LITERATURE REVIEW OF SPIRITUAL CARE
IN ISLAMIC CULTURAL PERSPECTIVE

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Abstract: This article aims to literature review regarding spiritual care in Islamic culture perspective. Systematic review is done to support knowledge regarding spiritual care. Literature studies from 2007 to 2017 are identified narratively and reviewed critically in Islamic cultural perspectives. The method for literature analysis is using eight steps from Walker and Avant. The findings of this review stated that spiritual care is a dynamic activity to integrate physical, psychological, social, and spiritual aspects. Spiritual care takes the form of spiritual service that is done dynamically and integratively based on divine and human values especially Islamic cultural values. The main services include caring for the sick, identifying spiritual needs, and increasing spiritual well-being. The implications of the findings are to help building policies in nursing and to help nurses in developing positive attitude in applying spiritual care. The conclusion of this literature review produces a

comprehensive definition regarding spiritual care and supports spiritual care competency in health in Islamic cultural perspective.

Keywords : literature review, spiritual care, Islami, culture

A. INTRODUCTION

Spiritual care is focused on the "whole person" by seeing humans as a whole, including physical, psychological, social, and spiritual components. The core component is spiritual belief, the belief in the existence of God. Ignoring the spiritual component can cause spiritual distress in the form of feelings of alienation or spiritual suppression (Narayanasamy, 2006). Spiritual care is part of holistic care. A review of 47 articles before 2007 identified five categories: nurse, patient, caregiver, nursing education, and instrument development (Ross, 2006). Furthermore, a review of 45 articles from 2006 to 2010 identified the focus of spiritual care in chronic diseases, pain, dementia, psychological care, palliative care, cancer treatment, and hospice care (Holloway, Adamson, McSherry, Swinton, & John, 2011; Pike, 2011).

About 2.2 million Muslims from the Middle East have lived in the United States, thus the results of identification expect spiritual care services in terms of medical and health. It was found that the cultural factors played an important role in providing spiritual care including norms, gender roles, family structure, prohibition of premarital sex and extramarital sex. Muslim communities in US also paid attention to Islamic rituals by praying, fasting, and purifying souls in spiritual care (Ezenkwele & Roodsari, 2013).

On the other hand, the Muslim community wanted to learn and think forward in order to become pious humans (Ezenkwele & Roodsari, 2013). Islam has a profound concept of death. Muslims believe that life after death and resurrection is one of the three main principles of Islam, besides believing in Allah (Unity of God) and His last messenger (Prophecy). Many verses of the Holy Quran describes the after death world. The Quran emphasizes that death is only a transition from this existence to hereafter life. The Quran always affirms the unlimited mercy and forgiveness of God, but links future life to performance in the present life (from birth to death). This is an Islamic culture concept in seeing spiritual care in humans since they were born until they died (Asadi-Lari, Madjd, & Goushegir, 2008). The studies on the confluence of culture and mental health have grown dramatically in the past

three decades, and researchers have gained important insights into the impact of cultural beliefs and practices on the mental well-being of individuals. Scientific psychological investigations on the Islamic cultural conceptualization of mental health in particular have been scant. This is regrettable as Islam is an influential religion in the world today. Islam is one of the most populous religions in the world with one-fifth of the earth's population professing it. Islam is not an Arab religion. Less than 20 % of all Muslims are Arabs (Joshanloo, 2013).

Furthermore, the literature review from 2007 to 2017 identified six categories of spiritual care: definition of spirituality, analysis of concept of spiritual care, spiritual assessment, clinical care, ethics, and nursing education. The current issue is the difficulty of implementing spiritual care, so that serious efforts are needed to create awareness of the importance of nurses' spiritual care competencies so as to be able to provide professional services in nursing care (McSheery & Jamieson, 2006).

In the past 25 years, the world has seen a huge growth in what outsiders call Islamic fundamentalism. Muslims have witnessed a return to Islamic cultural traditions, to the fundamentals of their faith, as a way of asserting their identity, as a means to fight the social and political oppression and injustice they experienced in their societies, and as an alternative to materialism and tensions of the twentieth century Islam revivalists now quote from the Koran and the stories of Mohammed's life to explain Islamic roots of their spiritual care policies (Tayeb, 1997). The analysis of the concept of spiritual care from the Islamic cultural perspective with the basis of psychological and nursing theory will be discussed in this article.

B. LITERATURE REVIEW

The methods used were databases from the past 10 years (from 2007 to 2017). The systematic literature review using the steps of concept analysis (Walker & Avant, 2011) consists of: 1) selecting a concept, 2) determining the aim of the analysis, 3) identifying all uses of the concept, 4) determining attributes of the concept, 5) constructing a model case, 6) constructing additional cases, 7) identifying the antecedents and consequences of the concept, 8) defining empirical referents. The concept analysis is important in reviewing the literature on spiritual care. The steps of analysis (Walker & Avant, 2011) are a structured and systematic approach (Baldwin & Rose,

2009). The description of each step will be described in this article.

1. Selecting a concept

The word "Islam" simply means "submission" and derives from a word meaning "peace." "Allah" is the Arabic name for God, which is used by Arab Muslims and Christians, and non-Arab Muslims alike. Islamic cultural practices and behavior are not only related to divine revelations but, as a theology, generate particular social practices in culture, manners, food, and language. In this respect, Islam is also a psychology and a philosophy for life. In the traditional sense, Islam connotes the one true divine religion, taught to mankind by a series of prophets, some of whom brought a revealed book. The Qur'an completes and supersedes all previous revelations. The most important fundamental teaching of Islam is belief in the oneness of God. This is termed Tawheed. In fact, there is no one worthy of worship except Allah. The model framework of Muslims' lifestyle and practices are shahadah, prayer, self-purification (Zakat), fasting (Ramadhan), and pilgrimage (Hajj) to Makkah (Tirgarri, Iranmesh, Cheraghi, & Arefi, 2013).

Furthermore, Ramezani, Ahmadi, Mohammadi, & Kazemnejad (2014) used several terms: "spiritual nursing", "spiritual care", " spiritual nursing care", and "spiritual need". This article used the term spiritual care by nurses because it was based on the concept of spirituality and care in Islamic cultural perspective. The first concept as the focus of this study was spirituality, the process of searching for the meaning of life and the search for divine reality (Smeets, 2006). The second concept is care, the standard term for giving assistance from nurses to patients. Both concepts refer to Islamic cultural perspectives with psychological and nursing theories. Psychology is about developing positive attitudes of nurses in carrying out spiritual services. Nursing is about nurse care for patients voluntarily, sincerely and has an attitude to help others. Treatment consists of altruistic attitudes and concrete activities related to caring. Caring for is performed by giving attention, prioritizing assistance to patients, and meeting the patients' needs. Four functions of spiritual activities are guiding, maintaining, reconciling, and healing spiritual (Smeets, 2006).

Psychologically, guiding means helping people to make existential choices which are adaptive good in the current, past, and future situation. Maintaining means helping people to survive and overcome difficult

situations about their life's problems. Reconciling means rebuilding a good relationship between a person and other people or between a person and God. Healing in nursing means restoring a person to a complete spiritual condition (Baldwin & Rose, 2009; Smeets, 2006).

Spiritual care is a series of activities to facilitate a harmonious balance between bio-psychosocial and spiritual aspects (Ramezani *et al.*, 2014; Taylor *et al.*, 2013). Other researchers added that spiritual care involves identifying spiritual needs, being able to understand stress, patient anxiety, and family problems (Chiang *et al.*, 2016). Some researcher considered disease as a stressor. This has an impact on the meaning of life so that a commitment is needed to understand spiritual care (Taylor. *et al.*, 2013). Thus, it can be concluded that spiritual care is a dynamic activity to integrate physical, psychological, social, and spiritual aspects.

Spiritual well-being is the possitive effect of the implementation of spiritual care in Islam culture perspective. Patients were motivated to be positive, took meaning in sick conditions to get a better life. Spiritual awareness was present when someone experiences a transcende with God (O'Brien, 2013). Spiritual care consists of spiritual, physical and social care. Spiritual care is an important part of nursing. When ignoring personal spiritual needs, patient services will also be neglected (Tirgarri *et al.*, 2013).

The most important component of nursing is spiritual care (Burkhart & Hogan, 2008). The role of nurses is needed in meeting the patient's spiritual needs. Nurses are the main driver in health services. A high moral attitude of nurses proved to be able to encourage patients to recover from illness, all with a spiritual care strategy. The strategies were efforts to motivate others, a series of interpersonal communication processes by sharing experiences, and an interactive process between nurse and patient aimed at improving the patient's spiritual well-being.

The theory underlying the concept of spiritual care is Watson's (2008) caring in nursing theory, including "spirit" and "soul" meaning that there are circumstances related to spirit and soul as the main potential for developing awareness and capacity for health. Caring is the ability to empathize and love others. McSheery & Jamieson (2006) believed that serious efforts are made to create awareness of spiritual care. In addition to the caring theory, there is also the theory of synergy, the assumption is that all patients have synergistic

soul, mind, body, and spiritual entity. The theory of synergy is a concept to synergize the needs of patients with nurses' abilities. Nurses interact with patients to fulfill their spiritual needs (Smeets, 2006).

Nurse and patient interactions in spiritual care include interaction within Islam and the Quran or Hadiths (sayings, deeds, or agreements of the Holy prophet), there is no distinction between religion and spirituality. The concept of religion is embedded in spirituality. The definition of spirituality may vary in different cultural context. The term used is directed to spiritual or spiritual care. The importance and need for cultural awareness in emergencies primarily respond to patient's needs for spiritual care. Islamic spiritual care is defined as the ability of health care providers to understand the uniqueness of patients according to their nature. Effective conditions for reducing health inequalities for certain ethnicities include values, beliefs, customs, and ways of thinking that can affect the search for spiritual care. Disease and its development; patient compliance; treatment; and appropriate prevention are values inherent in medical intervention and physical examination. Some Islamic cultural perspective studies found that health care providers believed that treating patients equally, regardless of race/ethnicity and tolerance for mutual respect for racial/ethnic/religious differences was important in Islam. Communication between doctor and patient was the basic diagnosis of the health care system and was part of the concept of spiritual care (Ezenkwele & Roodsari, 2013).

Spirituality is considered an important factor for balancing intellectual and emotional factors. Spirituality is the impulse of the soul and spirit, able to increase self energy so that in its application can relate and touch the values of human concepts in Islam, beliefs and spirituality. Spiritual values believed to be the spirit of life is the power to motivate individuals in life. A person's spirituality can be built through certain perspectives, one of which is an Islamic cultural perspective stating that every individual has experience respecting different beliefs and different environments. The importance of religion and spirituality for healthy human development has been noted across the disciplines. The uniqueness of each person, the multi faceted nature of spirituality and spiritual need and the importance of a flexible response to that need is central to these approaches to spiritual care (Dewiyanti & Kusuma, 2012).

2. Determining the aim of the analysis

This article aims to elucidate the Islamic meaning of nurses' experiences of giving spiritual care. The aim of the analysis is to review the literature on spiritual care in: clinical psychology settings and nursing implementation in Islamic health care. There is an objective referring to the state of the art of spiritual care in health services, namely: providing a review of current literature on spiritual care, focusing on spiritual assessment and spiritual evaluation, evidence-based critical analysis according to the needs of health services.

Description of the objective of the analysis before 2000 found by Ross (2006) included: 40 studies describing the exploration of nurses' perceptions on patients, 23 studies exploring the meaning of spiritual care of nurse and patient, five studies comparing between nurse and patient perspectives on spiritual care, three articles on nurse education and five development of spiritual care instruments.

The results of the study from 2000 to 2010 mostly aimed at supporting end of life care. The sources were obtained from 248 references critically reviewed from 17 states in the UK and US. After the references are founded, it was obtained systematic evidences on knowledge promoting quality spiritual care.

The literature review from 2011 to 2017 were commonly found for spiritual *assessment.*purposes. Identification of integrative studies on spiritual assessment was in accordance to the FICA (Faith-Important-Community-Address in Care) model by focusing on the patient's faith and beliefs (Puchalski & Romer, 2000). The other four categories further explored the objectives on: meaning and hope; relationship with God; interpersonal relation; service provider interaction (Hodge & Horvart, 2011; Monod, Brennan, Rochat, Martin, & Rochart, 2011). The objective of the analysis of several literature, especially from 2007 to 2017 period, was more focused on clinical *setting*. Spiritual care led to palliative care and end of life care. Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. The objective was to better identify

intervention to improve spiritual well-being and the meaning of life. In particular, existential meaningfulness had a significant effect. Another objective was to increase the competence of nurses in spiritual care so that nurses and their patients achieve spiritual well-being (Ku, 2017).

Furthermore, the Islamic objective of the effectiveness of communication in spiritual care both in the Muslim community, culture and in the health community was caused by two basic things. First, spiritual care referred to patients to the clinic as an option to obtain health care. Communication barriers were found in some major complaints, prescription drugs, the results of the diagnosis because it was dominated by complaints of differences in religion and other ethnicities. Secondly, misunderstandings led to critical situations that have emerged several times due to the lack of spiritual care provision. There were certain stereotypes related to a particular race or ethnicity that needed to be addressed by increasing tolerance to ethnicity so that it would not be sensitive to culture (Ezenkwele & Roodsari, 2013). Patients who are being treated at the hospital need holistic nursing care where nurses are required to be able to provide nursing care comprehensively not only physically but also spiritually. For this reason spiritual material is given to prospective nurses in order to improve the understanding and ability of nurses in providing nursing care to patients with spiritual needs. The application of nursing processes from the perspective of the client's spiritual needs is not simple. This is very far from merely studying the client's religious practices and rituals. Understanding the client's spiritual and then correctly identifying the level of support and resources needed, requires a broader new perspective.

3. Identifying all uses of the concept

The literature review from 2007 to 2017 described the uses of spiritual care extensively for humanity, peace and spiritual fulfillment. There were many findings in exploring the concept of spiritual care. This was distinguished by the term religious care because the term spirituality was more universal while religion was related to certain systems, organizations and rituals of worship. The literature before 2000 highlighted the six uses of fulfilling spiritual needs, namely objective thinking, having hope, resolving unresolved problems, preparing for death, carrying out spiritual dialogue, establishing interdisciplinary interaction. This fulfillment of spiritual needs should be available to all patients and nurses (Ross, 2006 & Smeets, 2006)

Abuatiq, (2015) reviewed the literature from 2007 to 2010 and explored the uses of spiritual care by distributing surveys in several hospitals. Most patients wanted to get comfort and expected the presence of nurses both physically and psychologically when they were treated. Furthermore, the literature review from 2011 to 2017 was often associated with work. In Ireland, spiritual care provided benefits to help focus attention on work. In Belgium, people had awareness of God's divine to carry out their role in the work environment. While in England, in his observation, he tended to awkwardly express spiritual needs because the spiritual needs were a person's subjective needs. In Indonesia, the focus was more on mutual respecting for spiritual needs (Ku, 2017 & Ramezani *et al.*, 2014).

4. Determining attributes of the concept

Puchalski & Romer (2000) focused on the FICA model to describe the attributes of spiritual care. FICA model consists of: Faith, Important/Influence, Community, and Address/Action in Care. Faith means belief, the principle of self-confidence to have a spiritual to overcome life's problems. Influence means the influence on interests and the extent of the influence of faith on one's life. Community means an environment or group that truly provides support for one's personal life, such as religious community, community of social institutions, or social volunteers. Action in Care refers to other disciplines, or collaborating to help certain individuals or groups.

Puchalski *et al.* (2014) added the attributes of spiritual care with the HOPE formula (Hope, Organized, Personal, Effects), namely: H is for hope of gaining comfort, meaningfulness, strength, and experiencing a peak experience spiritually, O is for organizing self-roles for the purpose of providing assistance to patients or clients who need spiritual care (The role of Organized), P is for spiritual practice by carrying out dialogue or personal communication (Personal spirituality), E is for effect on medical care, especially the positive effect on the person and the surrounding community. The four attributes are complementary to form a humanitarian-based strategy from nurses to patients.

Holloway *et al.* (2011) mentioned the attributes of spiritual care summarized from several references before 2010, including: joining, listening, understanding, and interpretating. Joining was defined as spiritual awareness to be involved as a social or service worker. Listening was defined as spiritual

sensitivity by accurately assessing spiritual issues in the field. Understanding was defined as doing spiritual empathy towards patients with closeness, openness and communication that evokes spiritual zeal. Interpretating was defined as spiritual exploration to acquire spiritual care skills.

The literature review before 2017 found the Interdisciplinary Health Care Team (IHCT). Spiritual care will be more optimal if it empowers knowledge, skills and interdisciplinary cooperation. Patients expected the presence of medical staff, responsibilities, and optimal support from interdisciplinary experts. The experts are doctor, nurse, psychotherapist, psychologist, social worker, physiotherapist, psychologist, and religious counselor. These eight disciplines are mutually integrated in carrying out their roles and tasks collaboratively in providing spiritual care to patients. The hope is that patients will meet their spiritual needs while increasing spiritual well-being (Hefti & Esperando, 2016).

An explanation of the attributes concept of spiritual care other, namely the spiritual of nursing care was provided through a scientific approach, during the middle part of the 20th century when nursing theorists were seeking to establish nursing as a profession within the scientific cultural community. Spiritual care diagnoses such as spiritual concerns, spiritual distress, and spiritual despair were formulated along with a number of behavioral interventions. Spiritual care was largely dependent on the skills of the nurses who must be able to discern a spiritual problem, design appropriate interventions, and evaluate the outcomes. Although the use of a scientific process helped nurses pay attention to the spiritual needs of patients during a time when the spiritual attributes was being overshadowed by science, a number of critiques have been directed at this approach. By separating the spiritual component of care from other attributes there is the risk that complex, holistic, spiritual beings will be reduced to a collection of needs that can be objectively measured and routinely treated by implementing standardized nursing interventions (Sawatzky & Pesut, 2005).

5. Constructing a model case

The literature review from 2007 to 2017 found many uses of the term spiritual care competency. Spiritual care competencies are a major component of health services. Based on various cases faced in the field, it indicated that patients did not only need physical care, but also needed psychological, social,

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and spiritual care. This treatment was called holistic care. There were several holistic competency characteristics that must be possessed by health workers, especially nurses, namely awareness, thinking skills, communication, interpersonality, leadership, self managing, and information technology literacy and research skill. The characteristics of this spiritual care competency will be more valuable and of quality if they are supported by psychologically mature attitudes or personality. Nurses' character must be tested before they start working in the work field (Chiang *et al.,* 2016; Hughes & Handzo, 2014; Ramezani *et al.,* 2014).

This was performed to better anticipate various malpractice cases which have recently begun to be discussed. Ross (2006) summarized various cases because all studies to date have been on a small scale, mainly only exploratory and descriptive. The level of response of nurses and patients was low, this was attempted by designing instruments or skill enhancement specifically. Systematic and collaborative coordination of spiritual care was needed because there were many medical personnel in health service working individually, even though some have cooperated, but the interdisciplinary role gap remained.

The synergy model was adapted from American Association of Critical Nurse (AACN) (Abuatiq, 2015), the Neuman's concept (Smith, 2006). Spiritual care requires synergistic relationships between nurses and patients. The standard conceptual framework is specified in critical patients. The patient is treated as a whole person, consisting of mind, body, soul. Furthermore, the implementation needs synergy between patients and nurses with certain systems. The assumption of synergy model is that the patient is biological, psychological, social and spiritual. The system consisting of family, community and health services collaborate connecting nurses and patients in a holistic context.

According to Abuatiq (2015), the application of synergy model is supported by interdisciplinary health care team (IHCT). Hefti & Esperando (2016) combined IHCT into synergy model with the aim of establishing a holistic spiritual care model. This required an integrative effort because it provided a great benefit to the quality of patient's life while increasing the competence of nurses in clinical settings.

Health care professionals with caring and synergy models emphasized

their lack of knowledge on patients' spiritual care. A study in the perspective of Islam in Iran, almost three-quarters of subjects cannot argue about death or refer to a cleric for spiritual care support. Furthermore, cultural background and approach with Islamic cultural perspectives have an important role in overcoming difficult situations at the end of life, although they still involve the roles and duties of health professionals (Asadi-Lari *et al.*, 2008).

A study on the perspective of Islam in Iran showed that nearly three quarters of subjects could not argue about death or refer to an Islamic scholar for spiritual care support. Furthermore, cultural background and approach with Islamic cultural perspectives had an important role in overcoming difficult situations at the end of life, although they remained to involve the roles and duties of health professionals (Asadi-Lari *et al.*, 2008).

6. Constructing additional cases

The spiritual process develops over time in one's life span. This process can be supported by spiritual care. Cases that often occurred in the literature review before 2010 that is discussing the influence of parents' spirituality on their upbringing in the family. The patterns of habits in the family were closely related to the spiritual. There was a need for trained resources to promote spiritual needs (Neufeld & Harrison, 2010; Pesut & Sawatzky, 2006).

Empirical studies from 2011 to 2017 found the cases of spiritual distress both in micro and macro regions. For example, hospital nurses identified patients with spiritual distress arising from feelings of loneliness and fear of facing death. The patients experienced pain while struggling in a critical condition because they felt the threat of their terminal ill, blamed themselves and lacked of social support. The cases in other literature were disappointment, depression, not reconciled by others, lack of forgiveness, and lack of grateful in life (Holloway *et al.*, 2011)

Mental health literature addressed religion and culture interpretation in Islam. Sick people were caused by the presence of spiritual oppressions, for example past sins, violating culture, and lack of carrying out certain rituals in the tradition of their environment. Clear recommendations are needed for spiritual care practices that most pure cases are based on antecedents and consequences empirically and scientifically. Every human being has certain needs, including spiritual needs. If these needs are not met, it means that the person will have a big ego and break away from the existence of God, so that

helplessness occurs through life's problems (O'Brien, 2013). In terms of culture, the meaning of spiritual care was meeting patient as a cultural being. This meant that nurses allowed patients and their family members to express their feelings. The nurses experienced how patients' cultural beliefs could relieve their anxiety and physical pain. They emphasized that some cultural beliefs and values distracted them from thoughts about the disease and made them feel alive *(Tirgarri et al.*, 2013).

The problems that often occurred and were found in some literature included lack of awareness and lack of confidence in patients to refer to islamic scholar, nurse and other scientific disciplines related to spiritual problems. Their mental weakness causes them to easily sway, and lack of the life principle or self-confidence to God, the Ever-Living. In terms of nurse, the arising problems were lack of understanding of the spiritual, lack of recognizing spiritual needs, and lack of spiritual care skills. Another study reported concern if nurses raised spiritual topics because they thought this was not the area of their profession. Nurses were likely to hand over their assignments to Islamic scholar because they were incompetent in terms of spiritual care. After further investigation from other references, it was indicated that most nurses had not received quality education and skills in spiritual care. 50% to 74% of nurses hoped to obtain education and skill in spiritual care (Holloway *et al.*, 2011).

Empiris evidence showed the low level of spiritual dialogue and spiritual fulfillment practices that have been documented in hospitals. Based on the study on the needs of hospital, it was found that an increase in annual spiritual needs and improvement of the fulfillment of spiritual care supporting facilities were needed. In addition, it was also found an expectation that spiritual care practices do not mention the principle of faith or religion, and prioritize mutual respect for differences in beliefs or differences in certain religions in accordance with the concept of Islam (Hefti & Esperando, 2016; O'Brien, 2013).

Islam has a profound concept of death and consequence. Believing life after death and resurrection is one of the three main principles of Islam. The increasing incidence of people in need of spiritual care in developing countries and the fact that Muslims predominantly live in developing countries indicated that they were heavily dependent on spirituality, this described that they needed the method explained and given by spiritual care in the context of Islam. Systematic research finding using several medical databases were

systematically reviewed to investigate the provision of spiritual care in Muslim communities. The main database search led to identifying 84 articles along with 18 papers. The findings indicated that cultural background played an important role. Only a few papers were available in the Islamic context about spiritual care for patients at the end of their life, where only three papers were quantitative instead of qualitative. Spirituality in Islamic community indeed requires more studies, especially in patients with terminal illness and during mourning (Asadi-Lari *et al.*, 2008).

7. Identifying the antecedents and consequences of the concept

Neuman's (1998) synergy theory explained that humans are open systems and interact with each other internally and externally. Humans in everyday life try to maintain and fulfill spiritual, psychological, biological and social cultural needs. The assumption of the synergy theory is that all patients have a synergistic soul, mind, body, and spiritual entity. Nurses interact with patients to fulfill their personal needs (Smith, 2006).

This theory describes the effective relationship between nurses and patients. Suitability of nurse competencies with patient needs is needed in a relationship, such as in the form of attendance, interpersonal communication, caring, and social. social support. According to the synergy theory, spiritual care is an integrated synergy between nurses and patients. Nurses must have two characteristics, namely care and diversity responses, while patients have characteristics of resilience and availability of expectations. Nurses, patients, and the social environment together synergistically do meaning in their lives (Abuatiq, 2015 & Smith, 2006)

By initially identifying various potentials possessed by humans, this potential serves as an antecedent that has consequences to further clarify the concept of spiritual care. The intended antecedents are patient characteristics consisting of body, soul, social, and spiritual, which require a synergistic relationship with nurses. The characteristics of nurses are caring and giving assistance. In detail, the characteristics are helpfulness, empathy, caring, compassion, and other positive attitudes that blend into one with knowledge and skills about spiritual care. In the end, this has resulted in interdisciplinary consequences in the form of collaborative and synergistic cooperation that supports the implementation of spiritual care in health services (Abuatiq, 2015; Hefti & Esperando, 2016; Smith, 2006).

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8. Defining empirical referents

The view of spiritual well-being confirms that individuals are seen as free individuals who have self existence, freedom and ability to make choices. Deterministic universe is considered more meaningful when individuals are able to establish responsible freedom. Freedom is characterized by a healthy relationship with God, self, others, and environment (Fisher, 2009; Frankl, 1992)

Spirituality has an effect on self, others, and community. Humans consist of mind, body, and soul (Scott, Thiel, & Dahlin, 2008). The study on patient with cancer reported that nearly 70% of patients stated that spiritual fulfillment had a positive effect on the patients' health. Furthermore, nearly 50% of patients carried out spiritual activities by praying.

Other studies showed that spirituality was not only important in health, but also important in dealing with illness. Spirituality was related to improving the quality of life (McSheery & Jamieson, 2006). Spirituality addressed qualities related to inner calm. Therefore, health will be achieved if spirituality is fulfilled. One of the way is by spiritual care (Carr, 2008).

A study in 2013 on spiritual care with a cognitive therapy approach from the psycho-spiritual concept of Islam. The human concept from the psycho-spiritual perspective of Islam describes human nature, the dynamic elements inherent in the human soul, and how these elements affect the cognitive, affective and human behavioral aspects. The focus of spiritual care is on cognitive therapy approach designed by Muslim scientists. Spiritual care techniques and procedures in Islamic cognitive therapy include contemplation, prayer, and the power of suggestion (Yaacob, 2013).

WHO made statements describing holistic treatment needs from the spiritual dimension (Taylor *et al.,*2013). Medical services are currently trying to treat patients only with a focus on physical care and little spiritually related service. Treatment is considered complete when it has provided physical care, this view is considered more mechanistic towards patients and tends to ignore psychological and spiritual aspects (Burnell & Agan, 2013). Furthermore, nurse, doctor, and other medical personnel began to realize the spiritual elements, moral values, hopes, and affection in medical action. The spiritual, psychological, physical, social, and cultural dimensions are an integral part of human beings (Dossey, 2008; Siddall, Lovell, & MacLeod, 2015).

C. CONCLUSION

The results in this article suggested education about spirituality and spiritual care. Nurses must be able to recognize the specific beliefs and values operating within a culture at the same time as they are able to employ culturally sensitive skills across the spectrum of ethnic and cultural groups. Therefore the literature review specifically stated that spiritual care in the form of spiritual services was carried out dynamically and integrative based on divine values and humanity. The main services were caring for sick people, identifying spiritual needs, and improving spiritual well-being.

Conclusion, that serious efforts are needed to create awareness of the importance of nurses' spiritual care competencies so as to be able to provide professional services in nursing care. The focus of this strength study was spirituality, the process of searching for the meaning of life and the search for divine reality. Recommendation of this article, the standard term for giving assistance from nurses to patients. Psychology is about developing positive attitudes of nurses in carrying out spiritual services. Nursing is about nurse care for patients voluntarily, sincerely and has an attitude to help others. A high moral attitude of nurses proved to be able to encourage patients to recover from illness, all with a spiritual care strategy. The strategies were efforts to motivate others, a series of interpersonal communication processes by sharing experiences, and an interactive process between nurse and patient aimed at improving the patient's spiritual well-being. Often occurred and were found in some literature review included lack of awareness and lack of confidence in patients to refer to islamic scholar, nurse and other scientific disciplines related to spiritual.

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