



## SPIRITUAL CARE READINESS AMONG NEWLY GRADUATED MUSLIM NURSES: A QUALITATIVE APPROACH

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### Abstract

Holistic nursing includes spiritual care, which benefits nurses' spiritual health and patients' healing. However, despite integrating Islamic spirituality into the nursing curriculum, there is a gap between previous research findings and feedback from student practice fields regarding the suboptimal spiritual care provided by UIN Syarif Hidayatullah nursing students. This study aims to explore the experiences of newly graduated Muslim nurses in terms of readiness for spiritual care. The study used a qualitative approach involving fourteen informants, including eight newly graduated nurses. Thematic analysis was conducted through transcription, coding, and theme formation. Seven themes were identified to show this results analysis: (1) perceptions of spiritual care; (2) readiness and ability (mental, physical, psychological, social, spiritual); (3) experiences; (4) benefits of spiritual care; (5) success and hindrance factors; (6) efforts to improve spiritual care; and (7) the role of nursing education. There is a need for habituation in nursing education before graduation and the enhancement of spiritual care among newly graduated Muslim nurses to improve reflection in nursing care.

*Keperawatan holistik mencakup perawatan spiritual, yang bermanfaat bagi kesehatan spiritual perawat dan penyembuhan pasien. Namun, terdapat kesenjangan antara hasil penelitian sebelumnya dan masukan dari lahan praktik mahasiswa mengenai belum optimalnya mahasiswa perawat UIN Syarif Hidayatullah dalam melakukan spiritual care, meskipun kurikulum keperawatan sudah terintegrasi dengan keislaman. Penelitian ini bertujuan menggali pengalaman kesiapan spiritual care perawat Muslim lulusan baru. Penelitian ini menggunakan pendekatan kualitatif dengan melibatkan empat belas informan, termasuk delapan lulusan perawat baru. Analisis tema dilakukan melalui transkripsi, koding, dan pembentukan tema. Tujuh tema yang diidentifikasi adalah: (1) persepsi spiritual care; (2) kesiapan dan kemampuan (mental, fisik, psikis, sosial, spiritual); (3) pengalaman; (4) manfaat spiritual care; (5) faktor keberhasilan dan penghambat; (6) upaya peningkatan spiritual care; dan (7) peran pembelajaran keperawatan. Diperlukan pembiasaan dalam pembelajaran keperawatan sebelum mahasiswa lulus dan peningkatan spiritual care lulusan baru perawat Muslim untuk meningkatkan refleksi dalam pemberian pelayanan keperawatan.*



## Background

Spirituality affects a person's quality of life, provides energy when a person experiences difficult conditions, and is an essential holistic need whether someone is healthy or sick.<sup>1</sup> The fulfillment of this spiritual need makes patients get positive things, including accepting the state of illness, reducing depression and suicide, and accelerating healing with any religion or culture, but the implementation is not comprehensive.<sup>2</sup> Health workers, including nurses, must listen to spiritual beliefs and not judge the patient's spirituality.<sup>3</sup> Spirituality is also needed by individuals for well-being and coping when facing illness.<sup>4</sup> Spirituality is also meaningful for nurses as it reduces stress and work boredom and provides satisfaction.<sup>5</sup> Every six months, cancer nurses in hospitals receive spiritual training that enhances their spiritual competency and promotes their spiritual well-being.<sup>6</sup>

A comprehensive reflection of nursing education is spiritual care.<sup>7</sup> The study's findings indicate that students are well-perceived in spiritual care, including the connection between their perception and personal values. They also imply the existence of spiritual training programs and simulations for use in spiritual care-based learning environments.<sup>8</sup> Nursing students are aware of spirituality, which helps develop spiritual competence.<sup>9</sup>

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<sup>1</sup> Patricia Potter, *Dasar-Dasar Keperawatan, Edisi 9 Volume 2*, 2nd ed. (Singapura: Elsevier Mosby, 2020).

<sup>2</sup> Lodovico Balducci, "Geriatric Oncology, Spirituality, and Palliative Care," *Journal of Pain and Symptom Management* 57, no. 1 (2019): 171–75, <https://doi.org/10.1016/j.jpainsymman.2018.05.009>; Mohsen Aseleh Jahromi and Rasool Eslami Akbar, "Spiritual Needs of Hospitalized Patients from Nurses' Viewpoints: A Qualitative Study," *Arch Venez Farmacol y Ter* 39 (2020): 916–22, <https://doi.org/10.5281/zenodo.4540811>.

<sup>3</sup> Margareth I Fitch and Ruth Bartlett, "Patient Perspectives about Spirituality and Spiritual Care," *Asia Pac J Oncol Nurs* 6, no. 2 (2019): 111–21, [https://doi.org/10.4103/apjon.apjon\\_62\\_18](https://doi.org/10.4103/apjon.apjon_62_18).

<sup>4</sup> Potter, *Dasar-Dasar Keperawatan, Edisi 9 Volume 2*.

<sup>5</sup> Charlotte S Connerton and Catherine S Moe, "The Essence of Spiritual Care," *Creative Nursing* 24, no. 1 (2018): 36–41, <https://doi.org/10.1891/1078-4535.24.1.36>.

<sup>6</sup> Yanli Hu, Miaorui Jiao, and Fan Li, "Effectiveness of Spiritual Care Training to Enhance Spiritual Health and Spiritual Care Competency among Oncology Nurses," *BMC Palliat Care* 18 (2019): 1–8, <https://doi.org/10.1186/s12904-019-0489-3>.

<sup>7</sup> K Scott Barss, "Spiritual Care in Holistic Nursing Education: A Spirituality and Health Elective Rooted in T.R.U.S.T. and Contemplative Education," *J Holist Nurs* 38, no. 1 (2019): 122–30, <https://doi.org/10.1177/0898010119889703>.

<sup>8</sup> Berna Kıçtırk Dalcalı and Sezil Erden Melikoğlu, "The Relationship between Nursing Students' Perceptions of Spirituality and Spiritual Care and Their Personal Values," *J Relig Health* 61, no. 3 (2022): 1907–21, <https://doi.org/10.1007/s10943-021-01355-x>.

<sup>9</sup> Linda Ross and others, "Nursing and Midwifery Students' Perceptions of Spirituality, Spiritual Care, and Spiritual Care Competency: A Prospective, Longitudinal, Correlational

Still, education does not offer optimal learning, and training in students' spirituality becomes less important than training in spiritual intervention.<sup>10</sup> While spiritual care education and training should be part of the nursing curriculum, students are not adequately prepared for spiritual care, and spiritual care education plays a part in this nursing curriculum.<sup>11</sup> A few things that influence a nurse's ability to provide spiritual care are education, religiosity, interests, role models, and obstacles: spiritual training, spiritual well-being, spiritual intelligence, and self-efficacy.<sup>12</sup> Clinical students who will later become nurse graduates will develop gradual practice readiness until they are ready to practice, depending on the practice conditions and educational environment.<sup>13</sup>

Research findings on implementing spiritual care indicate that 52% of clinical nursing students at the State Islamic University of Syarif Hidayatullah Jakarta and the Alaudin State Islamic University of Makassar performed Islamic nursing care well.<sup>14</sup> These results are certainly not optimal, even though the students have not yet graduated and are still in clinical learning. Clinical learning is the final in a series of undergraduate nursing courses before graduating and obtaining a national nurse competency certificate (registered nurse). Additional research findings indicate no distinction in how general and Islamic nursing students perceive spiritual care.<sup>15</sup> The

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European Study," *Nurse Educ Today* 67 (2018): 64–71, <https://doi.org/10.1016/j.nedt.2018.05.002>.

<sup>10</sup> Rachel Harrad et al., "Spiritual Care in Nursing: An Overview of The Measures Used to Assess Spiritual Care Provision and Related Factors Amongst Nurses," *Acta Biomed* 90, no. 4 (2019): 44–55, <https://doi.org/10.23750/abm.v90i4-S.8300>.

<sup>11</sup> Alexis Green, Yeoun Soo Kim-Godwin, and Carolyn W Jones, "Perceptions of Spiritual Care Education, Competence, and Barriers in Providing Spiritual Care Among Registered Nurses," *J Holist Nurs* 38, no. 1 (2020): 41–51, <https://doi.org/10.1177/0898010119885266>.

<sup>12</sup> Suh-Ing Hsieh and others, "Factors Associated with Spiritual Care Competencies in Taiwan's Clinical Nurses: A Descriptive Correlational Study," *J Clin Nurs* 29, no. 9–10 (2020): 1599–1613, <https://doi.org/10.1111/jocn.15141>; Hasna Tunny, Ariyanti Saleh, and Rini Rachmawaty, "Persepsi, Kompetensi Dan Hambatan Perawat Dalam Pemenuhan Spiritual Care Pasien: Literature Review," *Jurnal Ilmiah Kesehatan* 10, no. 1 (2022), <https://jurnal.unitri.ac.id/index.php/care/article/view/2650>.

<sup>13</sup> Helena Harrison et al., "An Assessment Continuum: How Healthcare Professionals Define and Determine Practice Readiness of Newly Graduated Registered Nurses," *Collegian* 27, no. 2 (2020): 198–206, <https://doi.org/10.1016/j.collegn.2019.07.003>.

<sup>14</sup> Dwi Setiowati, Peggy Rianti Kurnia Sukma, and Rasdiyanah Rahim, "The Application of Islamic Spiritual Methods in Nursing Program Curriculum at UIN Syarif Hidayatullah Jakarta and UIN Alauddin Makasar," *Islam Transform J Islam Stud* 5, no. 2 (2021), <https://doi.org/10.30983/it.v5i2.4933>.

<sup>15</sup> Anggun Frida, Enie Novieastari, and Tuti Nuraini, "Perception on Spiritual Care: Comparison of the Nursing Students of Public University and Religious-Based University," *Enferm Clin* 29, no. 2 (2019): 59–64, <https://doi.org/10.1016/j.enfcli.2019.04.009>.

evaluation of clinical learning in the form of input from the hospital during the curriculum workshop at UIN Jakarta Nursing obtained data that students were not confident and had not optimally carried out spiritual care for patients. This data shows a gap considering that the Nursing school of UIN Syarif Hidayatullah curriculum has been given several courses on Islam and spiritual care to be integrated into the nursing curriculum and the output of the profile of graduates with spiritual care competencies. Integrations of Islam and nursing are in the application of spiritual care to patients, and this topic has never been researched comprehensively. For instance, there is no research on study tracer to explore qualitative data about the application of qualitative spiritual care. Such research might provide feedback on the study program curriculum outcomes to help evaluate and improve the Islamic integration curriculum in nursing. Based on the background above, research questions were created to answer the questions about the experiences of these nurses in terms of spiritual care and the variables influencing these nurses' spiritual care practices.

## **Research Method**

The qualitative informant method involved fourteen informants and eight newly graduated Muslim nurses. In-depth interviews with six questions collected data. Qualitative data included the spiritual care experience of newly graduated Muslim nurses. These factors affect the implementation of spiritual care readiness, the supporting factors, obstacles experienced by newly graduated Muslim nurses, and satisfaction and spiritual care services by newly graduated Muslim nurses. Qualitative data analysis used thematic analysis. Thematic analysis was a method of analyzing qualitative data by reading a group of data and then looking for patterns of meaning to find themes. The steps taken by researchers include examining data in the form of transcripts of interviews with all informants, performing coding on data, finding themes and subthemes, and clarifying the suitability of the themes obtained with the research questions.

## **Results and Discussion**

### **Theme 1: Perception of Meeting the Patient's Spiritual Needs**

The view of fulfilling spiritual needs in patients can have a vast meaning for some people. Both healthcare workers and patients themselves have different views. In this study, 13 participants positively viewed fulfilling patients' spiritual needs. Participants in this study have several opinions, namely that nursing care for healthcare workers has an essential influence on meeting the spiritual needs of patients. Nursing care cannot be separated from comprehensive care, so a nurse can provide optimal care. Either in theory or in practice to meet the needs of the patient.

Participants in the study gave several opinions given by participants in this study, including:

*"The need for spiritual care for patients is very much needed, armed with the theory learned that humans need a balance of bio, psycho, socio, spiritual, so as a patient it is indispensable to meet their spiritual needs" – P.*

*"I strongly agree, patients must be physically and spiritually healthy" -AA.*

Fulfilling spiritual needs can also be done while performing nursing actions. In its application, patients still feel that their spirituality is fulfilled, as explained by one of the participants below.

*"Always practice Islamic values in every act of nursing care, for example, before our actions say basmalah, as well as when performing actions that remove the aurah such as installing a DC or bathing will be handed over to the same sex" – AQ*

#### 1. Providing peace of mind

According to the participants' opinions in this study, fulfilling spiritual needs in patients can provide peace of mind. The peace provided can be in the form of minimizing suffering as a form of acceptance of the situation experienced and as support in the healing process. The opinions of the 4 participants below include:

*"In nursing care practice, the fulfillment of spiritual needs in patients is essential, especially for terminal patients, because it can help them minimize suffering from diseases, achieve health by improving self-care behaviors and providing peace of mind with acceptance of the diseases suffered. Things such as providing facilities to Muslim patients to pray, dhikr, guiding in ablution-prayer as well and collaborating with religious leaders or clergy need to be done by nurses, as well as non-patient nurses need to support and facilitate according to the religion adhered to." - N.*

*"Because with spiritual spirit, we can avoid all kinds of diseases. Because we believe that there is a God who can cure all diseases and can also save us." -C*

Another opinion given is to provide calm in the form of emotional care that is felt following the participant's views below.

*"It is crucial to maintain the patient's mental and emotional attitude in facing problems" – AP.*

## 2. Hope in life.

Enthusiasm in living life can be obtained by fulfilling spiritual needs. The participants assumed that spirituality could motivate the patient to undergo treatment. The fulfillment of this spirituality can also make a person still feel valued. This opinion is derived from the opinion of the participant below. Including:

*"Spiritual care in nursing practice helps patients find goals and hopes in life and helps patients be enthusiastic about healing their diseases. Besides that, through spiritual care, patients will feel peaceful when they experience sadness and more easily understand the meaning and purpose of their lives" - W.*

The concept of nursing pays attention to the spiritual aspect of the patient, where it is explained that individuals in achieving their balance require physical, psychological, sociological, cultural, developmental, and spiritual factors. The understanding of the nursing concept can be concluded that individuals need a spiritual dimension to achieve balance in their health. Spirituality is also required by individuals for their well-being and coping when they are sick.<sup>16</sup>

The provision of spiritual care is an essential and integral element of holistic care, with positive results and benefits for both nurses and patients. The qualitative study highlighted that spiritual care is a nurse's journey, a calling, and a long road of personal work and growth.<sup>17</sup> Islamic nursing care, as a mediator of nurse factors with patient satisfaction, can be described in this study model because Islamic nursing care is an actual form of care by nurses that the patient and the application of Islamic values feel. With this method, nursing care makes patients feel satisfied. This model is a breakthrough for the world of nursing and hospitals in improving the quality of nursing care. The results of topic themes related to nurse-patient and system-focused activities are provided with emerging themes, including efficient organizing, effective communication, clinical practice teacher, community care, and spiritual care.<sup>18</sup> The historical narrative is reconstructed using empirical data sources as part of the discussion that includes the biography of Rufaidah Al-Aslamia and a vivid comprehensive portrayal of the contributions and legacy of Rufaidah Al-Aslamia as the first Muslim nurse and the pioneer of Islamic nursing. The life, contributions, and legacy of Rufaidah Al-Aslamia as the first Muslim nurse

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<sup>16</sup> Potter, *Dasar-Dasar Keperawatan, Edisi 9 Volume 2*.

<sup>17</sup> Evangelos Fradelos and others, "A Mixed-Method Study on the Assessment of Factors Influencing Nurses' Provision of Spiritual Care," *Healthcare* 12, no. 8 (2024), <https://doi.org/10.3390/healthcare12080854>.

<sup>18</sup> Iwan Ardian et al., "The Development of an Islamic Nursing Care Model to Improve Patient Satisfaction," 2024, <https://scholar.unair.ac.id/en/publications/the-development-of-an-islamic-nursing-care-model-to-improve-patient>.

and pioneer in Islamic nursing remain relevant and applicable for all nurses at various levels in modern-day nursing because the values that underpin nurse, patient, and system-focused activities from the time of Rufaidah Al-Aslamia are foundational in contemporary nursing care provision locally and globally.<sup>19</sup>

In nursing, spiritual health is a dynamic process of approaching God, through which the patient gives meaning to his illness by communicating scientifically, thoughtfully, and lovingly to the Creator, himself, and others. This continuum to give transcendence consists of love for the Creator, a life based on duty, religious rationality, and concern for the hereafter. Patients have different degrees, situations, and qualities on this continuum. Spiritual health leads to psychological balance and actualizing spirit-like attributes from the Creator (God). In the Islamic view, spiritual health is a series of actions or steps to develop the spirit-like qualities of the Creator (Allah), not just God. Spiritual health has constant changes, activities, or processes. The level of spiritual health depends on how close the sick person is to his Lord. This inner connection is built and strengthened by participating in unique activities determined by God, even when ill. Patients create the meaning of illness through reflection on their connection to God, themselves, and others. Because every person is unique, this meaning must be made individually, not discovered. When a patient is connected to God, spiritual health as a metaphysical product can lead to satisfaction, hope, personal stability, and self-awareness/awareness during illness. The patient understands that Allah deliberately and intellectually designs every incident during the illness to improve the human soul. Thus, the sick person remembers God, remembers His love, reminds himself of His Divine commandments, and prepares himself for greater obedience to God. Therefore, they continue their journey on the path of spiritual health and are prepared to face any difficulties. Patients need to remember that their illness can lead to death. Thus, the patient should strive to prepare for the Reckoning of the Day of Judgment by performing all his religious duties carefully and lovingly during and after the illness. The better a person does this with a sense of responsibility, obedience, and humility, and to seek God's pleasure during illness, the closer that person will be to God. The sick person sees illness as a test paper. He must give the best accountability for himself.<sup>20</sup>

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<sup>19</sup> Mustafa M Bodrick et al., "Appraising Rufaidah Al-Aslamia, First Muslim Nurse and Pioneer of Islamic Nursing: Contributions and Legacy," *Jurnal Keperawatan Indonesia* 25, no. 3 (2022): 113 – 26, <https://jki.ui.ac.id/index.php/jki/article/view/876/637>.

<sup>20</sup> Abbas Heydari et al., "Kesehatan Spiritual Dalam Keperawatan Dari Sudut Pandang Islam," *Jurnal Medis Bulan Sabit Merah Iran* 18, no. 6 (2016), <https://doi.org/10.5812/ircmj.24288>.

## **Theme 2: Readiness and Ability (Mental, Physical, Psychological, Social, Spiritual) of Newly Graduated Nurses in Fulfilling the Spiritual Needs of Patients**

The readiness and ability of a new nurse can be seen from his knowledge and experience in meeting patients' spiritual needs. Participants in this study argue that the preparedness of new nurses is not spared from the three things below.

### 1. Knowledge

Science is essential in preparing to meet spiritual needs. Both mental and physical readiness are strongly supported by sufficient knowledge to provide appropriate nursing care. This is under the opinions of the participants below. Including:

*"In providing spiritual care, of course, mental, physical, psychological and spiritual readiness is needed, nurses who have good knowledge and life experience and understand spiritual care for themselves will find it easier to provide spiritual care needs to patients" -W.*

*"The readiness of a nurse who provides spiritual care must have been built a long time ago, for example, since she was still in college, for spiritual readiness is greatly helped by the spiritual care module provided by the campus..." -P*

### 2. Needs

The readiness and ability of nurses to meet spiritual needs can also be seen in how to build communication with patients. The patient needs and assessments are introduced based on good communication so that the treatment follows the patient's needs. Including:

*"Building a good relationship. must first recognize the patient's needs, multiply the patient's life through the family and recognize whether the family is included in support or not" - WPN*

*"Every time I carry out nursing care for patients, I always try with good mental readiness, healthy physical and stable psychological, social and spiritual conditions, especially in fulfilling the spiritual needs of patients, where before fulfilling spiritual needs I will look for information related to the patient's religious background, the culture that influences it, the readiness and condition of the patient in receiving spiritual care. Because knowing these data will make it easy for me to help facilitate his spiritual needs." -N*

However, its implementation has not fully fulfilled the spiritual needs of nurses and patients, as the participants' opinions are below. Including:

*"As far as I am treated at this hospital, there is no nurse who reminds me of spiritual needs. Nurses only do their duty to undergo nursing care" -C.*



Spirituality is part of nursing care. Watson, a nursing figure, explained that one of the main factors that become a nurse's activity is supporting, protecting, and helping to improve mental, physical, socio-cultural, and spiritual conditions. Nurses, as care providers, need to have the ability to understand spiritual care as part of the ability of nursing care providers. The introduction of spiritual care is required from the beginning of learning as a nursing student at both undergraduate and postgraduate levels, so it is essential to be included in the learning curriculum.<sup>21</sup> Self-efficacy, spiritual intelligence, spiritual well-being, and spiritual education or training influence a nurse's ability to meet the spiritual requirements of comforting patients.<sup>22</sup>

Several codes shaped the identification of patients' spiritual requirements, including communication, observation of the patient's surroundings, expression of sentiments, and health status or diagnosis. Many nurses claim that observing the patient's environment and remaining open to their emotional displays made it easier to determine their spiritual needs.<sup>23</sup>

### **Theme 3: Spiritual Needs Experiences**

The experience of fulfilling the needs of spirituality is very varied and exciting. Participants in this study had several different experiences. The application itself is different depending on the beliefs and circumstances of the patient. The implementation of fulfilling the needs of spirituality influences the care provided. Spirituality can help patients express their anxieties and needs, which are necessary for treatment. This spirituality, if applied, can help the efforts made by patients in the treatment process. The participants' opinions below summarize what is done to fulfill spiritual needs. Including:

*"...doing spiritual care for the patient by helping the patient express his feelings, strengthening the patient against his illness and helping him to dhikr because the patient adheres to Islam..." -W.*

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<sup>21</sup> Pamela Meryl Heneise Cone and Tove Giske, "Integrating Spiritual Care into Nursing Education and Practice: Strategies Utilizing Open Journey Theory," *Nurse Education Today* 71 (2018): 22–25, [https://www.researchgate.net/publication/327216165\\_Integrating\\_spiritual\\_care\\_into\\_nursing\\_education\\_and\\_practice\\_Strategies\\_utilizing\\_Open\\_Journey\\_Theory](https://www.researchgate.net/publication/327216165_Integrating_spiritual_care_into_nursing_education_and_practice_Strategies_utilizing_Open_Journey_Theory); Linda Rykkje and others, "Educational Interventions and Strategies for Spiritual Care in Nursing and Healthcare Students and Staff: A Scoping Review," *J Clin Nurs* 31 (2021): 1440–64, <https://doi.org/10.1111/jocn.16067>.

<sup>22</sup> Tunny, Saleh, and Rachmawaty, "Persepsi, Kompetensi Dan Hambatan Perawat Dalam Pemenuhan Spiritual Care Pasien: Literature Review."

<sup>23</sup> Huda A Anshasi et al., "Exploring Nurses' Experiences of Providing Spiritual Care to Cancer Patients: A Qualitative Study," *BMC Nursing* 23, no. 207 (2024), <https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-024-01830-2>.

*"Invite the patient to recite the bismillah. In addition, if the patient is anxious, for example, when going to surgery, always remind the patient to dhikr, invite the patient and family to pray before being escorted to the operating room, invite the patient to recite the bismillah, and if the patient is anxious, for example when going to surgery, always remind the patient to dhikr, invite the patient and family to pray before being escorted to the operating room" -P.*

The experience experienced by the participants in this study in providing care with spirituality provides comfort felt by patients. The experience can calm anxious patients by applying spiritual care, as summarized in the opinions given by the participants below. Including:

*"... The patient is desaturated, restless, and has rapid and shallow breathing. I immediately advised the patient to relax and regulate their breath while saying istighfar slowly. The family who is next to the patient helps calm down. Oxygen has been increased to a full 15 lpm, and a few minutes later, oxygen saturation returns to the normal range." -N.*

*"There was an incident where a patient experienced severe pain. The patient screamed and bothered other patients. However, I advise istighfar to provide an understanding that his actions can disturb the comfort of different patients. Alhamdulillah, the patient can understand" -AP.*

*"Suggest to pray in bed. After that, he taught prayers for pain, suggested that other prayers and dhikr should be calm, and assured that the past efforts must also be put in trust." -V.*

*"When the patient is anxious because he is going to be operated on for the first time, the patient's vital signs show hypertension, but when the patient takes a deep breath and dhikr, the patient returns to normal" -S.*

In Australia, practical readiness for recently graduated nurses is multifaceted and encompasses overlapping personal, clinical, industrial, and professional qualities.<sup>24</sup> This ability applies to participants in all practice contexts. Practical readiness is assessed continuously as graduates transition from students to nurses with registered nurse certificates. The confidence level of graduates proves to be an essential factor in demonstrating and determining the practice's readiness. The healthcare system, the work environment, and the interactional intensity within the workplace could influence graduate nurse performance. Throughout the transition continuum, new graduate nurses gradually acquire practice readiness, contingent upon several factors in both the educational and occupational environments. The

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<sup>24</sup> Harrison et al., "An Assessment Continuum: How Healthcare Professionals Define and Determine Practice Readiness of Newly Graduated Registered Nurses."

combination of education and job-related factors provides the ideal setting for nursing graduates to succeed. To guarantee practice readiness, the education and practice sectors must collaborate to guarantee graduate readiness within four years from the beginning of nursing studies to the conclusion of the postgraduate year. The quality of services rendered, employee retention in the healthcare industry, and advancement of healthcare practices and results can all be enhanced by fostering a supportive work environment that helps nursing students and recently graduated Muslim nurses become practice-ready.

The participants explained the approach of offering spiritual care in clinical. Based on these facts, four methods of spiritual care provided by oncology nurses through a presence in their profession were identified: assisting patients in praying, (2) encouraging them to read or listen to the Quran, (3) encouraging the involvement of the patient's family in spiritual care, and (4) urging the patients to have faith in Allah (God).<sup>25</sup> Islamic values are applied in nursing practice in the following ways: professional nurses who are skilled and behave well when caring for patients who are dying; opportunities for patients to rest and spend time with family; nurses become reminders of the greatness of Allah (God), happiness, and good rewards; providing religious therapy to the patient by reciting passages from the Holy Qur'an, talking about the patient's hope in Allah (God), urging them to pray, to do good deeds, and to worship, and providing them with an opportunity to fulfill the patient's final hope (the relationship between the nurse and the patient).<sup>26</sup> It has been documented that two beneficial non-pharmacological therapies for critically ill Muslim patients are spiritual care and reciting passages from the Holy Quran. Nonetheless, Islamic healthcare organizations and practitioners must focus more on integrating spiritual care into their patients' treatment programs.<sup>27</sup>

#### **Theme 4: Benefits of Fulfilling Spiritual Needs**

The fulfillment of spiritual needs can influence the practitioner or the patient. Nurses can practice empathy in providing nursing care based on spiritual biopsychosocial. Patients who are given care can also experience care that supports

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<sup>25</sup> Anshasi et al., "Exploring Nurses' Experiences of Providing Spiritual Care to Cancer Patients: A Qualitative Study."

<sup>26</sup> Edy Suprayitno and Iwan Setiawan, "Nurses' Roles in Palliative Care: An Islamic Perspective," *Belitung Nursing Journal* 7, no. 1 (2021): 50–54, <https://doi.org/10.33546/bnj.1254>.

<sup>27</sup> Mohammad Rababa and Shatha Al-Sabbah, "The Use of Islamic Spiritual Care Practices among Critically Ill Adult Patients: A Systematic Review," *Heliyon* 9, no. 3 (2024), <https://doi.org/10.1016/j.heliyon.2023.e13862>.

their recovery by reducing the emotional burden felt. Participants in the study gave their opinions regarding the impact given through the fulfillment of spiritual needs.

### 1. Fulfilling life goals

Nursing care providers do not only provide care related to physical complaints felt by patients. The fulfillment of this spiritual need can be used as the basis for emotional fulfillment felt by the patient during their illness. One of the impacts patients receive in fulfilling this spiritual need is rediscovering their spirit of life, as the participant's opinions are below. Including:

*"Indirectly, there is a pleasure in empathizing, supporting the patient's religious beliefs, helping the patient find the meaning of the pain suffered, and improving a better spirituality. Make yourself more grateful for the health blessings that have been given." -N*

### 2. Understanding patients

Nursing care providers can also practice communication techniques with patients so that they can understand their needs. The opinions of participants regarding this include:

*"The impact for myself as a nurse is to be able to respect the feelings and conditions of patients, provide the best service, and communicate from heart to heart" -WPN*

### 3. Providing peace of mind

Spirituality can also provide peace of mind for either the caregiver or the patient being cared for. The calm that you get is not only a feeling of security but also a feeling of confidence in yourself, and the efforts you make can bear fruit. Like the opinion participants below. Including:

*"It is easier to do all things because there is no human effort to heal people except Allah's will" -AQ.*

*"It can increase confidence in oneself, and it can be a reference to be more grateful for the blessings that Allah has given" -P.*

Nurses understand the role that spirituality plays in fostering healing and preserving health. Encountering patients' spiritual needs and meeting them are components of holistic nursing. Furthermore, they understand spirituality's role in helping them heal and stay healthy. Compassionate relationships are the foundation of spiritual care. The focus group emphasized how crucial self-assurance is to the clinical practice of spiritual care. The participants mentioned that they work on providing patients with holistic care and assessments. Nurses employ critical thinking skills and individualized treatment strategies to give their patients comprehensive care. Empathy and communication skills also became a

significant concern during the focus group. Nurses can effectively communicate with patients by paying attention to what they have to say, treating them with dignity and respect, and conveying information. Nurses find that helping patients and offering spiritual care are fulfilling components of their employment, and they also feel spiritual pleasure from these contributions. Additionally, they discuss the fulfillment they get from being there and offering kind treatment.<sup>28</sup> The creation of Islamic nursing care to raise patient satisfaction. Islamic nursing care is a genuine type of care nurses provide, in which the patient's senses and Islamic beliefs are applied so that the patient feels satisfied. This makes Islamic nursing care a mediator between nurse factors and patient satisfaction.<sup>29</sup>

### **Theme 5: Factors for the success and obstacles of fulfilling spiritual needs**

The success of fulfilling spiritual needs can be based on several things, namely science, approach, and background, which are part of this research. Participants in this study believed that knowledge is the basis in providing spiritual needs to suit the needs of patients based on the patient's background. The approach taken is also necessary based on the needs of the patient.

#### **1. Scientific**

Spiritual needs can be fulfilled well if the caregiver has a piece of complete knowledge. The knowledge possessed can create confidence for caregivers and confidence for caregivers. As the opinions of the participants below. Including:

*"Nurses' sensitivity about the importance of patient spiritual care, effective communication, nurses' spiritual care knowledge, if the spirituality is good, then it is a good example as well, time, the patient's trust with the nurse" - V.*

*"...Internal nurses, such as age, internal spirituality, level of education, cognitive ability, and emotional readiness. If a nurse has good spiritual health, then she will know the importance of engaging spiritually for the patient's health and meeting the patient's spiritual needs" -P*

#### **2. Building a relationship**

Fostering a relationship of mutual trust is a form of approach that is needed so that the fulfillment of spiritual needs can be adequately achieved. Communication by nursing care providers to patients or colleagues is a supporting factor so that the care provided can be carried out correctly. Participants in this study gave their opinions below. Including:

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<sup>28</sup> Fradelos and others, "A Mixed-Method Study on the Assessment of Factors Influencing Nurses' Provision of Spiritual Care."

<sup>29</sup> Ardian et al., "The Development of an Islamic Nursing Care Model to Improve Patient Satisfaction."

*"The tawakkal factor and the effort must be interconnected and not remove the two "-AQ.*

*"Bonding, workload, religion, culture" -RD*

*"The same communication and vision. And sincerity in work" -AA*

### 3. Background

Another factor that can affect the fulfillment of spiritual needs is the patient's background, as stated by the 2 participants below. Including:

*"Which can affect one of them is age, gender, education, belief in God, ethnicity/culture, family, and patient motivation" -S.*

In this study, the participants' opinions were summarized in terms of knowledge, trust, family support, and workload, which inhibit the fulfillment of spiritual needs. The views of the participants are divided into several factors below.

#### 1. Lack of knowledge

In this study, the lack of knowledge in providing care impacts inappropriate communication and approaches, making the process of fulfilling spiritual needs unable to be carried out correctly, as the participants' opinions below. Including:

*"Poor behavior/attitude, ineffective communication, minimal knowledge" -O*

*"New nurses are less able to follow the spiritual care process due to lack of training" -R*

#### 2. Differences in beliefs

Every human being has different beliefs depending on their background. This study found that some patients felt less confident in their spiritual beliefs, so they felt satisfied with the treatment they underwent. Other factors can influence, namely belief in effort and surrender to the results given, which is unbalanced and can cause emotional fatigue for patients. Another thing that can affect is the efforts of caregivers who think that spiritual beliefs are sensitive and complex to intervene.

*"Nurses who consider that religion is their own belief and becomes a sensitive matter..." -V.*

*"The factors of patients and families also affect because there are patients who have denied first or consider that physical pain can only be cured by fulfilling their physical needs" -P*

*"Families who are not supportive, the mindset of patients who think about bad things, patients who are not open" -WPN*

### 3. Workload

It was discovered in this study that caregivers found it challenging to devote the necessary time to meeting their patients' spiritual requirements. The healing process of patients requires a great deal of time-consuming medical procedures and nursing care, which makes it more challenging to meet the patient's spiritual demands effectively. In addition, a heavy workload may result in poor communication and responses from caregivers to patients, such as a lack of patience that prevents patients from opening up to nurses. Some opinions in this study were given by the participants below. Including:

*"Insufficient time due to many actions and burdens that nurses must carry out, lack of confidence of nurses in fulfilling spiritual needs, patients unable to communicate their spiritual needs, lack of contact with patients so that it is difficult to understand spiritual needs" -N*

This result, consistent with the current study's data analysis, demonstrated that giving spiritual care is hampered by organizational and individual factors. Participants thought that obstacles to providing spiritual care from individual barriers included nurses' lack of interest in nursing, poor perception of religious beliefs, issues with their family relationships, financial difficulties, and lack of desire. Several significant challenges were identified during in-depth interviews with participants, including a shortage of nursing staff, a high staff workload, long shifts, an unusual nurse-to-patient ratio, a lack of time, and burnout. According to the findings of a study, time constraints, a shortage of nursing staff, and an ignorance of patients' spiritual requirements are obstacles to providing spiritual care to patients. According to the other findings, the nurses stated that a staff shortage, a lack of time, and inadequate knowledge and expertise hampered their inability to provide spiritual care.<sup>30</sup>

#### **Theme 6: Efforts to Increase the Fulfillment of Spiritual Care Needs**

Efforts to meet spiritual needs are essential things that must be done so that new nurses who enter the world of work can provide nursing care that suits their needs. The importance of improvement in cognitive function, communication, and confidence in giving care is included in the increase in the fulfillment of spiritual needs. Participants in this study shared their opinions regarding this.

##### 1. Ability

Good competence in nursing care and fulfilling spiritual needs is vital. With this excellent competence, spiritual needs can be met with tubs. Participants in this

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<sup>30</sup> Anshasi et al., "Exploring Nurses' Experiences of Providing Spiritual Care to Cancer Patients: A Qualitative Study."

study argue that this can be achieved by having training before applying it in nursing care. By learning in the world of lectures such as materials, role plays, field practices, and research can improve nurse abilities. Hopefully, this effort will help fulfill spiritual needs correctly. As in the opinions of the participants below. Including:

*"It is better to cultivate a competent attitude of spiritual care. It is necessary to conduct training on spiritual care before new nurses enter the world of work so that later nurses who are already working understand and have enough knowledge about patient spiritual care to apply it optimally"* -W.

*"Perhaps by deepening the material on how important it is to instill Islamic values into each student, not only to pursue values but because students need"* -AQ

*"A role play was held using the vent session method. With the results, a nurse can conclude the patient by understanding what happened to the patient's problem..."* -WPN

Apart from cognitive skills, other communication skills need to be improved. Good communication can support the spiritual fulfillment process that suits the patient's needs. Patients can also feel that caregivers do care about them so that openness in fulfilling spiritual needs can be achieved.

*"Feel the emotional reaction and give to each other"* -C.

*"More communicative towards the fulfillment of patient services"* -VA.

## 2. Mental readiness

Confidence from the caregiver is also necessary. In providing proper care, nurses must be confident in themselves to build trust for the patients they treat.

*"The need to strengthen the mentality of prospective Islamic nurses with Islamic nursing practices that are more concerned so that when working they are more confident and understand the needs needed by patients."* -N

Providing patients with spiritual care is crucial because holistic nursing care would fall short without considering their spiritual requirements. The Iranian nurses in this study demonstrated a comparatively acceptable level of competency in offering spiritual care. Furthermore, a direct and substantial correlation was found between the nurses' proficiency in delivering spiritual care and their spiritual well-being. This means that nurses who reported higher levels of spiritual well-being also had better competency in this area. Nurses' spiritual health positively



impacts the spiritual care they provide patients.<sup>31</sup> Particularly for those nurses who are not religiously affiliated and have low educational backgrounds, nurses' views and competencies on spirituality and spiritual care were found to be modest and needed improvement. In addition to giving nurses focused instruction and training to increase their competency in attending to the spiritual needs of their patients, nursing educators and leaders must emphasize both theory education in the spiritual dimension and commitment to training in spiritual care practice.<sup>32</sup>

### **Theme 7: The Role of Undergraduate Learning in Meeting Spiritual Needs**

#### 1. Fostering a positive attitude

Learning during lectures has a vital role in fulfilling spiritual needs. New nurses have been exposed to how to do spiritual fulfillment theoretically or in practice, so they already have experience. This is also a routine that has been done at work. As in the opinions of the participants below. Including:

*"The nursing care that I learned in the patient's spirituality is to help patients cultivate a positive attitude towards treatment, not only helping the patient's recovery but also bringing positive things in their spiritual well-being" -W.*

*"The learning I got in bachelor made me apply spiritual care at work, such as reading bismillah when going to take action, encouraging patients to dhikr when anxious or in pain, helping patients in carrying out worship when sick, and others" -S*

#### 2. Adds to the experience

Learning during undergraduate time also gives new nurses the experience of fulfilling spiritual needs. Activities carried out during undergraduate time can be a provision in work.

*"Spiritual nursing learning in UIN nursing is both in face-to-face classes and elaborate nursing practice so that not only theories are obtained but also direct field practice (hospital)..." -N*

#### 3. Improve communication skills

The importance of the approach taken by nurses in providing appropriate nursing care has also been honed since the beginning of the year. Communication

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<sup>31</sup> Mojtaba Jafari and Masoud Fallahi-Khoshknab, "Competence in Providing Spiritual Care and Its Relationship with Spiritual Well-Being among Iranian Nurses," *J Educ Health Promot* 10 (2021), [https://doi.org/10.4103/jehp.jehp\\_203\\_21](https://doi.org/10.4103/jehp.jehp_203_21).

<sup>32</sup> Wei Wang and others, "Nurses' Perceptions and Competencies about Spirituality and Spiritual Care: A Systematic Review and Meta-Analysis," *Nurse Education Today* 132 (2024), <https://www.sciencedirect.com/science/article/abs/pii/S0260691723003003>.

skills might support new nurses in approaching patients well so that they can make patients more open to nurses and better understand their backgrounds.

*"Friendship is mutual trust, good communication. Use calming sentences, listen well, respect the patient, appreciate the patient's opinion" -WPN.*

This finding is consistent with research showing that many nurses lack specific training in spiritual care, as well as a dearth of spiritual education in undergraduate nursing curricula and nursing literature. Most nurses stated that additional instruction and training on the spiritual aspects of providing care to various ethnic communities was necessary.<sup>33</sup> For nurses to better fulfill their patients' spiritual needs and increase their understanding of religious and spiritual diversity, they must get an education.<sup>34</sup>

Spiritual care is part of integrating science and science at UIN Syarif Hidayatulah. Nursing schools have been using the Islamic integration curriculum since 2017. The Faculty of Health Sciences created this curriculum as a guide in 2022. The application of integration includes study materials and learning outcomes in each course, both in undergraduate nursing and professional stages, including prayers before and after learning, greetings, and getting used to saying *basmalah* and *hamdalah* when starting and ending an activity, both in the classroom and in the practice field. Islamic integration has become part of the assessment, intervention, diagnosis implementation, and nursing quotation in nursing care. Nursing graduates will receive a Registration Certificate (STR) after passing the competency test, which will become the legality of practicing law and working in health services.

In contrast, a nurse is a person who has successfully finished both a professional education program and an undergraduate education program (Nurse).<sup>35</sup> Nursing professional learning, which is learning with clinical learning, aims to develop the professional skills and knowledge needed in lifelong learning critical thinking, to create confidence as nurses, and to ensure that nurses can make their own decisions and become independent. The profile of Nursing graduates in the Islamic Higher Education Nursing school is undoubtedly an

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<sup>33</sup> Ghodratollah Momeni, Maryam Sadat Hashemi, and Zeinab Hemati, "Barriers to Providing Spiritual Care from a Nurses' Perspective: A Content Analysis Study," *Iran J Nurs Midwifery Res* 27, no. 6 (2022): 575–80, [https://doi.org/10.4103/ijnmr.ijnmr\\_422\\_21](https://doi.org/10.4103/ijnmr.ijnmr_422_21).

<sup>34</sup> Carla Murgia and others, "Spirituality and Religious Diversity in Nursing: A Scoping Review," *Healthcare (Basel)* 10, no. 9 (2022), <https://doi.org/10.3390/healthcare10091661>.

<sup>35</sup> Persatuan Perawat Nasional Indonesia (PPNI), "Standar Kompetensi Perawat Indonesia," 2013, <http://www.inna-ppni.or.id>.

Islamic nurse that reflects Caring Islam (*akhlakul karimah*) both as service providers.

## Conclusion

This study aims to investigate spiritual care provided by recently graduated Muslim nurses. The spiritual care experience of newly graduated Muslim nurses is essential in evaluating and improving the curriculum considering the integration of luck and science into the Vision and Mission of the nursing school at UIN Syarif Hidayatullah Jakarta. The theme obtained from the spiritual readiness of newly graduated Muslim nurses of UIN Syarif Hidayatullah is that there are seven themes, which include perception of meeting the spiritual needs of patients, readiness and ability of new nurses in fulfilling the spiritual needs of patients, experience of fulfilling spiritual needs; benefits of fulfilling spiritual needs; success and inhibit factors in fulfilling spiritual needs; efforts to improve the fulfillment of spiritual care needs; the role of bachelor nursing learning in fulfilling spiritual needs; and improving the spiritual care of newly graduated Muslim nurses in reflection on the provision of nursing services. It is essential to become accustomed to the use of spiritual care in both undergraduate education and nursing clinical practice, using a variety of approaches that have been used, for example, simulation methods, bedside teaching, and case reflection, to reduce obstacles in using spiritual care and enhancing students' ability to provide spiritual care with spiritual care training so that knowledge, spiritual care attitudes, and skills become more competent and confidence.

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