

# The Need of Muslim Chaplain In Hospital-Based Services in Malaysia: A Scoping Review of Literature

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## ABSTRACT

**Introduction:** The roles of Muslim chaplain within the boundary of healthcare services in Malaysia should be brought into highlight as they can facilitate the provision of spiritual services for clients with various spiritual and cultural needs. Nonetheless, less attention has been paid to the collaboration between the Muslim chaplain and the healthcare professionals in the Malaysian healthcare settings. This paper provides a scoping review on the articles that can provide insight on the need for Muslim chaplain in the hospital-based services for Malaysia setting based on the expertise the chaplain can provide. **Methods:** A literature search was done with the keywords including chaplain\* OR clergy\* AND Muslim\* AND hospital\* via databases such as Web of Science, SCOPUS, MEDLINE (Proquest), CINAHL and Google scholar, A total of 15 articles has been reviewed and were included in this article to address the aim of this paper and they were limited to English and published within 2011 till 2021. **Discussion:** This review paper highlighted a discussion on the emerging need of Muslim chaplaincy in the 21st century, and their scope of practice in Hospital-based services as seen in the literature. This is followed by the issues on spiritual struggles among those admitted to hospitals. **Conclusion:** This paper thus provides recommendations for recruitment of Muslim chaplains, the need for training and future empirical work on the benefits of spiritual services provided by chaplaincy services for the sick.

**Keywords:** Muslim Chaplain, Hospital-Based Services, Malaysia

## INTRODUCTION

Chaplains in general are the specialist spiritual care providers, and Muslim chaplains in particular, have a foundational Islamic religious education that fit for hospital-based services (1,2). In reference of Islamic model of care, Muslim chaplain follow the exemplar from Prophet Muhammad PBUH. Prophet Muhammad's life is like a shepherd who was utterly devoted to the protection and care for his flock. This is why the phrase "Islamic pastoral care," containing the word pastor, derives from the Latin word for shepherd (1). A growing number of Muslim chaplains have received or are pursuing

advanced education in pastoral care, counselling, psychology, and Islamic studies. Different responsibilities and skills are required from Muslim chaplains in hospital-based services as compared to imam, and they have greater access to various hospital setting. In addition, Muslim chaplains serving within an institution can collaborate with psychologists, psychiatrists, and other healthcare providers (1).

Hospital-based services in Malaysia need to be informed on the Muslim chaplaincy services that are evolving around the world, and its relevancy to the holistic approach in delivering healthcare services to Malaysian people, including spiritual, psychological, physical, and moral aspects (3). In overview of the healthcare services context of Malaysia, it is a Muslim country with Muslim Malays (63.1%) and other minority of religion, ie, Chinese as followers of Buddhism (19.8%) or Christianity (9.2%), Indians who are mainly Hindu (6.3%). Only 0.7% of Malaysians identify themselves as atheist (5). The concern on faith for Muslims such as in Arabic countries is that spiritual support should be an integral part of

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daily life and is enforced by families as well as neighbours. Hence, the spiritual support for Muslim and the profession of Muslim chaplain is somehow lack in its visibility to the Muslim populations and their hospital-based services (3).

To date, most the public hospital under the Ministry of Health Malaysia already has The Islamic Affairs Unit which led by Senior Assistant Islamic Affairs Officer S32, a cadre from the Department of Islamic Development Malaysia (JAKIM). One of the duties of this officer is to increase the understanding and appreciation of Islam to ensure that patients receive spiritual guidance. Thus, the role of a Muslim Chaplain basically has presumably been taken by religious officers. Question is raised: "Do we need another Muslim Chaplain to be placed in the hospital in Malaysia?" "What is the difference between a religious officer in a current hospital with Muslim Chaplain?"

Problems in Malaysia may be that local imams are not trained in pastoral care to visit the sick, and do not volunteer to provide for patient needs. Here, healthcare providers such as doctors and nurses are the one qualified for professional caring relationships that should deliver holistic care including the spiritual needs (6). Today's chaplaincy services in the Western countries have not just included the Muslim imam, but also serve for the Catholics as well as Anglicans and numbers of non-religious or pastoral support carers (4). Mayberry (2019) stated that the issues on who provides spiritual care lies on the attitude of health services management, including the healthcare providers that provide direct care to patients in the hospital (3). Thus, the aim of this paper is to provide insight on the need for Muslim chaplain in the hospital-based services for Malaysia setting based on the expertise the chaplain can provide.

### *Search strategies*

A literature search was done with the keywords: chaplain\* OR clergy\* AND Muslim\* AND hospital\*. The databases used were Web of Science, SCOPUS, MEDLINE (Proquest), CINAHL and Google scholar, with articles limited to those in English, and published within 2011 till 2021. A total of 15 articles has been reviewed and were included in this article to address the aim of this paper. This report is divided into three parts as follows:

Part 1: The emerging need of Muslim chaplaincy in the 21st century  
Part 2: Muslim chaplain's scope of practice in Hospital-based services

Part 3: The issues on spiritual struggle among the sick

Part 1: The emerging need of Muslim chaplaincy in the 21st century

Muslim chaplaincy is an emerging profession, and an increasing number of public institutions are providing Muslim chaplaincy services (1,4). People tend to perceive that chaplaincy is a purely religious service (4). However, the concept of Muslim chaplaincy is still new to many Muslims the exact function of a Muslim chaplain is often unclear among other healthcare professionals (1). Muslim scholars emphasized "holistic medicine," which includes spiritual, psychological, physical, and moral aspects (3). Muslim chaplain is often called upon to help improve the lives of Muslims and non-Muslims experiencing moral, existential, and spiritual distress in relation "to changes in health, maturation, ability, and life circumstances" (Canadian Association for Spiritual Care, 2016, p. 1; cited in 1). It weaves principles and practices from the traditional Islamic sciences (e.g., fiqh, kalam, tasawwuf) together with a psychological understanding of wellbeing, healing and growth (1).

A randomized controlled trial was conducted by Tajbakhsh et al., (2018) in a study population undergoing coronary artery bypass surgery (CABG) at the Baqiyatallah hospital rehabilitation center in Tehran, Iran. Their study is aimed to compare the depressive level between two groups: intervention and control before and after spiritual care. The results showed a significant difference in the mean depression score between the intervention and control groups after spiritual care ( $p < 0.001$ ), with that patients' depression decreased after spiritual care among patients who underwent CABG (7).

Despite the above, however, it is important to identify the health-care providers' perspectives in providing spiritual care (8). Studies have shown that healthcare professionals have limited time and competencies in addressing patients' spiritual needs. A descriptive study on spiritual care survey by Farahani et al., (2019) in all governmental hospitals in Iran highlights the obstacles to providing spiritual care. The highest and lowest scores, respectively, belonged to the lack of time and the person's reluctance to talk about spiritual issues (8).

A systematic review of 22 empirical studies by Liefbroer et al., (2017) on the spiritual care reported the two core categories in a professional caring relationship were identified: (1)

normativity: reasons for (not) wanting to provide spiritual care, and (2) capacity: reasons for (not) being able to provide spiritual care, which included the competencies that health care professionals, as well as contextual possibilities and restraints (6).

In further supporting the above, a study conducted by Bar-Sela et al., (2019) among Middle Eastern oncology staff in 14 countries received 834 participants from doctors and nurses. This study aimed to examine the extent of actual spiritual care provision by staff and their attitudes toward spiritual care, including perceived barriers. Three items were cited by more than one-half the respondents: lack of time (66%), lack of private space (58%), and inadequate training (54%) (9).

A qualitative study by Moosavi et al., (2019) among 25 participants with multiple healthcare backgrounds in the oncology department of three educational hospitals affiliated to medical sciences universities in Tehran. The findings showed that nurses considered searching for patient beliefs as inappropriate or they did not know how to enter this area. In addition, the competencies that are important to provide spiritual care were unclear among the healthcare providers (10).

It is thus important to shed light on the need of Muslim chaplaincy together with essential elements of its Islamic foundations, professional development and practice (1). It is also important to note that Muslim chaplains may be male or female (3). The gender factor could be relevant in hospital-based service as for some Muslims, the nature of the work especially during one-to-one contact could be uncomfortable.

## Part 2: Muslim chaplain's scope of practice in Hospital-based services

Muslim chaplains provide Qur'an recitation, advocacy on behalf of Muslim patients, religious advice on adapting ritual requirements to a hospital setting, and a theological perspective that others cannot (sometimes through proclamation) (11). It is argued that Muslim chaplaincy can and does serve the needs of people of other faiths, or no faith at all. That is to say, the Muslim chaplain is unique in his or her ability to provide specialized care and services that are relevant and meaningful to Muslims within an institutional context (1). Inclusion within the multidisciplinary team and the development of close links with clinicians and nurses allows a chaplain to be more effective as both teacher and carer (3).

Taken example from professional Muslim

chaplains in Canada, it offers visitations with regard to social and psychological needs (3). Hence, the model of pastoral care is designed to provide effective spiritual support that includes brief psychotherapy, and supportive counselling. In supporting this, Abu-Ras and Laird (2011) emphasized that although the primary roles of chaplaincy as prayer, they can also provide emotional support, and end-of-life support (11).

In doing so, the Muslim chaplain strives to provide his or her services in ways consistent with the principles of the Islamic tradition, such as its emphasis upon guidance (irshad) and mercy (rahma), no matter who the chaplain is serving (Muslim or non-Muslim). Therefore, Muslim chaplain requires appropriate education in religious studies and social sciences (3).

Furthermore, Muslim chaplaincy differs from other ways of serving the community (khidma) by being founded upon the principles of reformation (islah) of the spiritual heart (qalb) and a psychological understanding of wellbeing, healing, and growth (1). According to the study conducted by Saleem et al., (2014), the main themes that come up in the individual counselling sessions between chaplain and patients revolve around religious and legal questions. Theological questions raised by patients typically involve the purpose of life, clarification of the afterlife, and the Islamic conception of unity of God. Common spiritual themes include the nature of the soul, forgiveness, and hope (12).

According to Long and Ansari (2018), Muslim chaplain works using methods based upon the understanding of the Qur'an and teaching and practices of the Prophet Muhammad. During Prophet's time, visiting those in distress and offering pastoral care has been seen within the Islamic tradition as a pious and sacred duty owed to both Muslim and non-Muslim family members, friends, and neighbours (1). The goal of spiritual care, which such chaplains can provide, is to help the sick find those aspects which give meaning and purpose to life. Its most important components are listening, respect, connecting, reassurance and compassion (3).

In the study in US by Abu-Ras and Laird (2011), they reported that Muslim chaplains assist Muslim patients with needs that are often unaddressed in hospitals. Two of the 33 chaplains reported that Muslim patients ask for one or more of the following: an imam, a Qur'an, literature about Islam, a prayer mat, someone to pray for them, instructions on how to say their prayers, special meal schedules for Ramadan, ablution space, and halal food (food that can be eaten and permissible

under Islamic law and on the proper method of slaughtering an animal for consumption) (11).

Part 3: The issues on spiritual struggle among the sick

Despite early and appropriate interventions by the clinician or nurse as medical specialists is seen as good practice, in the area of spiritual needs and related issues, it is the chaplain who should be the expert (1). For Muslims, illness and recovery are times to reflect upon one's faith and spiritual growth.

Several studies indicate that some individuals experience trouble or strain in their relationship with God, particularly during personal crises or other difficulties (13–15). These individuals may come to question the beneficence of God (How could a good, caring God allow such problematic events to occur?), or the scope of divine powers (Does God really have the power to control such events?), or even the existence of God (How can such things happen if there really is a God?). They may even wonder if God is punishing them, and they may become angry at God for allowing misfortune to befall them. Struggles in one's relationship with the divine are associated with a range of mental health outcomes, such as elevated rates of anxiety.

In supporting the above, Muslim chaplain is able to provide a number of interventions including spiritually-integrated psychotherapy, spiritual mentorship, education, advocacy, and a caring relationship (1). However, when patients do not receive the level of spiritual and religious care that they require or need, there is growing evidence that physical healing can be delayed and even impaired. In today's pressurised healthcare systems this need often goes unrecognised and in only a few settings is an integral part of patient care (3).

In this matter, Mayberry (2019) highlighted that the role of spiritual support comes to be widely recognised throughout healthcare systems (3). Thus, by working within healthcare, Muslim chaplains can directly support the needs of those who may be experiencing, or at risk of experiencing spiritual, psychosocial, and physical distress (1). As such, the chaplaincy needs open-minded, informed and appropriately educated people whose motivation is the service of patients (3).

### *Implications to hospital-based services in Malaysia*

From this scoping review, it is hoped that hospital in Malaysia is informed on the need for Muslim chaplain to achieve the target for serving clients holistically. This includes empowering service users and healthcare practitioners as well as policymakers in Malaysia to have the Islamic pastoral care with Muslim chaplains as the care providers in hospital-based services.

More research is needed following this study especially on the need of different gender of Muslim chaplain in Malaysia rather than having just male chaplain, in various healthcare settings especially when involving female patients. More understanding could be obtained on the need of female chaplains working in the hospital, regarding gender specificity issues and religious matters, and the specific area such as intensive care unit and obstetric setting.

It is also hoped that this study can be an eye opener to the hospital administrators or ministry level on the need for their training for Clinical Pastoral Education (CPE). In the US, the Clinical Pastoral Education (CPE) is designed to train chaplains on how to minister to the sick. Its movement provides a lens to view the ethics of hospital chaplaincy and a sociological understanding of the profession that is especially relevant to Muslims providing direction for development and research (16).

For employment, it is hoped that more imams or chaplains can be employed in the hospital, thus this helps them to have a stable job within the government hospital or private hospital. Finally, more considerations are needed for the hospital services.

### **CONCLUSION**

Malaysian hospital services need to be highlighted on the need for Muslim chaplains working together with healthcare providers to meet the need for spiritual counselling, religious advice and educations based on the trend worldwide in the emerging need of Muslim chaplaincy in the 21st century, Muslim chaplain's scope of practice in Hospital-based services, and the issues on spiritual struggle among the sick.

This review paper can be an eye opener to the hospital administrators or ministry level to be informed on the need for recruitment of Muslim chaplains and the need for Clinical Pastoral Education (CPE) in Malaysia, thus open job



opportunities for imams that normally work in the community.

## CONFLICT OF INTEREST

The author declares that there was no conflict of interest in this study.

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