



ADDIN

<https://journal.iainkudus.ac.id/index.php/Addin>

ISSN: 0854-0594; E-ISSN: 2476-9479

Volume 20, Number 2, December 2026: 501-554

DOI: <http://dx.doi.org/10.21043/addin.v20i2.37358>

Development of a Model for Palliative Spiritual Care Based on Sufi *Da'wah*: Integration of *Tazkiyat al-Nafs* for Muslim Patients at the End of Life

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Abstract

This study explores the spiritual needs of Muslim palliative care patients, develops a model of palliative spiritual care grounded in Sufi *da'wah* (Islamic preaching) for end-of-life care, and examines the model's perceived relevance and potential contribution to patients' spiritual well-being at Sultan Agung Islamic Hospital in Semarang. This study used an interpretive qualitative approach, collecting data through semi-structured in-depth interviews, non-participant observation, and Focus Group Discussions (FGDs) with spiritual counsellors, healthcare workers, and academics. Data were analyzed thematically using Braun and Clarke's six-step model and ensured validity through source and data triangulation, member checking, and researcher

reflexivity. Findings indicate that Muslim palliative care patients' spiritual needs include reconciliation and forgiveness, seeking meaning in suffering, spiritual connection with the faith community, preparation for *husnul khatimah* (a good ending), and inner peace. Based on these findings, the study developed a model of palliative spiritual care grounded in Sufi *da'wah*, comprising three main pillars: *takhalli* (cleansing), *tahalli* (adorning), and *tajalli* (illumination). Participants perceived the model as helpful in addressing spiritual distress, existential anxiety, guilt, and subjective experiences of pain, while strengthening self-acceptance, spiritual coping, and inner peace. The findings suggest that integrating Sufi *da'wah* and *Tazkiyat al-Nafs* (purification of the soul) may strengthen palliative spiritual care in ways that are holistic, transformative, and responsive to the spiritual needs of Muslim patients at the end of life.

Keywords: Sufi *Da'wah*, Spiritual Care, Palliative Care, *Tazkiyat al-Nafs*.

A. Introduction

Palliative care aims to improve the quality of life for patients and families facing life-threatening illness by preventing and relieving suffering across physical, psychological, social, and spiritual dimensions.¹ Within this multidimensional approach, spiritual care has increasingly been recognized as an important component of palliative care, particularly for patients confronting questions related to suffering, meaning, death, and their relationship with God.² However, the integration of spiritual needs into clinical

¹ Cecilia Sepúlveda et al., "Palliative Care: The World Health Organization's Global Perspective," *Journal of Pain and Symptom Management*, 24.2 (2002), 91–96 [https://doi.org/10.1016/S0885-3924\(02\)00440-2](https://doi.org/10.1016/S0885-3924(02)00440-2).

² Christina M Puchalski, 'Spirituality and the Care of Patients at the End-of-Life: An Essential Component of Care', *Omega: Journal of Death and Dying*, 56.1 (2007), 33 – 46 <<https://doi.org/10.2190/OM.56.1.d>>; Christina M Puchalski, Robert Vitillo, and others, 'Improving the Spiritual Dimension of Whole Person Care: Reaching National and

practice remains challenging, as healthcare delivery continues to place substantial emphasis on physical and psychological concerns.³ For patients approaching the end of life, unmet spiritual needs may be associated with psychological distress, anxiety, difficulties in coping, and challenges in finding meaning in their illness experience.⁴ These concerns indicate the importance of developing spiritual care approaches that are responsive not only to patients' general spiritual needs but also to their religious and cultural contexts.

This consideration is particularly relevant for Muslim patients receiving palliative care. Islamic understandings of illness, suffering, death, repentance, forgiveness, and the relationship with Allah may shape how patients interpret their experiences and seek spiritual support. Although spiritual care models have been developed across different religious and cultural settings, approaches specifically grounded in Islamic theological and spiritual frameworks remain comparatively limited.⁵ Islamic spiritual care may involve practices such as prayer, Qur'anic recitation, *dhikr* (remembrance), and religious counseling. However, these

International Consensus', *Journal of Palliative Medicine*, 17.6 (2014), 642-56 <<https://doi.org/10.1089/jpm.2014.9427>>.

³ Christina M Puchalski.

⁴ Megan Best, Phyllis Butow, and Ian Olver, 'Spiritual Support of Cancer Patients and the Role of the Doctor', *Supportive Care in Cancer*, 22.5 (2014), 1333-39 <<https://doi.org/10.1007/s00520-013-2091-1>>; Betty R. Ferrell and others, 'Research Synthesis Related to Oncology Family Caregiver Spirituality in Palliative Care', *Journal of Palliative Medicine*, 2024 <<https://doi.org/10.1089/jpm.2024.0209>>; C Puchalski, 'Spirituality as an Essential Domain of Palliative Care: Caring for the Whole Person', *Progress in Palliative Care*, 20 (2012), 63-65 <<https://doi.org/10.1179/0969926012z.000000000028>>.

⁵ Francisca Rego, *Spirituality and Mental Health, Spiritual Care in Palliative Care: What It Is and Why It Matters* (Springer Nature, 2024) <https://doi.org/10.1007/978-3-031-50864-6_15>; Jonatas Caetite Santos, Adriana da Silva Sena, and Jelber Manzoli Dos Anjos, 'Spirituality and religiosity in the approach to patients under palliative care; [Espiritualidade e religiosidade na abordagem a pacientes sob cuidados paliativos]; [Espiritualidad y religiosidad en la asistencia a pacientes en cuidados paliativos]', *Revista Bioetica*, 30.2 (2022), 382 - 390 <<https://doi.org/10.1590/1983-80422022302534PT>>.

practices do not necessarily constitute a structured framework for addressing the deeper processes of spiritual transformation associated with suffering and end-of-life experiences.⁶ Therefore, further exploration is needed to examine how Islamic spiritual traditions can be conceptually organized and translated into palliative spiritual care.

In this context, Sufi *da'wah* (Islamic preaching) can be understood as a theological and spiritual framework that emphasizes inner purification, moral refinement, self-awareness, and closeness to Allah. Contemporary discussions of Sufism describe it as a spiritual tradition focused on cultivating and transforming the human soul.⁷ A central concept within this tradition is *Tazkiyat al-Nafs* or purification of the soul, which involves processes of overcoming negative dispositions and cultivating positive spiritual qualities. Al-Ghazali places the purification of the soul within a broader process of spiritual and moral transformation involving repentance, patience, reliance upon Allah, and acceptance of divine decree.⁸ These concepts provide a theological and spiritual basis for understanding how individuals may respond to suffering and confront the end of life.

In this study, *Tazkiyat al-Nafs* is distinguished from spiritual care as a framework for transformation rather than a healthcare intervention. Its transformative process can be understood through the stages of *takhalli* (cleansing), *tahalli*

⁶ Khoirunnisak Khoirunnisak, 'Hubungan Kesejahteraan Spiritual Dengan Kualitas Hidup Pasien Hemodialisa' (Universitas Islam Sultan Agung Semarang, 2025).

⁷ Vita Lastriana Candrawati, K H Jazilul Fawaid, and Zikry Septoyadi, *Tasawuf Kontemporer* (wawasan Ilmu); Idrus Rahman, Latuopo Huzaifah, and Maseni Hartinah, 'Tasawuf Dan Modernitas: Perspektif Kajian Islam Kontemporer', *IHSAN: Jurnal Penelitian Dan Pendidikan Islam*, 1.1 (2025), 23–36 <<https://doi.org/10.66031/ihsan.v1i1.120>>.

⁸ A H Al-Ghazali, 'Ihya'Ulum Al-Din. Beirut: Dar Al-Kutub Al-'Ilmiyyah', *Jilid*, 3 (2004), 52–55.

(adorning), and *tajalli* (illumination). *Takhalli* refers to releasing negative dispositions and unresolved inner burdens, which may include guilt, regret, and unresolved emotional or relational concerns. *Tahalli* refers to cultivating positive spiritual qualities, including patience, hope, trust in Allah, and acceptance. *Tajalli* refers to a deeper experience of spiritual awareness that may be reflected in acceptance, tranquility, and inner peace. These concepts are consistent with the broader Sufi understanding of spiritual purification and transformation described in classical and contemporary Islamic literature.⁹ Practices such as *dhikr*, prayer, *muraqabah* (spiritual awareness), and contemplative reflection may further support processes of spiritual awareness and inner regulation.¹⁰ Within palliative care, these stages may provide a conceptual basis for understanding patients' spiritual experiences. In contrast, spiritual care represents the practical healthcare application through which appropriate forms of spiritual support can be provided. Thus, the conceptual relationship in this study proceeds from Sufi *da'wah* as a theological/spiritual framework, to *Tazkiyat al-Nafs* as a transformation framework, through *takhalli-tahalli-tajalli*, and ultimately toward perceived spiritual outcomes.

The framework's relevance is supported by emerging research on spiritual care and Islamic spiritual practices. Spiritual care is increasingly recognized as requiring specific competencies among healthcare professionals, particularly

⁹ Al-Ghazali; Idrus Rahman, Latuopo Huzaifah, and Maseni Hartinah, "Tasawuf Dan Modernitas: Perspektif Kajian Islam Kontemporer", *IHSAN: Jurnal Penelitian Dan Pendidikan Islam*, 1.1 (2025), 23–36.

¹⁰ Nazila Isgandarova, *Mindfulness Techniques and Practices in Islamic Psychotherapy: The Power of Muraqabah* (Routledge, 2024); David Almaraz and others, 'What Aspects of Religion and Spirituality Affect the Physical Health of Cancer Patients? A Systematic Review', in *Healthcare* (MDPI, 2022), x, 1447.

in identifying and responding to patients' spiritual needs.¹¹ Research on religion and spirituality has also highlighted the relevance of spiritual dimensions to patients' experiences of serious illness and health, although the specific mechanisms and outcomes vary across contexts.¹² In Indonesia, hospital-based Islamic spiritual services have developed alongside broader efforts to strengthen palliative care and related healthcare services. Common practices include prayer, Qur'anic recitation, *dhikr*, and religious motivation.¹³ Nevertheless, existing approaches vary in their conceptual foundations and implementation, while healthcare providers may encounter limitations in training, competence, and standardized procedures for delivering spiritual care.¹⁴ These circumstances suggest a need to examine how a more structured Islamic spiritual framework can be interpreted and translated into palliative care practice.

Sultan Agung Islamic Hospital in Semarang provides a relevant empirical context for this inquiry because Islamic values are explicitly integrated into its institutional orientation and healthcare services. The hospital has a spiritual care unit that provides religious and spiritual support to patients, including those experiencing chronic and terminal conditions. The presence of an established spiritual guidance structure and a predominantly Muslim

¹¹ Joana Coelho and others, 'Spiritual Care Competence in Palliative Care: A Concept Analysis', *Journal of Religion and Health*, 64.5 (2025), 3740–62.

¹² Harold G Koenig and Lindsay B Carey, 'Religion, Spirituality and Health Research: Warning of Contaminated Scales', *Journal of Religion and Health*, 63.5 (2024), 3729–43.

¹³ Khoirunnisak.

¹⁴ Coelho and others; Nora M. El Nawawi, Michael J. Balboni, and Tracy A. Balboni, 'Palliative Care and Spiritual Care', *Current Opinion in Supportive & Palliative Care*, 6.2 (2012), 269–74 <<https://doi.org/10.1097/SPC.0b013e3283530d13>>; Lianne Wynne, 'Spiritual Care at the End of Life.', *Nursing Standard (Royal College of Nursing (Great Britain))* : 1987), 28.2 (2013), 41 – 45 <<https://doi.org/10.7748/ns2013.09.28.2.41.e7977>>.

patient population provides an appropriate setting for examining how Islamic spiritual care is understood and practiced in relation to palliative needs. Accordingly, the hospital was selected not simply as a site for data collection but as a context in which the relationship between Islamic spiritual guidance and palliative care could be explored empirically.

Previous studies indicate the need for further investigation. Ismail et al., found that spiritual care in palliative settings may involve religious practices and spiritual support, while also identifying challenges in meeting culturally specific spiritual needs in selected Islamic countries.¹⁵ Belk and Balboni highlighted the potential contribution of spiritual care to patient outcomes at the end of life while noting challenges related to its implementation and integration into healthcare.¹⁶ Rumbold emphasized the importance of attending to the spiritual dimension of dying and the role of spirituality in helping patients find meaning in their experiences.¹⁷ El Nawawi et al., similarly identified spiritual care as an important component of palliative care while highlighting challenges in its implementation.¹⁸ Together, these studies indicate the importance of spiritual care but do not fully explain how a structured Islamic

¹⁵ Mohamad Firdaus Ismail, Siti Norkhadajah Binti Sharel, and Siti Zuhaidah Shahadan, 'Spiritual Care in Palliative Settings: A Scoping Review of Caregivers' Perspectives in Selected Islamic Countries', *Malaysian Journal of Qualitative Research*, 10.1 (2024), 119 – 132 <<https://doi.org/10.61211/mjqr100110>>.

¹⁶ Winifred Belk and Tracy A Balboni, *Impact of Spiritual Care on Patient Outcomes at the End of Life, Spiritual Care in Palliative Care: What It Is and Why It Matters* (Springer Nature, 2024) <https://doi.org/10.1007/978-3-031-50864-6_13>.

¹⁷ Bruce D Rumbold, 'Caring for the Spirit: Lessons from Working with the Dying', *Medical Journal of Australia*, 179.6 SUPPL. (2003), S11–S13 <<https://doi.org/10.5694/j.1326-5377.2003.tb05568.x>>.

¹⁸ El Nawawi, Balboni, and Balboni.

spiritual transformation framework can be integrated into palliative care.

Evidence from Islamic spiritual interventions also remains context-specific. Uyun et al. examined repentance and seeking forgiveness as an Islamic spiritual therapy and reported improvements in mental well-being, reductions in anxiety, and increased hope. However, the study involved a general population rather than patients receiving palliative or end-of-life care.¹⁹ Ismail et al., examined caregivers' perspectives in selected Islamic countries and identified logistical, communication, and cultural challenges in providing spiritual care to Muslim patients and their families.²⁰ Ghamian discussed spiritual care for Muslim patients in palliative care, particularly in relation to end-of-life practices such as *talqin* (guiding to repeat words) and communal prayer, but did not systematically develop a framework based on *Tazkiyat al-Nafs*.²¹ Wynne further reported that nurses may feel inadequately prepared to provide spiritual care because of limited training and unclear protocols.²² These studies provide important foundations, but they leave room for an interpretive examination of how Muslim patients' spiritual needs can be connected to a structured Sufi-based transformation framework.

¹⁹ Qurotul Uyun, Irwan Nuryana Kurniawan, and Nahdhata Jaufalaili, 'Repentance and Seeking Forgiveness: The Effects of Spiritual Therapy Based on Islamic Tenets to Improve Mental Health', *Mental Health, Religion and Culture*, 22.2 (2019), 185 – 194 <<https://doi.org/10.1080/13674676.2018.1514593>>.

²⁰ Ismail, Sharel, and Shahadan.

²¹ Manar Ghamian, *Navigating the Soul's Departure: Spiritual Care for Muslim Patients in Palliative Care, Spiritual Care in Palliative Care: What It Is and Why It Matters* (Springer Nature, 2024) <https://doi.org/10.1007/978-3-031-50864-6_7>.

²² Wynne.

Based on the literature reviewed in this study, three interconnected gaps emerge. First, there is a population gap: limited evidence was identified concerning Muslim palliative care patients as the primary participants in research examining Sufi-based spiritual care. For example, Uyun et al. study concerned a general population rather than patients in the terminal phase. Second, a theoretical gap remains: although Islamic spiritual care and end-of-life religious practices have been discussed, evidence for a structured model that specifically integrates *Tazkiyat al-Nafs* and Sufi *da'wah* through the transformative sequence of *takhalli*, *tahalli*, and *tajalli* remains limited.²³ Ghamian, for example, discussed spiritual care for Muslim patients in palliative care but focused primarily on end-of-life spiritual practices rather than systematically developing a transformation framework based on *Tazkiyat al-Nafs*.²⁴

Third, there is a methodological gap, which should not be understood as the absence of qualitative research or as a claim that the present study objectively tests effectiveness. Rather, previous qualitative and review-based accounts have generally focused on caregivers' perspectives, general spiritual-care practices, or specific end-of-life rituals.²⁵ The present study uses an interpretive qualitative approach to connect patients' spiritual needs and the perspectives of relevant care providers with a theoretically structured model of Sufi-based palliative spiritual care. This approach aims to develop an empirically informed conceptual model from participants' accounts rather than establish clinical effectiveness through standardized outcome measures.

²³ Uyun, Kurniawan, and Jaufalaily.

²⁴ Ghamian.

²⁵ Ismail, Sharel, and Shahadan; Ghamian.

Based on the literature review conducted in this study, evidence remains limited on developing a structured model of palliative spiritual care that specifically integrates *Tazkiyat al-Nafs* and Sufi *da'wah* for Muslim patients. This limitation indicates that there is room to develop an approach that not only accommodates patients' spiritual needs but also provides a framework for spiritual transformation grounded in Islamic tradition. In this context, this study contributes by developing a model of palliative spiritual care based on Sufi *da'wah*, with *Tazkiyat al-Nafs* serving as the framework for spiritual transformation. This model connects patients' spiritual needs with the processes of *takhalli*, *tahalli*, and *tajalli*, thereby providing a conceptual framework for understanding and responding to the spiritual experiences of Muslim patients as they face suffering and the end-of-life phase. Based on this, this study aims to: (1) explore the spiritual needs of Muslim patients receiving palliative care; (2) develop a Sufi-based spiritual palliative care model that integrates *Tazkiyat al-Nafs*; and (3) explore the perceived relevance and potential contribution of the model to patients' spiritual well-being at Sultan Agung Islamic Hospital in Semarang, Indonesia.

B. Method

This study uses an interpretive qualitative approach, as it best suits exploring the subjective meanings, life experiences, and social constructions inherent in Muslim palliative care patients, their families, spiritual counselors, and healthcare workers at Sultan Agung Islamic Hospital in Semarang. Given that the research focus is on developing a model of palliative spiritual care based on Sufi preaching and integrating *Tazkiyat al-Nafs* (purification of the soul), a deep understanding of how the informants interpret suffering,

death, the purification of the soul, and their hopes for spiritual accompaniment is crucial.²⁶ The research site was Sultan Agung Islamic Hospital in Semarang, and the informants comprised four key groups: Muslim palliative care patients, family members or patient companions, spiritual counselors, and healthcare workers, selected through purposive sampling.

Table 1.
Characteristics and Inclusion Criteria of Study Participants

Informant Group	Number	Relevant Characteristics	Inclusion Criteria	Data Source
Patients	3 Informant	Muslim patients receiving palliative care at Sultan Agung Islamic Hospital in Semarang who have spiritual experiences or needs related to their medical condition and the end-of-life phase	(1) Muslim; (2) currently receiving palliative care; (3) able to communicate and provide information while fully conscious; (4) willing to participate in an interview; and (5) able to provide informed consent	In-depth interview

²⁶ Caitlin Gillan, Cathryne Palmer, and Amanda Bolderston, *Qualitative Methodologies and Analysis, Research for the Radiation Therapist: From Question to Culture* (Apple Academic Press, 2014) <<https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054208035&partnerID=40&md5=adc14e465f46c26e67f99db85e02bd70>>; Umesh Kemparaj and Sangeeta Chavan, 'Qualitative Research: A Brief Description', *Indian Journal of Medical Sciences*, 67.3 (2013), 89 – 98 <<https://doi.org/10.4103/0019-5359.121127>>; Nicholas Mays and Catherine Pope, *Introduction, Qualitative Research in Health Care* (wiley, 2019) <<https://doi.org/10.1002/9781119410867.ch1>>.

Informant Group	Number	Relevant Characteristics	Inclusion Criteria	Data Source
Patients' families	2 Informant	Family members directly involved in supporting or caring for palliative care patients and who are aware of the patients' spiritual needs	(1) a family member of a palliative care patient; (2) involved in supporting or caring for the patient; (3) aware of the patient's condition and spiritual needs; (4) able to provide information in a communicative manner; and (5) willing to participate and provide informed consent	In-depth interview
Spiritual counselors	3 Informant	Counselors or spiritual companions who provide spiritual services to patients at Sultan Agung Islamic Hospital in Semarang	(1) serving as a spiritual counselor or companion; (2) having experience providing spiritual support to patients; (3) understanding the spiritual needs of Muslim patients; and (4) willing to provide information regarding spiritual support practices	In-depth interview

Informant Group	Number	Relevant Characteristics	Inclusion Criteria	Data Source
Healthcare workers	2 Informant	Healthcare professionals involved in the care and/or treatment of palliative care patients who interact with patients and their families	(1) healthcare professionals involved in palliative care; (2) have experience interacting with or caring for palliative care patients; (3) understand or are involved in meeting patients' needs holistically; and (4) are willing to participate in the study	In-depth interview
Total	10 Informant	Four groups of informants representing the perspectives of recipients, family members, spiritual counselors, and healthcare workers		

Source: Researcher's data processing

To gather in-depth data, this study employed four data collection methods. First, semi-structured in-depth interviews were conducted with all four informants groups, allowing them to articulate their spiritual experiences, needs, and expectations regarding the care model in detail without rigid constraints.²⁷ Second, non-participatory observation was conducted by directly observing the dynamics of spiritual care in the natural hospital setting,

²⁷ Andrew Milat, Adrian Bauman, and Sally Redman, 'A Narrative Review of Research Impact Assessment Models and Methods', *Health Research Policy and Systems*, 13.1 (2015) <<https://doi.org/10.1186/s12961-015-0003-1>>; Ronald E Day, 'Robert Pagès' Concept of the "Auto-Document" as a Forerunner to Neo-Documentation's Philosophy of Documentality', *Journal of Documentation*, 80.4 (2024), 813-23 <<https://doi.org/10.1108/jd-07-2023-0123>>.

including *dhikr* (remembrance) practice, communal prayer, and interactions among patients, families, and healthcare workers, thereby ensuring the recorded data remained authentic despite the researcher's minimal influence.²⁸

Third, Focus Group Discussions (FGDs) were conducted separately with spiritual counselors, healthcare workers, and academics. Fourth, the study used document analysis to examine supporting documents, including hospital spiritual care guidelines, patient accompaniment records, national palliative care policies, and related literature.²⁹ Integrating this document analysis strengthens the interpretation of primary data from interviews, observations, and FGDs, while also providing historical and contextual perspectives that enhance the validity and richness of the research information.³⁰

Furthermore, the data were analyzed using thematic analysis following Braun and Clarke's six-step model: familiarization with the data, generating initial codes, identifying themes, reviewing themes, defining themes, and producing a report.³¹ Through this systematic procedure, central themes such as the need for spiritual purification or

²⁸ Tanya Park and others, 'Mental Healthcare Providers Understanding and Experiences of Palliative Care: A Qualitative Analysis', *Journal of Palliative Care*, 2022 <<https://doi.org/10.1177/08258597221134865>>; Sharon James and others, 'Strategies for Using Non-Participatory Video Research Methods in General Practice', *Nurse Researcher*, 27.2 (2019), 32-37 <<https://doi.org/10.7748/nr.2019.e1667>>.

²⁹ Glenn A Bowen, 'Document Analysis as a Qualitative Research Method', *Qualitative Research Journal*, 9.2 (2009), 27-40 <<https://doi.org/10.3316/qrj0902027>>; Yang Ji, 'A Methodological Exploration of Document Analysis as a Qualitative Research Method', *Korean Association for Qualitative Inquiry*, 10.3 (2024), 25-56 <<https://doi.org/10.30940/jqi.2024.10.3.25>>.

³⁰ Stacy Smulowitz, 'Document Analysis', 2017, 1-8 <<https://doi.org/https://doi.org/10.1002/9781118901731.iecrm0071>>; Emma Bell, Alan Bryman, and Bill Harley, 'Documentary Data', *Oxford*, 2022 <<https://doi.org/10.1093/hebz/9780198869443.003.0035>>.

³¹ Lorelli Nowell and others, 'Thematic Analysis', *International Journal of Qualitative Methods*, 16.1 (2017) <<https://doi.org/10.1177/1609406917733847>>.

Tazkiyat al-Nafs, the desired forms of spiritual accompaniment, and indicators of holistic healing can be accurately identified. The results of this thematic analysis subsequently serve as the foundation for developing an integrative, contextual palliative spiritual care model grounded in Sufi *da'wah* (Islamic preaching).

To ensure data validity, this study applied three validity techniques. First, triangulation, which includes source triangulation (gathering data from patients, families, healthcare workers, and religious leaders) and data triangulation, was used to compare information from interviews, observations, and documentation.³² Second, member checking was conducted by returning the analysis results to the respondents to confirm the alignment of the researcher's interpretations with their experiences.³³ Third, researcher reflexivity was continuously practiced by identifying and critiquing personal values, motivations, and assumptions that could potentially introduce bias, thereby enhancing the transparency and credibility of the findings.³⁴

By applying this systematic approach, this study is expected to produce a model of Sufi-based palliative spiritual care that is contextually appropriate and grounded

³² Leonora Hendson, Misty D Reis, and David Nicholas, 'Health Care Providers' Perspectives of Providing Culturally Competent Care in the NICU', *Journal of Obstetric Gynecologic & Neonatal Nursing*, 44.1 (2015), 17–27 <<https://doi.org/10.1111/1552-6909.12524>>; Michael N Ajemba and Ebube C Arene, 'Possible Advantages That May Be Enhanced With the Adoption of Research Triangulation or Mixed Methodology', *Magna Scientia Advanced Research and Reviews*, 6.1 (2022), 58–61 <<https://doi.org/10.30574/msarr.2022.6.1.0066>>.

³³ Virginia Braun and Victoria Clarke, "Using Thematic Analysis in Psychology," *Qualitative Research in Psychology*, 3.2 (2006), 77–101.

³⁴ Roni Berger, 'Now I See It, Now I Don't: Researcher's Position and Reflexivity in Qualitative Research', *Qualitative Research*, 15.2 (2013), 219–34 <<https://doi.org/10.1177/1468794112468475>>; Hilary Engward and Geraldine Davis, 'Being Reflexive in Qualitative Grounded Theory: Discussion and Application of a Model of Reflexivity', *Journal of Advanced Nursing*, 71.7 (2015), 1530–38 <<https://doi.org/10.1111/jan.12653>>.

in empirical findings at Sultan Agung Islamic Hospital in Semarang. This study was conducted in accordance with research ethics principles. Ethical approval was obtained before data collection. All informants first received an explanation of the study's objectives and procedures, the voluntary nature of their participation, the confidentiality of the information provided, and their right to withdraw from the study at any time without consequences. Informed consent was obtained in writing from all informants before the interviews and focus group discussions (FGDs) were conducted.

Given that the interviews addressed several sensitive topics, such as illness, sin, family conflicts, suffering, and death, the data collection process was conducted carefully, taking into account the informants' well-being and comfort. Informants could refuse to answer certain questions, request a break, or stop the interview if they felt uncomfortable or experienced emotional distress. If signs of emotional distress were observed during the interview, the interview was temporarily paused or terminated in accordance with the informant's condition and wishes. If necessary, informants could receive spiritual or psychological support from professionals available at the hospital.

C. Results and Discussion

Spiritual Needs of Muslim Palliative Care Patients

The spiritual needs of Muslim palliative care patients are neither singular nor simple; rather, they are shaped by complex existential experiences as individuals confront suffering, uncertainty, loss of bodily control, and the possibility of death. In palliative care, spirituality is not merely formal religious ritual, but an

individual's process of maintaining life's meaning, building hope, achieving inner peace, strengthening spiritual relationships, and preparing to face the end of life with dignity.³⁵ These findings align with various studies confirming that terminally ill patients generally experience spiritual distress, which includes fear of death, a crisis of meaning, guilt, social isolation, and a need for inner peace.³⁶

The analysis identified five main themes reflecting the spiritual needs of Muslim palliative care patients: (1) the need for reconciliation and forgiveness, (2) the need to find meaning in suffering from an Islamic perspective, (3) the need for spiritual connection with the faith community, (4) the need for dignified preparation for death (*husnul khatimah* or a good ending), and (5) the need for inner peace (*qolbun salim* (pure faith) and *thuma'ninah* (serenity)). These five themes emerged from the experiences and perspectives of patients, family members, spiritual counselors, and healthcare workers during the interviews.

³⁵ John Swinton, 'Spirituality and Mental Health Care: Rediscovering a "forgotten" dimension', 2001.

³⁶ Tracy A Balboni, Lauren C Vanderwerker, and others, 'Religiousness and Spiritual Support among Advanced Cancer Patients and Associations with End-of-Life Treatment Preferences and Quality of Life', *Journal of Clinical Oncology*, 25.5 (2007), 555–60; Stephen G Post, Christina M Puchalski, and David B Larson, 'Physicians and Patient Spirituality: Professional Boundaries, Competency, and Ethics', *Annals of Internal Medicine*, 132.7 (2000), 578–83.

Table 2.
Identification of 5 clusters of spiritual needs among Muslim palliative care patients

Dimension of Needs	Main Components	Sufi Interventions
Reconciliation & Forgiveness	Repentance, seeking and granting forgiveness, and resolving interpersonal conflicts	Guided <i>tawbah</i> (repentance), self-reflection on past mistakes, seeking forgiveness, and remembrance practices to facilitate the release of guilt and unresolved emotional burdens
Search for Meaning	Understanding the wisdom and meaning of suffering from an Islamic perspective	Guided self-reflection, spiritual dialogue, and religious interpretation of suffering to help patients understand illness and suffering within an Islamic framework
Spiritual Connection	Connection with family, religious communities, scholars, and spiritually respected figures	Facilitating religious companionship, prayer, <i>dhikr</i> (remembrance), and spiritual guidance to strengthen patients' connection with their faith community and sources of spiritual support
Preparing for Death	Preparation for death, personal wishes, <i>talqin</i> , and hope for <i>husnul khatimah</i>	Spiritual preparation through religious guidance, <i>talqin</i> , prayer, remembrance, reconciliation, and practices intended to support acceptance of death and preparation for a good ending or <i>husnul khatimah</i>
Inner Peace	<i>Qolbun salim</i> , peace of mind, acceptance, and spiritual calmness or <i>thuma'ninah</i>	Regular <i>dhikr</i> , prayer, daily devotional practices, self-reflection, and spiritual guidance aimed at cultivating acceptance, inner calm, and spiritual reassurance

Source: Researcher's data processing

The initial findings indicate that the need for forgiveness emerges as a highly dominant spiritual dimension. In the terminal phase, patients not only face physical suffering but also engage in deep reflection on their life journey. Most patients express regret over past mistakes, unresolved family relationships, and concerns regarding sin and accountability before Allah. One patient (PAS-01) stated that,

“Now I think about my past sins more often. Sometimes, I’m afraid because I might not have had the chance to ask my family for forgiveness. I’m also afraid if my good deeds aren’t enough to face Allah. This fear haunts my thoughts every day. I realize that life in this world is only temporary. Every second is precious. I hope I’m still given time to repent and ask for His forgiveness.”³⁷

In the same context, Informant PAS-02 stated that he now frequently recalls past sins. He feels afraid because he has not had the chance to apologize to his family and worries that his good deeds may not be sufficient to face God.³⁸ A similar statement was also made by a family member of patient PAS-01, who described the emotional and spiritual condition of his parents with a tone full of emotion. As in the interview, informant KEL-01 said that,

“His father often cries after reciting *dhikr*, as if reflecting on the journey of life and seeking forgiveness. He says he wants to die in a state of

³⁷ PAS-01, ‘Interview with Patient 01 on October 18, 2025, at Sultan Agung Islamic Hospital Semarang’, 2025.

³⁸ PAS-02, ‘Interview with Patient 02 on October 19, 2025, at Sultan Agung Islamic Hospital, Semarang’, 2025.

purity and having been forgiven by everyone, demonstrating humility and a sincere desire to end his life with husnul *khatimah* (a good ending).”³⁹

Meanwhile, Informant KEL-02 revealed that his parents often shed tears after finishing their *dhikr*; he also frequently expressed a desire to pass away in a state of purity and without leaving any wounds for anyone.⁴⁰ All four statements from these informants similarly depict a spiritual state filled with reflection and fear of being unprepared to face death. On the patients’ side (PAS-01; 02), they show a deep awareness of past sins, concern about not having sought forgiveness, and anxiety that their acts of worship are insufficient. Meanwhile, the family’s accounts (KEL-01; 02) reinforce this picture by highlighting the emotional behavior of the parents, who often cry after reciting the *dhikr* and hope to die in a state of purity. From an existential psychological perspective, this condition reflects the process of life review—a profound reflection on one’s identity and life journey as death approaches.⁴¹ However, in an Islamic context, this process becomes a spiritual need to attain *maghfirah* (God’s forgiveness) and *tazkiyat al-nafs* (to self-purify).

The Sufi approach provides a relevant framework for addressing this need through the concept of *takhalli*—the process of purifying oneself from sin, negative traits, and worldly attachments through *taubat*

³⁹ KEL-01, ‘Interview with the Family of Patient 01 on October 18, 2025, at Sultan Agung Islamic Hospital Semarang’, 2025.

⁴⁰ KEL-02, ‘Interview with the Family of Patient 02 on October 19, 2025, at Sultan Agung Islamic Hospital Semarang’, 2025.

⁴¹ William S Breitbart, *Meaning-Centered Psychotherapy in the Cancer Setting: Finding Meaning and Hope in the Face of Suffering* (Oxford University Press, 2016).

(repentance), *istighfar* (seeking forgiveness), and social reconciliation. Spiritual counselor BRH-01 explains that,

“Patients are usually calmer after being guided in *istighfar* and encouraged to reflect on the vastness of Allah’s mercy. Many of them actually just need the assurance that Allah continues to accept the repentance of His servants and always keeps the door to forgiveness open.”⁴²

In the same context, informant BRH-02 also stated that, in his spiritual care work, he often encountered patients overwhelmed by fear and anxiety as they approached the end of life.⁴³ The repetitive practice of the *dzikir taubat* (repentance prayer) helps patients express remorse, accept their limitations, and build hope in God's mercy. Psychospiritually, this process serves as a mechanism of emotional catharsis, helping alleviate existential anxiety while strengthening a sense of spiritual acceptance. These findings demonstrate that palliative spiritual care is not sufficient if it merely provides emotional support; it must also facilitate the patient's spiritual reconciliation with themselves, their family, and God.

The second dimension is the need for meaning and purpose in suffering. Palliative care patients generally question why illness and suffering occur in their lives. Questions such as “why am I sick?” or “what is the wisdom behind all this?” indicate a deep need to

⁴² BRH-01, ‘Interview with Spiritual Counselor 01 on October 20, 2025, at Sultan Agung Islamic Hospital Semarang’, 2025.

⁴³ BRH-02, ‘Interview with Spiritual Counselor 02 on October 20, 2025, at Sultan Agung Islamic Hospital Semarang’, 2025.

understand suffering within a broader spiritual framework. One patient shared that, “Sometimes I think, why God gives me this kind of pain? But maybe this is God’s way of erasing my sins.”⁴⁴ In this regard, the spiritual counselor also explained that, “Patients often ask about the meaning of their pain. They need to be assured that pain is not merely a punishment, but can be a path to drawing closer to God.”⁴⁵

In meaning-making theory, suffering becomes more bearable when individuals can place it within a meaningful life narrative. Frankl asserts that humans can endure suffering when they find spiritual meaning behind the experience.⁴⁶ From an Islamic perspective, suffering is not always understood as punishment, but also as a test, an expiation of sins, and a means of spiritual growth. Research by Abu-Raiya and Pargament indicates that positive religious coping among Muslim patients is associated with the ability to interpret suffering as a form of divine compassion and spiritual education from Allah.⁴⁷

The Sufi *da’wah* approach addresses this need through *muraqabah* (spiritual awareness) and spiritual *ta’wil* (truth uncovering). *Muraqabah* helps patients become aware of Allah’s presence in every life experience, while spiritual *ta’wil* enables patients to reinterpret suffering as a process of soul transformation.

⁴⁴ PAS-03, ‘Interview with Patient 03 on October 19, 2025, at Sultan Agung Islamic Hospital in Semarang’, 2025.

⁴⁵ BRH-01.

⁴⁶ Viktor E Frankl, *Man’s Search for Meaning* (Simon and Schuster, 1985).

⁴⁷ Hisham Abu-Raiya and Kenneth I Pargament, ‘Religious Coping among Diverse Religions: Commonalities and Divergences.’, *Psychology of Religion and Spirituality*, 7.1 (2015), 24.

Through this approach, patients can better build existential acceptance, reduce spiritual despair, and find meaning in the suffering they experience.

The third need is spiritual connection with the faith community, religious scholars, and respected religious figures. In the terminal phase, patients tend to experience social isolation and a sense of being cut off from normal life. In such situations, the presence of family, the congregation, spiritual mentors, and religious leaders becomes a vital source of spiritual strength. One patient stated, "When an imam comes, or someone invites me to join in collective remembrance of God, my heart feels more at peace. It feels like I am not alone."⁴⁸ Palliative care nurses also observed that, "Patients are usually more emotionally stable after being visited by family or guided in collective prayer."⁴⁹

These findings demonstrate that Muslim patients' spirituality is relational and communal. Research by Balboni et al. confirms that community-based spiritual support significantly contributes to the quality of life of terminally ill patients.⁵⁰ In the Islamic context, relationships with the community of believers are viewed as part of strengthening faith and a source of *barakah* (blessings). The Sufi tradition understands this through the concept of *wasilah* (closeness to God), spiritual mediation through prayer, communal *dhikr*, and the presence of the pious. Psychologically, social-

⁴⁸ PAS-02.

⁴⁹ PRW-01, 'Interview with Nurse 01 on October 21, 2025, at Sultan Agung Islamic Hospital in Semarang', 2025.

⁵⁰ Tracy A Balboni, Tyler J VanderWeele, and others, 'Spirituality in Serious Illness and Health', *JAMA*, 328.2 (2022), 184–97.

spiritual support helps reduce loneliness, anxiety, and fear of facing death.⁵¹

The fourth dimension is the need for a dignified preparation for death or *husnul khatimah*. Nearly all patients showed great concern about how they would die and in what spiritual state death would occur. One patient stated, “I just want to die while still able to mention the name of Allah.”⁵² The spiritual counselor also explained that, “Most patients request guidance in reciting the *talqin* (guiding to repeat words), having the *shahadah* (testimony) recited to them, and being reminded of *husnul khatimah*.”⁵³

From an Islamic perspective, death is understood as a transition to the afterlife, so the spiritual quality leading up to death holds profound significance. Research by Maria Kristiansen and Aziz Sheikh indicates that Muslim patients in the terminal phase have a strong need for end-of-life rituals, including *talqin*, *dhikr*, and spiritual preparation before passing away.⁵⁴ The Sufi approach views preparation for death as a process of *tajalli* (illumination), that is, an increase in spiritual awareness of Allah’s presence as life draws to a close. Practices such as *dhikr*, reciting the *kalimat tauhid* (declaration of monotheism), reflecting on death, and *talqin* help patients develop acceptance of life’s transience and readiness to face the afterlife.

⁵¹ Carolyn M Aldwin, Loriena Yancura, and Hyunyup Lee, ‘Stress, Coping, and Aging’, in *Handbook of the Psychology of Aging* (Elsevier, 2021), pp. 275–86.

⁵² PAS-03.

⁵³ BRH-03, ‘Interview with Spiritual Counselor 03 on October 20, 2025, at Sultan Agung Islamic Hospital Semarang’, 2025.

⁵⁴ Maria Kristiansen and Aziz Sheikh, ‘Understanding Faith Considerations When Caring for Bereaved Muslims’, *Journal of the Royal Society of Medicine*, 105.12 (2012), 513–17.

The final and most universal dimension is the need for inner peace. Patients express a desire to feel at peace, free from fear, and able to accept their circumstances with sincerity. One patient stated, "After reciting *dhikr*, I feel more at peace. The pain is still there, but my heart is more at peace."⁵⁵ Nurses also observed that, "Patients who are regularly guided in *dhikr* are usually calmer and do not panic easily."⁵⁶

This need reflects the search for *qolbun salim* (pure heart) and *thuma'ninah* (serenity) amidst physical suffering and life's uncertainties. In the Qur'an, inner peace is associated with the practice of *dhikr*: "*It is through the remembrance of Allah that hearts find peace*" (Quran 13:28). Research by Koenig et al.,⁵⁷ Abu-Raiya et al.,⁵⁸ and Captari et al.,⁵⁹ indicates that repetitive religious practices such as prayer and *dhikr* have a psychologically calming effect, helping to reduce anxiety, improve emotional regulation, and strengthen spiritual coping in terminally ill patients. In the Sufi tradition, *dhikr* is understood as a means of purifying the heart and strengthening transcendental awareness, enabling individuals to achieve inner healing and existential acceptance.

These five clusters of spiritual needs indicate that the experiences of Muslim palliative care patients are significantly influenced by religious, existential, and Sufi

⁵⁵ PAS-01.

⁵⁶ PRW-02, 'Interview with Nurse 02 on October 22, 2025, at Sultan Agung Islamic Hospital, Semarang', 2025.

⁵⁷ Koenig and Carey.

⁵⁸ Abu-Raiya and Pargament.

⁵⁹ Laura E Captari et al., 'Religious/Spiritual Struggles and Depression during COVID-19 Pandemic Lockdowns in the Global South: Evidence of Moderation by Positive Religious Coping and Hope.', *Psychology of Religion and Spirituality*, 14.3 (2022), 325.

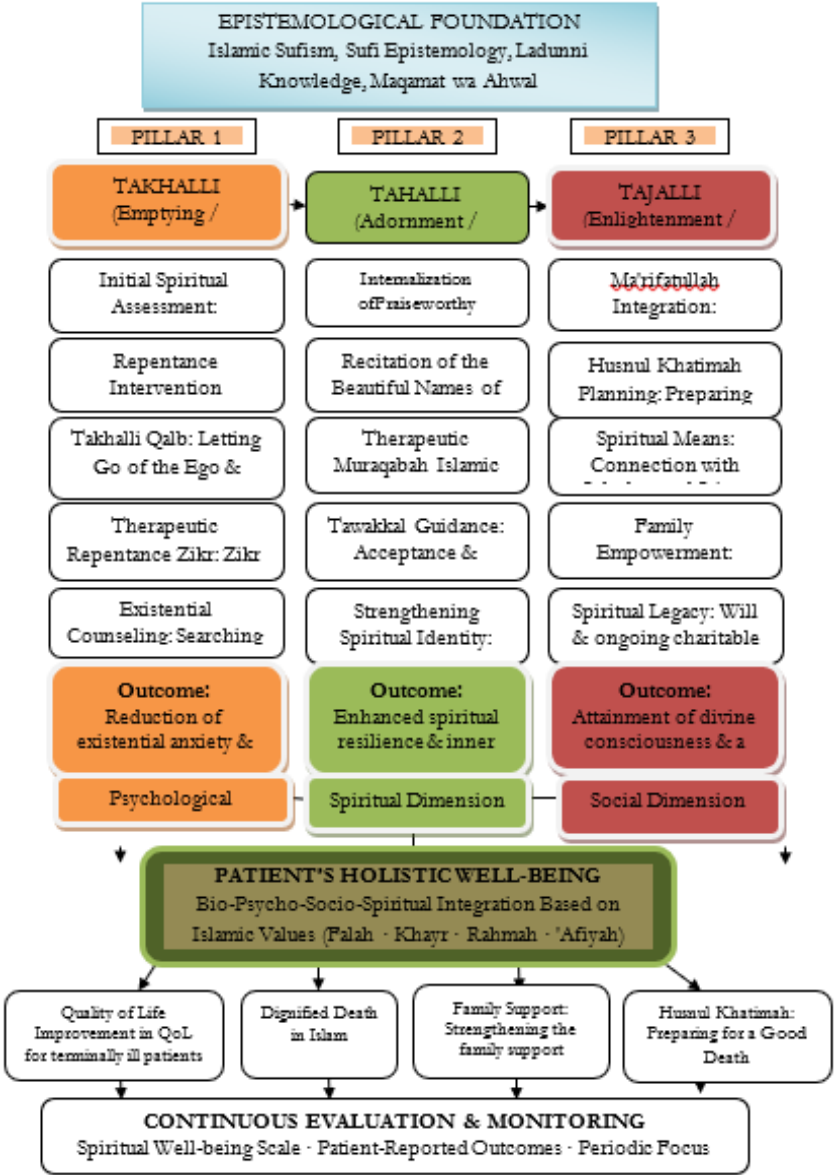
dimensions. Their spiritual needs extend beyond formal worship rituals to include finding meaning in life, self-reconciliation, social-religious relationships, readiness to face death, and the search for inner peace. These findings reinforce the argument that palliative spiritual care based on Sufi *da'wah* needs to be developed more holistically by integrating emotional support, existential reflection, spiritual guidance, and contextual Sufi practices tailored to the needs of Muslim patients in the end-of-life phase.

A Sufi-Based Palliative Spiritual Care Model for the Holistic Healing of Patients

Based on a thematic analysis of in-depth interviews, observations, and Focus Group Discussions (FGDs), this study found that effective palliative spiritual care cannot be provided in a piecemeal manner or merely as a ritualistic practice. Spiritual accompaniment must be designed as a gradual process of soul transformation, ranging from releasing psychospiritual burdens to strengthening positive spiritual values, culminating in peace and a sense of transcendental closeness to Allah.

In this context, key concepts in Sufism provide a systematic, practical framework to guide palliative care patients in facing suffering and death in a more meaningful way. Based on these findings, this study developed a model of palliative spiritual care grounded in Sufi-based spiritual guidance, comprising three interconnected pillars that form a continuous process of spiritual transformation. The structure and relationships among the model's components are visualized in the following figure;

Figure 1.
Sufi-Based Palliative Spiritual Care Model



Source: Researcher's data processing

As shown in the figure, the palliative spiritual care model developed in this study is based on three main, sequentially integrated pillars of spiritual transformation, namely *takhalli*, *tahalli*, and *tajalli*. These three pillars represent a process of spiritual transformation that progresses from purifying the soul and strengthening positive spiritual values to achieving transcendental awareness and profound inner peace. From a Sufi perspective, spiritual transformation does not occur instantaneously but rather unfolds through progressive stages that involve the emotional, moral, and existential dimensions of the human being.⁶⁰ This step-by-step structure is relevant to the palliative care context because terminally ill patients generally experience complex psychospiritual dynamics, such as fear, existential anxiety, regret, and a search for the meaning of life.⁶¹ Therefore, this model serves not only as a religious approach but also as a therapeutic framework that facilitates meaning-making and spiritual acceptance for patients nearing the end of life.

The first pillar, *takhalli* (cleansing), focuses on purifying the soul from psychospiritual burdens that hinder peace of mind as death approaches. In the Sufi tradition, *takhalli* is understood as an effort to release guilt, fear, anger, and worldly attachments that obstruct closeness to God.⁶² Research findings indicate that many palliative care patients experience spiritual distress in

⁶⁰ A Nurhidayah Br and Darussalam Syamsuddin, 'Spiritual Steps: A Methodological Approach Toward the Summit of Sufi Achievement', *Al-Qalam: Journal of Islamic Studies and Education*, 17.1 (2025), 1–11.

⁶¹ William Breitbart, 'Existential Isolation', *Palliative & Supportive Care*, 15.4 (2017), 403–4.

⁶² Rusdin Ahmad, *Contemporary Sufism: Perspectives on the Thought of Seyyed Hossein Nasr* (Divya Media Pustaka, 2025).

the form of past regrets, unresolved family conflicts, and anxiety regarding death and the afterlife. This aligns with the study⁶³, which confirms that unmet spiritual needs are associated with increased anxiety and a decline in the quality of life for palliative care patients.⁶⁴

In practice, Sufi counselors facilitate *takhalli* through *muhasabah* (self-reflection), *dzikir taubat* (repentance prayer), and Islam-based existential counseling. *Muhasabah* helps patients reflect honestly on their life journey, while *dzikir taubat* serves as a medium for spiritual reconciliation, helping them release feelings of guilt and achieve inner peace. This approach shares similarities with life review therapy and dignity therapy in palliative psychology, yet it is framed within Islamic spiritual values that are more contextually relevant for Muslim patients.⁶⁵

The process of *takhalli* also demonstrates that palliative spiritual care cannot be limited to formal rituals alone, but requires a dialogical and reflective approach. Some patients reported feeling more at ease when given the space to discuss their fears, sins, and hopes. This finding aligns with meaning-centered psychotherapy, which emphasizes reflection in helping patients make sense of suffering and death.⁶⁶ In this context, the Sufi counselor serves as a *murshid* (spiritual guide) who facilitates self-awareness and the

⁶³ Koenig and Carey

⁶⁴ Koenig and Carey.

⁶⁵ Harvey Max Chochinov et al., 'Dignity Therapy: A Feasibility Study of Elders in Long-Term Care', *Palliative & Supportive Care*, 10.1 (2012), 3–15.

⁶⁶ Lori P Montross Thomas, Emily A Meier, and Scott A Irwin, 'Meaning-Centered Psychotherapy: A Form of Psychotherapy for Patients with Cancer', *Current Psychiatry Reports*, 16.10 (2014), 488.

purification of the heart. Thus, *takhalli* becomes a crucial foundation for the spiritual transformation of palliative care patients.

The second pillar, *tahalli* (adorning), involves filling the cleansed inner space with positive spiritual values. After the patient completes the process of releasing psychospiritual burdens, the next stage is to cultivate spiritual qualities that strengthen peace, hope, and closeness to Allah. In the Sufi tradition, *tahalli* is understood as adorning the soul with praiseworthy traits such as patience, *tawakkul* (trust in Allah), contentment, gratitude, and a good opinion of Allah.⁶⁷ Findings from the FGD indicate that the therapeutic recitation of *the Asmaul Husna* (99 the best names of Allah) where each name of Allah is associated with the patient's psychological condition, has a highly significant impact on the patient's emotional stability. Patients who previously experienced deep anxiety showed a shift in perspective upon realizing that they are under the protection of Allah *al-Hafizh* (The All-Preserver) and *al-Wali* (The All-Protector). These findings are consistent with the research by Büssing et al.,⁶⁸ and Austin et al.,⁶⁹ which shows that faith-based spiritual interventions can enhance spiritual well-being, reduce existential anxiety, and strengthen coping in palliative care patients.

⁶⁷ Nandang Ihwanudin et al., *Akhlaq Tasawuf* (CV Get Press Indonesia, 2025).

⁶⁸ Arndt Büssing, Marianne Klope, and Mareike Gerundt, 'Unmet Spiritual Needs, Spiritual Well-being, and Support Satisfaction of End-of-Life Patients: Findings from a Spiritual and Existential Care Training Program (SpEci) for Healthcare Practitioners in Inpatient Geriatric Care, Palliative Care Units, and H', *Journal of Religion and Health*, 64.3 (2025), 2275–96.

⁶⁹ Philip D Austin et al., 'Efficacy of Spiritual Interventions in Palliative Care: An Umbrella Review of Systematic Reviews', *Palliative Medicine*, 39.1 (2025), 70–85.

Furthermore, the practice of *dzikrullah* (remembrance to Allah), the recitation of contemplative prayers, and reflection on the attributes of Allah help patients build a stronger emotional-spiritual connection with God. From a religious psychology perspective, such spiritual connectedness serves as a source of emotional regulation, helping individuals cope with uncertainty and suffering.⁷⁰ Patients in this study not only experienced emotional calm but also a shift in their perspective toward illness and death. Illness began to be interpreted not merely as a punishment but as part of a spiritual journey that holds a specific wisdom.

The third pillar, *tajalli* (illumination), is a stage of spiritual enlightenment in which patients begin to experience a profound awareness of *wujūd al-haqq* (the divine presence) within their experiences of suffering. In the Sufi tradition, *tajalli* refers to the unveiling of spiritual consciousness, through which individuals feel an existential closeness to Allah.⁷¹ At this stage, patients no longer merely seek to reduce anxiety or find peace, but begin to view suffering as part of the journey toward God.

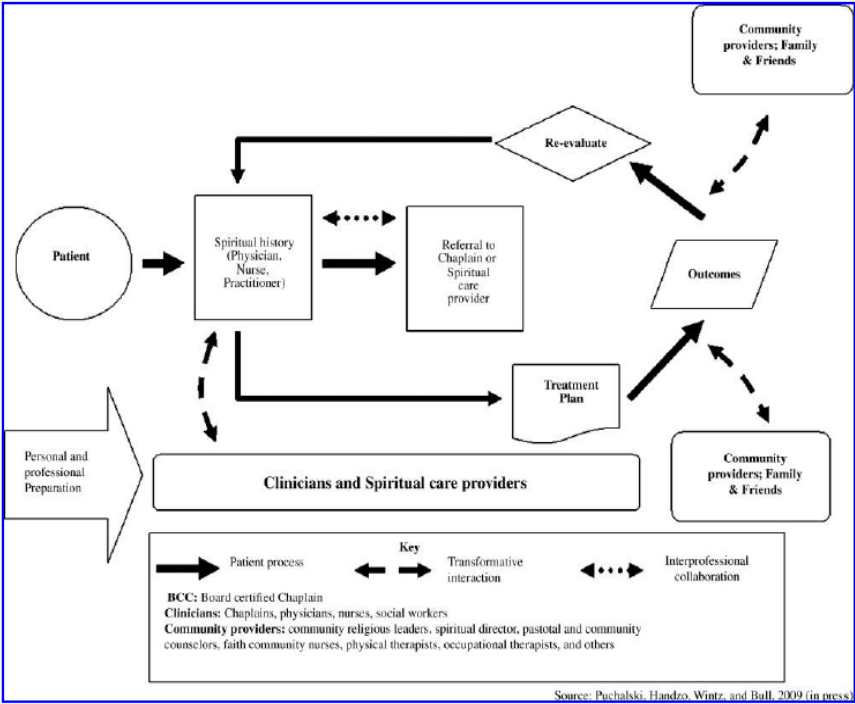
These findings align with modern spiritual care literature, indicating that experiences of transcendence and spiritual connectedness significantly contribute to the quality of life of palliative care patients, as described by Tracy A. Balboni et al.⁷² in the following diagram:

⁷⁰ Koenig and Carey.

⁷¹ Sachiko Murata, "The Vision of Islam-1," *Defence Journal*, 25.4 (2022), 14.

⁷² Balboni, VanderWeele, and others.

Figure 2.
Biopsychosocial-Spiritual Model in Healthcare



Source: Puchalski et al., 2009.⁷³

The biopsychosocial-spiritual model proposed by Balboni et al. (2014), shown in Figure 2, emphasizes integrating spiritual care into healthcare and involving spiritual care providers in addressing patients’ spiritual needs. Spiritual care is therefore positioned as an integral component of holistic care, particularly in supporting patients facing serious illness and end-of-life

⁷³ Christina M Puchalski, Betty Ferrell, and others, ‘Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference’, *Journal of Palliative Medicine*, 12.10 (2009), 885–904 <<https://doi.org/10.1089/jpm.2009.0142>>.

conditions.⁷⁴ Building on this framework, the present study operationalizes Sufi-based palliative spiritual care through the *takhalli-tahalli-tajalli* framework by linking spiritual problems, interventions, immediate experiential outcomes, and expected spiritual outcomes.

At the *takhalli* stage, guilt and regret are addressed through *muhasabah* (self-reflection), *taubah* (repentance), *istighfar* (seeking forgiveness), and reconciliation, with emotional release as the immediate outcome and reconciliation as the expected spiritual outcome. At the *tahalli* stage, anxiety and hopelessness are addressed through *dhikr*, *Asmaul Husna*, and *muraqabah*, with increased hope as the immediate outcome and *tawakkul* as the expected spiritual outcome. At the *tajalli* stage, fear of death is addressed through reflection and acceptance, with greater acceptance as the immediate outcome and *thuma'ninah* (serenity) and *ridha* (acceptance) as the expected spiritual outcomes.⁷⁵

In this context, *tajalli* is understood not as an abstract supernatural experience, but as a psychospiritual condition reflected in *thuma'ninah* and *ridha* of Allah's decree. The three stages are interconnected rather than strictly linear and may overlap, depending on patients' spiritual needs and conditions. Thus, the *takhalli-tahalli-tajalli* framework provides a contextual model for organizing Sufi-based

⁷⁴ Michael J Balboni, Christina M Puchalski, and John R Peteet, 'The Relationship between Medicine, Spirituality and Religion: Three Models for Integration', *Journal of Religion and Health*, 53.5 (2014), 1586–98.

⁷⁵ Zaen Musyirifin, 'Implementing the Characteristics of the Prophet in Behavioral Counseling', *Al Irsyad: Journal of Islamic Counseling*, 11.2 (2020), 151–60.

spiritual care in addressing the spiritual needs of Muslim patients receiving palliative care.

The Development of a Sufi-Based Palliative Spiritual Care Model Based on the Spiritual Needs of Muslim Patients

A palliative spiritual care model based on Sufi preaching significantly impacts patients' psychospiritual well-being. The model's effectiveness is evident not only in patients' emotional changes but also in how they interpret suffering, face death, and build a spiritual relationship with God. These findings show that Sufi interventions function not merely as symbolic religious support but as therapeutic mechanisms that influence the cognitive, affective, and existential dimensions of palliative care. In general, participants described the spiritual accompaniment experience as a process that helped them achieve peace of mind, reduce anxiety, and increase acceptance of their terminal condition. These findings align with international studies that affirm that spiritual care plays a crucial role in supporting medical treatment and promoting patient recovery.⁷⁶ Research findings by Arifin⁷⁷ D'Souza and Rodrigo,⁷⁸ Post,⁷⁹ and

⁷⁶ Mary Rockwood Lane, 'Creativity and Spirituality in Nursing: Implementing Art in Healing', *Holistic Nursing Practice*, 19.3 (2005), 122–25; Thomas G Plante and Carl E Thoresen, *Spirit, Science, and Health: How the Spiritual Mind Fuels Physical Wellness* (Bloomsbury Publishing USA, 2007).

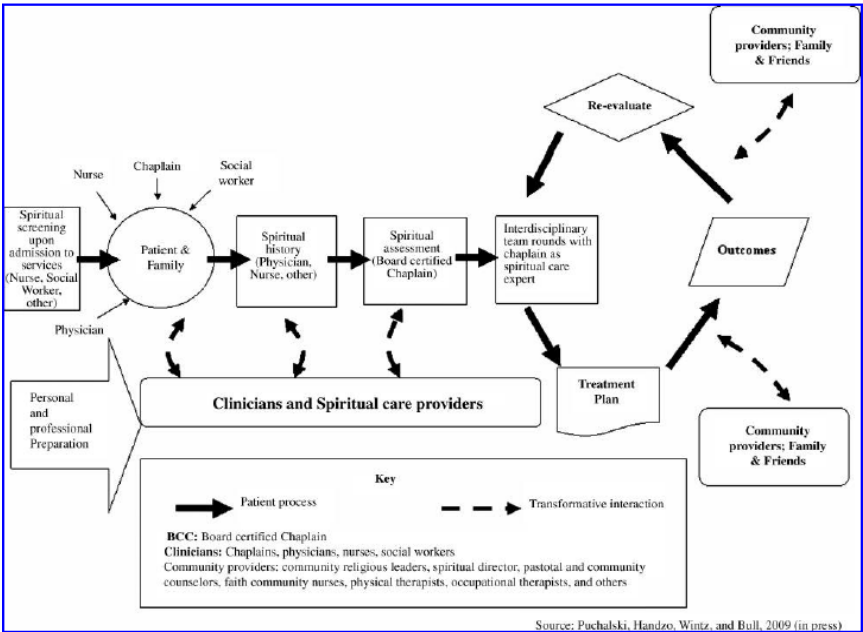
⁷⁷ Isep Zainal Arifin, 'Islamic Guidance and Counseling for Inpatients in Hospitals', *Journal of Da'wah Studies*, 6.1 (2012).

⁷⁸ Russell F. D'Souza and Angelo Rodrigo, 'Spiritually Augmented Cognitive Behavioural Therapy', *Australasian Psychiatry*, 12.2 (2004) <<https://doi.org/10.1111/j.1039-8562.2004.02095.x>>.

⁷⁹ Stephen G Post, 'Altruism, Happiness, and Health: It's Good to Be Good', *An Exploration of the Health Benefits of Factors That Help Us to Thrive*, 2014, 66–76.

Swinton⁸⁰ indicate that integrating medical and spiritual dimensions contributes to improved quality of life, reduced spiritual distress, and strengthened coping in terminally ill patients. This relationship can be seen in the following diagram:⁸¹

Figure 3.
Medical and Spiritual Dimensions in Healing Patients



Source: Puchalski et al., 2009.⁸²

A conference sponsored by the Archstone Foundation, held in February 2009 in Pasadena,

⁸⁰ John Swinton, 'From Inclusion to Belonging: A Practical Theology of Community, Disability, and Humanness', *Journal of Religion, Disability & Health*, 16.2 (2012), 172-90.

⁸¹ Puchalski et al.

⁸² Puchalski, Ferrell, and others.

California, and in Long Beach, California, resulted in a consensus on several care models that incorporate the spiritual dimension into the provision of high-quality palliative care. The first model shown above was published by Christina Puchalski et al. in “Journal of Palliative Medicine” under the title: “Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference”. According to Christina Puchalski et al., “the conference was based on the belief that spiritual care is a fundamental component of quality palliative care”.⁸³ Palliative care involves integrated services provided by doctors, nurses, therapists, medical social workers, psychologists, chaplains, volunteers, and other necessary professionals.

The findings indicate that *takhalli* was reflected in participants’ accounts of releasing feelings of guilt, regret, unresolved emotional burdens, and spiritual fear. In this study, *takhalli* was expressed through practices such as self-reflection, repentance, seeking forgiveness, family reconciliation, and reflection on one’s life journey. Participants described these practices as providing an opportunity to acknowledge past mistakes, express suppressed emotions, and address concerns related to sin, forgiveness, and preparation for death. One patient (PAS-01), a 58-year-old man with stage IV lung cancer, described his experience as follows. “After the *muhasabah* and *taubat* sessions, it felt like a heavy burden had been lifted. I could breathe a sigh of relief. I

⁸³ Christiana Puchalski, “The Spiritual Care of Patients and Families at the End of Life”, *Safe Passage: A Global Spiritual Sourcebook for Care at the End of Life*, 2013.

used to be very afraid whenever I thought of my sins, but now my heart is more at peace.”⁸⁴

A similar experience was described by a family member (KEL-01), who observed changes in the patient's emotional and spiritual condition: “Before receiving spiritual guidance, my father was often restless and had trouble sleeping. After regularly reciting *dzikir* and being encouraged to talk about repentance, he became calmer and more accepting of his situation.”⁸⁵ Taken together, these accounts show that participants perceived *takhalli*-related practices as providing emotional and spiritual relief, particularly in relation to guilt, regret, spiritual fear, and unresolved concerns. The findings therefore indicate a perceived experience of greater calmness and acceptance following spiritual guidance. These observations represent participants’ subjective accounts and are not intended to demonstrate a clinically measured reduction or establish the causal effectiveness of *takhalli*.

These findings indicate that the suffering of palliative care patients stems not only from physical conditions but also from existential guilt and spiritual anxiety regarding the meaning of life, sin, and the uncertainty of the afterlife. In existential psychology, these conditions are part of death anxiety that arises when individuals face the limitations of life and death.⁸⁶ From an Islamic perspective, this anxiety relates to the need to obtain *maghfirah* (Allah’s forgiveness) and

⁸⁴ PAS-01.

⁸⁵ KEL-01.

⁸⁶ Irvin D Yalom, ‘Staring at the Sun: Overcoming the Terror of Death’, *The Humanistic Psychologist*, 36.3–4 (2008), 283–97.

tazkiyat al-nafs (the purification of the soul). From a Sufi perspective, *takhalli* is not merely an acknowledgment of sin, but a process of emptying oneself of emotional and spiritual burdens that hinder closeness to Allah. The practices of *muhasabah* and *dzikir taubat* help patients release negative emotions and achieve inner peace. Neuropsychologically, the repetition of prayers and *dzikir* has also been shown to aid in relaxation and emotional stability.⁸⁷ Thus, *takhalli* demonstrates strong therapeutic potential in helping palliative care patients achieve spiritual reconciliation and existential acceptance.

The second finding indicates that the practice of therapeutic *muraqabah* (mindfulness) within the *tahalli* pillar is highly effective in reducing the intensity of pain as subjectively reported by patients. *Muraqabah* is practiced through spiritual mindfulness exercises, contemplative *dzikir*, experiencing Allah's presence, and spiritual relaxation techniques based on *dzikir* breathing. Patients described that this practice helped them shift their focus from pain toward an experience of inner peace and spiritual closeness to Allah. One patient stated, "When I'm doing dhikr while focusing on Allah, the pain doesn't completely disappear, but it feels lighter and I'm not as panicked."⁸⁸ Palliative care nurses also observed significant changes in patients following *muraqabah* sessions: a nurse noted that, "Patients who previously frequently complained of pain and restlessness typically become calmer after being guided

⁸⁷ Laura E Captari, Steven J Sandage, and Richard A Vandiver, 'Spiritually Integrated Psychotherapies in Real-World Clinical Practice: Synthesizing the Literature to Identify Best Practices and Future Research Directions.', *Psychotherapy*, 59.3 (2022), 307.

⁸⁸ PAS-02.

through *dzikir* and spiritual relaxation. They appear more relaxed.”⁸⁹

These findings demonstrate that pain experiences in palliative care patients are not solely biological but are also influenced by psychological and spiritual factors. In Saunders’ theory of total pain, pain in terminally ill patients encompasses physical, emotional, social, and spiritual dimensions simultaneously.⁹⁰ Therefore, spiritual interventions can influence pain perception by helping patients develop emotional calm and existential acceptance. The results of this study are consistent with the findings of Büssing et al., who found a negative correlation between spirituality and the perception of chronic pain in cancer patients.⁹¹ The higher the patient’s spiritual well-being, the lower the subjective pain intensity. Research by Delgado-Guay et al. also indicates that advanced-stage cancer patients with good spiritual well-being tend to have lower levels of distress and pain.⁹² Additionally, a systematic review by Xing et al. found that spiritual interventions based on meditation, prayer, and mindfulness are effective in improving quality of life as well as reducing anxiety and pain in palliative care patients.⁹³

⁸⁹ PRW-02.

⁹⁰ P Saunders et al., ‘Uncertainty Budgets for Calibration of Radiation Thermometers below the Silver Point’, *International Journal of Thermophysics*, 29.3 (2008), 1066–83.

⁹¹ Büssing, Kloke, and Gerundt.

⁹² Marvin O Delgado-Guay et al., ‘Spirituality, Religiosity, and Spiritual Pain in Advanced Cancer Patients’, *Journal of Pain and Symptom Management*, 41.6 (2011), 986–94.

⁹³ YinHu Tan et al., ‘A Scoping Review of Digital Technology Applications in Palliative Care’, *BMC Palliative Care*, 23.1 (2024), 290.

From a Sufi perspective, *muraqabah* is a practice of deep awareness that Allah is ever-present and watches over human life. This transcendental awareness helps patients develop *thuma'ninah* (inner peace), reducing fear and panic about physical suffering. For Muslim palliative care patients, dhikr and *muraqabah* also function as forms of spiritual mindfulness that help individuals remain consciously present in the experience of suffering without being overwhelmed by anxiety and despair. In addition to reducing subjective pain, the practice of *muraqabah* also helps patients find spiritual meaning in the suffering they experience. One spiritual guide explained, "When patients begin to feel that this pain is a path to draw closer to Allah, they usually become more patient and less focused on the physical pain."⁹⁴

These findings demonstrate that the effectiveness of Sufi-based interventions extends beyond the emotional level to the cognitive and existential levels. Patients no longer view suffering as a mere threat but rather as part of a spiritual journey toward Allah. In meaning-centered care theory, the ability to find spiritual meaning in suffering significantly contributes to enhanced psychological resilience and quality of life for terminally ill patients.⁹⁵ These qualitative findings indicate that a Sufi-based palliative spiritual care model demonstrates strong effectiveness in helping patients cope with existential anxiety, guilt, spiritual distress, and pain perception. This effectiveness stems from the Sufi interventions' holistic approach, which integrates the

⁹⁴ BRH-01.

⁹⁵ William S. Breitbart.

patient's emotional, spiritual, cognitive, and relational dimensions. These research results also reinforce various findings in the international literature that spiritual care is not merely a complement to medical care but an important therapeutic component in improving the quality of life of palliative care patients. In Muslim society, the Sufi *da'wah* approach is highly relevant, as it provides contextual, meaningful spiritual care aligned with patients' religious frameworks as they approach the end of life.

D. Conclusion

This study shows that the spiritual needs of Muslim patients in palliative care are multidimensional and closely related to existential experiences in coping with suffering, forgiveness, the search for meaning, death, and the relationship with Allah. The five primary needs identified include reconciliation and forgiveness, the search for meaning in suffering, a spiritual connection with the religious community, preparation for a good death or *husnul khatimah*, and inner peace. These findings indicate that spiritual needs in palliative care are not only related to religious ritual practices but also encompass self-acceptance, the interpretation of suffering, interpersonal relationships, and readiness to face the end of life.

Based on these needs, this study developed a model of palliative spiritual care rooted in Sufi *da'wah* and grounded in *Tazkiyat al-Nafs* through three interrelated stages: *takhalli*, *tahalli*, and *tajalli*. *Takhalli* focuses on releasing feelings of guilt, regret, and spiritual burdens through *muhasabah*, *taubah*, *istighfar*, and reconciliation. *Tahalli* focuses on strengthening hope, *tawakkul*, and positive spiritual qualities through *dzikir*, *Asmaul Husna*,

muraqabah, and spiritual guidance. Meanwhile, *tajalli* focuses on accepting the end-of-life condition through reflection, spiritual preparation, and experiencing *thuma'ninah* (serenity) and *ridha* (acceptance).

The experiences shared by the informants indicate that these practices are associated with emotional relief, increased hope, acceptance of illness, and inner peace. These findings suggest the potential relevance of the Sufi *da'wah* approach in addressing the spiritual needs of Muslim patients in the palliative care phase. However, these experiences represent the informants' subjective perceptions and cannot be interpreted as evidence of clinical effectiveness or statistically measurable efficacy. Thus, the model developed in this study constitutes a contextual conceptual framework based on qualitative findings, not a validated clinical intervention.

Theoretically, this study contributes to *da'wah*, Islamic counseling, and spiritual care by integrating *Tazkiyat al-Nafs* and *takhalli-tahalli-tajalli* within palliative care for Muslim patients. Practically, this model can serve as an initial framework for the development of spiritual services that are responsive to the religious and cultural needs of Muslim patients.

This study has limitations in including a limited number of informants and a specific research context. Additionally, the Islamic mission of Sultan Agung Islamic Hospital may introduce social desirability bias in informants' accounts of their spiritual experiences. Although the study applied reflexivity, it did not explicitly address the researcher's positionality—particularly the researcher's relationship to Sufi practices and the research institution—which could influence data interpretation.

Future research should test the model in more diverse contexts and employ a mixed-methods approach to evaluate the model's outcomes more systematically.

REFERENCES

- Abu-Raiya, Hisham, and Kenneth I Pargament, 'Religious Coping among Diverse Religions: Commonalities and Divergences.', *Psychology of Religion and Spirituality*, 7 (2015), 24
<https://psycnet.apa.org/doi/10.1037/a0037652>
- Ahmad, Rusdin, *Sufisme Kontemporer: Perspektif Pemikiran Seyyed Hossein Nasr* (Divya Media Pustaka, 2025)
- Ajemba, Michael N, and Ebube C Arene, 'Possible Advantages That May Be Enhanced With the Adoption of Research Triangulation or Mixed Methodology', *Magna Scientia Advanced Research and Reviews*, 6 (2022), 58–61
<<https://doi.org/10.30574/msarr.2022.6.1.0066>>
- Al-Ghazali, A H, 'Ihya'Ulum Al-Din. Beirut: Dar Al-Kutub Al-'Ilmiyyah', *Jilid*, 3 (2004), 52–55
- Aldwin, Carolyn M, Loriga Yancura, and Hyunyup Lee, 'Stress, Coping, and Aging', in *Handbook of the Psychology of Aging* (Elsevier, 2021), pp. 275–86
- Almaraz, David, Jesús Saiz, Florentino Moreno Martín, Iván Sánchez-Iglesias, Antonio J Molina, and Tamara L Goldsby, 'What Aspects of Religion and Spirituality Affect the Physical Health of Cancer Patients? A Systematic Review', in *Healthcare* (MDPI, 2022), x, 1447
- Arifin, Isep Zainal, 'Bimbingan Dan Konseling Islam Untuk Pasien Rawat Inap Di Rumah Sakit', *Jurnal Ilmu Dakwah*, 6 (2012) <https://doi.org/10.15575/jidajhs.v6i1.332>

- Austin, Philip D, Wei Lee, Robyn Keall, and Melanie R Lovell, 'Efficacy of Spiritual Interventions in Palliative Care: An Umbrella Review of Systematic Reviews', *Palliative Medicine*, 39 (2025), 70–85
<https://doi.org/10.1177/02692163241287650>
- Balboni, Michael J, Christina M Puchalski, and John R Peteet, 'The Relationship between Medicine, Spirituality and Religion: Three Models for Integration', *Journal of Religion and Health*, 53 (2014), 1586–98
<https://doi.org/10.1007/s10943-014-9901-8>
- Balboni, Tracy A, Tyler J VanderWeele, Stephanie D Doan-Soares, Katelyn N G Long, Betty R Ferrell, George Fitchett, and others, 'Spirituality in Serious Illness and Health', *Jama*, 328 (2022), 184–97
<https://doi.org/10.1001/jama.2022.11086>
- Balboni, Tracy A, Lauren C Vanderwerker, Susan D Block, M Elizabeth Paulk, Christopher S Lathan, John R Peteet, and others, 'Religiousness and Spiritual Support among Advanced Cancer Patients and Associations with End-of-Life Treatment Preferences and Quality of Life', *Journal of Clinical Oncology*, 25 (2007), 555–60
<https://doi.org/10.1200/jco.2006.07.9046>
- Belk, Winifred, and Tracy A Balboni, *Impact of Spiritual Care on Patient Outcomes at the End of Life, Spiritual Care in Palliative Care: What It Is and Why It Matters* (Springer Nature, 2024) <https://doi.org/10.1007/978-3-031-50864-6_13>
- Bell, Emma, Alan Bryman, and Bill Harley, 'Documentary Data', *Oxford*, 2022
<<https://doi.org/10.1093/hebz/9780198869443.003.0035>>

- Berger, Roni, 'Now I See It, Now I Don't: Researcher's Position and Reflexivity in Qualitative Research', *Qualitative Research*, 15 (2013), 219-34 <<https://doi.org/10.1177/1468794112468475>>
- Best, Megan, Phyllis Butow, and Ian Olver, 'Spiritual Support of Cancer Patients and the Role of the Doctor', *Supportive Care in Cancer*, 22 (2014), 1333-39 <<https://doi.org/10.1007/s00520-013-2091-1>>
- Bowen, Glenn A, 'Document Analysis as a Qualitative Research Method', *Qualitative Research Journal*, 9 (2009), 27-40 <<https://doi.org/10.3316/qjrj0902027>>
- Br, A Nurhidayah, and Darussalam Syamsuddin, 'Langkah Spiritual: Pendekatan Metodologis Menuju Puncak Capaian Sufistik', *Al-Qalam: Jurnal Kajian Islam Dan Pendidikan*, 17 (2025), 1-11 <<https://doi.org/10.47435/al-qalam.v16i1>>
- Braun, Virginia, and Victoria Clarke, 'Using Thematic Analysis in Psychology', *Qualitative Research in Psychology*, 3 (2006), 77-101 <<https://doi.org/10.1191/1478088706qp063oa>>
- Breitbart, William, 'Existential Isolation', *Palliative & Supportive Care*, 15 (2017), 403-4
- Breitbart, William S, *Meaning-Centered Psychotherapy in the Cancer Setting: Finding Meaning and Hope in the Face of Suffering* (Oxford University Press, 2016)
- BRH-01, 'Interview with Spiritual Counselor 01 on 20 October 2025 at Sultan Agung Islamic Hospital Semarang', 2025

BRH-02, 'Interview with Spiritual Counselor 02 on 20 October 2025 at Sultan Agung Islamic Hospital Semarang', 2025

BRH-03, 'Interview with Spiritual Counselor 03 on 20 October 2025 at Sultan Agung Islamic Hospital Semarang', 2025

Büssing, Arndt, Marianne Kloke, and Mareike Gerundt, 'Unmet Spiritual Needs, Spiritual Wellbeing and Support Satisfaction of End-of-Life Patients: Findings from a Spiritual and Existential Care Training Program (SpEci) for Health Care Practitioners within Inpatient Geriatric Care, Palliative Care Units and H', *Journal of Religion and Health*, 64 (2025), 2275–96

Candrawati, Vita Lastriana, K H Jazilul Fawaid, and Zikry Septoyadi, *Tasawuf Kontemporer (wawasan Ilmu)*

Captari, Laura E, Richard G Cowden, Steven J Sandage, Edward B Davis, Andrea Ortega Bechara, Shaun Joynt, and others, 'Religious/Spiritual Struggles and Depression during COVID-19 Pandemic Lockdowns in the Global South: Evidence of Moderation by Positive Religious Coping and Hope.', *Psychology of Religion and Spirituality*, 14 (2022), 325
<https://psycnet.apa.org/doi/10.1037/rel0000474>

Captari, Laura E, Steven J Sandage, and Richard A Vandiver, 'Spiritually Integrated Psychotherapies in Real-World Clinical Practice: Synthesizing the Literature to Identify Best Practices and Future Research Directions.', *Psychotherapy*, 59 (2022), 307
<https://doi.org/10.1037/pst0000407>

Chochinov, Harvey Max, Beverley Cann, Katherine Cullihall,

- Linda Kristjanson, Mike Harlos, Susan E McClement, and others, 'Dignity Therapy: A Feasibility Study of Elders in Long-Term Care', *Palliative & Supportive Care*, 10 (2012), 3–15
<https://doi.org/10.1017/s1478951511000538>
- Coelho, Joana, Ana Querido, Cristina Costeira, and Carlos Laranjeira, 'Spiritual Care Competence in Palliative Care: A Concept Analysis', *Journal of Religion and Health*, 64 (2025), 3740–62 <https://doi.org/10.1007/s10943-025-02408-1>
- D'Souza, Russell F., and Angelo Rodrigo, 'Spiritually Augmented Cognitive Behavioural Therapy', *Australasian Psychiatry*, 12 (2004) <<https://doi.org/10.1111/j.1039-8562.2004.02095.x>>
- Day, Ronald E, 'Robert Pagès' Concept of the "Auto-Document" as a Forerunner to Neo-Documentation's Philosophy of Documentality', *Journal of Documentation*, 80 (2024), 813–23 <<https://doi.org/10.1108/jd-07-2023-0123>>
- Delgado-Guay, Marvin O, David Hui, Henrique A Parsons, Kathy Govan, Maxine De la Cruz, Steven Thorney, and others, 'Spirituality, Religiosity, and Spiritual Pain in Advanced Cancer Patients', *Journal of Pain and Symptom Management*, 41 (2011), 986–94
<https://doi.org/10.1016/j.jpainsymman.2010.09.017>
- Engward, Hilary, and Géraldine Davis, 'Being Reflexive in Qualitative Grounded Theory: Discussion and Application of a Model of Reflexivity', *Journal of Advanced Nursing*, 71 (2015), 1530–38
<<https://doi.org/10.1111/jan.12653>>
- Ferrell, Betty R., Tami Borneman, Marianna Koczywas, and

Paul Galchutt, 'Research Synthesis Related to Oncology Family Caregiver Spirituality in Palliative Care', *Journal of Palliative Medicine*, 2024
<<https://doi.org/10.1089/jpm.2024.0209>>

Frankl, Viktor E, *Man's Search for Meaning* (Simon and Schuster, 1985)

Ghamian, Manar, *Navigating the Soul's Departure: Spiritual Care for Muslim Patients in Palliative Care, Spiritual Care in Palliative Care: What It Is and Why It Matters* (Springer Nature, 2024)
<https://doi.org/10.1007/978-3-031-50864-6_7>

Gillan, Caitlin, Cathryne Palmer, and Amanda Bolderston, *Qualitative Methodologies and Analysis, Research for the Radiation Therapist: From Question to Culture* (Apple Academic Press, 2014)
<<https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054208035&partnerID=40&md5=adc14e465f46c26e67f99db85e02bd70>>

Hendson, Leonora, Misty D Reis, and David Nicholas, 'Health Care Providers' Perspectives of Providing Culturally Competent Care in the NICU', *Journal of Obstetric Gynecologic & Neonatal Nursing*, 44 (2015), 17-27
<<https://doi.org/10.1111/1552-6909.12524>>

Ihwanudin, Nandang, Badrah Uyuni Nurbayani, M Nurul Ma'arif, Andi Hajar, Insan Nulyaman, Hadi Widodo, and others, *Akhlaq Tasawuf* (CV Get Press Indonesia, 2025)

Isgandarova, Nazila, *Mindfulness Techniques and Practices in Islamic Psychotherapy: The Power of Muraqabah* (Routledge, 2024)

Ismail, Mohamad Firdaus, Siti Norkhadajah Binti Sharel, and

- Siti Zuhaidah Shahadan, 'Spiritual Care in Palliative Settings: A Scoping Review of Caregivers' Perspectives in Selected Islamic Countries', *Malaysian Journal of Qualitative Research*, 10 (2024), 119 – 132
<<https://doi.org/10.61211/mjqr100110>>
- James, Sharon, Jane Desborough, Susan McInnes, and Elizabeth Halcomb, 'Strategies for Using Non-Participatory Video Research Methods in General Practice', *Nurse Researcher*, 27 (2019), 32–37
<<https://doi.org/10.7748/nr.2019.e1667>>
- Ji, Yang, 'A Methodological Exploration of Document Analysis as a Qualitative Research Method', *Korean Association for Qualitative Inquiry*, 10 (2024), 25–56
<<https://doi.org/10.30940/jqi.2024.10.3.25>>
- KEL-01, 'Interview with the Family of Patient 01 on 18 October 2025 at Sultan Agung Islamic Hospital Semarang', 2025
- KEL-02, 'Interview with the Family of Patient 02 on 19 October 2025 at Sultan Agung Islamic Hospital Semarang', 2025
- Kemparaj, Umesh, and Sangeeta Chavan, 'Qualitative Research: A Brief Description', *Indian Journal of Medical Sciences*, 67 (2013), 89 – 98
<<https://doi.org/10.4103/0019-5359.121127>>
- Khoirunnisak, Khoirunnisak, 'Hubungan Kesejahteraan Spiritual Dengan Kualitas Hidup Pasien Hemodialisa' (Universitas Islam Sultan Agung Semarang, 2025)
- Koenig, Harold G, and Lindsay B Carey, 'Religion, Spirituality and Health Research: Warning of Contaminated Scales', *Journal of Religion and Health*, 63 (2024), 3729–43
<http://dx.doi.org/10.1007/s10943-024-02112-6>

- Kristiansen, Maria, and Aziz Sheikh, 'Understanding Faith Considerations When Caring for Bereaved Muslims', *Journal of the Royal Society of Medicine*, 105 (2012), 513–17 <https://doi.org/10.1258/jrsm.2012.120284>
- Lane, Mary Rockwood, 'Creativity and Spirituality in Nursing: Implementing Art in Healing', *Holistic Nursing Practice*, 19 (2005), 122–25 <https://doi.org/10.1097/00004650-200505000-00008>
- Mays, Nicholas, and Catherine Pope, *Introduction, Qualitative Research in Health Care* (wiley, 2019) <<https://doi.org/10.1002/9781119410867.ch1>>
- Milat, Andrew, Adrian Bauman, and Sally Redman, 'A Narrative Review of Research Impact Assessment Models and Methods', *Health Research Policy and Systems*, 13 (2015) <<https://doi.org/10.1186/s12961-015-0003-1>>
- Murata, Sachiko, 'The Vision of Islam-1', *Defence Journal*, 25 (2022), 14
- Musyryfin, Zaen, 'Implementasi Sifat-Sifat Rasulullah Dalam Konseling Behavioral', *Al Irsyad: Jurnal Bimbingan Konseling Islam*, 11 (2020), 151–60 <https://doi.org/10.15548/jbki.v11i2.2088>
- El Nawawi, Nora M., Michael J. Balboni, and Tracy A. Balboni, 'Palliative Care and Spiritual Care', *Current Opinion in Supportive & Palliative Care*, 6 (2012), 269–74 <<https://doi.org/10.1097/SPC.0b013e3283530d13>>
- Nowell, Lorelli, Jill M Norris, Deborah White, and Nancy J Moules, 'Thematic Analysis', *International Journal of Qualitative Methods*, 16 (2017) <<https://doi.org/10.1177/1609406917733847>>

- Park, Tanya, Lydia Mutoni, Ramya Sridhar, Kathleen Hegadoren, and Bernadette Workun, 'Mental Healthcare Providers Understanding and Experiences of Palliative Care: A Qualitative Analysis', *Journal of Palliative Care*, 2022 <<https://doi.org/10.1177/08258597221134865>>
- PAS-01, 'Interview with Patient 01 on 18 October 2025 at Sultan Agung Islamic Hospital Semarang', 2025
- PAS-02, 'Interview with Patient 02 on 19 October 2025 at Sultan Agung Islamic Hospital Semarang', 2025
- PAS-03, 'Interview with Patient 03 on 19 October 2025 at Sultan Agung Islamic Hospital Semarang', 2025
- Plante, Thomas G, and Carl E Thoresen, *Spirit, Science, and Health: How the Spiritual Mind Fuels Physical Wellness* (Bloomsbury Publishing USA, 2007)
- Post, Stephen G, 'Altruism, Happiness, and Health: It's Good to Be Good', *An Exploration of the Health Benefits of Factors That Help Us to Thrive*, 2014, 66–76
https://doi.org/10.1207/s15327558ijbm1202_4
- Post, Stephen G, Christina M Puchalski, and David B Larson, 'Physicians and Patient Spirituality: Professional Boundaries, Competency, and Ethics', *Annals of Internal Medicine*, 132 (2000), 578–83
<https://doi.org/10.7326/0003-4819-132-7-200004040-00010>
- PRW-01, 'Interview with Nurse 01 on 21 October 2025 at Sultan Agung Islamic Hospital Semarang', 2025
- PRW-02, 'Interview with Nurse 02 on 22 October 2025 at Sultan Agung Islamic Hospital Semarang', 2025
- Puchalski, C, 'Spirituality as an Essential Domain of Palliative Care: Caring for the Whole Person', *Progress in Palliative*

Care, 20 (2012), 63–65
<<https://doi.org/10.1179/0969926012z.0000000000028>>

Puchalski, Christiana, 'The Spiritual Care of Patients and Families at the End of Life', *Safe Passage: A Global Spiritual Sourcebook for Care at the End of Life*, 2013

Puchalski, Christina M, 'Spirituality and the Care of Patients at the End-of-Life: An Essential Component of Care', *Omega: Journal of Death and Dying*, 56 (2007), 33 – 46
<<https://doi.org/10.2190/OM.56.1.d>>

Puchalski, Christina M, Betty Ferrell, Rose Virani, Shirley Otis-Green, Pamela Baird, Janet Bull, and others, 'Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference', *Journal of Palliative Medicine*, 12 (2009), 885–904 <<https://doi.org/10.1089/jpm.2009.0142>>

Puchalski, Christina M, Robert Vitillo, Sharon K Hull, and Nancy Reller, 'Improving the Spiritual Dimension of Whole Person Care: Reaching National and International Consensus', *Journal of Palliative Medicine*, 17 (2014), 642–56
<https://doi.org/10.1089/jpm.2014.9427>

———, 'Improving the Spiritual Dimension of Whole Person Care: Reaching National and International Consensus', *Journal of Palliative Medicine*, 17 (2014), 642–56
<<https://doi.org/10.1089/jpm.2014.9427>>

Rahman, Idrus, Latuopo Huzaifah, and Maseni Hartinah, 'Tasawuf Dan Modernitas: Perspektif Kajian Islam Kontemporer', *IHSAN: Jurnal Penelitian Dan Pendidikan Islam*, 1 (2025), 23–36
<<https://doi.org/10.66031/ihsan.v1i1.120>>

———, 'Tasawuf Dan Modernitas: Perspektif Kajian Islam Kontemporer', *IHSAN: Jurnal Penelitian Dan Pendidikan Islam*, 1 (2025), 23–36

Rego, Francisca, *Spirituality and Mental Health, Spiritual Care in Palliative Care: What It Is and Why It Matters* (Springer Nature, 2024) <https://doi.org/10.1007/978-3-031-50864-6_15>

Rumbold, Bruce D, 'Caring for the Spirit: Lessons from Working with the Dying', *Medical Journal of Australia*, 179 (2003), S11–S13 <<https://doi.org/10.5694/j.1326-5377.2003.tb05568.x>>

Santos, Jonatas Caetite, Adriana da Silva Sena, and Jelber Manzoli Dos Anjos, 'Spirituality and religiosity in the approach to patients under palliative care; [Espiritualidade e religiosidade na abordagem a pacientes sob cuidados paliativos]; [Espiritualidad y religiosidad en la asistencia a pacientes en cuidados paliativos]', *Revista Bioetica*, 30 (2022), 382 – 390 <<https://doi.org/10.1590/1983-80422022302534PT>>

Saunders, P, J Fischer, M Sadli, Mauro Battuello, C W Park, Z Yuan, and others, 'Uncertainty Budgets for Calibration of Radiation Thermometers below the Silver Point', *International Journal of Thermophysics*, 29 (2008), 1066–83

Sepúlveda, Cecilia, Amanda Marlin, Tokuo Yoshida, and Andreas Ullrich, 'Palliative Care: The World Health Organization's Global Perspective', *Journal of Pain and Symptom Management*, 24 (2002), 91–96 <[https://doi.org/10.1016/S0885-3924\(02\)00440-2](https://doi.org/10.1016/S0885-3924(02)00440-2)>

Smulowitz, Stacy, 'Document Analysis', 2017, 1–8 <<https://doi.org/https://doi.org/10.1002/978111890>>

1731.iecrm0071>

Swinton, John, 'From Inclusion to Belonging: A Practical Theology of Community, Disability and Humanness', *Journal of Religion, Disability & Health*, 16 (2012), 172–90 <https://doi.org/10.1080/15228967.2012.676243>

———, 'Spirituality and Mental Health Care: Rediscovering a 'forgotten' dimension', 2001

Tan, YinHu, Xue Liang, Wei Ming, HuiMin Xing, Yang Wang, and Yan Gao, 'A Scoping Review of Digital Technology Applications in Palliative Care', *BMC Palliative Care*, 23 (2024), 290 <https://doi.org/10.1186/s12904-024-01626-w>

Thomas, Lori P Montross, Emily A Meier, and Scott A Irwin, 'Meaning-Centered Psychotherapy: A Form of Psychotherapy for Patients with Cancer', *Current Psychiatry Reports*, 16 (2014), 488 <https://doi.org/10.1007/s11920-014-0488-2>

Uyun, Qurotul, Irwan Nuryana Kurniawan, and Nahdhata Jaufalaily, 'Repentance and Seeking Forgiveness: The Effects of Spiritual Therapy Based on Islamic Tenets to Improve Mental Health', *Mental Health, Religion and Culture*, 22 (2019), 185 – 194 <<https://doi.org/10.1080/13674676.2018.1514593>>

Wynne, Lianne, 'Spiritual Care at the End of Life.', *Nursing Standard (Royal College of Nursing (Great Britain): 1987)*, 28 (2013), 41 – 45 <<https://doi.org/10.7748/ns2013.09.28.2.41.e7977>>

Yalom, Irvin D, 'Staring at the Sun: Overcoming the Terror of Death', *The Humanistic Psychologist*, 36 (2008), 283–97