

# Spiritual Care in Palliative Settings: A Scoping Review of Caregivers' Perspectives in Selected Islamic Countries

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<https://doi.org/10.61211/mjqr100110>

## ABSTRACT

This scoping review rigorously examines the current body of research regarding the spiritual care needs and associated challenges encountered by Muslim family caregivers within palliative care environments. Spirituality, deeply embedded in the human condition, provides essential comfort and significance to patients receiving palliative care and to their family caregivers. This review systematically applied the Joanna Briggs Institute (JBI) Critical Appraisal Tool for a thorough evaluation of pertinent literature retrieved from ProQuest and Science Direct databases, specifically focusing on studies published between 2019 and 2023. The evaluation focuses on Muslim family caregivers' spiritual care needs in palliative care. However Muslim participants are suspected based on the studies' locations in Pakistan, Turkey, and the UAE. We adopt this demographic strategy to focus on Muslim caregivers since not all citizens of these nations are Muslims. The analysis distilled several pivotal themes: diverse perspectives on spirituality, the explicit spiritual care needs of patients and their family caregivers, and the multifaceted challenges inherent in delivering spiritual care. The findings illuminate spirituality's pivotal role in navigating illness, highlighting how a profound connection with Allah and adherence to Islamic practices significantly bolster both patients' and caregivers' resilience and coping mechanisms. Identified spiritual care needs include a demand for empathetic care, access to religious materials, and effective communication to facilitate patient-centric care. Yet, caregivers face considerable obstacles, including physical exhaustion, logistical difficulties, travel constraints, denial of patients' health conditions, and impediments in communication with healthcare providers, which collectively complicate the fulfillment of these spiritual needs in palliative settings. This review underscores the necessity of seamlessly integrating spiritual care into palliative care frameworks, promoting a comprehensive approach that honours the spiritual convictions and rituals of Muslim patients and their families. Addressing these identified challenges and gaps is crucial for improving patients' quality of life in their final days and empowering caregivers in their essential support roles.

**Keywords:** caregiver challenges, Islamic rituals, Muslim family caregivers, palliative care, spiritual care

### Article Info:

Received: 15 March 2024

Accepted: 30 April 2024

Published: 31 May 2024

## INTRODUCTION

In the United States, there is a widespread agreement that spirituality plays an important part in the human experience. This consensus frames spirituality as a search for a more profound understanding, purpose, and connection that extends beyond the material world. This all-encompassing perspective is consistent with a variety of cultural and theological conceptions of spirituality, highlighting the universal relevance of spirituality in situations that are different from one another. In addition, the Cambridge Dictionary provides more explanation of spirituality by stating that it is distinguished from the merely physical parts of existence by the fact that it is characterized by intense feelings and convictions that are rooted in religious beliefs. According to Božek et al. (2020), this more comprehensive viewpoint implies that spirituality comprises an ongoing investigation of life's most profound concerns, hence motivating individuals to seek out insights into the profound bounds of existence.

Within the framework of Islam, spirituality is inextricably connected to the divine relationship with Allah, which has a significant impact on an individual's perspective of themselves, their sense of purpose, and their ties with the larger community (Hussain, 2020). This interpretation is consistent with the more general discussions on spirituality, underlining the distinctive ways in which Islamic teachings improve the spiritual path toward divine intimacy, which is directed by religious rituals and ethical behavior.

Prominent Muslim academics including Sidek Baba, Haron Din, and Muhammad Uthman El-Muhammady have made significant contributions to the field of Islamic spirituality, which have provided profound insights into the core of Islamic spirituality. Their works shed light on the ways in which spirituality in Islam encourages intellectual development and mindfulness, and they advocate for the pursuit of truth and knowledge as key elements of spiritual development. This intellectual and spiritual pursuit is highly appreciated within Islam since it leads to increased illumination, which assists individuals in discovering meaning and direction in their lives in relation to their Creator (Elmi & Zainab, 2014, as cited in Aziz et al., 2021).

When the experiences of patients who are nearing the end of their lives and the caregivers who are providing care for them are taken into consideration, the significance of spirituality becomes even more apparent. A profound spiritual introspection and a reevaluation of the meaning and purpose of life are both brought about by the realization that death is imminent. According to Quinn and Connolly (2023), it is precisely during these types of situations that the spiritual support and companionship that are offered by family caregivers become extremely useful. According to Nikrouz et al.'s research from 2020, engaging in spiritual activities and meditations can provide consolation and perspective, hence reducing the existential suffering that is connected with life-threatening diseases.

As a result, the incorporation of spiritual care within palliative care methods is of the utmost significance. In accordance with the description provided by Cordeiro et al. (2020), palliative care places an emphasis on a comprehensive approach that addresses the medical, psychological, social, and spiritual requirements of patients who are coping with terminal illnesses, as well as the requirements of their families. This comprehensive support system underscores the critical role of spirituality in enhancing the quality of life and well-being of patients in palliative care settings, advocating for a patient-centered and interdisciplinary strategy that acknowledges and addresses the spiritual dimensions of care (Moosavi et al., 2021). Palliative care can provide a more profound and meaningful support system that resonates with the spiritual needs and values of patients and their caregivers. This ultimately helps to foster an environment that is compassionate and healing in the face of life's most challenging transitions. Palliative care can be provided through integrative approaches.

### **Aim of Scoping Review**

The primary aim of this scoping review is to synthesize existing research on the spiritual aspects of palliative care, specifically focusing on the experiences of Muslim patients and their family caregivers. Our goal is to deepen the understanding of spirituality, identify the spiritual needs of these patients and caregivers, and highlight the challenges faced in delivering spiritual care within palliative settings. This review specifically explores the perspectives of Muslim family caregivers, selecting studies from predominantly Muslim countries to reflect this focus. However, we acknowledge that this method presupposes the religious affiliation of participants based on their countries of residence. We recognize the diversity within these countries and understand that not everyone in these locations identifies as Muslim, a nuance we aim to make explicit in our approach.

## **METHOD**

### **Search Engine**

The researcher conducted the database search by using ProQuest and Science Direct, both of which are accessible through the IIUM Library. Through these resources, the researcher was able to obtain a number of papers that explored spiritual care from the point of view of Muslim caregivers whose relatives were getting palliative care. We established our search strategy with a preference for studies conducted in nations with substantial Muslim populations, including Pakistan, Turkey, and the UAE, with the intention of indirectly examining the experiences of Muslim family caregivers. Although this assumption forms the basis of our inclusion criteria, we recognize it as a methodological constraint in light of the religious heterogeneity that exists among these countries.

### **Search Strategies**

#### **Keyword**

Utilizing the specified databases, the researcher applied Boolean operators "AND" and "OR" to locate relevant articles. The search combined keywords in the following manner: ("spirituality care" OR "spiritual sensitivity") AND ("palliative care" OR "end-of-life" OR "terminal care") AND "Muslim" AND ("family" OR "caregiver") AND "perspective".

**Table 1:** Sample, Phenomenon of Interest, Design, Evaluation, Research Type (SPIDER) Framework Table

| SPIDER                 | Initial terms                              |
|------------------------|--|
| Sample                 | Muslim patients and their family caregiver |
| Phenomenon of Interest | Spiritual care in palliative care          |
| Design                 | Questionnaire and interview                |
| Evaluation             | Experiences                                |
| Research type          | Qualitative and quantitative study         |

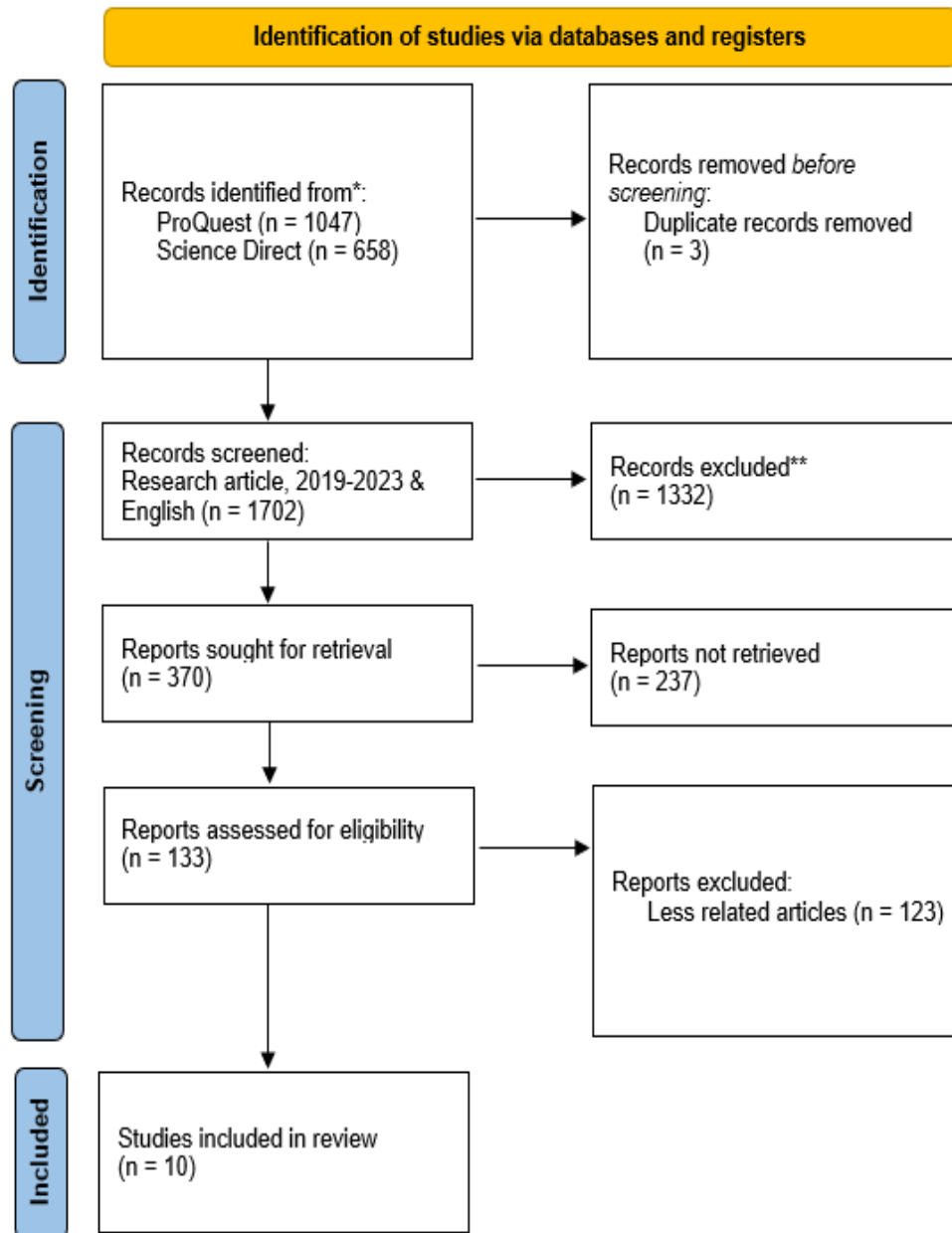
As the key instrument for verifying and evaluating the quality of research investigations, the Joanna Briggs Institute (JBI) Critical Appraisal Tool is an essential component of this investigation and plays a significant role in functioning as the primary instrument. This tool, which consists of a systematic checklist of eight questions, serves as a guide for the process of critical evaluation. To ascertain the "good quality" of studies, various criteria were applied, including the clarity of the research question, the suitability of the study design in relation to the research question, the rigour of the data collection process, and the validity of the conclusions derived. This meticulous evaluation facilitated the inclusion of only research studies that fulfilled a stringent criterion of scientific rigour in our analysis.

Data extraction was systematically carried out using a standardized form designed to capture key information from each article, including study design, participant demographics, main findings, and relevant themes related to spiritual care. Data analysis involved thematic synthesis, where extracted data were coded and themes were developed collaboratively by the research team. This process was iterative and involved constant comparison to refine themes and ensure a comprehensive synthesis of the literature.

A team of three researchers collaboratively conducted the article selection process. Each researcher independently screened the titles and abstracts for relevance according to the inclusion criteria. Discrepancies were resolved through discussion until a consensus was reached. This multi-researcher approach ensured a robust screening process, minimizing bias and enhancing the validity of article selection.

**Inclusion and Exclusion Criteria**

Before gaining access to the publications that were available online, the criteria for inclusion and exclusion were developed in order to narrow the scope of this research. The requirements for inclusion stipulate that the publications must be relevant to the subject matter of the study, be available in English, be published between the years 2019 and 2023, and be available in their entirety when accessed. Articles that are not open-access or that are systematic reviews are not eligible for inclusion because of the exclusion criteria.



**Figure 1:** Flow table of Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)

**Analysis of Results**

The results were evaluated using thematic synthesis, which entailed the study team collaborating to code the retrieved data and construct themes. This iterative procedure resulted in a thorough synthesis of the literature, with ongoing comparison to refine themes. The Joanna Briggs Institute (JBI) Critical Appraisal Tool was used to assess each study's methodological quality, with an emphasis on issues such as the clarity of the research question, adequacy of the study design, rigour of the data gathering process, and validity of the results drawn. The literature review matrix is summarised in Appendix 1.

**RESULT AND DISCUSSION**

For studies originating from countries recognized for their predominant Muslim populations, we have assumed the religious affiliation of participants aligns with Islam. This assumption is based on demographic information and serves as a proxy for identifying Muslim family caregivers' perspectives in palliative care settings.

Our review identified three primary themes related to spiritual care competency among nurses: the perspective of spirituality, the spiritual care needs of patients and family caregivers and challenges in providing spiritual care. These themes serve as the foundation for the detailed discussions that follow in the next section.

### **Perspective of spirituality**

In the context of health and sickness, the investigation of spirituality reveals the fundamental role that it plays in forming the experiences of both patients and caregivers. According to Moosavi et al. (2019), spirituality goes beyond the realm of merely religious practice to become an essential component of human existence. It has a profound impact on how individuals see life, suffering, and the search for meaning in the midst of adversity. When individuals are negotiating the intricacies of chronic disease and the challenges of caregiving, this expanded definition of spirituality comprises a rich tapestry of beliefs, practices, and emotional connections that support them in doing so.

This idea is expanded upon further by Rambod et al. (2019), who investigate the specific experiences of Muslim patients who have hemophilia. Their findings demonstrate how spirituality can serve as a source of hope and resilience for these individuals. In this context, spirituality is not merely a source of comfort; rather, it is a dynamic force that enables patients to discover strength in their religion, which in turn enables them to tackle their illness with courage and optimism. It is important to note that the presence of God as a central figure in this spiritual journey highlights the profoundly personal and transforming significance of spiritual beliefs in the process of improving the health of patients.

The contributions that Nikrouz et al. (2020) made to the understanding of the perspectives of family caregivers shed light on an additional facet of the influence that spirituality has. The spiritual beliefs that caregivers have provide them with a source of empowerment and guidance, which enables them to negotiate the emotional and physical demands of their work with grace and fortitude. The value of spirituality in building a sense of agency and resilience among caregivers, who frequently suffer substantial stress and hardship, is highlighted by the fact that this component of spirituality serves as a source of empowerment.

Additionally, Kurtgoz and Edis (2023) underline the positive benefits that spirituality has on family caregivers. They point out that spiritual practices and beliefs can help alleviate stress, foster acceptance, and support coping methods. This understanding of the role that spirituality plays in boosting the emotional well-being of caregivers and their capacity to offer care highlights the necessity of a holistic approach to healthcare that embraces the spiritual dimension of the experiences of both patients and caregivers.

These studies, when taken as a whole, not only provide evidence that spirituality has an inherent worth in the context of health, but they also advocate for a more holistic approach to medical care. As a result, they highlight the importance of including spiritual care within palliative care frameworks. This will ensure that patients and their families receive comprehensive assistance that not only meets their physical and psychological needs, but also their spiritual well-being. When it comes to providing solace, purpose, and strength to individuals who are going through the most difficult times in life, this holistic approach to care acknowledges the multifaceted character of human health as well as the significant role that spirituality plays in this relationship.

### **Spiritual care needs of patients and family caregiver**

In palliative care settings, addressing the spiritual care requirements of patients and the family caregivers who are caring for them is a complicated and complex task that requires healthcare personnel to demonstrate compassion, understanding, and a holistic approach. In accordance with the findings of Kokturk and Kaya (2022), the impact of spiritual support on patients' capacity to deal with their sickness highlights the significant impact that spirituality has on the well-being of patients. In light of this, it is even more important for caregivers and healthcare professionals to cultivate an atmosphere in which spiritual care is given priority. This will ensure that patients not only feel supported physically, but also emotionally and spiritually.

The authors Yousofvand et al. (2023) emphasize the relevance of providing patients with the opportunity to communicate their spiritual requirements, which may include activities and resources that are unique to the patient's religious and spiritual views. The significance of cultural competence among healthcare workers is highlighted by this component of care. This competence enables healthcare professionals to deliver treatment that is respectful and attentive to the many spiritual needs of patients. This method, which is sensitive to different cultures, guarantees that spiritual care is adapted to the preferences of each individual patient, which increases the patient's level of comfort and happiness with the care they have received.

In their respective studies, Araki et al. (2023) and Baharudin and Nurumal (2022) both highlight the significant role that communication plays in efficiently addressing the requirements of spiritual care. Not only does this require the communication of medical knowledge, but it also involves the demonstration of compassion, respect, and support for the spiritual journey of the patient. In order to handle talks regarding spirituality and religion in a manner that respects the patient's views and values, healthcare personnel need to be prepared with the skills necessary to do so.

In addition, the incorporation of spiritual care into palliative care methods necessitates the participation of specialists from a variety of fields within the healthcare industry. These professionals include chaplains or spiritual care advisors, nurses, physicians, and social workers. This strategy, which is founded on the concept of a team, guarantees that all areas of a patient's treatment, including their spiritual requirements, are addressed in a thorough manner.

Training and education for healthcare providers in the domain of spiritual care are essential to equip them with the knowledge and skills needed to support patients and their families effectively. Workshops, seminars, and continuing education courses on spiritual care can enhance healthcare professionals' competency in this area, leading to more compassionate, holistic care for patients in palliative settings.

Through the expansion of our understanding and implementation of spiritual care, healthcare systems are able to provide more compassionate and holistic care that addresses the physical, emotional, and spiritual needs of patients and their families. This helps to foster an environment that is more supportive and healing in palliative care settings.

### **Challenges in providing spiritual care**

To successfully navigate the complications of providing spiritual care in palliative settings, it is necessary to address multiple levels of challenges that go beyond the physical tiredness of the caregiver. When it comes to the day-to-day responsibilities that caregivers are responsible for, Kurtgoz and Edis (2023) stress the need to have access to external help and resources wherever possible. The exhausting nature of providing care, particularly in palliative care settings, highlights the significance of community and healthcare systems in providing both practical and emotional support to individuals who are in the role of providing care.

Lalani et al. (2019) shed light on the logistical issues that exacerbate the strain on the caregiver. These challenges include the geographical distance to hospice facilities and the protocols that limit overnight stays. Not only do these technical challenges make the physical and emotional toll on caregivers even worse, but they also reflect the larger structural barriers that prevent palliative care from being accessible and concentrated on the family.

When caregivers are confronted with the news that a loved one has an incurable illness, they are faced with a complex and distressing emotional terrain. The severe emotional impact of this understanding is articulated by Moosavi et al. (2021), who highlight the gamut of feelings that range from denial to profound sorrow. The emotional journey that caregivers go through highlights the importance of giving them psychological support and counseling services that are specifically designed for them, acknowledging their loss and offering them techniques for coping and enduring it.

Communication hurdles between healthcare personnel and patients, as identified by Moosavi et al. (2019), further complicate the process of providing spiritual care to patients. The ability to communicate effectively is essential to comprehending and meeting the spiritual requirements of patients; nevertheless, deficiencies in this domain might result in misunderstandings and unfulfilled requirements. A more compassionate and holistic approach to palliative care can be fostered by increasing the training that healthcare personnel receive in spiritual care communication. This can help bridge the gap that currently exists.

To effectively address these problems, a multidimensional approach is required. This approach should include improved training for healthcare personnel, systemic reforms to improve access to palliative care services, and more support for caregivers. The delivery of spiritual care in palliative settings has the potential to become more effective, compassionate, and attentive to the needs of patients and their families if these challenges are addressed and resolved.

It is pivotal to address the assumption made about the religious affiliation of participants, primarily based on the studies' geographic and demographic contexts. While these assumptions allowed us to focus on Islamic spiritual care practices, we recognize the inherent limitation of not accounting for the religious diversity within these regions, which may include non-Muslim residents.

## LIMITATIONS AND IMPLICATIONS OF STUDY

### Limitation

This study is limited by the assumption that participants from predominantly Muslim countries are Muslim may not always be accurate, leading to potential biases in the findings. The limited scope of included studies may not provide a comprehensive view of the spiritual care experiences of Muslim family caregivers and the qualitative nature of many included studies may limit the generalizability of the results.

### Implication

This review highlights the need for healthcare providers to be culturally competent and sensitive to the spiritual needs of Muslim patients and their caregivers. It underscores the importance of integrating spiritual care into palliative care frameworks to improve the overall well-being of patients and caregivers. Future research should explicitly identify participants' religious beliefs and practices to enhance the specificity and applicability of findings.

## CONCLUSION AND RECOMMENDATIONS

In palliative care settings, this review underscores the critical role of spiritual care, particularly through the lens of Muslim family caregivers. It highlights the need to integrate Islamic spiritual practices and rituals to improve the well-being of both patients and caregivers. Emphasizing culturally sensitive palliative care is essential, given the challenges posed by caregiving strains and communication barriers with healthcare professionals. Addressing these aspects can significantly enhance the quality of life and spiritual satisfaction of Muslim patients in palliative care, advocating for a comprehensive approach that respects their spiritual beliefs and practices. In conclusion, although our review presupposes the Muslim identity of participants based on the geographic focus of the studies, we recognize the rich diversity and complexity of religious identities within these countries. We recommend that future research in the realm of spiritual care in palliative settings explicitly identifies the religious beliefs and practices of participants. This approach will enhance the specificity and applicability of findings, particularly in addressing the unique needs of Muslim patients and caregivers. A more detailed exploration of religious practices in relation to palliative care can provide invaluable insights into culturally and spiritually sensitive care provisions.

## AUTHOR CONTRIBUTION

Mohamad Firdaus Mohamad Ismail supervised and conceptualized the methodology and the investigation of this review. Siti Norkhadijah Binti Sharel wrote and edited the review while Siti Zubaidah Shahadan performed the data curation, formal analysis and visualization.

## ACKNOWLEDGEMENT

We would like to express our sincere gratitude to the Kulliyah of Nursing at the International Islamic University Malaysia for their support throughout this study. We also appreciate the invaluable feedback from our colleagues and the anonymous reviewers, which helped improve the quality of this paper.

## CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this paper.

## DECLARATION OF STATEMENT

The lead author confirms the manuscript's integrity, stating that it provides an honest, accurate, and transparent account of the reported study. No crucial aspects of the study were omitted and any discrepancies from the planned (and, if applicable, registered) study have been appropriately explained.

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**APPENDIX 1: Literature Review Matrix**

| Title, author, year of publication  | Research method   | Research objective/questions  | Dependent/independent variables, statistical test, research tools | Participants' characteristics (sample size, inclusion and exclusion criteria)  | Research findings  | Limitation   |
|---|---|---|---|--|--|--|
| Consequences of spiritual care for cancer patients and oncology nurses: A qualitative study. (Moosavi et al., 2019)                                 | A qualitative research method using conventional content analysis in 2016–2017. | The objective of this research is to explore the consequences of spiritual care for cancer patients and oncology nurses from the perspective of the patients, family members, nurses, and other health-care team members. | Not applicable.   | The participants consisted of seven cancer patients, two patients' family members, and nine members of the health-care team (five nurses, four oncologists, and palliative medicine specialists). The inclusion includes cancer patients of both genders at any stage of the disease who were at least 18 years of age and able to participate in the study and be interviewed. Oncology nurses and oncologists who had at least six months of experience in oncology wards were chosen to be included in the study. | The result identified some themes such as "spiritual growth" and comprised the major categories of "nurse's spiritual development" and "patient's spiritual development." There were three subcategories in the nurse's spiritual development and 11 subcategories in the patient's spiritual development. | The limitation on this study is the generalizability of the study findings based on the qualitative method. Besides, limited sources from patients with other religions also the limitation of this study. |
| Rise above: Experiences of spirituality among family caregivers of palliative care patients in a hospice setting in Pakistan. (Lalani et al., 2019) | Interpretive descriptive design.  | The study aims to explore how family caregivers in Karachi, Pakistan, experience spirituality and how these experiences influence the way they care for a terminally ill family member in a                               | Not applicable.   | The participants including family caregivers (n=18) and healthcare professionals (n=5) selected from a cancer hospice facility in Karachi. The inclusion criteria of the family caregiver including those who were responsible for providing care for an ill person,   | Analysis of the rich descriptions revealed four themes under study which were family love, attachment, and belongingness; honoring family values and dignity; acts of compassion   | The researcher reported that translating the interviews from Urdu to English might have resulted in losing some of the meaning and the essence of actual words in the data.                                |

|   |   |  |  |  |  |   |
|---|---|--|--|--|--|---|
|   |   | hospice setting.   |  | males and females who were 18 years or older, could speak Urdu and willing to participate. Meanwhile, the healthcare professionals included physicians and nurses who had worked in the hospice setting for at least one year, could read, write and speak English or Urdu, and were willing to participate. | and selfless service; and seeking God's kindness and grace. All these themes led to a central theme 'rise above or self-transcendence'.  |   |
| Spirituality experiences in hemophilia patients: A phenomenological study. (Rambod et al., 2019)  | A qualitative study with a hermeneutic phenomenological approach. | This study aimed to explore the essence of spirituality in hemophilia patients.  | Not applicable.  | The participants are 12 Muslim adults with hemophilia disease. There are no inclusion and exclusion criteria that have been mentioned in this study.   | Four themes were identified which are relationship with God, God as the fulcrum, strong religious beliefs and spiritual satisfaction.  | The researchers did not explain the limitation in this study.   |
| The spirituality in caregivers and families with chronic patients: Psychometric of caregiver's spiritual empowering scale. (Nikrouz et al., 2020) | A qualitative study using a multiphase mixed method approach.     | The study aimed to identify the level of independence of patients with chronic disease and to explore the concept of spirituality and psychometric of related scale. | The cross-sectional surveys of activities of daily living (ADL) and instrumental activities of daily living (IADL) were conducted on people with chronic diseases (n = 389) in the first phase. In the second phase, the exploratory sequential mixed method was applied for content analysis study (n = 26) and psychometric of CSES in family caregiver (n = 395). | The participants were chosen from 389 patients with chronic diseases and 26 caregivers with experience in caring for chronic patients. Patient criteria is those with diseases include myocardial infarction, asthma, stroke, hypertension, diabetes and people undergoing hemodialysis.                     | Based on the results of ADL IADL, 87% and 99.5% of patients were dependent or in need of help. In the qualitative study phase, four main categories emerged in the context of "Empowering spirituality". | Limitations such as long times required for objectivizing the concepts are significant because of the complexity of spirituality concept. Participants in the study often spoke in local accents and were Shiite. |
| Spiritual care experiences by cancer patients, their family caregivers and healthcare team members  | A descriptive qualitative study using semi-structured interview.  | The study aimed to explore the spiritual care experiences of hospitalized  | Not applicable.  | There are 21 participants including hospitalized cancer patients, their family caregivers and healthcare team  | Two themes of "systematic care" and "caring with paradoxical results" were   | The researcher stated there was limited access to the cancer settings with formal   |

|  |                             |   |                        |  |   |   |
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| <p>in oncology practice settings: A qualitative study. (Moosavi et al., 2021)</p>  |                             | <p>cancer patients, their family caregivers and healthcare team members in oncology settings.</p>   |                        | <p>members (nurses, oncologists and one palliative care specialist). Inclusion criteria for cancer patients were hospitalized adult cancer patients with different types of cancers, physically and mentally stable, and able to participate. The criterion for family members included individuals who were a main caregiver for the patient with a first-degree kinship, able to answer the interview questions, and no history of psychological disorders. The inclusion criterion for the healthcare team members were having at least six months of work experience in oncology settings.</p> | <p>extracted from the spiritual care experiences by the participants.</p>   | <p>spiritual care program, as palliative care programs are fairly new in the hospitals and many hospitals had no specific spiritual care plan within their programs.</p>  |
| <p>“My soul is empty...”: The intensive care patients’ and their family members’ experience of spiritual care. (Baharudin &amp; Nurumal, 2022)</p> | <p>A qualitative study.</p> | <p>The aim of the study is to explore patients’ and family members experience in receiving spiritual care in the intensive care unit (ICU).</p> | <p>Not applicable.</p> | <p>The total of 25 participants including patient and family caregiver. The patients were selected in the intensive care unit (ICU) based on the following criteria which are aged 18 years and above, Malaysian citizen, able to understand and speak Malay or English language, physically and psychologically stable. The exclusion are</p>   | <p>The central theme was Faith-based Care. Based on the narratives of the participant’s experience, nine categories of spiritual needs were identified emerging through four themes: 1) Having Faith, 2) Giving-receiving All, 3) Being</p> | <p>The limitation of this is this study was conducted in the ICU of government hospitals in the southern state of Malaysia. It might be that ICU patients and families who lived in other states or private hospitals have different experiences. Next, the</p> |

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|  |   |   |  | patients on ventilation, sedation, severely ill and not fluent in Malay or English. As for the family caregiver, the inclusion criteria are they have an adult relative in the ICU, consent to participate and are able to communicate in either Malay or English language   | There, and 4) Letting Go.   | interviews were conducted soon after the patients were discharged from ICU.  |
| Spiritual care needs of patients in oncology units and nursing practices in Turkey: A qualitative study. (Köktürk & Kaya, 2022)                                  | A qualitative study using semi-structured interview form.                                 | The aim of this study is to identify the spiritual care needs of patients hospitalized in the oncology department and nursing care practices. | Not applicable.  | The participants of this study are 25 patients treated in the outpatient chemotherapy, oncology, and palliative care units of two training and research hospitals and a state hospital in the Western Black Sea Region as well as 15 nurses working in these units. The inclusion criteria were a patient older than 18 years of age and aware of the diagnosis and being a nurse working in the said units for at least three months. | The results of this research were grouped under five themes which are patient spirituality, spiritual care practices, patient expectations from nurses, sharing with nurses, how nurses assess patients' spiritual care needs, and spiritual nursing practices. | This study only covers the concept of spirituality based on Islamic perspective and the result cannot be generalized as they are just reflecting the opinion of patients and nurses that were interviewed. |
| Impact of a spiritual care program on the sleep quality and spiritual health of Muslim stroke patients: A randomized controlled trial. (Yousofvand et al., 2023) | A randomized controlled trial with experimental and control groups and a pre-post design. | This study aim to examine the effect of a spiritual care program on sleep quality and spiritual health of Muslim stroke patients.             | The study uses two groups which are experimental (N = 59) and control (N = 58). Data were analyzed by chi-square test, Fisher's exact test, independent t-test, and paired t-test at 0.05 significance level in SPSS 21. | The study involved 117 stroke patients hospitalized in the neurology department of Besat hospital in Hamadan, Iran. The inclusion criteria were a stroke diagnosis, Islam as religion, no sleep disorders such as sleep  | The results show at baseline, there was no significant difference in sleep quality and spiritual health between the experimental and control groups. However, after the   | The limitation includes due to fatigue and difficulty completing the study questionnaires, only two variables which are spiritual health and sleep quality   |

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|   |   |  |   | <p>apnea and snoring before stroke, able to communicate, ask and answer questions, at least 72h since hospitalization, awareness, motor and sensory health, being aware of the diagnosis and precognition of the disease, non-history of mental disorders, at least literacy level, belief in spiritual care, a sleep quality score of more than five, and a Modified Rankin Scale (MRS) score of less than four. The exclusion criteria were discharge before completing the training, absence from more than one session, rehospitalization, death during the study, acute crisis such as recurrent stroke, heart attack, extensive bleeding, decreased level of consciousness after the study started, and withdrawal from participation.</p> | <p>intervention, the sleep quality and spiritual health of patients in the experimental group improved significantly compared with the control group.</p>          | <p>were examined. Next, completing the questionnaires was a self-report that the mental state and the effects of the disease can affect the results. Moreover, this study was conducted during the covid-19 epidemic which could affect the result.</p> |
| <p>Breaking new ground in palliative care: Examining the impact of Al Ain – palliative care outreach program on patients with advanced cancer in the United Arab Emirates. (Araki et al.,</p> | <p>The research design is a quantitative non-experimental cross-sectional design with descriptive statistics.</p> | <p>The aim of this study is to evaluate the effectiveness of the Palliative Outreach Program in improving the quality of palliative care for patients with</p> | <p>The patient versions of the Consumer Quality (CQ) Index Palliative Care Instrument were used as a research tool.</p> | <p>There are 100 patients that participated in this study with inclusion criteria are receive Palliative Care Service, have a life expectancy of six months or less, be 18 years or older, and consent to participate, must be physically</p>  | <p>The result shows the patients reported high levels of support from their caregivers regarding physical, psychological, and spiritual well-being, as well as</p> | <p>The limitation in this study is small sample size was used thus needing more generalizability and difficult to draw firm conclusions about the experiences</p>   |

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| 2023)   |  | advanced cancer in a Tertiary Hospital.   |                 | and mentally competent and located outside the palliative care unit, with a study duration of one week. Exclusion criteria include refusal to participate, patients in the terminal phase, and those who are mentally or cognitively incompetent.  | information and expertise. Overall, the patients rated the care they received positively, with high mean scores for physical/psychological well-being.  | of all palliative care patients. Next, the study had a predominantly Muslim and married population, which may not reflect the diversity of patients in other palliative care settings.   |
| Spiritual care from the perspective of family caregivers and nurses in palliative care: A qualitative study. (Kurtgöz & Edis, 2023) | A qualitative study that used a phenomenological design. | The study aim at exploring the experiences of family caregivers and nurses working in palliative care units regarding spiritual care. | Not applicable. | The study was carried out with 10 nurses working in the palliative care unit (PCU) of a state hospital in Türkiye and 11 family caregivers in the same PCU. The nurses' inclusion criterion was working in a PCU. The family caregivers' inclusion criteria were set as being the most responsible family member for the patient's care, being age 18 or older, and having no communication problems such as speaking and hearing. | The result found there are four main themes that were obtained by the data analysis which are impacts of being in a palliative care unit, coping methods, importance of spirituality and spiritual care as well as perspective on the spiritual care. | This study covers only family caregivers and nurses working in the PCU of a state hospital in Türkiye. The result cannot be generalized to all nurses and family caregiver due to the cultural characteristics and personal palliative care experiences of the participants. |