



Islamic Spirituality as a Dimension of Holistic Health Care: Implications for Physicians' Clinical Competence

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Abstract

The growing recognition of holistic health care has brought spirituality into contemporary clinical discourse, particularly in societies where religious values shape patients' health perceptions and coping mechanisms. This literature review examines how Islamic spirituality functions as a dimension of holistic health care and explores its implications for doctors' clinical competence. The central problem addressed concerns the persistent gap between biomedical practice and patients' spiritual needs, which may affect clinical communication, ethical decision-making, and quality of care. Using a narrative literature review approach, this study analyzes peer-reviewed articles, books, and empirical studies published in reputable international and national journals that discuss spirituality, Islamic values, and clinical practice. The findings indicate that integrating Islamic spirituality into health care contributes to enhanced patient-centered communication, ethical sensitivity, empathy, and clinical judgment, thereby strengthening doctors' clinical competence beyond technical skills alone. The review also reveals that spiritual awareness supports holistic diagnosis and treatment, particularly in end-of-life care, chronic illness management, and mental health services. This article argues that Islamic spirituality should be understood as a complementary clinical dimension that enriches holistic health care and reinforces professional competence without undermining scientific medical standards.

Introduction

Modern healthcare is moving away from a purely disease-oriented paradigm towards an understanding that views humans as whole beings physical, psychological, social, and with values that give meaning to the experience of illness (Xuan et al., 2025; Van de Velde et al., 2025; Karhausen, 2025). The preamble to the WHO Constitution defines health as a state of physical, mental, and social well-being, not merely the absence of disease, thus opening the door to a holistic approach to healthcare. Recent literature also shows that the definition and practice of "well-being" in clinical services are difficult to understand adequately if the dimensions of meaning, hope, and life orientation of patients are ignored. In this context, spirituality is understood as a source of meaning and a way for individuals to respond to suffering, limitations, and clinical decisions that are often fraught with uncertainty (Koenig et al., 2012; Schramme, 2023; Nwozichi et al., 2025).

Clinical practice confronts doctors with situations that require more than technical competence: therapeutic communication, empathy, ethical sensitivity, and clinical judgment that takes patient preferences into account (Chiriatic, 2025). Evidence shows that empathy correlates with

the experience and outcomes of health care, as well as being a factor that can be improved through appropriate interventions at the individual and organizational levels of service. In the clinical setting, spirituality is also considered relevant because patients with serious illnesses often raise existential questions that affect compliance, treatment choices, and how they interpret their prognosis. The "spiritual care" framework emphasizes that attention to the spiritual dimension can go hand in hand with scientific medical standards, especially in critical, palliative, and chronic disease situations that demand a strong doctor-patient relationship (Braun & Clarke, 2006; Grant & Booth, 2009; Nembhard et al., 2023).

Indonesia, as a religious society with a Muslim majority demonstrates the role of religion in how patients interpret illness, make family decisions, and negotiate with medical practices (Martina et al., 2022; Lukman & Merry, 2023; Riyanto & Sulong, 2025). The literature on cultural competence in the care of Muslim patients underscores that Islamic beliefs can influence clinical decisions, family dynamics, health practices, and communication, requiring professional sensitivity to ensure that services remain safe, ethical, and patient-centered. Major studies on the relationship between religion/spirituality and health also show a meaningful association with mental and physical health through psychosocial mechanisms, health behaviors, and social support, although the impact depends on the context and how integration is carried out in services (Attum et al., 2023; Koenig, 2012).

The problem is that the integration of spirituality into health services often stops at normative recommendations without an operational clinical framework. Practices in the field often face obstacles: unclear definitions, concerns about professional boundaries, time constraints, and the unpreparedness of service systems to facilitate proportional spiritual assessment and intervention. A number of studies in the field of nursing in Indonesia also show that meeting patients' spiritual needs is considered important in a comprehensive approach, but its implementation is not yet consistent and is influenced by individual and organizational factors. This situation is relevant to medical practice because doctors are in a key position in diagnosis communication, therapy planning, and shared decision-making (Frakt & Tachibana, 2022; Husaeni & Haris, 2020).

This article positions Islamic spirituality as a dimension of holistic healthcare that directly impacts doctors' clinical competencies. The questions posed are: (1) how is Islamic spirituality conceptualized in the literature on holistic healthcare; (2) through what mechanisms does this dimension influence aspects of doctors' clinical competence such as communication, empathy, ethical sensitivity, and clinical assessment; and (3) what are the practical implications for clinical services in the context of Muslim patients without blurring professional boundaries and evidence standards. This study aims to synthesize conceptual and empirical findings so that discussions of spirituality are not trapped in rhetoric, but rather become clinical contributions that can be tested, adapted, and integrated into service management.

This research argues that Islamic spirituality can be understood as a complementary clinical tool to strengthen patient-centered care, refine communication in sensitive situations, and improve the quality of decisions in line with patient values. This framework positions spirituality as a dimension of service, not as a substitute for biomedicine, making it compatible with medical ethics and evidence-based practice when operationalized through measurable assessments, appropriate referrals, and interprofessional collaboration.

Methods

This study uses a critical narrative literature review method aimed at synthesizing and evaluating scientific debates regarding the role of Islamic spirituality as a dimension of holistic health care and its implications for doctors' clinical competence. This approach was chosen because the study of spirituality in clinical practice is interdisciplinary encompassing medicine, medical ethics, public health, and religious studies and therefore requires conceptual and

reflective analysis capable of comprehensively capturing the variety of perspectives, contexts, and empirical findings (Grant & Booth, 2009). A narrative literature review allows researchers not only to summarize previous research results, but also to examine the theoretical assumptions, methodological approaches, and clinical implications that emerge in the literature.

Data collection was conducted through structured searches of reputable scientific databases, namely PubMed, Scopus, Web of Science, and Google Scholar, as well as Indonesian national journal portals. The keywords used included combinations of terms such as Islamic spirituality, holistic health care, spiritual care, clinical competence, patient-centered care, and Muslim patients, including their equivalents in Indonesian. Inclusion criteria included journal articles and academic books that discussed spirituality in the context of health services or clinical practice, published in English or Indonesian, and directly relevant to the dimensions of physician clinical competence, such as clinical communication, empathy, ethical decision-making, and physician-patient relationships. Non-academic sources, popular opinions, or publications without peer review were excluded from the analysis.

The selected data were analyzed using a qualitative thematic analysis approach. The analysis process was carried out through the stages of coding main concepts, grouping dominant themes, and tracing patterns of relationships between Islamic spirituality and aspects of doctors' clinical competence. This analysis places empirical findings and theoretical frameworks in a cross-study dialogue to identify the mechanisms by which spirituality contributes to clinical practice, whether through improved physician-patient communication, ethical sensitivity, or contextual understanding of patient values and preferences (Braun & Clarke, 2006; Meier, 2023; Puchalski, 2004).

To maintain scientific rigor and credibility, the analysis was conducted reflectively, considering the socio-cultural context of each study, the methodological limitations inherent in the reviewed research, and potential conceptual biases in the literature. The final synthesis aimed to answer the research question regarding the position of Islamic spirituality in holistic health care and its contribution to strengthening doctors' clinical competence, without placing spirituality as a substitute for the biomedical approach, but rather as a complementary dimension that is in harmony with evidence-based medical practice and professional ethics

Result and Discussion

Conceptualization of Islamic Spirituality in the Literature on Holistic Healthcare

The results of the literature review show that Islamic spirituality in the context of holistic health care is not understood solely as individual religious rituals, but as a framework of meaning that shapes the way patients interpret illness, suffering, and the healing process. In contemporary health literature, spirituality is generally defined as the search for meaning, purpose in life, and relationship with something considered transcendent, which influences how individuals respond to health conditions and illness. In the Islamic context, spirituality is articulated through theological and ethical concepts such as *tawakkul* (surrender to Allah), *sabr* (patience), *ikhtiar* (active effort), and awareness of divine will (*qadar*), which simultaneously shape the psychological and moral orientation of patients in facing medical conditions (Okiyana et al., 2025; Suryani, 2020).

The literature shows that this spiritual framework plays an important role in shaping patients' attitudes toward disease diagnosis and prognosis. Muslim patients often interpret illness not merely as a biological disorder, but as a test, a warning, or part of a spiritual journey, which then influences compliance with therapy, medical decision-making, and acceptance of clinical uncertainty. In this context, Islamic spirituality functions as a coping mechanism that can strengthen patients' psychological resilience, reduce anxiety, and help patients maintain hope

in the midst of complex medical conditions, including chronic diseases and palliative care (Koenig, 2012; Sena et al., 2021).

In holistic healthcare practice, the literature places spirituality as an important dimension that complements the physical, psychological, and social aspects. This approach is in line with the *patient-centered care* paradigm, which emphasizes the importance of understanding the values, preferences, and background of patients as the basis for meaningful clinical interactions. In Muslim communities, Islamic spirituality is inseparable from identity and health decision-making, both at the individual and family levels, so that neglecting this dimension has the potential to cause dissonance in doctor-patient relationships and hinder the effectiveness of clinical communication (Niswah et al., 2025; Siregar et al., 2025).

Several studies also emphasize the need to distinguish between spirituality as a clinical dimension and spirituality as a normative or missionary approach (Jecker et al., 2025; Park et al., 2025; Clarence, 2025). Health literature affirms that attention to spirituality in clinical practice is not intended to replace the biomedical approach or involve doctors in religious practices, but rather to increase professional sensitivity to clinically relevant patient frameworks of meaning. Thus, Islamic spirituality is positioned as a complementary dimension that enriches clinical assessment and therapeutic relationships without blurring professional boundaries and medical evidence standards.

The article selection process in this study was conducted through a systematic search of reputable scientific databases, including PubMed, Scopus, Web of Science, and Google Scholar. The selection stages included initial identification of publications, screening based on titles and abstracts, assessment of eligibility through full-text reading, and exclusion of articles that were not directly related to the focus on holistic health services and the clinical competence of doctors. This process aims to ensure that the literature analyzed is conceptually and empirically relevant to the study topic and meets accountable academic standards (Amiruddin & Murniati, 2020; Yulita & Sassi, 2025).

A synthesis of selected literature review results is presented in Table 1, which maps the main themes regarding the conceptualization of spirituality in health care, its mechanisms of influence on clinical practice, and its implications for doctors' professional competence. This mapping allows for the identification of consistent patterns of findings across studies, while highlighting variations in approaches and contexts of spirituality implementation in health care. The literature review table serves as an analytical basis for further thematic discussion on the relationship between Islamic spirituality, holistic healthcare, and the strengthening of doctors' clinical competence.

Table 1. Literature Review

No	Name & Year	Title	Research Findings
1	Sulmasy (2009)	<i>Spirituality, Religion, and Clinical Care</i>	Spirituality plays a role in clinical communication and medical decision-making in complex situations without replacing the biomedical approach.
2	Koenig et al. (2012)	<i>Handbook of Religion and Health</i>	Spirituality is positively correlated with mental health, patient coping, and treatment compliance.
3	Puchalski (2004)	<i>Spirituality in Health</i>	Spiritual assessment improves the quality of doctor-patient relationships and clinical communication in critical and palliative care services.

4	Sena et al. (2021)	<i>Defining Spirituality in Healthcare</i>	Spirituality is positioned as a clinical competency that encompasses knowledge, attitudes, and professional skills.
5	Vincensi (2019)	<i>Spirituality and Patient-Centered Care</i>	Spirituality strengthens holistic healthcare when integrated systematically and based on professional ethics.
6	Attum et al. (2023)	<i>Care of Muslim Patients</i>	Islamic values influence clinical communication, medical decisions, and the involvement of Muslim patients' families.
7	Nembhard et al. (2023)	<i>Empathy in Health Care</i>	Clinical empathy improves the quality of care and patient outcomes; sensitivity to spiritual values strengthens doctors' empathy.

Thematic Discussion Based on Literature Review

The discussion positions spirituality as an inseparable dimension of clinical practice, particularly in the context of complex medical decision-making. Sulmasy emphasizes that spirituality and religion influence how patients interpret illness, risks, and treatment options, making attention to this dimension part of the physician's professional responsibility. Within the framework of holistic health care, spirituality is not positioned as a substitute for the biomedical approach, but rather as a contextual factor that enriches clinical communication and ethical considerations, especially in end-of-life situations and chronic illnesses fraught with uncertainty (Asih et al., 2025; Sulmasy, 2009).

The Handbook of Religion and Health provides a strong empirical foundation for the relationship between spirituality, mental health, and patient coping mechanisms. This literature shows that religious and spiritual beliefs can contribute to increased therapy compliance, reduced stress, and psychological resilience in patients. In the context of healthcare, these findings reinforce the argument that doctors' understanding of patients' spiritual dimensions has real clinical implications, especially in building therapeutic relationships and supporting the holistic healing process (Koenig et al., 2012).

Spiritual assessment as part of clinical practice, especially in critical and palliative care. Puchalski shows that attention to patients' spiritual needs can improve the quality of doctor-patient communication and help patients and families cope with suffering and prognostic uncertainty. These findings position spirituality as a clinically relevant element, not merely an additional aspect, as it contributes to medical decision-making that is more aligned with patients' values and preferences (Lazuardi et al., 2025; Puchalski, 2004).

An important conceptual contribution is made by defining spirituality in the context of healthcare as a professional competency that encompasses knowledge, attitudes, and skills. This approach emphasizes that spirituality can be clinically operationalized and professionally evaluated, thus avoiding a normative approach. By positioning spirituality as a clinical competency, this study opens up space for the integration of spiritual dimensions into holistic healthcare practices that remain aligned with professional ethics and evidence standards (Sena et al., 2021).

Spirituality is directly related to the concept of *patient-centered care*, emphasizing that patient-centered healthcare requires recognition of the patient's values, beliefs, and meaning of life. In this perspective, spirituality serves as a bridge to understand patients' needs more holistically, thereby improving the quality of clinical interactions and patient satisfaction. These findings are relevant in the context of holistic healthcare because shows that the systematic and ethical integration of spirituality can strengthen doctors' professionalism without blurring clinical role boundaries (Vincensi, 2019).

Specifically discussing the care of Muslim patients and highlighting how Islamic values influence clinical communication, medical decision-making, and family involvement. This study shows that sensitivity to the religious context of Muslim patients helps doctors avoid miscommunication and value conflicts in clinical practice. In the context of holistic healthcare, these findings emphasize that understanding Islamic spirituality is part of cultural and clinical competence that is important to ensure ethical, safe, and patient-centered care (Attum et al., 2023).

A systematic review of empathy in healthcare shows that clinical empathy is closely related to service quality and patient outcomes. This study confirms that empathy is not merely a personal attitude, but a professional competency that can be strengthened through understanding of the patient's experiences and values, including spiritual dimensions. In this context, sensitivity to the spiritual values of patients serves as a factor that deepens doctors' empathy, thereby strengthening therapeutic relationships and the effectiveness of clinical communication (Nembhard et al., 2023).

Practical Implications for Clinical Services for Muslim Patients

A synthesis of the literature findings shows that attention to Islamic spirituality in clinical services has real practical implications for improving the quality of health services for Muslim patients. First, doctors' understanding of the framework of patients' spiritual meaning plays an important role in strengthening clinical communication and value-sensitive medical decision-making. Studies by Sulmasy (2009) and Puchalski (2004) confirm that recognizing the spiritual dimension of patients helps doctors navigate complex clinical situations, such as chronic illness and palliative care, without obscuring the principles of evidence-based medicine. In the context of Muslim patients, this approach enables a more open therapeutic dialogue about patients' hopes, fears, and preferences regarding medical interventions.

Second, the integration of Islamic spirituality into clinical practice has implications for strengthening empathy and the therapeutic relationship between doctors and patients. The literature shows that clinical empathy informed by an understanding of patients' values and beliefs contributes to increased patient satisfaction and trust in health services (Nembhard et al., 2023). The findings of Koenig et al. (2012) reinforce the argument that spirituality functions as a coping mechanism that influences patients' attitudes toward treatment, so that doctors who are sensitive to this dimension are better able to provide clinically relevant psychosocial support.

Third, in terms of ethical sensitivity and cultural competence, understanding Islamic values has direct implications for safe, patient-centered clinical practice. Attum et al. (2023) show that religious values influence family involvement, medical consent, and patient response to specific interventions. In clinical practice, sensitivity to this context helps doctors avoid miscommunication, value conflicts, and potential ethical violations, while strengthening medical decision-making that respects patient dignity and autonomy.

Fourth, the literature emphasizes that Islamic spirituality needs to be integrated as a structured clinical-complementary dimension, rather than as a normative or personal approach. Studies by Sena et al. (2021) and Vincensi (2019) affirm the importance of a clear operational framework so that attention to spirituality can be implemented professionally and consistently. In healthcare practice, this can be achieved through proportionate spiritual assessment, the use of inclusive communication language, and interprofessional collaboration with spiritual support staff when needed, without placing doctors in a religious role.

Overall, the practical implications of this study confirm that the integration of Islamic spirituality in healthcare supports the strengthening of doctors' clinical competencies, especially in terms of communication, empathy, and ethical sensitivity. This approach

contributes to holistic healthcare centered on Muslim patients, while maintaining professional boundaries and modern medical evidence standards (Koenig, 2012; Sulmasy, 2009).

Study Limitations

This study has a number of limitations that need to be considered when interpreting its findings and implications. First, this study relies entirely on secondary data sourced from scientific literature, so the depth of analysis is greatly influenced by the availability, focus, and quality of existing publications. The limited number of empirical studies that specifically examine clinical service practices for Muslim patients means that the picture presented is more conceptual and theoretical in nature, rather than a direct reflection of field practices.

In addition, the literature reviewed comes from diverse healthcare contexts, in terms of healthcare systems, cultural backgrounds, and patient and service institution characteristics. This contextual variation limits the generalizability of the findings, as the integration of Islamic spirituality into clinical practice is greatly influenced by institutional factors, local culture, and varying healthcare policies. Therefore, the findings in this study should be understood as a contextual conceptual framework, rather than a universal model that can be applied uniformly.

Another limitation lies in the methodological approach of the analyzed literature, which is mostly qualitative, narrative, and reflective. This condition limits the ability of the research to assess the direct impact of spirituality on objective indicators of doctors' clinical competence, such as clinical performance, quality of medical decision-making, or patient health outcomes. In addition, differences in definitions and conceptual frameworks regarding spirituality and religiosity in the literature also affect the consistency of the synthesis of findings, making the development of uniform operational definitions a challenge in itself.

As a literature review, the process of selection, grouping of themes, and interpretation of results is not entirely free from the subjectivity of the researcher, even though efforts to ensure transparency have been made through the presentation of literature review tables and article selection flows. Reliance on literature available in scientific databases also has the potential to overlook relevant studies that are inaccessible or have not been widely published, so the scope of this study is still limited in representing the entirety of Islamic spirituality-based healthcare practices and dynamics.

Practical Implications for Clinical Services

The findings of this study indicate that attention to Islamic spirituality in health services has significant practical implications for improving the quality of clinical services, especially for Muslim patients. In daily practice, doctors' understanding of the spiritual framework of patients can strengthen clinical communication, increase trust, and facilitate medical decision-making that is more in line with the values and preferences of patients. This approach allows doctors to respond to patients' anxieties, hopes, and uncertainties in a more contextual manner, without having to engage in religious practices or overstep professional boundaries.

Another implication lies in strengthening empathy and the therapeutic relationship between doctors and patients. Sensitivity to spiritual values helps doctors understand patients' experiences of illness more comprehensively, not limited to physical symptoms alone, making clinical interactions more humane and patient-centered. In the context of Muslim patients, attention to the spiritual dimension also contributes to the management of complex clinical situations, such as chronic illness, palliative care, and end-of-life conditions, where meaning and acceptance play an important role in the care process.

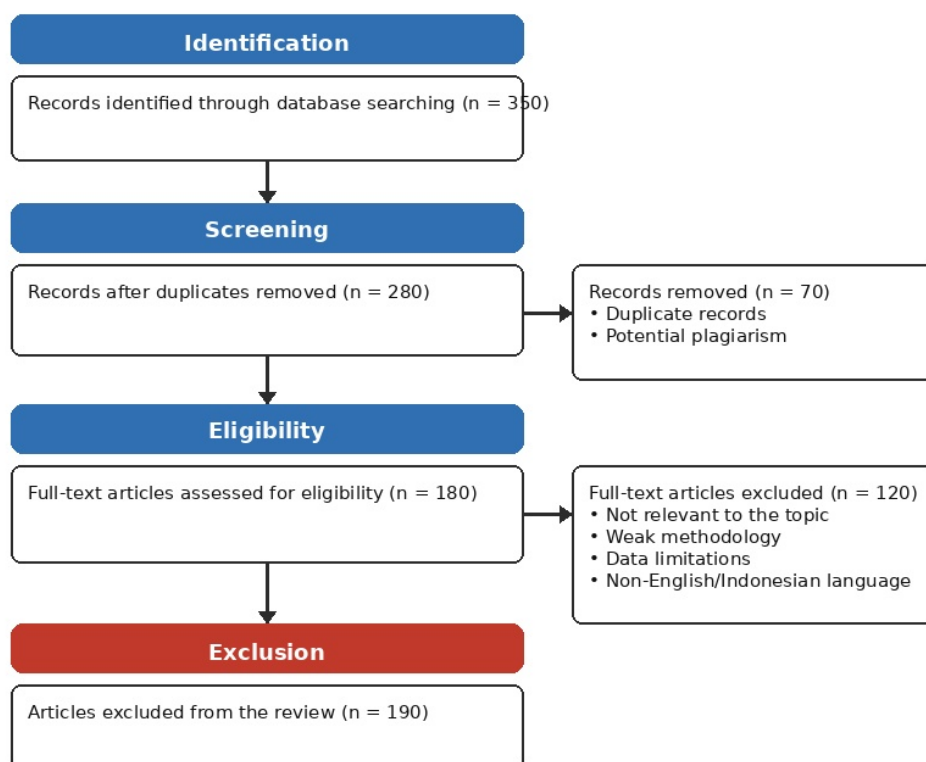
In the realm of ethical sensitivity and professional competence, the integration of Islamic spirituality in clinical practice encourages doctors to be more careful in navigating issues such as medical consent, family involvement, and morally high-value decision-making. This approach supports ethical and contextual medical practice, while remaining grounded in

evidence-based standards and patient safety. Interprofessional collaboration with spiritual support personnel can be carried out selectively and proportionally, especially when patients' spiritual needs require further attention.

Overall, the practical implications of this study confirm that Islamic spirituality can be positioned as a complementary clinical dimension in holistic health care. Appropriate and measured integration of this dimension contributes to strengthening doctors' clinical competence, improving the quality of doctor-patient relationships, and providing health care that is more sensitive to the values and needs of Muslim patients, without blurring professional boundaries or evidence-based medical principles.

Article Selection Flow Diagram

Figure 1. Article Selection Flow Diagram



Conclusion

This study confirms that Islamic spirituality is a substantive dimension in holistic healthcare that has direct implications for strengthening doctors' clinical competence. When understood as a framework of meaning for patients rather than as ritual practices or normative approaches Islamic spirituality contributes to improving the quality of clinical communication, deepening empathy, ethical sensitivity, and clinical assessment accuracy in the context of Muslim patients. This position places spirituality as a complementary clinical dimension that enriches modern medical practice without blurring professional boundaries or evidence-based medical principles. Thus, the integration of Islamic spirituality does not function as additional moral discourse, but rather as a clinically relevant contextual element that can be responsibly operationalized in healthcare management.

Further research should focus on developing stronger empirical evidence through quantitative or mixed methods approaches to test the relationship between doctors' spiritual sensitivity and measurable indicators of clinical competence. In addition, cross-cultural and cross-health system studies are important to expand understanding of the position of Islamic spirituality in global clinical practice. The development of standardized, ethical, and contextual spiritual

assessment instruments is also an important agenda so that the spiritual dimension can be integrated consistently, objectively, and in line with professional health service standards.

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