



Providing spiritually sensitive nursing care for Muslim perioperative patients in Indonesia: Perspectives of Muslim scholars

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Abstract

Background: Spiritual sensitivity is a fundamental component of holistic nursing care, given the diversity of patients' cultural backgrounds and religious beliefs. With the growing Muslim population globally, particularly in Indonesia, delivering Islamic nursing care that addresses the spiritual needs of Muslim surgical patients is crucial for enhancing their spiritual well-being. Despite this, nurses continue to encounter challenges in providing spiritually competent care tailored to Muslim patients.

Objectives: This study explores the perspectives of Muslim scholars on spiritually sensitive nursing care for Muslim perioperative patients in Indonesia.

Methods: An exploratory-descriptive qualitative design was employed. Nine Muslim scholars from Aceh, Indonesia, were recruited through purposive sampling between June 2023 and January 2024. Data were collected using semi-structured interviews and analyzed through conventional content analysis. Lincoln and Guba's criteria were applied to ensure trustworthiness of the data.

Results: Analysis yielded three main themes and ten categories: 1) the importance of Sharia-based perioperative nursing care, including its meanings and benefits; 2) the integration of Sharia values into perioperative nursing practices, encompassing facilitation of patients' worship activities, enhancement of motivation, maintenance of privacy, application of Sharia principles in communication, and medication use; and 3) the competencies required of Sharia perioperative nurses, including knowledge, attitudes, and skills.

Conclusion: The findings highlight the importance of incorporating Islamic nursing principles in the care of Muslim surgical patients and highlight the need for nurses to strengthen competencies in this domain. These insights provide a foundation for further initiatives and offer a framework to improve spiritually sensitive care for Muslim perioperative patients.

Keywords: Spiritual care, Muslim, Perioperative nursing, Surgery.

Introduction

Patients undergoing surgery often experience anxiety, uncertainty regarding their safety, fear of death, confusion about surgical decisions, and feelings of helplessness.^[1] Such emotional distress frequently prompts patients to seek spiritual support before, during, and after surgery as a coping mechanism.^[2] In nursing, spirituality encompasses elements such as belief in a higher power, a sense of connectedness, purpose and meaning in life, interpersonal relationships, and transcendence.^[3] According to McFarland,^[4] spirituality profoundly

influences human life and significantly affects disease prevention, treatment, and rehabilitation. Spiritual care involves assisting individuals in acquiring and maintaining all existential aspects of life,^[5] recognizing that physical health is closely linked to mental and spiritual well-being.^[6] Therefore, nursing care should integrate spiritual care as an essential component.

Religion, defined as a set of beliefs, practices, and rituals associated with the transcendent and developed within a community, contributes to meaningful spirituality by shaping individuals' ways of thinking, feeling, and

behaving.^[7,8] Although religion and spirituality are conceptually distinct, they often intersect in practice.^[3,9] Previous studies have highlighted the value of religious beliefs in alleviating preoperative anxiety and fear,^[10–12] with patients frequently attributing successful surgical outcomes to divine power.^[2] Accordingly, nurses should recognize and incorporate patient expectations to enhance spiritual well-being in perioperative care.

Providing spiritually sensitive care is particularly important given the diversity of patients' cultural backgrounds and religious beliefs.^[4] Marzband et al.,^[5] emphasize that variations in cultural and religious contexts within local communities profoundly shape individuals' perceptions of health and illness, underscoring the need for culturally tailored spiritual care. Indonesia, home to the world's largest Muslim population -comprising 87% of its population and nearly 11.7% of the global Muslim population^[13] requires Islamic-compliant nursing care to address the spiritual needs of its majority Muslim patients.

Nurses, who often spend the most time with patients, are central members of the hospital care team.^[14] Nursing practice is guided by the principle of holistic care, which seeks to address patients' needs across biological, psychological, social, and cultural domains while respecting their beliefs.^[15] Consequently, nurses must understand the significance of spiritual and cultural values and effectively implement Islamic nursing care for Muslim patients.^[16] Islamic principles play a critical role in guiding health promotion and therapeutic interventions within Muslim communities.^[17,18]

Despite the recognized importance of spiritual care, health care providers face significant challenges in addressing patients' spiritual needs. Barriers include feelings of incompetence due to insufficient knowledge, lack of time, and limited institutional support.^[19,20] In Muslim health care settings, many nurses equate spiritual care solely with obligatory religious practices.^[20,21] Although most nurses acknowledge the importance of spiritual care, only a minority feel capable of delivering it effectively.^[9,22] Insufficient cultural and spiritual sensitivity can adversely affect patient expectations and health care-seeking behavior.^[18] Standardizing Islamic health services to align with patients' values and beliefs is essential to ensure culturally sensitive care and uphold the right of Muslim patients to receive spiritual care.^[5]

Islamic health services are particularly critical in Aceh Province, where Sharia (Islamic law) is enforced as mandated by national legislation.^[23] Religiosity also influences consumer preferences in Muslim-majority

countries, affecting choices in health care services, including hospital selection.^[24] Meeting the spiritual and cultural needs of the world's majority Muslim population necessitates collaboration between the government and Muslim scholars (ulema) to reinforce Islamic values across public services, including health care.^[17]

Ulema serve a pivotal role in Indonesia by providing religious guidance and issuing recommendations through the Ulema Consultative Council, which issues fatwas on governmental policies, including those pertaining to Islamic-compliant care in hospitals.^[25] As leaders in Islamic knowledge, ulema guide policies that support the advancement of Islamic health care. Given the abstract nature of spirituality, a qualitative approach is well-suited for exploring ulema perspectives on integrating Islamic spiritual values into perioperative nursing care.

To date, research on Muslim scholars' perspectives regarding the spiritual needs of surgical patients remains limited. This study aims to address this gap by exploring the views of ulema, providing critical guidance for health care providers in delivering culturally and spiritually sensitive care. Understanding these perspectives will contribute to the development of an evidence-based perioperative nursing model grounded in local Muslim values and beliefs, potentially serving as a framework for enhancing perioperative care and improving patient satisfaction in Indonesia and beyond.

Objectives

This study aimed to explore the perspectives of Muslim scholars regarding the provision of spiritually sensitive nursing care for Muslim perioperative patients in Indonesia.

Methods

Study design and participants

This study employed a qualitative exploratory-descriptive design, which allows researchers to gain an in-depth understanding of events from participants' perspectives and to explore specific topics comprehensively.^[26] The participants were Muslim scholars recognized for their extensive knowledge of Islamic teachings and their experience in overseeing public services aligned with Islamic principles. They actively serve as members of both the Ulema Consultative Council and the Hospital Sharia Committee in Aceh, Indonesia. Participants were purposively recruited based on predefined inclusion criteria,^[26] and recruitment continued until data saturation was achieved, defined as the point at which no new information or themes

emerged.^[27] A total of nine Muslim scholars participated. Demographic characteristics of the participants are summarized in Table-1.

Table-1. Demographic characteristics of participants (N=9)

Demographic characteristic		Mean ± SD (Range)
Age (years)		52.8 ± 8.1 (41–68)
Work experience (years)		23.4 ± 12.0 (6–41)
		N (%)
Gender	Male	5 (56%)
	Female	4 (44%)
Education	Bachelor's degree	2 (22%)
	Master's degree	2 (22%)
	Doctoral degree	5 (56%)
Marital Status	Married	9 (100%)
	Single	0 (0%)
Current Place of Work	Ulema consultative council	5 (56%)
	Hospital Sharia committee	4 (44%)

Data collection

Data were collected through in-depth individual interviews guided by a semi-structured interview protocol (June 2023 to January 2024). The protocol was developed following a thorough review of the literature and refined through collaborative discussions within the research team. Three pilot interviews were conducted by the first author with individuals similar to the study population to refine question flow and ensure clarity and comprehension.^[28]

Interviews were conducted in Indonesia by the first author, who has over fifteen years of experience as a clinical supervisor and nurse educator in medical-surgical nursing, providing in-depth understanding of the phenomenon under study. Interviews took place in participants' workrooms at mutually agreed times. With participants' consent, interviews were audio-recorded, and field notes were taken to supplement and clarify the data. Demographic information was collected prior to the interviews.

Interviews began with broad questions such as: "Could you share your views on providing spiritual care in perioperative nursing for Muslim patients undergoing surgery?" "How do nurses integrate Islamic spiritual care into nursing practices to meet the spiritual needs of Muslim surgical patients?" and "What competencies should nurses possess to provide spiritual care for Muslim surgical patients?" Probing questions were used to gain deeper insight, including: "How important is its implementation?" "Could you elaborate on the spiritual care needs of Muslim patients before, during, and after

surgery?" and "Could you provide examples?" Each interview lasted between 30 and 45 minutes. Data collection and analysis occurred from June 2023 to January 2024.

Data analysis

Data were analyzed using conventional content analysis procedures.^[29] After each interview, audio recordings were reviewed multiple times, and verbatim transcripts were created. The first and second authors independently examined each transcript line by line to understand its overall meaning. Units of analysis were identified, essential meanings were extracted, and initial codes were generated. Data extracts from which codes originated were highlighted to maintain context. Codes were then organized based on similarities and differences, forming subcategories and categories, which were further analyzed to identify overarching themes. Table-2 provides examples of this process. Interpretations were compared between authors, and discrepancies were resolved through discussion until consensus on the most accurate interpretation was reached.

Data trustworthiness

Trustworthiness was ensured according to Lincoln and Guba's criteria: credibility, dependability, transferability, and confirmability.^[28] Credibility was enhanced by prolonged engagement in data collection and analysis, building rapport with participants, validating the interview guide through expert review, and member-checking participants' responses. Dependability was ensured through an inquiry audit conducted by two external doctoral-level nurses with expertise in qualitative research. This audit confirmed that interpretations were consistent with the data and could be replicated by other researchers. Transferability was enhanced through comprehensive documentation of the research context, participant characteristics, data collection and analysis procedures, and findings, enabling applicability to other settings. Confirmability was strengthened by maintaining an audit trail of all research activities, ensuring that findings were grounded in the data.

Ethical considerations

This study received approval from the Research Ethics Committee of General Hospital Dr. Zainoel Abidin, Indonesia (Ref: 115/ETK-RSUDZA/2023). Participants were fully informed about the study and provided written informed consent. Participation was voluntary, and explicit permission was obtained for audio recording and field notes. Identification codes were used throughout the research process and in subsequent publications to ensure participant confidentiality.

Table-2. Example of the qualitative content analysis process

Meaning unit	Condensed meaning unit	Code	Sub-category	Category
“All patients will be horrified at the thought of surgery. But it would not be scary if it was welcomed by a kind nurse, who then encouraged, and accompanied them... the nurses told the patient, sir, please do <i>dhikr</i> (a kind of worship to God). If it were done, the surgery would be something not scary.”	A nurse encouraging and accompanying patients in praying can reduce their fear of surgery.	Alleviates fear of surgery	Psychological booster	The benefits of Sharia-based perioperative nursing care
“Yes, prayer, that's where patients are happiest and most comfortable, they like to be prayed for and it makes them less anxious in facing surgery.”	Prayer makes patients happy, comfortable, and less anxious.	Alleviates anxiety of surgery.		
“The sound of reciting the Quran is a calming agent for patients undergoing surgery. It is one of the causes of healing because it is the same as prayer. With the Quran, we do not realize there are many miracles, so healing is faster than without listening to the Quran.”	The Quran is a calming agent for patients undergoing surgery, which can accelerate their healing.	Provides a calming effect and accelerates recovery.	Accelerate recovery	The benefits of Sharia-based perioperative nursing care

Results

Following analysis of the interview data, three overarching themes were identified: 1) the importance of Sharia-based perioperative nursing care, 2) the integration of Sharia values into perioperative nursing practices, and 3) the competencies of Sharia perioperative nurses. These themes were further divided into categories and subcategories, summarized in Table-3.

• **The importance of Sharia-based perioperative nursing care**

Muslim scholars in this study highlighted the critical role of Sharia-compliant care in the perioperative setting. This theme comprised two main categories: the meaning of Sharia-based care and its benefits for surgical patients.

The meaning of Sharia-based perioperative nursing care

Sharia, as defined by participants, represents the divine Islamic laws and regulations prescribed by Allah (God) to govern all aspects of a Muslim’s life, including health care practices. Nurses are expected to integrate these principles when providing care to Muslim patients, ensuring that their professional actions align with Islamic guidance. Participants emphasized that Sharia serves as a moral and ethical framework that should guide every action in nursing practice.

Participant 1 explained:

“Allah (God) is the shar’i (the maker) that establishes the Sharia (Islamic law). So, this is where our (Muslim) role in life in the world must not conflict with the wisdom of our creation by Allah SWT as caliphs” (P1).

Participant 5 further highlighted the necessity of alignment with Sharia principles in professional nursing activities:

“Sharia cannot be altered. It’s just how nurses in producing ideas, views, opinions, and rules, must be aligned with Sharia principles” (P5).

Other participants noted that the enduring nature of Sharia provides guidance applicable across all contexts and eras, including in the rapidly evolving field of health care:

“This Sharia is something suitable for everyone, at all times, in all places, and in all conditions. Therefore, anyone needs Sharia!” (P3).

Participant 2 added: *“In the medical context, the Sharia-compliant health care that we do is a demand and an obligation. Well, to protect the values of Sharia”* (P2).

These insights underscore that Sharia-based nursing care is not merely a theoretical concept but a practical, ethical framework for guiding perioperative care.

The benefits of Sharia-based perioperative nursing care

Participants emphasized that incorporating Islamic principles into perioperative care provides significant psychological and emotional benefits for patients. These benefits include reducing preoperative anxiety, enhancing coping strategies, and promoting overall well-being, ultimately supporting faster recovery and improved patient satisfaction. The integration of Sharia also aligns care with patient expectations in a Muslim-majority context such as Indonesia, further reinforcing trust between patients and nurses.

Participant 2 noted: *“All patients will be horrified at the thought of surgery. But it wouldn't be scary if it was welcomed by a kind nurse, who then encouraged, and accompanied them... the nurses told the patient, sir, please do dhikr. If it were done, the surgery would be something not scary”* (P2).

Participant 4 added: *"The value of Sharia for Indonesian Muslims is very strong. So, when in hospitals, especially in operating rooms, Sharia is applied. It was as if they had not been separated from his life"* (P4).

Table-3. Overview of themes, categories, and subcategories

Theme	Category	Subcategory	
The importance of Sharia-based perioperative nursing care	The meaning of Sharia-based perioperative nursing care	Mandate of Allah (God)	
		Guidelines for Muslim's life	
		Demand and obligation	
		Fulfillment of human rights	
	The benefits of Sharia-based perioperative nursing care	Psychological booster	
		Accelerate recovery	
The integration of Sharia values in perioperative nursing practices	Fulfillment of worship activities	Facilitating religious activities	
		Engaging in prayer and <i>Dhikr</i>	
		Adjusted operation schedule	
	Strengthening motivation and education	Spiritual motivation	
		Education and counseling	
	Maintaining surgical patient privacy	Preserving privacy	
		Gender-concordant care	
	Sharia in communication	Greeting and smile	
		Reciting Islamic phrases	
		Islamic communication	
	Sharia in medication use	Halal and non-Halal substances	
		Patient and family consent	
	The competencies of Sharia perioperative nurses	Knowledge of Sharia nurses	Understanding and respecting patient values
			Knowledgeable and professional
Attitudes of Sharia nurses		Sincere	
		Compassionate	
		Listening and being cheerful	
		Patience and positive thinking	
		Discipline	
		Responsibility	
		Non-discrimination	
Sharia nursing skills		Communication skills	
		Support and motivation	
		Interprofessional collaboration	

• The integration of Sharia values in perioperative nursing practices

The second theme explored specific strategies for incorporating Sharia principles into perioperative care. This theme included five categories: fulfillment of worship activities, strengthening motivation and education, maintaining patient privacy, Sharia in communication, and Sharia in medication use.

Fulfillment of worship activities

Muslim patients derive comfort and resilience from performing religious rituals, particularly during stressful experiences such as surgery. Participants highlighted the responsibility of nurses in facilitating patients' worship,

including prayer, even in constrained perioperative settings.

Participant 6 emphasized the adaptability required: *"When it is time for prayer, the nurses should remind the patient. How to enable him to pray? If in the operating room, patients cannot perform the ablution, then at that time, the patients are already facing a condition where the absence of two means of purification, so they can pray no matter what the situation is"* (P6).

Participant 7 noted the importance of scheduling non-emergency surgeries in a manner that does not conflict with prayer times: *"However, nurses should arrange the operation schedule so that it does not conflict with prayer*

times. It is for nonemergency operations" (P7).

Strengthening motivation and education

Participants emphasized the role of nurses in providing spiritual encouragement grounded in Islamic teachings. By framing surgery as a divine test and an opportunity for obedience, nurses can foster resilience and calmness in patients.

Participant 8 described: *"From the spiritual side, we (nurses) must provide the best possible understanding that it (surgery) is all a test from Allah, and we must face it as a form of our obedience to Allah, whatever Allah has given. That will increase the leverage to support the patient"* (P8).

Maintaining surgical patient privacy

Preservation of patient privacy is a core principle in Sharia, particularly during procedures that require exposure of private body areas. Participants emphasized that exposure should be limited strictly to the area necessary for the operation, and female patients should be provided with appropriate attire, such as headscarves, during perioperative care.

Participant 8 noted: *"So, when the patients are taken into the operating room. They should immediately wear Sharia-compliant clothes. Female patients are equipped with a headscarf... maintaining the private parts is still done until the patient is finished, meaning that we only expose the part of the body that is needed for the operation"* (P8).

Gender-specific care is also essential. Participants highlighted that interactions should respect Sharia boundaries, with family presence required when gender-concordant care is unavailable, except in emergencies.

Participant 6 explained: *"Islamic religion limits our interactions with people of different genders according to Sharia provisions... When it is not possible to implement gender-concordant care, the patient should be accompanied by a family member. It is not permissible to leave the patient alone in such situations. However, exceptions are made in critical emergencies, such as in the operating room, if other personnel are present"* (P6).

Sharia in communication

Effective communication in perioperative care encompasses politeness, respect, and integration of Islamic phrases, enhancing patients' comfort and trust. Participants stressed the importance of verbal and nonverbal communication aligned with Islamic etiquette.

Participant 7 observed: *"Nurses must greet and smile at patients before administering treatment. Rasulullah said that smiling is sadaqah (charity), while the nurses smiled, they asked, 'How are you today, sir?' It will make him feel comfortable"* (P7).

Sharia in medication use

Sharia principles extend to pharmacological care, ensuring medications are halal (permissible). Participants acknowledged that in emergency situations, non-halal medications may be used, provided that patient autonomy is respected and informed consent is obtained.

Participant 1 highlighted: *"The Prophet commands that there should be no medicine from nonhalal objects. Except in emergency conditions and no other solution, then there is relief in religion. But certain levels are limited"* (P1).

Participant 9 added: *"We also need to look at medication. If there is an emergency, for example, and it contains certain (nonhalal) substances, it is usually discussed with the patient and family first and with their permission. By doing so, we have upheld the values of the Sharia"* (P9).

• The competencies of Sharia perioperative nurses

The third theme explored the necessary competencies for nurses to provide Sharia-compliant care, organized into three categories: knowledge, attitudes, and skills.

Knowledge of Sharia nurses

Participants emphasized that nurses must understand the unique religious and cultural context of each patient to integrate Sharia principles effectively. This includes awareness of how religious beliefs influence perceptions of illness and treatment decisions.

Participant 3 stated: *"So, in this work context, it is crucial that the heart genuinely accepts Sharia, and this acceptance stems from knowledge. Therefore, it depends on nurses' understanding of Sharia and the extent to which they honor it"* (P3).

Attitudes of Sharia nurses

Attitudes of sincerity, compassion, patience, and responsibility were highlighted as essential for Sharia-compliant perioperative nursing. Nurses should provide care without discrimination and approach patients with a genuine commitment to their well-being.

Participant 1 emphasized sincerity: *"Indeed, nurses must be sincere in providing patient care. Allah (God) places sincerity in the heart. Therefore, if work is not done with sincerity, it becomes a burden"* (P1).

Participant 3 added: *"A crucial part of patient care is being compassionate and thoughtful. The way nurses treat patients reflects their attitude and embodies the Islamic value of helping those facing hardships"* (P3).

Participants also emphasized maintaining a positive outlook and patience in challenging situations: *"Sometimes, they (nurses) cannot handle fussy patients. As it turns out, if they already know, dealing with a fussy patient becomes a test of their patience. There must be some*

wisdom behind these experiences. So, the perspective will change. It is about a positive outlook" (P3).

Participant 2 highlighted equitable care: "Sharia principle emphasizes providing excellent service without any form of discrimination towards anyone. The nurse must not discriminate against patients seeking treatment" (P2).

Sharia nursing skills

Practical skills include providing spiritual motivation, effective communication, and collaboration with Islamic professionals and health care teams. Integrating religious guidance into patient interactions enhances coping and facilitates recovery.

Participant 1 remarked: "In providing medical information, they (nurses) must connect it with religion. So, it can offer encouragement" (P1).

Participant 4 emphasized communication: "There is a need for effective communication, which should be present in all operating room nurses. When nurses saw the patient, they realized that this was a mandate from Allah, and then they conveyed the words carefully and patiently" (P4).

Participant 5 highlighted collaboration: "With proper collaboration, health care providers can further increase the potential for the patient's recovery" (P5).

Discussion

The present study identified three central themes reflecting the perspectives of Muslim scholars on Sharia-based perioperative nursing: the importance of Sharia-compliant care, the integration of Sharia values into perioperative practice, and the competencies required of Sharia perioperative nurses. These findings provide valuable insights into how Islamic principles can guide the provision of spiritually sensitive nursing care for Muslim patients undergoing surgery.

The importance of Sharia-based perioperative nursing was emphasized by participants, highlighting both its meaning and benefits. In this study, Sharia was defined as a divinely ordained way of life that serves as a comprehensive guide regulating all aspects of a Muslim's life, including health care practices. Participants stressed that Sharia provides nurses and health care workers with a framework to evaluate whether procedures and interventions align with Islamic principles, thus ensuring that patient care respects religious and ethical norms.^[30] This framework enables health care professionals to make informed decisions regarding treatment plans, interactions, and clinical interventions while considering the spiritual needs of Muslim patients. Muslim patients have a fundamental right to receive care that aligns with

their beliefs and values.^[31] Given that Islam is the fastest-growing religion globally and that Muslims constitute the majority of Indonesia's population,^[13] providing Sharia-compliant nursing care is critical to enhancing patients' spiritual well-being and overall satisfaction with perioperative care.

Sharia-compliant perioperative nursing care in this study focused on spiritual care that aligns with patients' beliefs and values rather than being purely religious rituals. This approach emphasizes supporting patients' sense of peace and spiritual well-being, fostering a connection to a higher power while integrating clinical care.^[3,5,32] Participants reported that this type of care positively affects psychological well-being, reduces surgery-related anxiety, and supports recovery. These findings are consistent with prior research indicating a positive correlation between spiritual care and decreased perioperative distress.^[2,10,11] Muslim scholars highlighted that the presence of caring, supportive nurses who encourage dhikr (remembrance of God) or prayer during the perioperative period can significantly reduce fear and enhance emotional stability, thus contributing to improved surgical outcomes.^[2,4]

Integrating Sharia values into perioperative nursing practices was recognized as a vital aspect of care. This includes facilitating the performance of worship rituals, providing spiritual motivation and education, maintaining patient privacy, ensuring Sharia-compliant communication, and administering halal medications. Prayer, as one of the five pillars of Islam, is essential even during hospitalization, and disruptions to this practice can increase discomfort and anxiety.^[34,35] Nurses are therefore called upon to support patients in fulfilling religious obligations, guiding them in prayer or dhikr, and arranging elective surgical schedules to avoid conflict with prayer times whenever possible.^[15,36,37] Facilitating worship contributes to patients' resilience, composure, and a sense of spiritual alignment, reinforcing both their psychological and physical coping mechanisms during surgery.^[38,39]

Participants underscored the significance of spiritual motivation in alleviating fear and despair before surgery. Encouraging patients to perceive illness and surgical procedures as tests from God fosters trust in divine will and promotes a positive outlook.^[6,16] Nurses' guidance in this context strengthens patients' inner calm and resilience, enabling them to face surgical procedures with greater confidence and emotional stability.^[5,15] These findings align with previous studies showing that spiritually oriented motivation enhances patient coping strategies, reduces anxiety, and contributes to improved recovery experiences.^[3,32]

Patient privacy emerged as a central concern in Sharia-compliant perioperative care. Protecting the patient's body and dignity, particularly when patients are unconscious or unable to maintain privacy themselves, is ethically imperative.^[40] Gender-concordant care is especially emphasized in Islamic nursing practice. While interactions with the opposite gender are generally restricted, exceptions are permitted in emergencies where patient safety is paramount, provided only necessary body areas are exposed and a family member or third party of the same gender is present.^[35,41] These practices highlight the balance between respecting religious values and ensuring patient safety, emphasizing the ethical and cultural competence required in perioperative nursing.

Sharia principles also guide the use of halal products in perioperative care, including medications, anesthesia, and surgical materials.^[42,43] In Indonesia, these requirements are formalized through fatwas issued by the Indonesian Ulema Council.^[44] Participants noted that in emergencies, non-halal alternatives may be utilized when no substitutes are available, with full disclosure and consent from patients and their families.^[35,42,43] This approach ensures both compliance with Islamic principles and the provision of life-saving medical interventions, demonstrating the importance of patient autonomy and informed consent in culturally sensitive care.

The study further revealed that ethical dilemmas and cultural conflicts may arise when patients' religious beliefs intersect with medical practice.^[18,35] Health care providers must recognize and navigate these conflicts by collaborating with patients and families to achieve a balance between adherence to religious values and the delivery of optimal clinical care. Open communication, cultural competence, and the involvement of religious counselors or hospital chaplains are crucial in addressing these challenges.^[3,45] Meeting the spiritual expectations of Muslim patients not only improves immediate care outcomes but may also influence long-term healthcare-seeking behavior,^[18] reinforcing the need for policies that uphold patients' spiritual rights without compromising safety.^[16,35]

Sharia nursing competency, encompassing knowledge, attitudes, and skills, was identified as the third central theme. Participants emphasized that perioperative nurses must possess deep understanding and respect for Sharia values, recognizing how religious beliefs shape patients' perceptions of illness and healthcare experiences.^[5,36] Nurses' knowledge enables them to integrate Islamic principles appropriately into clinical practice, ensuring that care is both spiritually supportive and clinically

sound.^[35]

Attitudes such as sincerity, compassion, patience, active listening, fairness, and responsibility were highlighted as essential qualities for nurses providing Sharia-compliant perioperative care. These attitudes influence the quality of spiritual care delivery and foster patient trust and satisfaction.^[46] Previous research corroborates these findings, demonstrating that higher levels of compassion among nurses are associated with increased provision of spiritual care.^[14] Approaching patients as holistic beings, rather than merely as recipients of medical interventions, aligns with professional ethical codes advocating nondiscriminatory and patient-centered care.^[33,40]

Nursing skills identified in this study include effective communication, spiritual motivation, and teamwork. Clear, culturally sensitive communication promotes receptiveness and alleviates anxiety, while encouraging spiritual motivation helps patients maintain hope and resilience during surgery.^[1] Collaboration with other healthcare professionals, including religious counselors, strengthens the delivery of Sharia-compliant care and optimizes clinical outcomes.^[36,40]

Despite the acknowledged importance of Sharia-compliant spiritual care, participants highlighted several implementation challenges. Time constraints, insufficient knowledge, lack of institutional support, low motivation, and the diverse spiritual needs of patients were cited as barriers to providing effective spiritual care.^[8,9,19,21,22] These challenges underscore the need for organizational policies and staff development programs that enhance nurses' competencies in spiritual care. Institutional support, practical guidelines, and ongoing training are critical to empowering nurses to address the spiritual needs of Muslim patients effectively.^[3,9,19,20,46]

Addressing patients' spiritual needs is increasingly recognized as a crucial dimension of holistic health care. Health policy reforms should prioritize training programs for nurses and other healthcare professionals to develop knowledge and skills in spiritual care. By integrating these interventions, healthcare systems can foster environments that are culturally sensitive, ethically sound, and aligned with patients' spiritual and religious values.^[3,9,19,20] The findings from this study provide guidance for clinical nurses, educators, and healthcare administrators in developing evidence-based strategies, staff training programs, and quality assessment tools to support the implementation of spiritually sensitive care for Muslim surgical patients.

This study's exploration of the perspectives of Indonesian ulema provides unique insights into the integration of

Islamic spiritual care in perioperative nursing. However, the findings should be interpreted in light of certain limitations. The small sample size and focus on a specific geographical and cultural context may limit the transferability of results to other settings or populations. Future research should include larger and more diverse samples to validate these findings and enhance generalizability. Additionally, while this study addressed general perioperative care, further research could explore specific surgical specialties or patient groups, which may present unique challenges and requirements in providing spiritual care.

Conclusion

This study underscores the significance of Sharia-based perioperative nursing for Muslim patients, highlighting its intrinsic value and benefits for enhancing patients' spiritual and psychological well-being. The integration of spiritual care, facilitation of religious practices, provision of spiritual motivation, maintenance of privacy, culturally sensitive communication, and administration of halal medications are central to this care. Nurses' knowledge of and respect for Islamic principles, combined with attitudes of compassion, sincerity, patience, and fairness, and skills in communication, spiritual motivation, and collaboration, are essential to delivering effective Sharia-compliant care. The findings offer practical guidance for healthcare providers, informing the development of culturally sensitive, spiritually supportive perioperative nursing practices. Further research is warranted to explore broader perspectives on spiritually sensitive perioperative care and to validate these practices in diverse clinical and cultural contexts.

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Competing interests

The authors declare that they have no competing interests.

Abbreviations

Participant: P.

Authors' contributions

All authors read and approved the final manuscript. All

authors take responsibility for the integrity of the data and the accuracy of the data analysis.

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Availability of data and materials

The data used in this study are available from the corresponding author on request.

Ethics approval and consent to participate

This study received approval from the Research Ethics Committee of General Hospital Dr. Zainoel Abidin, Indonesia (Ref: 115/ETK-RSUDZA/2023). Participants were fully informed about the study and provided written informed consent. Participation was voluntary, and explicit permission was obtained for audio recording and field notes.

Consent for publication

By submitting this document, the authors declare their consent for the final accepted version of the manuscript to be considered for publication.

References

1. Akutay S, Ceyhan Ö. The relationship between fear of surgery and affecting factors in surgical patients. *Perioper Med.* 2023; 12 (1):22. doi:10.1186/s13741-023-00316-0. PMID:37296486; PMCID:PMC10251663.
2. Adugbire BA, Aziato L. Surgical patients' perception of spirituality on the outcome of surgery in Northern Ghana. *J Holist Nurs.* 2020;38(1):19-29. doi:10.1177/0898010120902916. PMID:32009505.
3. Murgia C, Notarnicola I, Caruso R, De Maria M, Rocco G, Stievano A. Spirituality and religious diversity in nursing: A scoping review. *Healthc.* 2022;10(9):1-22. doi:10.3390/healthcare10091661. PMID:36141273; PMCID:PMC9498726.
4. McFarland MR. Theory of Culture Care Diversity and Universality. In: Alligood MR, editor. *Nursing Theoriest and Their Work.* St. Louis, Missouri 63043: Elsevier; 2018. Page: 339-58.
5. Marzband R, Hosseini S, Hamzehgardeshi Z. A concept analysis of spiritual care based on Islamic sources. *Religions.* 2016;7(6):61. doi:10.3390/rel7060061.
6. Arozullah AM, Padela AI, Volkan Stodolsky M, Kholwadia MA. Causes and means of healing: an Islamic ontological perspective. *J Relig Health.* 2020;59(2):796-803. doi:10.1007/s10943-018-0666-3. PMID:29992473.
7. Koenig HG. The spiritual care team: Enabling the practice of whole person medicine. *Religions.* 2014;5(4):1161-74. doi:10.3390/rel5041161.
8. Ebrahimi H, Areshanab H, Jafarabadi M, Khanmiri S. Health

- care providers' perception of their competence in providing spiritual care for patients. *Indian J Palliat Care*. 2017;23(1):57-61. doi:10.4103/0973-1075.197957. PMID:28216864; PMCID:PMC5294439.
9. Kuijpers W, Harper D, Alexander J. Lifestyle practices and health promotion strategies to support physiological well-being during Ramadan. *J Prev Complement Med*. 2025; 4(3): 195-207. doi:10.22034/jpcm.2025.539438.1244
 10. Fiari DAA, Aini N, Octary T, Arfianto MA, Al Husna CH. The effectiveness of spiritual therapy in reducing the anxiety level of preoperative patients. *KnE Med*. 2023;2023:420-6. doi:10.18502/kme.v3i2.13076
 11. Kapikiran G, Demir B, Bulbuloglu S, Saritas S. The effect of spiritual well-being on surgical fear in patients scheduled to have abdominal surgery. *Int J Heal Serv Res Policy*. 2021;6(2):229-38. doi:10.33457/ijhsrp.930665.
 12. Karačić A, Brkić J, Theunissen M, Sović S, Karimollahi M, Bakula B, et al. Are religious patients less afraid of surgery? A cross-sectional study on the relationship between dimensions of religiousness and surgical fear. *PLoS One*. 2023;18(7):e0287451. doi:10.1371/journal.pone.0287451. PMID:37440556; PMCID:PMC10343077.
 13. World Population Review. Muslim population by country 2024. Available from: <https://worldpopulationreview.com/country-rankings/muslim-population-by-country>. 2024. [Last access date: 20 December 2024]
 14. Bsharat R, Shouli M, AbuKallid H, Hanani A. Occupational hand eczema among nurses: Prevalence and contributing factors in northern West Bank. *J Prev Complement Med*. 2025; 4(4): 236-244. doi:10.22034/jpcm.2025.540481.1245.
 15. Almkhaini SJ, Goldberg L, Watson J. Embodying caring science as Islamic philosophy of care. *Adv Nurs Sci*. 2020;43(1):62-74. doi:10.1097/ANS.0000000000000300. PMID:31922984.
 16. Blankinship LA. Providing culturally sensitive care for Islamic patients and families. *J Christ Nurs*. 2018;35(2):94-9. doi:10.1097/CNJ.0000000000000418. PMID:28594652
 17. Mastori M, Arifin Z, Iman SB. Historical review of ulama and umara' relations and its implications for Islamic Da'wah. *Ilmu Dakwah Acad J Homilet Stud*. 2021;15(1):103-26. doi:10.15575/idajhs.v15i1.9824.
 18. Padela AI, Zaidi D. The Islamic tradition and health inequities: A preliminary conceptual model based on a systematic literature review of Muslim health-care disparities. *Avicenna J Med*. 2018; 8(1):1-13. doi:10.4103/ajm.AJM_134_17. PMID:29404267; PMCID:PMC578241.
 19. Green A, Kim-Godwin YS, Jones CW. Perceptions of spiritual care education, competence, and barriers in providing spiritual care among registered nurses. *J Holist Care*. 2020;41-51. doi:10.1177/0898010119885266. PMID:31690159.
 20. Herlianita R, Yen M, Chen CH, Fetzer SJ, Lin ECL. Perception of spirituality and spiritual care among Muslim nurses in Indonesia. *J Relig Health*. 2018;57(2):762-73. doi:10.1007/s10943-017-0437-6. PMID:28647910.
 21. Kiaei MZ, Salehi A, Nasrabadi AM, Whitehead D, Azmal M, Kalhor R, et al. Spirituality and spiritual care in Iran: Nurses' perceptions and barriers. *Int Nurs Rev*. 2015;62(4):584-92. doi:10.1111/inr.12222. PMID:26572823.
 22. Taylor EJ, Parinas S, Mamier I, Atarhim MA, Angeles L, Aslan H, et al. Frequency of nurse-provided spiritual care: An international comparison. *J Clin Nurs*. 2023;32:597-609. doi:10.1111/jocn.16497. PMID:36039033; PMCID:PMC10087347.
 23. Undang-Undang Republik Indonesia Nomor 11 Tahun 2006 tentang Pemerintahan Aceh [Law of the Republic of Indonesia Number 11 of 2006 concerning the Government of Aceh]. Available from: <https://peraturan.bpk.go.id/Home/Download/29809/UU-Nomor-11-Tahun-2006.pdf>. 2006. [Last access date: 20 December 2024]
 24. Mat H, Wan Ab Rahaman WMAF Bin, Shafie NB, Syed Mohamed ST Bin. Intention to Choose Syariah Compliant Hospital: The role of religiosity. *Malaysian J Soc Sci Humanit*. 2021;6(8):501-8. doi:10.47405/mjssh.v6i8.966
 25. Paisal J. Peran ulama dalam masyarakat Aceh dari masa kemasa The role of ulema in Acehese society from time to time. *At-Tanzir J Prodi Komun dan Penyiaran Islam*. 2021;12(1):89-104. doi:10.47498/tanzir.v12i1.513
 26. Grove SK, Gray JR. *Understanding nursing research: Building an evidence-based practice*. 7th ed. St. Louis, Missouri 63043: Elsevier Inc; 2019.
 27. Saunders B, Sim J, Kingstone T, Baker S, Waterfield J, Bartlam B, et al. Saturation in qualitative research: Exploring its conceptualization and operationalization. *Qual Quant*. 2018;52(4):1893-907. doi:10.1007/s11135-017-0574-8. PMCID:PMC5993836.
 28. Kyngäs H, Kääriäinen M, Elo S. The trustworthiness of content analysis. In: Kyngäs H, Mikkonen K, Kääriäinen M, editors. *The application of content analysis in nursing science research*. Cham: Springer International Publishing; 2020. Page: 41-8. doi:10.1007/978-3-030-30199-6_5.
 29. Graneheim U, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today*. 2004;24(2):105-12. doi:10.1016/j.nedt.2003.10.001. PMID:14769454.
 30. Rahman MK, Zailani S, Musa G. Tourists' satisfaction and loyalty intention at Shariah compliant private hospitals in Malaysia. *Int J Tour Sci*. 2018;18(4):295-311. doi:10.1080/15980634.2018.1555605.
 31. Sari NK, Asriani AD. Islamic nursing care implementation: patients' perception. *Bali Med J*. 2023;12(1):556-9. doi:10.15562/bmj.v12i1.3780.
 32. Baig N, Isgandarova N. Exploring Islamic spiritual care: What is in a name?. *Religions*. 2023;14(10):1256. doi:10.3390/rel14101256.
 33. International council of nurses. The ICN code of ethics for nurses. Available from: https://www.icn.ch/sites/default/files/2023-06/ICN_Code-of-Ethics_EN_Web.pdf. Switzerland: 2021. [Last access date: 20 December 2024]
 34. Supriyanto, Hamid AYS, Rosyada D, Mansyur M, Efendi F. Nurse's competence in supporting the spiritual-religious needs of patients in Indonesia. *Indian J Public Heal Res Dev*. 2019;10(3): 604-8. doi:10.5958/0976-5506.2019.00567.9.
 35. Attum B, Hafiz S, Shamooun Z. Cultural competence in the care of Muslim patients and their families. *StatPearls*. 2023;1-10. PMID:29763108.

36. Moghimian M, Irajpour A. The requirements of hospital-based spiritual care for cancer patients. *Support Care Cancer*. 2019;27(7):2643-8. doi:10.1007/s00520-018-4569-3. PMID:30470891.
37. Fadhillah H, Suryamediaawati A, Sumijatun S, Azzam R, Mulyadi B, Fajarini M, et al. Standard guidelines for nursing services in syariah hospitals (in: Indonesian), Published on Nov 21, 2024. pp: 1-53. Available from: <https://mukisi.com/download/buku/Pedoman-Pelayanan-Keperawatan-Rumah-Sakit-Syariah.pdf>. 2019. [Last access date: 20 December 2024].
38. Illueca M, Doolittle BR. The use of prayer in the management of pain: A systematic review. *J Relig Health*. 2020;59(2):681-99. doi:10.1007/s10943-019-00967-8. PMID:31912350.
39. Moulaei K, Haghdoost A, Bahaadinbeigy K, Dinari F. The effect of the holy Quran recitation and listening on anxiety, stress, and depression: A scoping review on outcomes. *Heal Sci Rep*. 2023; 6:e1751. doi:10.1002/hsr2.1751. PMID:38078304; PMCID:PMC10704108.
40. Blomberg AC, Bisholt B, Lindwall L. Responsibility for patient care in perioperative practice. *Nurs Open*. 2018;5(3):414-21. doi:10.1002/nop2.153. PMID:30062035; PMCID:PMC6056433.
41. Diab AL. *Maqashid Kesehatan & Etika Medis Dalam Islam [Maqashid Health & Medical Ethics in Islam]*. 1st ed. Yogyakarta, Indonesia: Deepublish; 2017.
42. Ningtyas PF, Permana I, Rosa EM, Jaswir I. Halal medicine selection process in Sharia-Certified Hospital. *Indones J Halal Res*. 2022;4(2):85-96. doi:10.15575/ijhar.v4i2.16722.
43. Zarmani NF, Ramli MA, Salleh SMSSM, Daud MZ, Tumiran MA. Analysis on the halal status of a medical device: A study on the surgical suture. *Int J Halal Ecosyst Manag Pract*. 2021;1(1):1-7. doi:10.35631/IJHEMP.11001.
44. Majelis Ulama Indonesia. MUI fatwa in the fields of food, medicines, cosmetics, science and technology. Available from: <https://halalmui.org/wp-content/uploads/2022/10/Fatwa-Reference-1.pdf>. 2023. [Last access date: 20 December 2024]
45. Muhammad RW. The Legal and ethical aspects of spiritual care in medical practices. *J Contemp Islam Stud*. 2024;10(1):1-8. doi:10.24191/jcis.v10i1.4.
46. Hodge DR. Spiritual competence: What it is, why it is necessary, and how to develop it. *J Ethn Cult Divers Soc Work*. 2016;27(2): 124-39. doi:10.1080/15313204.2016.1228093.

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