comfort of coronary disease patients	To develop an Islamic caring model	Cross-sectional analytic observational study using PLS-SEM (Partial Least Squares – Structural Equation Modeling)	In this Indonesian study, the researchers developed an Islamic caring model emphasizing three nurse-behavioural dimensions: confidence (amana), compassion (rahma), and competence (mahira), each grounded in Islamic values. The model was tested with 70 coronary disease patients in three Islamic hospitals. Path analysis via PLS-SEM showed that nursing service and organizational factors significantly influenced the implementation of Islamic caring behaviours ($t = 7.79$ and $t = 2.06$ respectively), and that these behaviours in turn significantly enhanced patients' psycho-spiritual comfort ($t = 2.85$). The authors conclude that Islamic caring manifested through nurse behaviours rooted in faith, empathy, and professional skill can meaningfully improve psycho-spiritual comfort in cardiac patients, and recommend its incorporation into nursing protocols in Islamic health-care settings

Qur'an Recitation and Listening Interventions

A number of studies highlighted the effectiveness of Qur'an recitation and listening as supportive interventions in critical care. Systematically reviewed 15 studies and found that Qur'an recitation,

prayer, and dhikr significantly reduced anxiety, promoted calmness, and strengthened religious coping among ICU patients. (Rababa & Al-Sabbah, 2023) Demonstrated in a randomized controlled trial that post-CABG patients who listened to daily Qur'an recitation sessions experienced significant reductions in pain, anxiety, and depression, along with shorter ICU and hospital stays. (Eid Aburuz et al., 2023) Similarly, reported consistent improvements in emotional stability and physiological indicators, including lower heart rate and blood pressure, while Wulandari & Muhith (2024) found that listening to Surah Ar-Rahman significantly reduced anxiety and enhanced emotional stability in high care unit patients. These findings suggest that Qur'an-based auditory interventions offer a safe, cost-effective, and non-pharmacological approach to supporting critically ill patients' spiritual and psychological well-being. (Wulandari & Muhith, 2024)

Structured Islamic-Based Caring Interventions

Beyond passive listening, structured interventions incorporating prayer facilitation, dhikr, spiritual counseling, and Islamic mindfulness were shown to improve spiritual and psychological outcomes. Komariah, Hatthakit, and Boonyoung (2020) found that Muslim women with breast cancer who received Islamic caring interventions reported significant improvements in spiritual well-being, inner peace, and illness acceptance. (Komariah et al., 2020) Komariah (2024) demonstrated that a six-week Islamic Mindfulness-Based Caring program reduced fatigue, enhanced emotional resilience, and strengthened spiritual well-being in cancer patients, indicating its potential applicability in ICU settings. (Komariah et al., 2024) Bakar et al. (2018) further confirmed that interventions designed around compassion, competence, and confidence improved psycho-spiritual comfort in coronary disease patients. Collectively, these studies support the integration of structured Islamic-based interventions as effective strategies to enhance patients' holistic care. (Bakar et al., 2018)

Nurses' Role and Caring Behaviors

Several studies emphasized the critical role of nurses in delivering Islamic-based care. Qualitative research identified harmony, surrender, and happiness as key spiritual outcomes, highlighting the nurse as a facilitator of faith and the importance of family involvement. Patients and families experienced higher spiritual satisfaction when nurses actively facilitated prayer, Qur'an recitation, and dhikr. Cross-sectional evidence showed that nurses' education, work experience, and organizational culture significantly influenced the extent to which Islamic caring behaviors were practiced, which in turn positively correlated with patient satisfaction and fulfillment of spiritual needs. These findings underscore that the presence of trained, supportive nursing staff is essential for effective spiritual care implementation.

Spiritual Well-Being, Quality of Life, and Emotional Outcomes

Finally, studies directly assessing patient outcomes confirmed that Islamic-based caring practices improve spiritual well-being, emotional stability, and quality of life. Islamic spiritual care reduced depression and enhanced quality of life in cardiac patients, while other studies consistently reported increased inner peace, emotional stability, and greater satisfaction with care among ICU and HCU patients. Across these studies, the themes of surrender, finding meaning in illness, and spiritual connection emerged as central mechanisms through which Islamic-based care exerts its beneficial effects. (Nuraeni et al., 2023)

DISCUSSION

Patient spiritual well-being is often overlooked in intensive care settings, yet current evidence indicates that spiritual well-being plays a significant role in reducing stress, anxiety, and depression commonly experienced by critically ill patients. The intensive care unit (ICU) is a high-pressure environment that imposes psychological stress on patients due to invasive medical interventions, reliance on machines, and uncertainty regarding prognosis. In this context, Islamic-based spiritual care emerges as an effective non-pharmacological intervention to support patients' psychological

and spiritual states. Rababa and Al-Sabbah (2023) emphasized that practices such as listening to Quran recitation, engaging in dhikr (remembrance of God), and performing prayers can enhance calmness and strengthen patients' religious coping mechanisms (Rababa & Al-Sabbah, 2023). This finding aligns with Moulaei et al. (2023), who demonstrated that Islamic spiritual activities contribute to emotional stability and reduce symptoms of anxiety and depression (Moulaei et al., 2023).

Beyond psychological effects, spiritual interventions also demonstrate physiological benefits. Patients who regularly listened to Quran recitations experienced reductions in blood pressure and improvements in sleep quality. This suggests that spiritual care not only enhances emotional well-being but also supports the physical recovery of critically ill patients. This role is particularly significant in the ICU, where psychological stress can exacerbate physiological conditions, such as increasing heart rate and blood pressure, which ultimately affect clinical outcomes. Therefore, Islamic-based caring has the potential to be integrated into holistic strategies combining medical treatment with spiritual support (Li et al., 2025).

The role of nurses in implementing Islamic-based caring cannot be overlooked. Dallı (2025) highlighted that nurses' competencies in spiritual care are positively correlated with the effective implementation of these practices in clinical settings. Nurses function as facilitators, assisting patients in performing prayers, facilitating dhikr, or providing Quranic audio resources. Such competencies encompass theoretical knowledge of spiritual practices, communication skills, and sensitivity to the needs of both patients and their families (Dallı, 2025). Individual factors, including work experience, educational background, and personal religious beliefs, also influence the effectiveness of spiritual care practices (Kartini et al., 2022). Studies in Indonesia indicate that, although nurses recognize the importance of spiritual care, the frequency of its application remains limited due to practical barriers.

The barriers to implementing Islamic-based caring in the ICU are multifaceted. Klimasiński (2021) identified the lack of formal training for healthcare providers as a primary challenge. Without adequate training, nurses may be unable to facilitate religious practices or provide spiritual support in ways that are both effective and sensitive to critically ill patients. Additionally, the absence of institutional SOPs results in ad-hoc spiritual care that depends on individual nurse initiative. High workloads and time constraints further impede consistent practice (Klimasiński, 2021). Ismail, Hatthakit, and Songwathana (2018) found that although patients and families appreciate nurses' spiritual support, time limitations and institutional policies often prevent consistent delivery of care (Ismail et al., 2018).

Family support is another critical element in the successful implementation of spiritual care. Families often act as spiritual mediators, encouraging patients to pray or perform dhikr and providing emotional motivation. Family involvement in spiritual care enhances patient calmness, provides a sense of security, and accelerates adaptation to critical illness. Integrating families into spiritual care also presents challenges, particularly in ICUs with strict visitation rules or limited visiting durations. Hospitals must therefore develop policies that allow safe family participation to support patients' spiritual practices (Tavakol & Tavakol, 2024).

In addition to nurses and families, the clinical environment significantly influences the effectiveness of Islamic-based caring. ICUs that support spiritual care typically provide prayer spaces, Quran audio access, or dhikr facilitation. However, in many facilities, limitations in space and resources hinder optimal practice. Patients with limited access to spiritual activities experienced higher levels of depression compared to those supported in their spiritual practices. Consequently, the integration of supportive clinical environments, institutional policies, and family involvement is essential for

maximizing the benefits of Islamic-based spiritual care in enhancing patients' spiritual well-being (Nuraeni et al., 2023).

The psychological mechanisms underlying Islamic-based caring are particularly noteworthy. Spiritual activities such as dhikr, prayer, and listening to the Quran stimulate focus and attention, diverting patients' minds from anxiety related to their critical condition while enhancing emotional regulation. Strengthening faith and belief that their critical condition is within God's control provides a sense of acceptance and inner peace. Patients receiving Islamic-based caring showed increased inner peace and acceptance of illness, contributing to improved quality of life and patient satisfaction. Psychoneuroimmunology research also supports these findings, suggesting that reduced stress can lower stress hormone levels and enhance immune responses in patients (Komariah et al., 2020).

The implementation of Islamic-based caring has important implications for clinical outcomes in critically ill patients. The regular use of Quran audio not only reduced anxiety but also accelerated post-cardiac surgery recovery, as evidenced by shorter ICU stays. These findings support the holistic care concept, in which spiritual aspects are inseparable from physical health. Such approaches provide evidence that faith-based interventions can serve as safe, effective, and cost-efficient non-pharmacological strategies to support patient recovery (Eid Aburuz et al., 2023). In addition to physiological effects, Islamic-based caring supports long-term emotional and psychological stability. Wulandari and Muhith (2024) reported that routine listening to Surah Ar-Rahman improved emotional stability in high-care unit patients, reduced stress symptoms, and enhanced patients' ability to regulate their emotional responses to ICU environmental pressures. This mechanism is believed to be linked to the meditative effect and rhythmic recitation of the Quran, which soothes the parasympathetic nervous system, reduces stress hormones, and promotes emotional balance (Wulandari & Muhith, 2024).

The nurse's role as a spiritual mediator becomes even more crucial when patients are unable to perform religious practices independently due to medical conditions. Ismail and Hatthakit (2018) found that nurses trained in Islamic-based caring provided reassurance to patients through facilitation of dhikr, prayer, or Quranic recitation. This support enhances patient safety, strengthens nurse-patient relationships, and improves patient satisfaction with healthcare services. These results underscore the importance of formal nurse training, as knowledge and skills in spiritual care are not always acquired intuitively (Ismail et al., 2015). Institutional policies also influence spiritual care practice. The absence of SOPs, limited prayer facilities, and prioritization of medical interventions often result in spiritual care being deprioritized. Komariah (2024) emphasized the need to integrate Islamic Mindfulness-Based Caring (IMC) into clinical protocols, allowing nurses to provide systematic spiritual support without disrupting primary medical care. Strategies include scheduled dhikr, Quran recitation, and spiritual consultations, which can be implemented even in ICUs with limited time and space (Komariah et al., 2024).

Family involvement is equally critical to the success of Islamic-based caring. Tavakol et al. (2024) emphasized that family participation in guiding dhikr or facilitating prayer enhances patient calmness and reinforces coping strategies. Interventions involving families strengthen emotional and spiritual connections and help patients feel less isolated during critical illness. This, in turn, can positively influence clinical outcomes, as patients with strong emotional and spiritual support are more likely to adhere to therapy, maintain optimism, and exhibit more stable vital signs such as blood pressure and heart rate (Tavakol & Tavakol, 2024). From a psychological perspective, Islamic-based caring provides unique coping mechanisms. Belief that one's critical condition is under God's control gives patients a sense of meaning and purpose, which is essential for resilience. Komariah, Hatthakit, and Boonyoung (2020) showed that patients receiving Islamic caring more readily accepted their illness, experienced greater inner peace, and strengthened their relationship

with God. These experiences not only contribute to psychological stability but also enhance patient motivation to adhere to care, optimizing clinical outcomes (Komariah et al., 2020). Furthermore, Bakar et al. (2018) demonstrated that a spiritual care model based on competence, compassion, and nurse trust can improve psycho-spiritual comfort in patients with cardiovascular disease. This model can be adapted for ICU settings, where patients face acute stress, uncertainty, and dependence on medical interventions. Integrating this model provides a systematic framework for nurses to deliver consistent, effective, and evidence-based spiritual care (Bakar et al., 2018).

Implementation strategies for Islamic-based caring in intensive care units must balance patients' spiritual needs with medical demands. Effective approaches integrate spiritual interventions into routine medical care without disrupting critical clinical procedures. Nuraeni et al. (2023) highlighted that regular assessment of patients' spiritual needs and coordination among nurses, physicians, and family members is key to successful practice. For instance, scheduling dhikr or Quran listening alongside routine care allows patients to receive consistent spiritual support. Formal training for nurses is a critical component of this strategy (Nuraeni et al., 2023). Kartini et al. (2022) reported that nurses' work experience, education, and organizational culture affect their ability to implement Islamic-based caring. Training programs encompassing Islamic spiritual theory, techniques for facilitating dhikr and prayer, and communication skills with critically ill patients can enhance the quality of spiritual care practice. Competent nurses can provide empathetic and effective spiritual support, reduce patient anxiety, and increase calmness and satisfaction with care. Institutional policies must also support spiritual care implementation. Clear SOPs, prayer facilities, and flexible family involvement policies facilitate practice (Kartini et al., 2022). Baguna et al. (2024) emphasized that nurses' positive perception of spirituality alone is insufficient; institutions must create environments that enable routine and safe spiritual care. Practical measures include providing dedicated prayer spaces near the ICU or access to Quran audio, which improve spiritual care quality without interfering with medical procedures (Baguna et al., 2024). Family support not only provides emotional motivation but also enhances the effectiveness of Islamic-based caring. Family presence in facilitating dhikr and prayer offers significant psychological relief, reducing loneliness and anxiety (Tavakol & Tavakol, 2024). Involving families ensures that spiritual interventions are comprehensive, with patients receiving support from multiple sources: nurses, family, and clinical environment reflecting a holistic approach emphasizing physical, psychological, and spiritual well-being.

Islamic-based caring also exhibits physiological benefits that support recovery in critically ill patients. Aburuz et al. (2023) reported that regular Quran listening shortened ICU and hospital stays following cardiac surgery. The underlying mechanisms likely involve reduced stress hormones, stabilized blood pressure, and improved sleep quality. These findings provide empirical evidence that integrating spiritual care can serve as a safe, effective, and cost-efficient non-pharmacological strategy to support recovery. Psychologically, Islamic-based caring helps patients face critical experiences calmly and rationally. Belief in divine control enables patients to develop healthy coping strategies and enhances resilience (Eid Aburuz et al., 2023). Spiritual practice improves illness acceptance, inner peace, and connection with God, contributing to quality of life and patient satisfaction. Consistent application of these strategies can reduce the risk of depression, anxiety, and post-traumatic stress among ICU patients (Komariah et al., 2020).

Integrating Islamic-based caring has long-term implications for healthcare systems. Systematic implementation can enhance holistic care, patient-centered care, and overall service quality. Competent nurses and supportive clinical environments foster a culture that values spirituality, increases patient satisfaction, and strengthens nurse-patient relationships. High-quality patient experiences in the ICU often influence treatment adherence, long-term outcomes, and overall perceptions of healthcare facilities.

CONCLUSION

Islamic-based caring has been shown to provide psychological, physiological, and spiritual benefits for critically ill patients. Nurses serve as primary mediators, families act as supporters, and healthcare institutions function as facilitators of spiritual care practices. Barriers such as the lack of SOPs, insufficient training, and limited facilities can be addressed through institutional policies, ongoing training programs, and family integration. Therefore, Islamic-based caring represents a strategic, holistic approach to enhancing spiritual well-being, quality of life, and clinical outcomes in ICU patients. Effective implementation requires multi-level collaboration, continuous evaluation, and further research to strengthen empirical evidence and best practices.

REFERENCES

- Amir, H. (2020). Nilai Islam Dalam Praktik Keperawatan: A Sistematic Review. *Jurnal Penelitian Kesehatan "SUARA FORIKES"*(Journal of Health Research" Forikes Voice"), 11, 6–9.
- Baguna, A. E., Pandeiro, C. Y. M., Juniarta, & Barus, N. S. (2024). Correlation of nurses' perception of spirituality and spiritual care with spiritual care practices in Indonesia: A cross-sectional survey. *Belitung Nursing Journal*, 10(5), 593–600. <https://doi.org/10.33546/bnj.3467>
- Bakar, A., Nursalam, Adriani, M., Kusnanto, Qomariah, S. N., & Efendi, F. (2018). The development of islamic caring model to improve psycho spiritual comfort of coronary disease patients. *Indian Journal of Public Health Research and Development*, 9, 312–317. <https://api.semanticscholar.org/CorpusID:150341219>
- Dallı, Ö. E. (2025). Spiritual Care Practices and Competence Among Critical Care Nurses in Türkiye: A Structural Equation Modeling Approach. *Journal of Religion and Health*, 64(5), 4074–4087. <https://doi.org/10.1007/s10943-025-02353-z>
- Eid Aburuz, M., Al-Dweik, G., & Ahmed, F. R. (2023). The Effect of Listening to Holy Quran Recital on Pain and Length of Stay Post-CABG: A Randomized Control Trial. *Critical Care Research and Practice*, 2023, 9430510. <https://doi.org/10.1155/2023/9430510>
- Ismail, S., & Hatthakit, U. (2018). Islam-Based Caring for the harmony of life among Moslem critically Ill patients. *Evidence Based Care*, 8(2), 28–38.
- Ismail, S., Hatthakit, U., & Chinnawong, T. (2015). Islamic based caring in nursing science: A literature review. *ASEAN/Asian Academic Society International Conference Proceeding Series*.
- Ismail, S., Hatthakit, U., & Songwathana, P. (2018). Exploring Islamic Based Caring Practice in Intensive Care Unit: A Qualitative Study. *Nurse Media Journal of Nursing*, 7, 91–100. <https://api.semanticscholar.org/CorpusID:148711697>
- Kartini, Y., Nursalam, N., Ahsan, A., Khamida, K., Faizah, I., & Sari, R. Y. (2022). Factors that influence on Islamic caring behavior. *Bali Medical Journal*, 11(1), 397–404.
- Khasanah, R. N., & Kristinawati, B. (2020). Dukungan Spiritual pada Keluarga dan Pasien Kritis yang dirawat Di Intensive Care Unit: Sistematis Review. *Link*, 16(2), 124–135.
- Klimasiński, M. W. (2021). Spiritual care in the intensive care unit. *Anaesthesiology Intensive Therapy*, 53(4), 350–357. <https://doi.org/10.5114/ait.2021.109920>
- Komariah, M., Hatthakit, U., & Boonyoung, N. (2020). Impact of Islam-based caring intervention on spiritual well-being in Muslim women with breast cancer undergoing chemotherapy. *Religions*, 11(7), 361.
- Komariah, M., Hatthakit, U., Boonyoung, N., Ibrahim, K., Susilaningsih, F. S., Mediani, H. S., Rahayuwati, L., Hermayanti, Y., Pahria, T., & Arifin, H. (2024). Islamic Mindfulness-Based Caring as an Intervention to Manage Fatigue. *Journal of Holistic Nursing : Official Journal of the American Holistic Nurses' Association*, 42(2_suppl), S87–S98. <https://doi.org/10.1177/08980101231180363>
- Li, L., Chen, M., Yu, N., & Zhang, Q. (2025). Effectiveness of spiritual care interventions among patients in the intensive care unit: A systematic review and meta-analysis. *Nursing in Critical Care*, 30(3), e13202. <https://doi.org/10.1111/nicc.13202>

- Moulaei, K., Haghdoost, A.-A., Bahaadinbeigy, K., & Dinari, F. (2023). The effect of the holy Quran recitation and listening on anxiety, stress, and depression: A scoping review on outcomes. *Health Science Reports*, 6(12), e1751. <https://doi.org/10.1002/hsr2.1751>
- Mugihartadi, M. (2021). Persepsi Perawat Tentang Kebutuhan Kebutuhan Spiritual Di Ruang Icu Rsud Dr. Tjitrowardojo Purworejo. *Nursing Science Journal (NSJ)*, 2(2), 37–40.
- Nuraeni, A., Suryani, S., Trisyani, Y., & Anna, A. (2023). Islamic Spiritual Care, Depression, and Quality of Life Among Patients With Heart Disease: A Systematic Review. *Journal of Holistic Nursing*, 42, S7–S25. <https://api.semanticscholar.org/CorpusID:259245776>
- Rababa, M., & Al-Sabbah, S. (2023). The use of islamic spiritual care practices among critically ill adult patients: A systematic review. *Heliyon*, 9(3).
- Satwika, E., Rahman, F., Andriani, I., Herawati, I., Basuki, N., Asmara, S. H., Sumarno, S., Budhyanti, W., & Sativani, Z. (2022). Asesmen, Diagnosis, dan Intervensi Fisioterapi pada Penyakit Jantung dan Paru-Paru. PT. Scifintech Andrew Wijaya.
- Suhartini, S., Pasole, F. Y., & Sobirin, M. A. (2023). Perawatan Spiritual Pasien Di Ruang Intensive Care Unit: Narrative Review. *Care: Jurnal Ilmiah Ilmu Kesehatan*, 11(3), 438–449. <https://doi.org/10.33366/jc.v11i3.4287>
- Tavakol, M., & Tavakol, N. (2024). Patient's Spiritual Support Pattern Based on Quranic Verses. *Journal of Clinical Care and Skills*, 5(2), 55–61.
- Wulandari, M., & Muhith, A. (2024). Islamic Spiritual Care in Supporting Emotional Stability in High Care Unit Patients: A Systematic Review. *Journal of Applied Nursing and Health*. <https://api.semanticscholar.org/CorpusID:275460717>
- Yustilawati, E., Amal, A. A., Khotimah, N. K., & Rosdatun, R. (2025). Dukungan Pelayanan dengan Pemenuhan Kebutuhan Spiritual Pasien di Ruang Perawatan Kritis. *An Idea Health Journal*, 5(01), 39–43.
- Yusuf, A., Nihayati, H. E., Iswari, M. F., & Okviansanti, F. (2016). Kebutuhan spiritual: konsep dan aplikasi dalam asuhan keperawatan. In *Buku Referensi* (pp. 1–316). Mitra Wacana Media.