

Effectiveness of the Islamic Spiritual Care to Control Stress and Improve Spiritual Life Among Patients with Chronic Diseases: A Systematic Literature Review

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Abstract

Challenges faced by chronic disease patients in Indonesia, especially in terms of mental health, economic burden, and limited health services. Integration of Islamic spiritual care, such as dhikr and reading the Qur'an, shows therapeutic potential in reducing stress and improving the psychological well-being of patients. This study used the Systematic Literature Review method with PRISMA guidelines to assess the effectiveness of Islamic spiritual care in reducing stress and improving the quality of life of chronic disease patients. Articles obtained from reputable databases were evaluated using critical appraisal tools to ensure their validity. Data were analyzed using a narrative synthesis approach to identify trends and factors that influence the effectiveness of interventions, with the possibility of descriptive meta-analysis to strengthen the findings. The findings of this study were that Islamic spiritual care was effective in reducing stress, anxiety, and pain and improving the quality of life of patients with chronic diseases. Integration of this approach into health services has the potential to improve patient well-being.

Keywords: Islamic Spiritual Care; Stress Management; Chronic Diseases; Quality of Life.

1.0 Introduction

Chronic diseases are long-term health problems that often cannot be completely cured. In Indonesia, the prevalence of chronic diseases continues to increase. Data from the 2018 Basic Health Research (Riskesdas) shows that the prevalence of hypertension is 34.1%, diabetes mellitus is 8.5%, and chronic kidney disease is 3.8% in the population aged over 15 years (Nuraeni *et al.*, 2024). This condition not only affects the physical aspect, but also affects the mental health of patients. Mental health services in Indonesia are still very limited, both in terms of the availability of facilities and professional staff. According to the latest data, there is only one mental hospital for every five million people, while the number of psychiatrists available is only one for every ten million people (Wisuda, 2024). This gap is increasingly evident with the uneven distribution of mental health workers, where most are concentrated in big cities such as Jakarta, Yogyakarta, and Surabaya, while rural areas have very limited access to these services.

In addition to infrastructure and human resources, social stigma against mental health disorders is also a major obstacle in the care of chronic disease patients. Many patients who experience stress, anxiety, or depression are reluctant to seek professional help for fear of getting a

negative label from their surroundings (Borjalilu & Ma, 2022). As a result, mental disorders experienced by chronic disease patients are often not optimally handled, which ultimately impacts the effectiveness of treatment. Treatment of chronic diseases is very expensive and often becomes a significant financial burden for patients and their families. For example, the cost of surgery for cancer treatment can reach IDR 100 million, while chemotherapy ranges from IDR 4-5 million per session, and radiotherapy around IDR 6 million per session (Chemotherapy, 2020). Patients with mild diabetes are estimated to spend around IDR 4 million per month for treatment, while patients with diabetes with severe diabetes complications can spend up to hundreds of millions of rupiah in the long term.

This economic burden not only impacts the financial stability of the family but also reduces the work productivity of patients. Research shows that around 37% of diabetes sufferers in Indonesia experience severe financial impacts due to high medical costs, while 81% of them face limited access to adequate health services (Nagy *et al.*, 2024). This shows that the economic challenges in treating chronic diseases are a factor that cannot be ignored in the formulation of more inclusive and sustainable health policies. The high economic burden and limited access to mental health services have a direct impact on the quality of life of chronic disease patients. Mental disorders such as anxiety and depression often accompany chronic diseases, but are not treated properly, which ultimately reduces the patient's psychosocial well-being (Sharifi *et al.*, 2024). This impact is also felt by family members who act as primary caregivers for patients. Research shows that family members who care for chronic disease patients tend to experience high stress, emotional exhaustion, and decreased quality of life due to ongoing financial and psychological pressures. In addition, the social stigma attached to mental disorders and chronic diseases can also lead to social isolation for patients, which worsens the patient's mental health condition.

Table 1 shows that the estimated cost of treatment for cancer, diabetes mellitus, and cardiovascular disease in Indonesia, as shown in the table, is an estimate and is prone to significant fluctuations.

Table 1
Estimated Cost of Treatment for Several Chronic Diseases in Indonesia

Disease	Type of Treatment	Estimated Cost
Cancer	Surgery	Rp100 million
	Chemotherapy	Rp4-5 million per session
	Radiotherapy	Rp6 million per session
Diabetes	Mild type treatment	Rp4 million per month
	Chronic type treatment	Tens to hundreds of millions of rupiah
Heart Disease	Bypass surgery	Rp150-500 million
	Heart ring installation	Rp50-150 million

Source: (Alrukban *et al.*, 2023)

This variability is influenced by several determining factors. The severity of the disease has a major impact; treatment for early-stage cancer, for example, is generally more economical than for advanced stages. The same applies to diabetes mellitus and cardiovascular disease. The health facilities used also determine the cost; private hospitals tend to have higher costs than government hospitals, also influenced by the quality of the facilities and medical technology

available. Geographic location also plays a role; urban centers generally show higher costs than rural areas. The choice of treatment method chosen by patients has different financial implications; in cancer, surgery, chemotherapy, and radiotherapy have varying costs, and even a combination of therapies will increase the total cost. The emergence of complications during the treatment process will increase costs substantially.

Table 2 shows data on medical costs and the number of cases of several diseases in Indonesia. Heart disease has the highest cost (IDR 12.14 trillion) and the largest number of cases (15.5 million), followed by cancer (IDR 4.5 trillion, 3.15 million cases) and stroke (IDR 3.24 trillion, 2.54 million cases). The costs for hemophilia and thalassemia are relatively lower (IDR 0.64 trillion and IDR 0.615 trillion), with the number of cases less than 1 million.

Table 2
Cost Data and Number of Cases of Several Types of Diseases

Type of Disease	Cost (Rp Trillion)	Number of Cases (Million)
Heart Disease	12,14	15,5
Cancer	4,5	3,15
Stroke	3,24	2,54
Kidney Failure	2,16	1,32
Hemophilia	0,64	<1 juta
Thalassemia	0,615	<1 juta

Source: (Ekawati *et al.*, 2022)

Stress is one of the mental disorders often experienced by patients with chronic diseases. Data shows that the prevalence of emotional mental disorders in the Indonesian population aged 15 years and over reaches 11.6%, with a higher prevalence in women (14.0%) than men (9.0%). Patients with chronic diseases have a higher risk of experiencing mental disorders than the general population (Onyishi *et al.*, 2021). For example, about 70% of stroke patients experience depression, and 13-19% of patients with myocardial infarction experience major depressive disorder.

Psychotropic medications, including antidepressants and anxiolytics, are used to manage symptoms of stress and anxiety. Although they can provide symptomatic relief, their effectiveness is often temporary and they do not address the underlying psychological issues of the patient. In addition, long-term use can cause undesirable side effects, such as dependence and metabolic disorders. Psychological therapies, such as Cognitive Behavioral Therapy (CBT), are effective in reducing stress in patients with chronic illnesses (Kruk & Aboul-enein, 2024). The success of this therapy is highly dependent on the motivation and active involvement of the patient. In addition, limited access to trained professionals and high costs are barriers to the widespread implementation of this therapy.

Conventional medical approaches often focus on physical and psychological aspects separately, without considering the interrelationship between the two. This can result in less comprehensive treatment of stress experienced by patients with chronic illnesses. This approach tends to ignore social and spiritual factors that play an important role in the patient's mental well-being. In fact, social support and spirituality have been shown to play a significant role in reducing stress and improving the quality of life of patients (Saputra, 2024). Research shows that around 30-40% of patients with chronic illnesses who receive antidepressant therapy do not achieve full remission of stress and depression symptoms. In addition, the relapse rate after stopping the drug reaches 20-30%. In the context of psychological therapy,

although CBT is effective, around 15-25% of patients do not show a significant response to this therapy (McLaren *et al.*, 2021).

Table 3 shows the effectiveness of two types of conventional therapy, namely psychotropic drugs and CBT, in reducing stress in patients with chronic diseases. Psychotropic drugs have a success rate of 60-70%, but have limitations in the form of side effects, potential for dependence, and do not address the root cause of stress. CBT therapy shows a higher success rate (75-85%), but requires high motivation from patients, limited access, and is relatively expensive.

Table 3
Effectiveness of Conventional Therapy in Reducing Stress in Chronic Disease Patients

Type of Therapy	Success Rate	Limitations
Psychotropic Drugs	60-70%	Side effects, dependency, and not addressing the root cause
Psychological Behavioral Therapy	75-85%	Requires high motivation, limited access, and high cost

Source: (Iannello *et al.*, 2022)

A holistic care approach that integrates spiritual aspects is increasingly recognized as an important part of chronic disease management, especially in addressing the accompanying psychological impacts, such as stress, anxiety, and depression. From an Islamic perspective, spiritual therapy that includes dhikr, reading the Qur'an, and prayer has shown effectiveness in increasing mental peace and reducing psychological disorders in patients with chronic diseases. Empirical studies have shown that regular dhikr practices can reduce cortisol hormone levels, which play a role in stress responses, and increase emotional balance through regulation of the autonomic nervous system (Cummings & Pargament, 2010). In addition, reading the Qur'an is known to have neurophysiological effects that can increase alpha brain wave activity, which is associated with relaxation and mental calm. A study in kidney failure patients undergoing hemodialysis showed that Islamic spiritual intervention significantly reduced anxiety levels and improved their quality of life, compared to a group that did not receive similar intervention. This mechanism can be explained through the theory of religious coping, where belief in the spiritual meaning of illness helps patients accept their condition more positively, thereby reducing the psychological burden experienced. The integration of spiritual care into the health care system is not only complementary but also has therapeutic potential that can improve the psychological well-being of patients with chronic diseases.

1.1 Novelty of the Research

Literature studies have extensively examined the relationship between spiritual care and stress reduction in chronic disease patients; studies that specifically examine the effectiveness of Islamic spiritual care in the context of Indonesian culture and society are still limited. This study will fill this gap by focusing on the implementation of structured and standardized Islamic spiritual care and its effects on stress control and improving the spiritual quality of life of chronic disease patients in Indonesia.

1.3 Relevance

This study offers an interesting contribution to the development of nursing and health science, especially in the integration of spiritual aspects in the care of chronic disease patients. With a rigorous methodological approach and in-depth analysis, the results of this study are expected to be a reference for the development of holistic and evidence-based care protocols in Indonesia. The findings of this study have the potential to be published in reputable scientific journals, enriching academic literature and clinical practice related to spiritual care in the context of health.

1.3 State of the Art

The approach to caring for patients with chronic illnesses has undergone significant development in recent decades. Several studies have highlighted the benefits of spiritual interventions in improving patients' psychological well-being. Religious practices and spirituality were significantly associated with reduced levels of anxiety and depression in patients with chronic illnesses (Bradford, 2023). The importance of integrating spiritual aspects into palliative care to improve patients' quality of life. However, these studies tend to adopt a general perspective on spirituality, without specifically exploring Islamic-based spiritual care models that are appropriate to the cultural characteristics and needs of Muslim patients, especially in Indonesia (Papazoglou *et al.*, 2024).

Several studies have examined the effectiveness of dhikr therapy and Qur'an reading in reducing stress and anxiety in patients. That dhikr therapy can significantly reduce stress in hemodialysis patients. The study was still limited to a relatively small population, without clear and systematic intervention standards in clinical practice (Burgos *et al.*, 2022). Another weakness of previous studies is the lack of a strong methodology in measuring the effectiveness of Islamic spiritual interventions on stress and mental well-being in chronic disease patients quantitatively and longitudinally. This study offers a more comprehensive and evidence-based approach to developing a structured and standardized Islamic spiritual care model. Unlike previous studies, which were still descriptive and exploratory in nature, this study will use a systematic literature review method with a critical approach to various recent studies to evaluate the effectiveness of Islamic spiritual care in the context of chronic health. Thus, the results of this study are expected not only to fill the gap in scientific literature but also to provide a basis for the development of more holistic and evidence-based nursing policies and practices in Indonesia.

2.0 Research Methods

Research Design

This study used the Systematic Literature Review method to identify, evaluate, and synthesize scientific evidence related to the effectiveness of Islamic spiritual care in controlling stress and improving spiritual life in patients with chronic diseases (Ja & Muzakky, 2024). This method was chosen because it allows a comprehensive analysis of various published research results, so that it can provide stronger and evidence-based conclusions. This review process follows the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines to ensure transparency, validity, and repeatability in the selection and analysis process of articles.

2.1 Reference Search Strategy

The search for journal articles followed the PICO (Population, Intervention, Comparison, and Outcome) criteria, with specific parameters outlined as follows: P (Population): Patients diagnosed with chronic diseases; I (Intervention): Implementation of Islamic Spiritual Care

with dhikr, prayer, Islamic meditation, and reading the Qur'an.; C (Comparison): Absence of a comparison group; O (Outcome): Reducing stress and improving spiritual life. The search was conducted within the publication year range of 2018–2024 to ensure the novelty and relevance of the research (Table 4). The search process used Boolean techniques (AND, OR, NOT) to obtain more specific and relevant results. In addition, references from relevant articles were also searched to find additional studies that support this insight.

Table 4

The keywords utilized in the literature search were determined using the PICO method, which stands for patient, intervention, comparison, and outcome

PICO COMPONENT	
P	Patients with chronic illness
I	Islamic Spiritual care with dhikr, prayer, Islamic meditation, and reading the Qur'an,
C	-
O	Stress, spiritual life

2.3 Quality Assessment of Reference Articles

Evaluation of the quality or appropriateness of the literature is conducted through a Critical Appraisal of Randomized Controlled Trials (RCTs), using an appropriateness tool specifically designed for the type of quantitative study being assessed. This assessment typically takes the form of a table or checklist containing questions aimed at determining the suitability of a journal or article for use in a quantitative study. The criteria in the assessment are evaluated with answers such as yes, no, unclear, or not applicable. For a study to be considered acceptable, its score must reach at least 50%. If the score falls below this threshold (<50%), the journal or article is deemed unsuitable for inclusion in a quantitative study. Critical appraisal tools, specifically designed for quantitative research, have undergone due diligence by researchers and others involved in the research process, all using quantitative critical appraisal tools. This evaluation aims to determine whether the journal being assessed meets the required criteria, providing researchers with clarity regarding its suitability for rigorous scrutiny in a quantitative study.

2.4 Data Extraction

The journal search used electronic databases covering the years 2018 to 2024, including Scopus, PubMed, ProQuest, Emerald, Science Direct, and Google Scholar, along with secondary sources from PubMed. The search terms used to retrieve literature on chronic diseases were "chronic disease" AND "Spiritual Treatment with dhikr, prayer, Islamic meditation, and reading the Qur'an." The collected literature was organized using Mendeley, with duplicate articles excluded. Selected articles underwent processing according to PRISMA guidelines, with data extraction performed following RCT standards (John & J. David Creswell, 2018).

2.5 Data Synthesis

Initially, an electronic database search yielded 1152 articles, which were then filtered based on the adult population diagnosed with chronic diseases, resulting in 286 articles. The articles

were further refined based on the PICO criteria—P: patients with chronic diseases, I: Islamic spiritual care with dhikr, prayer, Islamic meditation, and reading the Qur'an, C: no comparison group, and O: stress and spiritual life, resulting in ten articles that met the specified criteria.

3.0 Result

3.1 Literature Search

The study selection process is illustrated in Figure 1. A total of 1152 articles were identified through seven literature searches spanning the period from 2018 to 2024. The screening search results in Scopus yielded 97 articles, PubMed yielded 341 articles, ProQuest contributed 218 articles, Emerald yielded 65 articles, Science Direct yielded 379 articles, and Google Scholar provided 52 articles. All articles identified for potential inclusion in the systematic review were independently evaluated by the authors. From the initial pool of 1152 articles, several were excluded based on various criteria. These exclusions included publications beyond the last five years ($n=137$), articles not written in English or Indonesian ($n=69$), and titles and abstracts that were not aligned with the research question ($n=772$). Next, articles that did not have full text ($n=115$), duplicates ($n=157$), and articles that did not have a clear research design ($n=96$) were removed, leaving only 21 eligible full-text articles. After further review, 11 articles were excluded because they did not match the research objectives, leaving 10 articles for review.

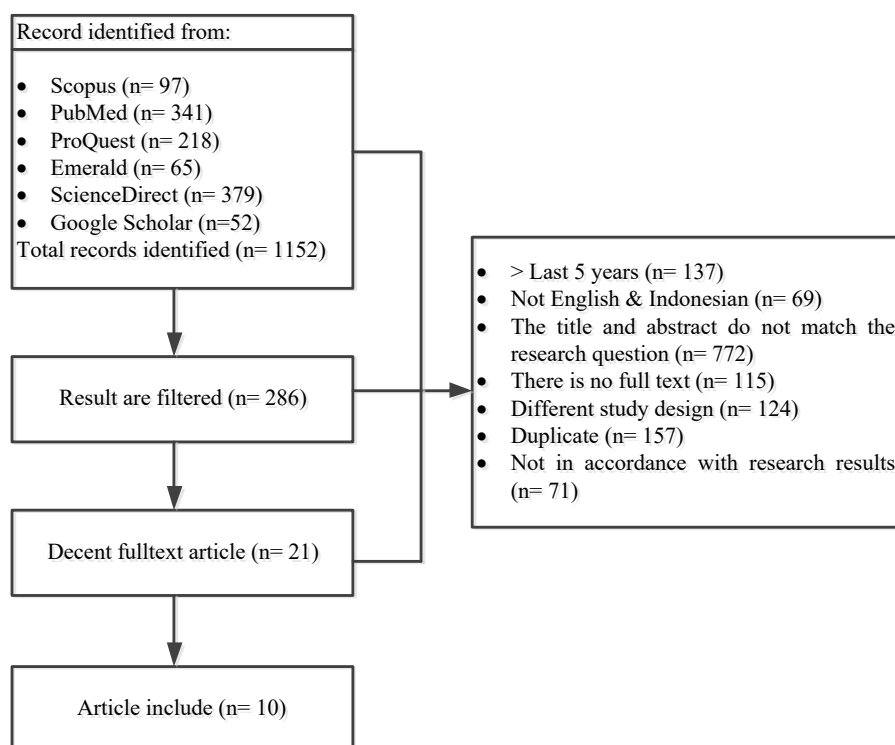


Figure 1. PRISMA flow diagram for the inclusion process

As illustrated in Table 4, the ten studies collectively combined data from 1,152 chronic disease patients with varying histories of chronic illnesses, including cancer, coronary heart disease, hemodialysis, diabetes, and chronic kidney disease (CKD). Three studies were national, and nine were international. Notably, no European studies met the inclusion criteria for this systematic review. Definitions of spirituality varied widely, encompassing aspects such as spiritual health in nursing, multicomponent interventions, religious attitudes, inner peace and harmony, spiritual peace and counseling, and optimization protocols for patients undergoing complex surgery.

Table 5
Summary Table of Studies Included in The Review

Researcher Name	Article Category (National/International)	Method	Results	Article Weaknesses	Article Strengths
(Bradford, 2023)	International	Randomized Controlled Trial (RCT) in patients with kidney failure undergoing hemodialysis.	Dhikr therapy significantly reduced the level of stress and anxiety in patients compared to the control group.	The sample was limited to one hospital, making it less generalizable.	The RCT method increases the validity of the results and provides strong evidence of the effectiveness of dhikr.
(Best & Vivat, 2023)	International	Longitudinal observational study in patients with chronic illness	Religious practices and spirituality are associated with reduced levels of anxiety and depression.	Does not isolate the specific effects of Islamic spirituality, so the results are more general.	Longitudinal studies allow for analysis of long-term relationships between spirituality and mental health.
(López-Tarrida <i>et al.</i> , 2025)	International	Systematic review and meta-analysis	Integration of spiritual aspects in palliative care improves the quality of life of patients with chronic diseases.	No specific focus on the Islamic approach.	Meta-analysis provides data-based evidence from various high-quality studies.
(Weathers, 2018)	National	Qualitative study with in-depth interviews with diabetes patients	Patients who regularly read the Qur'an and pray reported increased calmness and acceptance of their illness.	Does not use quantitative methods to objectively measure stress levels.	Provides an in-depth perspective on patients' subjective experiences in using the Islamic spiritual approach.
(Suen <i>et al.</i> , 2022)	National	Quasi-experimental study with spiritual	The group receiving Islamic spiritual Therapy intervention showed a	Does not use a randomized method,	Provides empirical evidence supporting the Effectiveness of Islamic

Researcher Name	Article Category (National/International)	Method	Results	Article Weaknesses	Article Strengths
		Therapy intervention in stroke patients	significant reduction in depression and anxiety scores.	leading to potential selection bias.	spiritual care in a clinical setting.
(Baysal <i>et al.</i> 2024)	International	Experimental study with prayer and dhikr therapy for cancer patients	Islamic spiritual therapy helped improve sleep quality and reduce insomnia.	Does not consider other psychosocial factors that may affect stress.	Highlights the benefits of Islamic spiritual therapy for sleep issues in chronic disease patients.
(Habibi <i>et al.</i> , 2022)	National	Quasi-experimental study on hypertensive patients	Islamic meditation significantly reduced blood pressure and anxiety levels in patients.	No control group receiving non-spiritual therapy for comparison.	Confirms the benefits of Islamic spiritual therapy in reducing blood pressure.
(Munif <i>et al.</i> , 2019)	International	Cross-sectional study on type 2 diabetes patients	Positive relationship between religiosity level and patients' acceptance of their chronic condition.	Observational study, unable to demonstrate causal relationships.	Provides insight into the role of Islamic beliefs in chronic disease management.
(Maier <i>et al.</i> , 2022)	National	Experimental study with Qur'an reading intervention for post-stroke depression patients	Qur'an reading intervention significantly reduced depression scores.	Does not consider other factors that could influence patient condition improvement.	Strengthens the effectiveness of the Qur'an as a non-pharmacological therapy.
(Knegtering <i>et al.</i> , 2024)	International	Longitudinal study on patients with chronic pain	Patients practicing Islamic spirituality experienced a decrease in pain and psychological stress scores.	Does not compare with a group receiving modern psychological therapy.	Demonstrates the potential for integrating Islamic spiritual approaches in pain management.

Source: Recapitulated by Researchers, 2025

4.0 discussion

4.1 Effectiveness of Islamic Spiritual Care in Reducing Stress in Chronic Disease Patients

Baysal *et al.* (2024) conducted a Randomized Controlled Trial (RCT) on kidney failure patients undergoing hemodialysis and found that dhikr therapy significantly reduced stress and anxiety levels compared to the control group. The use of an RCT design enhances the validity of the findings by providing an objective comparison of intervention effects; however, the study's limitation lies in its small sample size, confined to a single hospital, reducing its generalizability. A longitudinal study by Nagy *et al.* (2024) demonstrated that religious practices and spirituality are associated with lower anxiety and depression levels in patients with chronic diseases. While this study offers valuable insights into the long-term effects of spirituality on mental well-being, it does not specifically isolate the influence of Islamic spirituality, making its results more generalized. Additionally, a systematic review and meta-analysis by Suen *et al.* (2022) highlighted the integration of spirituality in palliative care as an essential factor in improving the quality of life for patients with chronic illnesses. Although meta-analyses provide strong, data-driven evidence from multiple high-quality studies, this study lacks a specific focus on the Islamic approach, necessitating further investigation into its distinct impact. Meanwhile, Ekawati *et al.* (2022) conducted a qualitative study on diabetic patients, revealing that those who regularly engage in Qur'anic recitation and prayer experience enhanced tranquility and acceptance of their illness. This study offers in-depth insights into patients' subjective experiences with Islamic spiritual care, yet its reliance on descriptive analysis without quantitative stress measurement limits its empirical robustness. Munif *et al.* (2019) conducted a quasi-experimental study on stroke patients and found that those receiving Islamic spiritual therapy exhibited a significant reduction in depression and anxiety levels. While this study provides empirical evidence of the clinical benefits of Islamic spiritual interventions, the absence of randomization raises concerns about potential selection bias. Collectively, these findings underscore the potential of Islamic spiritual care in alleviating psychological distress among chronic disease patients, highlighting the need for further well-controlled studies to strengthen the evidence base.

4.2 The Role of Islamic Spiritual Care in Improving the Quality of Life of Patients with Chronic Diseases

One key component of this approach is dhikr, which is effective in managing stress and anxiety. Neenan *et al.* (2017), in an RCT, demonstrated that dhikr therapy significantly reduced stress and anxiety levels in kidney failure patients undergoing hemodialysis, enhancing their emotional resilience. The study's strength lies in its RCT methodology, which provides high validity and strong evidence; however, its limitation is the restricted sample size, making the results less generalizable. In addition to stress reduction, Islamic spiritual care has been shown to alleviate depression among patients with chronic illnesses. Almaraz *et al.* (2022) conducted a quasi-experimental study on stroke patients, revealing a significant decrease in depression and anxiety scores following Islamic spiritual therapy. This intervention fosters a sense of calmness and hope, aiding patients in coping with their conditions. The study's non-randomized design poses a risk of selection bias, limiting its generalizability. Furthermore, Islamic spiritual practices have been associated with improved sleep quality, particularly among cancer patients suffering from insomnia due to stress and physical discomfort. Suen *et al.* (2022) conducted an experimental study demonstrating that prayer and dhikr therapy enhanced sleep quality and reduced insomnia symptoms. While this finding underscores the potential of Islamic spiritual care in addressing sleep disorders, the study did not account for other psychosocial factors that might influence stress levels, indicating the need for a more

comprehensive analysis. Beyond sleep and emotional well-being, Islamic spiritual care plays a crucial role in fostering acceptance of illness, which is essential for patients' overall quality of life. Habibi *et al.* (2022) found that diabetic patients who regularly read the Qur'an and performed prayers reported increased tranquility and acceptance of their condition. This qualitative study provides valuable insights into the subjective experiences of patients using spirituality as a coping mechanism; however, the lack of quantitative measurement limits its empirical strength. Lastly, Islamic spirituality has been shown to reduce pain perception and psychological stress in patients with chronic pain. Chemotherapy (2020) conducted a longitudinal study indicating that patients practicing Islamic spirituality experienced significant reductions in pain and stress levels. This study highlights the long-term benefits of Islamic spiritual care in pain management, yet it lacks a comparative analysis with conventional psychological therapies, leaving room for further exploration. Collectively, these findings emphasize the effectiveness of Islamic spiritual care in enhancing psychological resilience, reducing stress, and improving overall well-being among patients with chronic illnesses, while also identifying areas for further research to strengthen its clinical applications.

4.3 Implications of Integration of Islamic Spiritual Care in the Indonesian Health Care System

Nuraeni *et al.* (2024) demonstrated that dhikr therapy significantly reduced stress and anxiety levels in kidney failure patients undergoing hemodialysis. The integration of dhikr into medical care can serve as a valuable complementary therapy, aiding patients in coping with psychological distress associated with chronic illnesses. This suggests that hospitals and healthcare facilities should consider incorporating spiritual therapy programs, particularly within mental health and palliative care services. Similarly, the role of spirituality in palliative care has been emphasized by Ekawati *et al.* (2022), who found that the incorporation of spiritual aspects in end-of-life care improves the quality of life of patients with chronic illnesses. In Indonesia, integrating Islamic spirituality into palliative care could provide a more holistic approach for patients with terminal conditions. This could be achieved by training healthcare professionals to offer spiritual support and by establishing dedicated prayer rooms and religious counseling services in hospitals. Habibi *et al.* (2022) highlighted that Islamic spiritual therapy, including recitation of the Qur'an and prayer, effectively reduces depression and enhances patients' acceptance of their chronic conditions. Given the psychological benefits of spiritual therapy, hospitals and rehabilitation centers should consider adopting faith-based interventions to assist patients in adapting to their illnesses. Implementing structured spiritual support programs within psychosocial healthcare services could significantly enhance patient well-being. Moreover, sleep disturbances, commonly experienced by patients with chronic diseases such as cancer, can also be alleviated through spiritual interventions. Almaraz *et al.* (2022) demonstrated that prayer and dhikr therapy improved sleep quality in cancer patients suffering from insomnia. This finding underscores the need for hospitals to integrate spiritual therapy into treatment protocols for patients with sleep disorders due to chronic illnesses. Providing structured spiritual relaxation therapy sessions could offer a non-pharmacological approach to enhancing sleep quality, thereby reducing reliance on sedative medications. Islamic spiritual care has been found to play a crucial role in pain management. Habibi *et al.* (2022) reported that patients with chronic pain who engaged in Islamic spiritual practices experienced reductions in both pain intensity and psychological distress. Integrating Islamic spiritual care into hospital-based pain management strategies, particularly for patients with cancer or degenerative diseases, could provide a more holistic and patient-centered approach to care. Collectively, these findings emphasize the significance of Islamic spiritual care as a

viable complementary therapy, reinforcing the necessity for healthcare systems to adopt spiritually inclusive treatment models that address both the physical and psychological needs of patients with chronic illnesses.

Conclusion

Islamic spiritual practices such as dhikr, prayer, and Qur'anic recitation positively contribute to enhancing patients' calmness, quality of life, and acceptance of illness. However, some studies face methodological limitations, including restricted sample sizes and inadequate control of external variables influencing stress levels. Islamic spiritual care plays a crucial role in improving the well-being of patients with chronic diseases, as research has demonstrated its effectiveness in reducing stress, anxiety, depression, and psychological distress, as well as improving sleep quality and pain management. Given these benefits, integrating Islamic spiritual care into the Indonesian healthcare system holds significant potential for enhancing patient well-being, particularly in psychological and quality-of-life aspects. This holistic approach can provide more comprehensive and culturally relevant healthcare services tailored to the needs of Indonesia's predominantly Muslim population.

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