

# Spiritual Care and Clinical Fiqh in Nursing: The International Islamic University Malaysia (IIUM) Experience

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Dear Editor,

This letter underscores the profound significance of integrating Clinical Fiqh principles into nursing education. As the healthcare landscape becomes increasingly diverse, the ability to provide culturally sensitive and ethically sound care has never been more crucial. Clinical Fiqh, which refers to the application of Islamic jurisprudence to clinical practice, offers a holistic framework for addressing not only the spiritual and ethical needs of patients but also the legal considerations involved in healthcare delivery (1). This approach ensures that healthcare providers can navigate complex clinical situations with competence and compassion, making it a vital component of nursing education.

At the Kulliyyah of Nursing, International Islamic University Malaysia (IIUM), the Clinical Fiqh in Nursing course has been taught to third-year students at least three batches, making it the only nursing faculty in Malaysia to integrate this specialised course into its curriculum (2). This course is unique not only for its emphasis on Islamic legal and ethical principles but also for its inclusion of a dedicated topic on spiritual care. The integration of spiritual care within the framework of Clinical Fiqh highlights the importance of addressing the spiritual well-being of patients alongside their physical health (3). In Islam, spiritual care is seen as an essential element of holistic healthcare, encompassing practices such as prayer, supplication, and the observance of religious duties even during illness (3).

Our proposed study explores the knowledge, attitudes, and practices of fourth-year nursing students at IIUM concerning Clinical Fiqh principles, with a specific focus on spiritual care. This research is intended to identify gaps in students' understanding and practical application of these principles. Preliminary observations suggest that while students generally exhibit positive attitudes towards the integration of Clinical Fiqh, there may be challenges in translating this knowledge into practice, particularly in areas involving complex ethical decision-making and the accommodation of patients' spiritual needs (4). For example, students might struggle with the application of Islamic legal maxims such as "necessity permits the prohibited" when confronted with clinical scenarios that involve life-saving interventions prohibited under normal circumstances.

The need for structured education that bridges the gap between theoretical knowledge and clinical practice is evident. This has been demonstrated in educational settings where structured spiritual education programs, such as simulation-based and reflective practice modules, significantly enhance nursing students' ability to integrate spiritual care into their clinical routines. For instance, a study by Chiang et al. showed that a dedicated spiritual education course improved students' competencies in addressing patients' spiritual needs, illustrating the effectiveness of targeted educational interventions in bridging this gap (5). Therefore, implementing such structured programs within Clinical Fiqh education can enhance not only theoretical understanding but also practical application in culturally sensitive care. Case-based learning, simulation

exercises, and reflective practice have enhanced students' competence in applying ethical and spiritual principles in clinical settings (5). Moreover, incorporating Clinical Fiqh into nursing education not only prepares students to address the spiritual needs of Muslim patients but also aligns with the broader objective of promoting cultural competence among healthcare professionals. Cultural competence, which involves understanding and respecting patients' cultural and religious backgrounds, has been linked to improved patient outcomes, higher levels of satisfaction, and a greater sense of trust between patients and healthcare providers (6).

Furthermore, the integration of Clinical Fiqh principles into nursing education offers significant benefits beyond the care of Muslim patients. The ethical guidelines derived from Islamic jurisprudence emphasize universal values such as compassion, justice, and respect for human dignity, which are relevant to the care of all patients, regardless of their religious beliefs. For instance, Maqasid Shariah's principles, which include preserving life, intellect, and dignity, align closely with the core values of nursing ethics worldwide (7). By grounding nursing education in these principles, the authors can cultivate a generation of nurses who are not only clinically proficient but also morally and ethically grounded.

In conclusion, integrating Clinical Fiqh principles, including spiritual care, into nursing education in IIUM is a pioneering model that can inspire similar initiatives in other institutions. Recognising the importance of religious and spiritual dimensions in patient care is essential for developing nurses who are not only clinically competent but also culturally sensitive. As the healthcare needs of diverse populations continue to grow, the ability to provide care that respects and accommodates patients' spiritual beliefs will become increasingly important. The authors hope this letter encourages further research and dialogue on enhancing nursing curricula with Islamic perspectives to improve the quality of care for diverse patient populations.

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