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Experiences of Shariah Compliance Department Staff in Providing Spiritual Care to Hospitalised Patients: A Qualitative Study

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ABSTRACT

Background: Spiritual care is a vital component of holistic healthcare, supporting patients in aligning with their beliefs to foster inner peace and overall well-being. However, there is limited research on the experiences of hospital staff in providing spiritual care. This study aims to explore the experiences of Shariah-compliant hospital staff in delivering spiritual care to hospitalised patients.
Methods: A qualitative study was conducted through face-to-face interviews with eight purposively selected participants between April and May 2024 at a Shariah-compliant hospital in Malaysia. The interviews took place in the participants' respective offices. With prior consent, all interviews were audio-recorded, transcribed verbatim, and analysed using thematic analysis.
Results: Three major themes emerged from the analysis: (1) Addressing challenges in delivering spiritual care with the sub-themes: a) Resource constraints, b) Reluctant to talk, c) Frustration with patient, d) Emotional challenges, e) Role ambiguity, and f) Navigating family misunderstanding, (2) Strategies for effective spiritual care delivery with the sub-themes: a) Respectful communication, b) Listening and being present, c) Initiating spiritual conversations, d) Knowing the patient, e) Guiding through mentorship, and f) Be knowledgeable, and (3) Impacts of spiritual care to the patients with the sub-themes: a) Rediscovering faith, b) Behavioural change, c) Embracing acceptance, and d) Family support in well-being.
Conclusion: Addressing challenges in spiritual care delivery and implementing effective strategies can enhance the provision of spiritual care, ultimately leading to improved patient outcomes. Future research should include diverse samples from various hospitals to deepen the understanding of spiritual care across different healthcare settings.

Keywords: Spirituality; Hospital; Patient; Shariah compliance; Malaysia

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INTRODUCTION

Spiritual care is an integral component of patient-centred healthcare, focusing on supporting patients by reinforcing their core beliefs and values to promote inner peace and overall well-being. This process involves actively listening to patients and engaging in open dialogue where they can explore their emotions, thoughts, and perspectives on life (1). For Muslim patients, spiritual care plays a vital role in helping them find meaning and purpose, especially during difficult times, by encouraging thoughts and behaviours aligned with their faith, allowing them to turn to God and perceive hardships as expressions of divine love and care (2). Another study further observes that individuals who do not engage in religious or spiritual practices may find solace in alternative therapeutic modalities, such as music, poetry, or literature (3). These forms of expression provide a means for individuals to explore existential questions and emotions, offering a pathway to emotional healing.

Importantly, the concept of spirituality extends beyond explicitly religious matters and encompasses both secular and religious dimensions. Spirituality involves a broad range of themes, which may include secular sources of meaning, such as art, nature, and human connection (4). This broader definition highlights the diverse ways in which individuals may engage with their inner selves and navigate life's challenges. Thus, spiritual care, while often intertwined with religious practices, should be understood as a holistic approach that recognises the varied and personal ways in which people seek meaning, purpose, and comfort.

Spiritual care plays a fundamental role in nurturing the human spirit, contributing significantly to an individual's holistic well-being and overall healing process (5). By enhancing spiritual and religious dimensions and promoting relevant rituals, spiritual care can positively impact quality of life, reinforcing the beneficial relationship between spirituality and overall well-being (6). Recognising the significance of divine involvement in the healing process, it is equally important to acknowledge that healing encompasses both spiritual and medical dimensions. Fitch and Bartlett (7) assert that a relationship with God serves as a source of comfort, strength, and hope, particularly during difficult times. Thus, spiritual care not only meets patients' immediate spiritual needs but also fosters a holistic healing journey by integrating spiritual, emotional, and physical aspects of care.

Healthcare professionals encounter a wide range of outcomes while delivering spiritual care, reflecting the diverse needs, beliefs, and preferences of patients regarding their spiritual well-being alongside their physical health concerns (8). However, many professionals report a lack of the necessary skills to address the spiritual dimensions of care, often due to inadequate knowledge, experience, time constraints, and the complexity of patients' conditions (9). This gap in spiritual care provision may result in healthcare professionals perceiving less need for specialised training, particularly given the presence of designated individuals responsible for delivering spiritual care (10,11). Professionals who are involved in providing spiritual care often possess an integrated perspective, shaped by their own spirituality, life experiences, maturity, education, and professional expertise in dealing with terminally ill patients (10,12). This holistic approach to spiritual care emphasises the importance of personal and professional development in equipping healthcare workers to address the multifaceted spiritual needs of their patients.

In Malaysia, only a few hospitals have been officially declared as Shariah-Compliant Hospitals (SCHs), although many are actively working towards achieving this status. SCH is a healthcare facility that provides services in accordance with Shariah principles and Islamic teachings (13). In Malaysia, the term "Shariah Compliant Staff" is commonly used, while in Indonesia, the role is referred to as "Muslim Counsellor". Despite the differences in terminology, both roles involve delivering spiritual care to patients within the hospital setting. In secularised countries such as the United States, France, and Turkey, the understanding of spirituality varies widely, reflecting individual perspectives rather than a unified consensus (14).

Farahani et al. (15) highlighted that while 96% of physicians recognise the significant impact of spirituality on health, healthcare systems

often fall short in addressing patients' spiritual needs. This highlights the growing global interest in integrating spiritual care into healthcare systems, particularly in Islamic countries, where faith plays a central role in patient well-being. The spiritual aspect is crucial not only for enhancing patient well-being and quality of life but also for providing culturally and religiously sensitive care. Furthermore, many published studies on this topic have primarily been quantitative in nature and conducted outside of Malaysia (16). This gap in the literature highlights the need for research that explores the experiences of those directly involved in providing spiritual care to patients. Therefore, this study aims to explore the experiences of staff from the Department of Shariah Compliance (DSC) in delivering spiritual care, particularly the challenges they face, the strategies they employ, and the impacts on patients, thereby providing valuable insights into the practice of spiritual care within the context of Malaysian healthcare.

METHODS

Study Design

This study employed a descriptive qualitative design, which is particularly suited for providing a comprehensive and straightforward account of participants' experiences. This approach allowed for an in-depth exploration of the nuanced and subjective perspectives of individuals in the context of spiritual care. A descriptive qualitative design was chosen to capture and present participants' beliefs, experiences, attitudes, behaviours, and interactions in rich detail, producing data that is non-numerical in nature (17).

Study Setting and Sampling

The study was conducted at a government teaching hospital on the East Coast of Malaysia. A purposive sampling method was used to select participants who met the inclusion criteria: (1) staff from the Department of Shariah Compliance and (2) at least one year of experience in delivering spiritual care to patients. Although these staff members were specifically responsible for providing Shariah-compliant services including spiritual care, they did not have formal medical training. The sample size was determined by data saturation, which was reached when no new information emerged and no additional codes could be generated from the interviews (18). Saturation was achieved after seven interviews, with an additional interview conducted to confirm the findings. In total, eight participants were included in the final sample.

Ethical Considerations

Participation in the study was voluntary, and written informed consent was obtained from each participant prior to data collection. All participants were assured of confidentiality and anonymity throughout the study. Ethical approval for the study was granted by the Kulliyyah of Nursing Postgraduate Research Committee (KPGNRC), the IIUM Research Ethics Committee (IREC 2024-087), and the SASMEC Research Committee (SASRC IIR24-08).

Procedures

Participants were recruited from April to May 2024. Potential participants were approached and verbally informed about the study, with adequate time given to consider their participation. They were provided with the Participant Information Sheet, which included contact details for the researcher via phone or email for any further inquiries. The interviews were conducted in an informal, semi-structured manner, using a face-to-face approach guided by an interview schedule. An example of the main question asked was: "Please tell me about your experience while delivering spiritual care to patients." Additional questions and clarifications were posed based on the participants' responses. All interviews were conducted at the participants' offices, scheduled at their convenience. With the participants' consent, each interview was audio-recorded and lasted between 30 and 60 minutes.

Data from the interview sessions were transcribed verbatim and written in Microsoft Word. This study employed thematic analysis, which is an appropriate method for analysing qualitative data to explore experiences, thoughts, and perspectives across the dataset. The analysis followed a six-step process, as outlined by Kiger and Varpio (19). The first step involved the researcher familiarising themselves with the data. All audio recordings

were transcribed verbatim into Bahasa Melayu, the language used by the participants during the interviews, and the analysis was conducted in Bahasa Melayu. The transcripts were then returned to the participants for verification. The researcher reviewed the transcripts, actively noting meanings and patterns across the dataset. The second step involved generating initial codes to represent these meanings and patterns. At this stage, the research team, which included qualitative research experts, convened for a discussion. Relevant excerpts were identified, and appropriate codes were assigned, grouping similar meanings under the same codes. The third step involved generating themes by examining all the codes for potential themes. These themes were then reviewed to ensure they accurately and comprehensively represented the data. The final step involved defining and naming the themes, followed by producing a report that described the findings and included illustrative examples. Selected quotes were translated into English for the purpose of publication.

Trustworthiness of Data

Dependability, also referred to as consistency, is a key criterion for ensuring rigour and credibility in qualitative research (20). To ensure the dependability of this study, an audit trail was maintained, documenting the changes that occurred throughout the research process. Additionally, field notes and regular discussions with the research team, which consisted of experts in qualitative research, helped to further strengthen the rigour of the study. To enhance confirmability, member checking was employed, whereby the interview data were shared with the participants to verify the accuracy and reliability of the information (21).

RESULTS

Eight healthcare providers participated in the study, comprising six males and two females. Participants' ages ranged from 28 to 48 years, with working experience between 1 and 8 years. This variation in demographic characteristics enabled the study to capture perspectives from both early-career and more experienced providers. The demographic details are summarised in **Table 1**.

Three themes were identified related to the experiences of staffs from DSC in providing spiritual care to patients: (1) Addressing challenges in delivering spiritual care, (2) Strategies for effective spiritual care delivery, and (3) Impacts of spiritual care to the patients.

Table 1: Demographic data of The Participants (N=8)

Participant	Gender	Age (years)	Working experience (years)
1	Female	46	8
2	Female	30	2
3	Male	48	8
4	Male	35	4
5	Male	33	3
6	Male	28	1
7	Male	37	5
8	Male	34	3

Theme 1: Addressing Challenges in Delivering Spiritual Care

This theme highlights the various challenges faced by participants in delivering spiritual care effectively. It consists of six sub-themes: a) Resource constraints, b) Reluctant to talk, c) Frustration with patient, d) Emotional challenges, e) Role ambiguity, and f) Navigating family misunderstanding,

Resource Constraints

Two participants highlighted the issue of limited staffing and a shortage of volunteers available to provide spiritual care.

"Few staff available to provide spiritual care." *(P2)*

"Shortage of volunteers to deliver spiritual care." *(P4)*

Reluctant To Talk

The participant highlighted encounters with patients who declined support, but stressed the importance of offering reassurance and remaining available to assist if they later chose to engage.

"I have met patients who refused to speak when I offered to support them. Some politely decline to talk, but I reassure them that if they ever change their mind, I am willing to help."

(P5)

"Patients sometimes refuse to speak when I offer support and decline to engage."

(P6)

Frustration With Patient

The participant expressed the frustration and emotional challenge faced when patients repeatedly disregarded their advice, despite multiple efforts to communicate and guide them.

"It was challenging and made us angry when patients didn't listen, even after we told them so many times."

(P1)

Emotional Challenges

Two participants highlighted the emotional challenges faced by caregivers in spiritual care, as they strive to choose their words carefully and manage their own emotions to avoid crying in front of patients.

"Holding back tears and choosing the right words is challenging because we don't want our words to hurt others' feelings."

(P2)

"A patient made us cry – my partner was crying, and I almost cried. But in spiritual care, we are taught not to cry in front of patients."

(P4)

Role Ambiguity

The participant emphasised the ambiguity and uncertainty often encountered in understanding their roles and effectively addressing patients' needs in the context of spiritual care.

"From my experience, sometimes we are unclear about our role in recognising the needs of patients, so we are not always sure how we are truly helping."

(P3)

Navigating Family Misunderstanding

The participant illustrated the challenge of addressing a patient's need for spiritual support when their family does not understand.

"The patient expressed frustration that her family did not understand her need for spiritual support. I acknowledged her feelings and aimed to support her spiritual well-being despite the familial misunderstandings."

(P4)

Theme 2: Strategies For Effective Spiritual Care Delivery

This theme focuses on enhancing the effectiveness of spiritual care within healthcare settings through the implementation of strategic approaches. It comprises six sub-themes: a) Respectful communication, b) Listening and being present, c) Initiating spiritual conversations, d) Knowing the patient, e) Guiding through mentorship, and f) Be knowledgeable.

Respectful Communication

One participant emphasised the importance of adopting a sensitive and balanced approach when discussing spiritual concepts with patients, ensuring that the message is conveyed with compassion and respect for their openness to such conversations.

"We have to be very moderate when telling the patient that Allah (God) gives us chances because He still loves them. If the patient is not open to discussing this, we need to find something they are interested in talking about."

(P1)

Listen and Be Presence

The participant highlighted the importance of simply being present and listening attentively, emphasising that offering a solution is not always necessary to provide meaningful spiritual support to patients.

"There are many moments where we don't even need to give a solution, we just listen, be present."
(P3)

Initiating Spiritual Conversation

The participant described initiating patient interactions by introducing themselves as providers of spiritual care, often prompting curiosity and questions from patients about the nature and purpose of spiritual care, thereby opening a dialogue.

"We approach the patient by saying, 'We are here for spiritual care,' and they often start asking, 'What is spiritual care?' and so on."
(P6)

Knowing the Patient

The participant emphasised the importance of understanding the patient's background, history, and personal context before initiating an approach, highlighting the need for tailored and informed spiritual care.

"We need to know about the patient, their background, history, and so on, before we approach them."
(P8)

Guiding Through Mentorship

Participant highlights the importance of mentorship and collaboration in spiritual care, where guidance from a senior can help address a patient's specific spiritual needs.

"At that time, I was tagging a senior, and the patient asked for guidance on how to pray."
(P2)

Be Knowledgeable

One participant emphasises the need to be well-informed and articulate when explaining the nature of spiritual care to patients.

"We need to be knowledgeable when meeting with a patient, knowing how to explain the type of spiritual care we offer."
(P4)

Theme 3: **Impacts Of Spiritual Care to the Patients**

This theme emphasises the positive outcomes of spiritual care for patients. It consists of four sub-themes: a) Rediscovering faith, b) Behavioural change, c) Embracing Acceptance, and d) Family support in well-being.

Rediscovering Faith

The participant described how spiritual care facilitated the patient's reconnection with her faith, fostering a renewed sense of spiritual fulfilment.

"Spiritual care has helped the patient reconnect with her faith. She feels happy engaging in worship and perceives Islam as beautiful."
(P1)

Behavioural Change

The participants highlighted the positive effects of spiritual care, noting a patient who exhibited significant changes, such as an increased willingness to discuss her spiritual experiences, learning to pray, and significantly uplift their emotional state.

"Most of it is positive. I had a patient who demonstrated positive changes, including a willingness to talk about her spiritual experiences and a renewed sense of peace and connection through practicing her faith. You can see that she has changed, for example, from not talking to talking."
(P7)

"80% of patients show change – they ask us to teach them how to pray."
(P2)

"When we ask about their condition, that alone is enough to make them happy – you can see it in their facial expressions. Patients appreciate it."
(P6)

Embracing Acceptance

The participant expressed gratitude, noting that the patient or their relative often responds with acceptance when confronted with the truth. This reaction highlights a sense of spiritual receptiveness and readiness to embrace the reality of their circumstances.

"Alhamdulillah, he accepts it. This patient or relative sometimes reacts with a feeling of accepting the truth."

(P8)

Family Support in Well-Being

The participant observed that the patient appeared happy, attributing this positivity to the support he received from his family following the provision of spiritual care. This highlights the role of spiritual care in strengthening familial bonds and enhancing the patient's emotional well-being.

"When we see him, he is happy – happy for whatever reason – because he receives support from his family after we provide spiritual care."

(P4)

DISCUSSION

This study is situated within the context of a Shariah-compliant hospital, and it is acknowledged that an underlying assumption is that staff working in this environment may possess distinct perspectives on spiritual care due to the integration of faith-based principles into their professional practice. While these insights enrich the understanding of spiritual care in this setting, they may not be wholly transferable to non–Shariah-compliant contexts. Recognising this assumption strengthens the interpretive transparency of the study and clarifies that the findings should be viewed as context-specific contributions rather than universally generalisable claims.

Challenges in Delivering Spiritual Care

Providing spiritual care in healthcare settings presents a range of challenges, as highlighted by the participants in this study. A central issue identified is the lack of adequate manpower, with staff shortages serving as a significant barrier to delivering comprehensive spiritual care. This concern aligns with findings by Momeni et al. (22), who similarly reported that inadequate staffing levels hinder the provision of holistic care, including the spiritual needs of patients. Another prominent challenge identified by participants was patients' reluctance to engage in discussions about spirituality. While some participants interpreted this reluctance as resistance, it is also possible that cultural norms surrounding privacy, personal beliefs, or fear of being judged contributed to such hesitancy. Previous research suggests that reluctance to discuss spirituality may reflect broader cultural sensitivities rather than outright rejection. This barrier is consistent with the work of Mamat et al. (8), who observed that patients may react negatively to healthcare providers' attempts to address spiritual matters. Such responses may manifest in behaviours such as resistance, dismissal, or outright avoidance of spiritual conversations. These reactions are often influenced by a variety of factors, including personal beliefs, cultural backgrounds, and prior experiences (8). The reluctance to explore spiritual topics further complicates the healthcare worker's role in supporting patients' spiritual well-being, creating a delicate balance between respect for patient autonomy and the provision of comprehensive care.

The uncertainty and role ambiguity expressed by participants in this study also resonate with the findings of Hairi et al. (9), who identified similar challenges faced by healthcare professionals when attempting to address the spiritual needs of patients. Hairi et al. (9) reported that the absence of formal training or clear institutional guidance regarding spiritual care often results in a sense of uncertainty, which can lead to feelings of professional inadequacy and subsequently undermine the quality of care provided. Furthermore, the participants in this study emphasised the difficulties of providing spiritual support when family members fail to recognise or acknowledge its importance. This observation is consistent with the research of Balboni et al. (23), who highlighted the profound influence of family dynamics on the spiritual well-being of patients. When family members are unwilling or unable to support the spiritual needs of the patient, healthcare providers including spiritual care practitioners are often left to assume this role, which can place additional emotional and professional strain on staff. The need for a supportive and collaborative environment between healthcare workers, patients, and families is therefore critical to the effective delivery of spiritual care.

Additionally, participants reported significant emotional challenges, including difficulties in managing their own emotions in front of patients. Many healthcare workers noted the emotional toll of engaging with patients who

were resistant to advice or guidance, particularly when this resistance was accompanied by behaviours that undermined professional efforts. The emotional burden of witnessing patients disregard professional recommendations can exacerbate the complexities involved in delivering spiritual care, further highlighting the need for institutional support in managing these challenges. As Koenig (24) argues, institutional support and adequate resources are essential for alleviating the emotional and professional burdens faced by healthcare providers when delivering spiritual care. Providing healthcare professionals with the necessary tools, training, and emotional support can help mitigate these challenges, fostering a more holistic and patient-centred approach to care. In conclusion, addressing the barriers to effective spiritual care requires a multifaceted approach that includes staffing improvements, enhanced training, family involvement, and institutional support to create an environment where both patients' spiritual needs and healthcare workers' emotional well-being can be appropriately addressed.

Strategies for Delivering Spiritual Care

The participants in this study employed a variety of strategies when engaging with patients regarding spiritual care. They emphasised the importance of discussing topics that resonate with patients, actively listening, clearly communicating the objectives of their meetings, understanding patients' backgrounds, offering mentorship, and maintaining a robust knowledge base. These strategies were noted to foster personalised and meaningful interactions, thereby building trust and enhancing patients' receptivity to spiritual care. For example, the emphasis on attentive listening and being fully present aligns with Bussing's (4) assertion that such practices are fundamental for addressing not only the psychosocial and existential needs of patients but also their spiritual requirements. Understanding the patient's cultural and spiritual background is another key aspect of effective spiritual care, enabling staff to tailor their approach in a manner that respects the patient's beliefs and values. This enhances the relevance of the care provided and ensures that it is culturally sensitive. As Puchalski et al. (25) emphasise, integrating spiritual and cultural dimensions into patient care is integral to delivering holistic healthcare and achieving higher levels of patient satisfaction. Furthermore, participants highlighted that engaging in their own spiritual practices allowed nurses to cultivate a sense of clarity, thereby empowering them to serve as authentic healers and guides in the provision of spiritual care.

Southard (26) emphasises the importance of nurses developing the skills and confidence to engage in discussions about spirituality, despite the challenges this may pose. Holistic nurses, as Southard (26) notes, respect the diverse ways in which individuals define spirituality and strive to ensure that all aspects of care are addressed with sensitivity. In discussing spiritual matters, it is essential for nurses to find common ground with patients and foster mutual understanding through effective communication. Moreover, participants in this study found that offering inspiration, encouraging worship, and assisting with prayer were valuable strategies for helping patients realise their spiritual potential. This approach is consistent with previous research has highlighted that patients who engage in positive religious coping tend to experience enhanced spiritual well-being and reduced distress (27).

Positive Impacts of Spiritual Care

This study reveals several positive impacts of spiritual care on patients, as observed by the participants. These include patients' enjoyment and appreciation of the beauty of Islamic worship, observable behavioural changes, and the acceptance and gratitude expressed by both patients and their families. Participants also noted transformations in patients' spiritual engagement, as well as the pivotal role of family support in enhancing emotional well-being and overall health. Halim et al. (28) indicate that religious Muslim rituals, such as pray (solah), are viewed as key factors that contribute to the enhancement of the healing process across a variety of illnesses. Similarly, Hairi et al. (29) found that patients feel valued and content when their spiritual needs are met, often expressing happiness during spiritual discussions. Moreover, the positive outcomes associated with spiritual care are further supported by Koenig (24), who emphasised that spiritual engagement not only enhances resilience and

emotional well-being but also fosters a sense of purpose and meaning in life, thereby contributing to improved overall health. These findings highlight the importance of integrating spiritual care into holistic patient management, as it plays a crucial role in enhancing both emotional and physical well-being. Additionally, structured training programs are needed to address challenges such as communication, emotional resilience, and role clarity for Shariah-compliant healthcare staff. Furthermore, advocating for policies that incorporate spiritual care into hospital accreditation standards and operational guidelines would support the effective implementation of Shariah-compliant healthcare (SCH). Family support, in particular, emerges as a key facilitator in successfully integrating spiritual care into the broader care plan.

CONCLUSION

In summary, this study illuminated the experiences of Shariah-compliant healthcare staff in delivering spiritual care to patients, emphasising the critical importance of cultural and religious sensitivity within healthcare settings. By integrating spiritual health with medical care, these staff members offer unique perspectives that support a patient-centred approach to care. In addition to improving patient comfort and satisfaction, the ability to provide personalised spiritual support contributes to the development of more comprehensive and holistic care plans. Despite the challenges associated with spiritual care, the findings suggest that it has a positive impact on patients' well-being, fostering a sense of inner peace, a deeper connection with God, and enhanced resilience. These outcomes collectively enhance the overall healthcare experience, promoting a more holistic and satisfying approach to patient care.

LIMITATION AND RECOMMENDATION

One limitation of the current study is that all participants were recruited from a single Shariah-compliant hospital, which may limit the generalisability of the findings and does not fully capture how spiritual care might be shaped in healthcare settings with different religious or cultural contexts. However, the rich and in-depth data gathered during the face-to-face interviews provided valuable insights that partially mitigate this limitation. Future research should focus on recruiting participants from a wider range of Shariah-compliant hospitals across different regions of Malaysia to capture a more diverse perspective on the implementation of spiritual care. Additionally, exploring patient perspectives and policymaker insights could provide a more comprehensive understanding of the topic. Additionally, expanding the participant pool to include staff from various private hospitals that adhere to Shariah-compliant principles would offer a more comprehensive understanding of how these practices are applied across different healthcare settings in Malaysia.

CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose.

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AUTHOR CONTRIBUTIONS

WHWM: Data analysis, review and editing.
INMY: Conceptualization and data collection.
NAA: Data collection.
MA: Reviewing and editing the manuscript.
FIMAK: Data analysis.

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