

Spiritual Enrichment Through Solah: Impact on Patients and Navigating Challenges in Addressing Spiritual Needs Within Hospital Settings – A Narrative Literature Review

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ABSTRACT

Background: This comprehensive review aims to elucidate the perceptions of Muslim patients regarding spiritual activities, particularly the practice of solah (ritual prayers), and its multifaceted impact on their physical, psychological, and spiritual well-being.

Methods: A systematic search across seven prominent databases, including Pubmed, Medline, SCOPUS, ERIC, EBSCO, MyCite, and MyJurnal, was conducted, with the inclusion criteria focusing on papers published between 2010 and 2020. The review uncovered several key themes integral to addressing the research questions. These themes encompassed perspectives on the influence of solah on patients' spiritual well-being and healing processes, healthcare professionals' perspectives on patients' spiritual needs, and the challenges encountered by healthcare professionals in supporting solah while addressing the spiritual needs of patients.

Results: Notably, the review underscored a significant gap in evidence regarding the understanding of patients' perceptions, needs, and preferences in engaging in religious activities such as solah. Additionally, it shed light on the challenges faced by healthcare professionals in facilitating solah during hospitalization, potentially influencing patients' willingness to engage in these spiritual practices.

Conclusion: These review findings emphasize the need for further research to bridge existing gaps in knowledge, ultimately fostering a more comprehensive understanding of the intricate interplay between spiritual activities and the well-being of Muslim patients.

Keywords: Spiritual activity, Spiritual needs, Patient care, Islam

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INTRODUCTION

Spirituality has been defined as the connection with the divine power which could result in positive emotions, including peace, contentment, gratitude, and acceptance (1). Spirituality is commonly being discussed as religious beliefs and it has been agreed that spirituality may incorporate the elements of religion. However, they are neither the same nor entirely distinct from one another. The concept of spirituality involves the search for meaning in life while religion refers to an organised entity with rituals and practices about a higher power or God (2). Although both concepts seem to be different in definition, there is somehow overlap in the way people view them. Spirituality may be related to religion for certain individuals, particularly those who believe in the power of God and their relationship with the Almighty. However, the concept might be not applicable for certain individuals, for example an atheist or non-believer. In health, most of the authors are in consensus that spirituality and religion can influence the way patients perceive health and disease, and it is highly correlated with their mental health (3-7). In fact, World Health Organisation (WHO) has included spirituality as one of the crucial components in their revised definition of health, which recognising the significance of spirituality for health (8). Therefore, it could be comprehended that spirituality has become an important component in the provision of care. All healthcare professionals (HCPs) are expected to be aware and support the patients' religious beliefs to meet their spiritual needs as it could determine the capacity of coping and acceptance of treatment that could increase their quality of life.

In Islam, believing in Allah the Almighty is the centre of faith where a Muslim has to submit his or herself to Allah (God) and lead a life of obedience to Allah only (9). The most important way for Muslims to connect with Allah the Almighty is through prayer (*solah*). *Solah* is a crucial method of coping, particularly for those who are going through trials and tribulations, such as being diagnosed with a certain disease or impairment (10). Muslims are obligated to perform the *solah* five times a day, known as Fajr, Zuhr, Asr, Maghrib, and Isha'a prayers. The holy Quran and *hadith* declared that performing prayer is a must for every Muslim. Muslims from all around the world perform the

solah in a way that is very similar to one another. It can be carried out either congregationally or individually, but it is required for every Muslim to take *wudu'* (ablution). *Solah* does not only involve the recitation of the Holy Quran. It also has commandment (rukun) which becomes the issue for the people who are sick or have limitations in physical mobility. There is a growing body of evidence that demonstrates a connection between the spiritual part of a person's life and their health and well-being, as well as a beneficial effect on psychological morbidity and quality of life (11,12). By including the element of *solah* as part of spiritual support, the care delivered could be accepted as holistic, which has been shown to improve acceptance and compliance with medical care (13).

Malaysia is known as a multi-racial country with a wide range of races and religions. Although the concept of religion and spirituality concerning healthcare is seen as universal, most studies related with religious beliefs and spirituality in Malaysia focused on Islam as Muslims are the largest population with 63% of the total population (14). In line with the obligation of *solah* for Muslims and to cater to the need of Muslim patients who are being hospitalised, Malaysian religious authority with collaboration of the Ministry of Health and the Consortium of Islamic Private Hospitals has introduced the concept of Ibadah-Friendly Hospital (IFH) which has been implemented in several private and government hospitals nationwide since 2004 (15,16). IFH has set a framework to improve patient care, especially among Muslim patients (17). However, despite the established framework and guidelines in promoting the *solah* among patients, several studies showed that the percentage of patients performed *solah* in the hospital in Malaysia was still low. The reasons for not performing *solah* were varied, including lack of knowledge of obligation to perform *solah* even though they were hospitalized, being shy and uncomfortable to pray in the ward, pain, poor mobility and lack of support from the hospital and healthcare professionals (18-23).

The importance of addressing the special needs for Muslim patients has been thoroughly discussed in many publications and manuals (24,25). Despite its cruciality, spiritual care particularly *solah* has traditionally received

very little attention from healthcare professionals while the patients were in the hospital (26,27). Most healthcare professionals frequently struggle to evaluate and meet the spiritual needs of the patients as the concept of spirituality seems to be unclear to them (28). As Islam has outlined the rules and guidelines on the obligation of *solah* for Muslim patients, and it has been proved that *solah* has provided psychological calmness which could improve the clinical outcomes, it is salient for healthcare professionals to be aware of the patients' religious need in ensuring patients' compliance and acceptance to treatment (11,29). Many studies have reported on the awareness and performance of *solah* among patients in the Malaysian context. However, very little is understood about their perception of religious activities, including *solah*, while in the hospital and its impact on psychological and spiritual wellbeing. Furthermore, the evidence on the practice of healthcare professionals in supporting religious activities, particularly *solah*, in the hospital seems to be unclear. Therefore, this study aimed to collate the evidence pertinent to the patient's perception of religious activities, including *solah*, for Muslim patients, and its impact on their physical, psychological, and spiritual wellbeing and the support received by them in meeting their spiritual needs (*solah*) while they are in hospital.

METHODS

The eligible studies published in Malay and English between 2010 to 2023 have been identified from several databases, including Pubmed, Medline, SCOPUS, ERIC, EBSCO, MyCite, MyJurnal, and IJUM repository. Relevant keywords and synonyms relevant to the study, including prayer*, Muslim*, Islam*, healthcare*, spirituality*, spiritual care*, spiritual support*, and religious practice*, were used. Boolean operator 'AND' and 'OR' have been applied to ensure it was able to capture all relevant papers published in this field. A hand search also has been carried out from the reference lists of the relevant studies to identify the studies that were not indexed in the databases. The screening procedure was

independently carried out to identify potentially relevant studies based on the inclusion and exclusion criteria. An overview of the selection process according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram is presented in **Figure 1**. Critical Appraisal Skills Program (CASP) tool was used to assess the quality, rigor, and relevance of the included studies. The selection of study has been conducted by two reviewers where both reviewers evaluated the studies independently and come into consensus on the studies to be included in the review. Finally, 19 studies, consisting of 7 quantitative studies, 10 qualitative studies, one mixed method studies and one review paper were included in this review. The process of literature search in this review was conducted systematically according to the guideline provided by Centre for Review and Dissemination (CRD). However, as the papers included in the review were heterogeneous in term of methods and outcome measures, the review was conducted and reported narratively.

RESULT

Database search yielded 4059 studies were relevant to the research. Unrelated studies and duplications were removed. 1938 abstracts were retrieved however, 1856 studies were excluded because they did not meet the inclusion criteria. The full text of 82 studies (including five studies identified through hand search) were retrieved. Of the 82 studies assessed, 40 studies have been excluded and 42 studies were retrieved to be assessed for eligibility. 22 studies were further excluded as those studies were not relevant to the research questions. Of 20 studies, eight studies were conducted in Malaysia, two studies were conducted in Iran, two studies in United States, whereas one paper each from Australia, Germany, Bhutan, Turkey, and Indonesia. Remaining three studies included were review papers. List of studies included in the review is presented in Table 1.

Figure 1: Flow diagram of the selection of studies

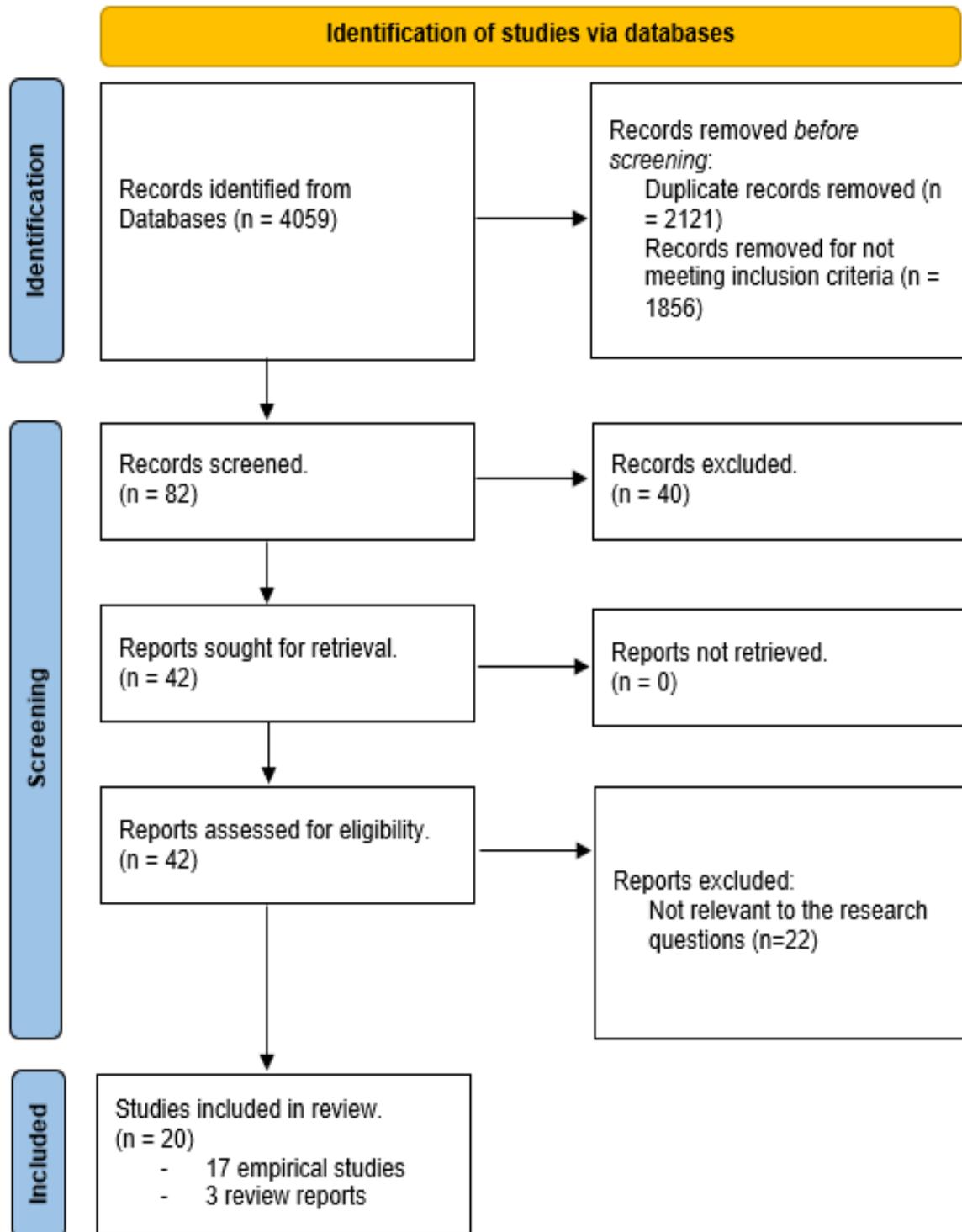


Table 1: List of studies included in the review

Primary studies (n=17)		Review papers (n=3)
Studies	Context of the studies	
(Mirzaei et al., 2013)	Australia	(Saad & de Medeiros, 2016b)- Brazil (Marzband et al., 2019) (Habib et al., 2020)
(Irajpour et al., 2018)	Iran	
(Ahmad Nabil et al., 2016a)	Malaysia	
(Forough Rafii et al., 2020)	Iran	
(Gaston-Johansson et al., 2013)	United States	
(Mohamed et al., 2015)	Malaysia	
(Pelzang, 2010)	Bhutan	
(Hariawan et al., 2019)	Indonesia	
(Aris et al., 2017)	Malaysia	
(Padela et al., 2012)	United States	
(Saidi et al., 2018)	Malaysia	
(Suhaiza et al., 2013)	Malaysia	
(C. A. et al Aminudin, 2013)	Malaysia	
(Mohamed, 2013)	Malaysia	
(Sohail et al., 2022)	Germany	
(Toker & Çınar, 2018)	Turkey	
(Hafiz J et al., 2016)	Malaysia	

The studies encompassed in this review generally exhibit good quality, with abstracts providing comprehensive information on aims, methods, and findings. However, some studies offered limited insight into crucial elements, such as recruitment strategies, which could impact the study's rigor. For instance, previous study investigated the effects of individual coaching on the spirituality of Muslims, focusing on knowledge, attitude, and the practice of Solah (30). Unfortunately, the authors did not furnish clear details about the patients' characteristics regarding their understanding of prayers/Ibadah. Despite this, the identified themes in this review encompass the perspectives on the impact of Ibadah or spiritual activities on health outcomes, the practice of Ibadah or religious activities by patients during hospitalization. Additionally, the review explores the support provided to patients in facilitating their ability to perform Ibadah or religious activities. Each of the themes are now presented in detail.

Patients’ Perspectives on Impact of Spiritual Activities (Solah) on Health Outcomes

Out of the 20 studies reviewed, seven studies extensively explored the perspectives on impact of spiritual activities or *solah* among Muslims on the health and healing processes of patients. These studies consistently suggest that religious rituals, such as *solah*, are perceived as elements that enhance the healing process of various illnesses.

In a previous study conducted involving semi-structured interviews and participant observations of 35 participants reported that, participants in their study expressed the belief that their illness is a test from God (31). Consequently, they feel compelled to exert effort to recover. The study revealed that viewing pain as a test from Allah motivates patients to actively engage in self-care, attempting to overcome their diseases. In this study, perspectives on religious ritual such as *solah* was not clearly mentioned by the participants however, they showed positive perspectives towards the illness due to their

faith and believe in Allah. In the realm of mental health, previous study found that spiritual healing, influenced by religious and cultural beliefs, is crucial for adaptation and health (32). Their qualitative study with 12 semi-structured interviews of hospitalized cancer patients revealed that religious rituals and prayers play a significant role in coping with illness, enhancing hopefulness, reducing pain, improving physical well-being, and alleviating stress. Echoed to this, previous study noted that patients with positive religious coping experience greater spiritual well-being and less distress, reinforcing the connection between spirituality and mental health (33). This perspective was further supported by researchers who conducted individual in-depth interviews with ten participants using semi-structured questionnaires (34). This study reported perspectives of patients in handling depression, and they highlighted that spiritual needs such as performing *solah* and Ibadah ritual is paramount in helping them to cope with illness. Despite presenting clear findings, the study's limitation lies in its small sample size, raising doubts about data saturation. Notably, there was no representation from patients from other races, potentially limiting the study's outcome variability.

Spiritual activities such *solah* ritual is an integral to the coping mechanism and rehabilitation therapy for patients and their family. This has been highlighted by a qualitative study on post-stroke Muslim patients involving 22 participants in Malaysia. This study highlighted that *solah* and ibadah ritual has been perceived as paramount by the patients and their family in the process of rehabilitation of stroke. Being able to perform *solah* has been perceived as satisfaction that need to be achieved by the patients. As such, emphasising *solah* as a rehabilitative activity could be beneficial to enhance the healing process for Muslim patients (35). A noteworthy pattern could be seen from the data where, a quantitative study conducted in Bhutan, involving 106 patients and families admitted to the hospital, found that almost all patients (99%) performed religious rituals before and during hospital admissions (36). In congruent, a study conducted in Germany had reported that, 37% of their participants with chronic pain prefer to discuss their intention of religious ritual during hospitalisation with their healthcare professionals (37). These studies

highlighted that integrating religious care into the healthcare system would enhances the quality of healthcare services.

From these findings it could be acknowledged that, religious ritual is important for the patients and family regardless of religion and faith as coping mechanism for them in facing the test and turbulence of the illness. This evidence is parallel to the findings of a previous review paper, incorporating 18 reviews, highlighted the impact of faith, hope, and compassion on the healing process (38). It emphasized the importance of providing religious and spiritual support in hospitals, as these elements are associated with better health outcomes, patient demand, faster recovery, reduced hospitalization costs, and align with the World Health Organization's recognition of the role of spirituality in healthcare.

Views of Health Professionals on The Importance of Solah or Spiritual Activities for Patients

As the religious ritual such as *solah* has been perceived as important by the patients, they require strong support from the healthcare professionals to enable them to perform *solah* while they are being hospitalised. Thus, it is important to understand the views and perspectives of the healthcare professionals on this matter. Out of 20 studies, nine studies discussed about the views of healthcare professionals on the importance of religious rituals for the patients. In the literature, it could be seen that the term 'spiritual care' has been used to refer to the support provided to the patients related to their religious activities. A study reported that, health care professionals' approach spiritual care positively (39). They perceived that, prayer that practiced by the patients regardless of their religion and faith confers significant benefits on the patient in the areas of both their mental and physical health, ultimately leading to an improved quality of life. Furthermore, the healthcare professionals felt that for patients with chronic illness who are troubled by their inner conflict with others and even themselves, need positive self-talk, self-persuasion, reflection in behaviour, auditing positive acts, looking for something like the mind, and training in purifying negative thinking (40). Although both studies were not conducted among Muslim, it could be comprehended that, the religious activities of the patients including *solah* for Muslim has

been perceived as important and must be fulfilled.

Healthcare professionals commonly believe that it is their responsibility to assist patients in meeting their spiritual needs (39,40). Nurses, an integral part of the healthcare system perceived that they should play active roles in addressing the spiritual needs of the patients. They believe that their attitudes toward the patient as well as their capacity to educate them about spiritual care have a tremendous impact on the patients (41). Apart from improving the health and well being of the patients, the health care professionals also perceived that, providing spiritual support has improved the trusting relationships with the patients especially if they are practicing the same religion (42). With regards to the support needed by the patients in meeting spiritual needs, previous study focused the religious influence of healthcare in a community-based using participatory research model, focusing on the Muslim community in Detroit (N=102) (43). The study identified the need for high-quality healthcare, including providing neutral prayer spaces and ensuring security and privacy during worship. However, the study's limitations include selection bias and a narrow focus on mosque-based attendees. To make such initiatives more effective, a broader representation of Muslim communities with varying religious adherence levels should be considered.

The dimensions of spiritual care that has been discussed by the healthcare professionals in the studies included in the reviews seems to be wide which include end of life care, supporting the religious rituals such as prayer and *solah* for Muslim and other spiritual needs that has been voice out by the patients and their relatives that would benefit their situation at the hospital (44). In the cases of Muslim patients, healthcare professionals expressed that, it is their responsibility to remind their patients to perform *solah* (19). However, their responsibility is not just stop at reminding the patients. They are also responsible to prepare the tools necessary for *solah* including bottle of water spray to help patients who are unable to take ablution by themselves, prayer cloth for patients to cover their *aurah* and Al-Quran for the patients to recite (19). Furthermore, they are also responsible to make sure patients are at the cleanest situation as possible which may require a lot of time and commitment from the healthcare professionals (45). Healthcare

professionals also recognised the need to provide the necessary facilities for praying, such as some prayer space in the care unit (17). Therefore, it could be acknowledged that, the healthcare professionals are aware of their responsibilities and important role that they must carry out in supporting the religious rituals such as *solah* in meeting the spiritual needs of the patients.

Challenges in Supporting the Spiritual Activities (Solah) in the Hospital

The current practice of patients' Ibadah and the enhancement of spiritual activities remain unsatisfactory. Despite the positive correlation between religious and spiritual well-being and the healing process, the studies included in the review commonly reported a significant percentage of patients, particularly Muslims, still demonstrate a low engagement in *solah*. A previous study involving 80 hospitalized pregnant mothers, revealed that approximately 51% did not perform *Solah* while in the hospital (23). Reasons cited including a lack of awareness about the obligation of regular *solah* during hospitalization. Similarly, a study on patients with diabetic foot ulcers reported that 42% of patients did not perform *solah* during treatment, albeit with a small sample size of 26 patients (18). A larger study encompassing patients from five hospitals (N=109), found that 32% of participants did not perform *solah* due to reasons such as lack of knowledge, pain, poor mobility, and insufficient hospital support (22). Notably, both studies did not delve into the specific reasons for not performing *Solah*.

Despite of evidence on the poor performance of *solah* among Muslim patients in the hospital, the reason for this is still unclear. There is evidence showed that, insufficient understanding among Muslim patients about religious laws or known as *Rukhsah* (leniency in *solah*) could be the possible reason for this. A review reported that, poor understanding of *Rukhsah* among patients with stoma was determined to be the cause of patients' failure to pray (*solah*) regularly after the stoma was constructed (47). There is a lack of information among healthcare professionals regarding Islamic religious practices that the stoma may influence.

In supporting the *solah* of the patients, health care professionals recognised a lot of challenges which they felt difficult to overcome. Giving support during *solah* and ablution could be

challenging because men and women shouldn't typically touch each other on the skin; therefore, assistance from people of the same gender is required (35). Additionally, other study has pointed out that, it is a crucial and essential component of a patient's spiritual needs. In fact, some of them even acknowledged that their own understanding of religious and spiritual matters was insufficient and thought that hiring or providing permanent support to a religious advisor was an important responsibility of a medical institution (48). Health care professionals frequently mentioned that asking a patient if they have performed *solah* or if they need assistance in performing *solah* can be a sensitive topic to discuss (19). In other cases, it seems to be challenging for healthcare professionals to provide care because patients avoid discussing spiritual or religious matters. A study of nurses' response to the spiritual needs of cancer patients highlighted that, the nurses admitted that it can be challenging to discuss matters of religion and spirituality with patients, particularly given that such conversations are not a standard component of medical care and are not carried out on a consistent basis (49). From the evidence it could be seen that, the challenges faced by the healthcare professional not exclusively due to their own situation or environment, but it could also be contributed by the willingness of the patients to be open to discuss about their faith and spiritual needs which sometimes could be difficult. Nevertheless, external factors that lead to the neglect of healthcare professionals to meet the spiritual care needs of their patients is frequently the result of a lack of training, excessive workload, insufficient manpower, and an absence of free time could not be ignored.

Whilst many healthcare system and service delivery moved towards patients' autonomy and empowerment, many are still trapped with medical paternalism (50). This situation could be speculated as one of the reasons of the unwillingness of the patients to voice out their spiritual needs that resulted in poor support for patients' spiritual activities such as *solah*. Meeting spiritual care needs and supporting religious activities of the patients require environment that transpire with transdisciplinary and collaborative relationship. Thus, incorporating patient-centered care in the provision of spiritual care would be beneficial as it would facilitate the

system by supporting inter personal relationship and collaboration between patients and healthcare professionals (51). Education and training play crucial roles in religious-spiritual support, with documented evidence emphasizing the necessity of religious-spiritual awareness for patients practicing Ibadah and spiritual activities. A quasi-experimental study in Indonesia involving 36 Muslim participants suggested that individual coaching and assistance were effective in enhancing Muslim patients' knowledge, attitude, and ability to practice *solah* (30). While the findings were clear, the study's limitations, including the lack of examination of patients' understanding of *solah* and a small sample size, affect the rigour of this study. Congruently, a mixed-method study in Australia, involving surveys, semi-structured interviews, and focus group discussions, emphasized the importance of active communication between healthcare professionals and patients in supporting religious practices (52). Despite acknowledging the need for education and awareness on *solah*, the study highlighted poor communication during service delivery between healthcare professionals and patients. The availability of handbooks and guidelines in healthcare organizations was noted, but their limited distribution hindered their effectiveness. To address these shortcomings, it is suggested staff training in spiritual care, availability of policies and guidelines, and collaboration with religious-spiritual leaders are essential (52).

Selecting appropriate data collection methods is of utmost importance in research. While certain studies, opted for quantitative methods, focusing on prevalence and knowledge (19,30) others, employed a qualitative approach through focus group discussions (FGD) (43). However, relying solely on singular methods may fall short in capturing the profound depth of emotional and spiritual aspects. In ensuring a more comprehensive understanding of patients' perspectives and experiences, a multifaceted approach is recommended. This includes incorporating in-depth interviews, document analysis, and FGDs. In previous studies, limitations associated with relying solely on one method and source of data is acknowledged. Therefore, a study that employs a diverse set of methods, namely in-depth interviews, document analysis, and FGDs or observation need to be considered to enrich the

data and provide a more nuanced understanding of the subject matter.

CONCLUSION

The narrative review provided understanding on the impact of religious activities for patients in the hospital. In addition, it also provided evidence on the perspectives of the healthcare professionals on patients' religious activities and challenges that they faced in supporting the religious activities particularly *solah* for Muslim patients. From the review it could be highlighted that religious activities such as *solah* for Muslim has been seen as paramount not only by the patients but also the healthcare professionals. The acknowledged the positive impact of religious activities on patients' health and wellbeing and could support rehabilitation process. Furthermore, the healthcare professionals are fully aware of their responsibilities in meeting the spiritual needs of the patients and supporting them in performing the religious rituals. However, the situation seems to be complex, and a lot of challenges need to be address. Although this review has included numbers of studies, the evidence available seems to be insufficient in understanding the actual situation within the healthcare system. Understanding the patients' perspectives on *solah* and the reasons for them willing to perform it during their hospitalisation seems to be crucial to be explored in the real-life settings so the situation could be comprehended in-depth and the root of the issue of poor performance of *solah* among patients could be clearly understood.

CONFLICT OF INTEREST

All authors declare that they have no conflict of interest.

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AUTHOR CONTRIBUTIONS

RZAH: drafted the manuscript and contributed to the concept development and design of the article through data collection, analysis and data interpretation for the article.

SS: revised the manuscript critically with intellectual contents and approved the final version of the manuscript.

NMY: Proofread the manuscript and support with literature content.

NHH: Proofread the manuscript and support with literature content.

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