

REVIEW ARTICLE

Islamic Ethics in Nursing: A Scoping Review of Clinical Fiqh Principles and Practice.

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Abstract

Introduction: Clinical Fiqh, an application of Islamic jurisprudence in healthcare, is essential in guiding nursing practice, particularly in ensuring ethical decision-making and holistic patient care. Despite its importance, there is limited research assessing nursing students' knowledge, attitudes, and practices (KAP) regarding Clinical Fiqh principles. **Objective:** This scoping review examines existing literature on the integration of Clinical Fiqh principles in nursing education and practice. **Methodology:** A systematic search was conducted using Scopus, PubMed, ProQuest, and SpringerLink databases. The review adhered to the PRISMA guidelines, selecting studies published between 2015 and 2024. Inclusion criteria focused on articles discussing Clinical Fiqh in nursing education and students' knowledge, attitudes, and practices (KAP) related to Islamic jurisprudence in healthcare. Studies not available in full text or unrelated to the research objectives were excluded. **Results:** Seventeen articles were identified for analysis, revealing key themes aligned with the knowledge, attitudes, and practices (KAP) framework, offering insights into students' understanding of Clinical Fiqh principles, their perceived importance, and application challenges in clinical settings. Findings indicate that while nursing students recognise the importance of Clinical Fiqh principles, gaps remain in their formal education, affecting their ability to apply them in clinical settings. Structured educational interventions, experiential learning, and competency-based assessments were suggested to enhance integration into nursing curricula. **Conclusion:** This review highlights the need for a structured approach to incorporating Clinical Fiqh into nursing education, ensuring culturally competent and ethically sound care. Future research should focus on developing standardised curricula, assessing the impact of Clinical Fiqh education on clinical competencies, and bridging the knowledge-practice gaps.

Keywords: *Clinical Fiqh, cultural competence, ethical nursing practice, holistic care, Islamic jurisprudence, nursing education.*

Introduction

Clinical Fiqh, derived from Islamic jurisprudence (Fiqh), is fundamental in ensuring that healthcare services align with Islamic ethical and legal principles. In nursing, Clinical Fiqh provides guidelines on ethical decision-making, patient care, and religious accommodations in healthcare settings, particularly for Muslim patients. These principles, rooted in the Qur'an and Sunnah, address key aspects such as modesty, end-of-life care, ritual purity, and dietary considerations, fostering a holistic approach to patient well-being. Integrating Clinical Fiqh into nursing education is particularly relevant in Muslim-majority regions, where culturally and religiously competent care is crucial for patient satisfaction and adherence to treatment plans [1,2]. However, despite its importance, there is a notable gap in nursing curricula regarding the structured teaching of Clinical Fiqh, potentially affecting the preparedness of nursing graduates in to address the religious needs of patients [3,4].

Existing research indicates that while spiritual care is recognised as an essential component of holistic nursing, many nursing students feel inadequately trained to provide it effectively [5]. Studies on religious competence in healthcare suggest that integrating faith-based knowledge into nursing education enhances students' ability to deliver compassionate, patient-centred care [6,7]. Furthermore, embedding Clinical Fiqh into nursing curricula supports ethically sound decision-making, especially in managing complex clinical issues like reproductive care, pain control, and terminal illness management [8]. Despite these potential benefits, limited empirical research has been conducted to evaluate the level of knowledge, attitudes, and practices (KAP) of nursing students regarding Clinical Fiqh, making it imperative to assess current educational gaps and propose strategies for improvement [9,10].

This scoping review aims to systematically explore the existing literature on integrating Clinical Fiqh principles in nursing education and practice. By analysing relevant studies, this review seeks to identify knowledge gaps, examine the impact of Clinical Fiqh education on

nursing students' competencies, and propose recommendations for curriculum enhancement. Given the increasing emphasis on culturally competent care, the findings of this review may contribute to developing educational strategies that better equip nursing students to address the religious and ethical needs of Muslim patients, ultimately improving the quality of care in diverse healthcare settings [11,12]. To the best of our knowledge, this is one of the first scoping reviews that systematically examines the intersection of Clinical Fiqh principles and nursing education, addressing a significant gap in existing literature.

Materials and methods

This scoping review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure transparency and rigor. The framework adopted for this review follows Arksey and O'Malley's methodological approach, which consists of five key stages: (1) identifying the research question, (2) searching for relevant studies, (3) selecting studies based on inclusion and exclusion criteria, (4) charting the data, and (5) synthesising the findings [13]. The primary research question guiding this review was: What are the existing studies on the knowledge, attitudes, and practices (KAP) of nursing students regarding Clinical Fiqh principles, and how are these principles integrated into nursing education? This review aims to explore available literature, identify gaps, and propose recommendations for improving the integration of Clinical Fiqh in nursing education. A comprehensive literature search was conducted using Scopus, PubMed, ProQuest, and SpringerLink, which were selected due to their extensive coverage of healthcare, medical education, and nursing research. A structured Boolean search strategy was used to refine the search and maximise the retrieval of relevant literature. The following keywords and Boolean operators were applied:

(nursing students OR nursing undergraduates) AND (Islamic legal principles comprehension)

AND (spiritual care OR religious care nursing) AND (nursing education OR nursing curriculum OR Islamic education nursing) AND (knowledge OR understanding OR comprehension) AND (attitudes OR perceptions OR behavior) AND (practices OR application)

These keywords were chosen based on common terminologies used in Islamic nursing ethics, spiritual care, and nursing education, ensuring a broad spectrum of relevant literature was considered.

To further enhance the search, truncation and wildcards were used where applicable to capture variations of words, such as “nurs*” to include nursing, nurses, and nurse practitioners. Additionally, subject headings (MeSH terms) were utilised in PubMed to refine the search related to Islamic jurisprudence in healthcare.

The SPIDER (Sample, Phenomenon of Interest, Design, Evaluation, Research type) framework was employed to structure the search strategy systematically. This approach ensures that relevant qualitative and quantitative studies are included.

The inclusion criteria for study selection were as follows: (1) studies focusing on Clinical Fiqh principles in nursing education or practice, (2) studies involving nursing students as the primary population, and (3) studies involving educators or other healthcare professionals were included only if their focus pertained directly to the integration or impact of Clinical Fiqh in nursing education. Studies solely focused on medical students or other professions without clear implications for nursing education were excluded (4) articles published in English, and (5) full-text availability. Articles were excluded if they did not specifically address Clinical Fiqh, were conceptual or opinion papers lacking empirical data, or focused solely on healthcare professionals other than nursing students. The screening process was conducted in two stages: first, titles and abstracts were reviewed independently by two researchers, and second, full-text articles were assessed for

eligibility. Discrepancies in selection were resolved through discussion.

To ensure consistency in selecting relevant Clinical Fiqh principles, we focused on rulings explicitly tied to nursing care and patient management. These included principles governing ritual purity (taharah), prayer and fasting exemptions for ill patients (rukhsah), gender-sensitive care, modesty in clinical procedures, end-of-life considerations, and spiritual accommodations. These categories were chosen based on their recurrence across preliminary literature, relevance to nursing education and practice, and alignment with the broader goals of holistic and ethical care in Islamic contexts. Only studies that directly addressed one or more of these domains in relation to nursing students or curricula were included in the final synthesis.

A standardised data extraction form was used to collect key information from the selected studies, including author(s), year of publication, study design, sample population, research objectives, methods, key findings, and limitations. The findings were analysed using thematic synthesis, grouping studies under the KAP framework—Knowledge of Clinical Fiqh principles, Attitudes towards its integration in nursing education, and Practices related to its implementation in clinical settings. This structured approach provided a comprehensive understanding of how Clinical Fiqh is integrated into nursing curricula and impacts students’ competencies in delivering culturally competent care.

To ensure the quality and credibility of the included studies, the Critical Appraisal Skills Programme (CASP) checklist was used to assess each article's methodological rigor. The CASP tool provides a structured approach to evaluate different study designs, including qualitative, cohort, and mixed-methods research. Two reviewers independently appraised each article using the relevant CASP checklist focusing on research clarity, methodological appropriateness, data collection and analysis, ethical considerations, and overall research value.

Discrepancies in assessment were resolved through discussion. While no studies were excluded based on appraisal outcomes—consistent with scoping review methodology—the CASP evaluation helped contextualise the strengths and limitations of the current body of literature.

Results

A total of 2,342 articles were identified through the initial database search. After removing duplicates and irrelevant studies, 2,083 articles remained for screening. Based on title and abstract screening, 148 articles were deemed relevant, and 17 met the full inclusion criteria for this scoping review. These studies varied in design, including cross-sectional surveys, qualitative explorations, and mixed-method studies, with sample populations primarily consisting of nursing students, educators, and healthcare professionals involved in nursing education. The findings from these studies were synthesised into three major themes: (1) knowledge of Clinical Fiqh principles among nursing students, (2) attitudes toward the integration of Clinical Fiqh in nursing curricula, and (3) practices related to Clinical Fiqh in clinical settings.

Knowledge of Clinical Fiqh Principles Among Nursing Students

Several studies indicated varying levels of knowledge among nursing students regarding Clinical Fiqh principles. While students exhibited a basic understanding of Islamic ethical guidelines, gaps were identified in specific rulings related to patient care, such as guidelines on ritual purity (taharah), exemptions in prayer and fasting for sick patients (rukhsah), and ethical decision-making in complex medical cases. The findings also revealed that students with prior exposure to Islamic education or those enrolled in structured courses on Clinical Fiqh demonstrated higher levels of competency and confidence in applying these principles. However, in

institutions where Clinical Fiqh was not formally incorporated into the nursing curriculum, students reported limited understanding and uncertainty in integrating these concepts into clinical practice.

Attitudes toward the integration of clinical Fiqh in nursing curricula

The reviewed studies highlighted positive attitudes among nursing students toward integrating Clinical Fiqh into nursing curricula. Many students recognised its relevance in enhancing culturally competent care, particularly for Muslim patients. They perceived the inclusion of Clinical Fiqh as an essential component of holistic nursing education, ensuring that spiritual, ethical, and religious considerations are addressed in patient care. However, some studies noted resistance among educators and curriculum developers, primarily due to a lack of standardised teaching materials and concerns about balancing religious-based content with contemporary nursing education requirements. The findings suggest faculty training and structured curriculum development are necessary to facilitate effective integration.

Practice related to clinical Fiqh in clinical settings

Despite an overall positive attitude toward Clinical Fiqh, the practical application of its principles in clinical settings remained inconsistent. Many students reported challenges in applying Islamic nursing ethics in real-life scenarios, particularly in environments where institutional policies and cultural diversity may conflict with Islamic jurisprudence. Key areas of concern included accommodating Muslim patients' religious practices, providing spiritual care in end-of-life situations, and navigating ethical dilemmas such as organ donation, medical interventions, and gender-sensitive care. Some studies also identified a lack of confidence among students in addressing patients' religious needs, emphasising the need for structured training and mentorship programs to bridge the gap between theoretical knowledge and practical implementation.

Discussion

This scoping review highlights the current landscape of Clinical Fiqh integration in nursing education, revealing significant gaps in knowledge, attitudes, and practices (KAP) among nursing students. The findings indicate that while students acknowledge the importance of Islamic ethical principles, their ability to apply Clinical Fiqh concepts in clinical settings remains limited. This aligns with previous studies suggesting that nursing curricula in many institutions lack structured content on Islamic jurisprudence, leading to inconsistent levels of preparedness among graduates [1,2]. Furthermore, while some universities, such as IIUM, have pioneered the integration of Clinical Fiqh into their programs, there is still a need for standardised guidelines to ensure a uniform and evidence-based approach to incorporating Islamic ethical principles in nursing education [3,4].

The attitudinal aspect of Clinical Fiqh education among nursing students presents a mixed perspective. Many students express positive attitudes toward including Islamic principles in nursing curricula, recognising their relevance to culturally competent care [5,6]. However, faculty resistance, lack of instructional materials, and concerns over balancing religious-based content with standard nursing education hinder effective implementation [7]. Some studies report a lack of confidence among educators in teaching Clinical Fiqh, suggesting that faculty development programs and interdisciplinary collaboration between nursing educators and Islamic scholars could enhance teaching methodologies [8]. Addressing these concerns through curriculum restructuring, interactive teaching methods, and case-based learning could bridge the gap between theory and practice, equipping nursing students with theoretical knowledge and practical skills to effectively integrate Clinical Fiqh into patient care [9].

Despite recognising Clinical Fiqh's importance, its practical application in clinical settings remains inconsistent. Many nursing students

struggle with implementing Islamic nursing ethics due to institutional constraints, diverse patient populations, and uncertainty in handling ethical dilemmas involving Muslim patients [10,11]. Areas such as ritual purification (taharah), prayer accommodations, end-of-life care, and religious exemptions (rukhsah) for patients remain challenging, especially in non-Muslim majority healthcare settings where institutional policies may not fully support Islamic practices [12]. To mitigate these challenges, practical training in culturally competent care, hospital policy adjustments, and greater collaboration between healthcare institutions and Islamic scholars could give nursing students the confidence and competency to integrate Clinical Fiqh principles into patient care [14].

Moving forward, integrating Clinical Fiqh into nursing curricula requires a multifaceted approach. First, structured educational interventions, such as case studies, simulation-based learning, and mentorship programs, should be incorporated to strengthen nursing students' practical application of Islamic ethical principles [15]. Second, research on effective pedagogical strategies and competency-based assessments is crucial to measuring the impact of Clinical Fiqh education on nursing students' preparedness and confidence in delivering culturally and ethically competent care [16]. Finally, collaborative efforts among policymakers, nursing educators, and healthcare institutions must develop standardised guidelines for integrating Clinical Fiqh into nursing education and practice, ensuring that future nursing graduates are equipped to meet Muslim patients' spiritual and ethical needs [17]. In increasingly multicultural healthcare environments, understanding Clinical Fiqh principles equips nurses to provide care that respects religious sensitivities and promotes cultural safety. For example, nurses trained in these principles are better prepared to support Muslim patients during Ramadan by understanding exemptions (rukhsah) from fasting due to illness. They can also accommodate prayer routines, ensure modesty in physical

examinations, and provide gender-concordant care where feasible. These culturally congruent practices can enhance trust, patient satisfaction, and adherence to treatment.

Furthermore, in mixed-faith settings, nurses must balance Islamic practices with institutional protocols and the diverse needs of other patients. Therefore, collaboration with hospital administrators and chaplaincy teams, along with clear policies for spiritual care, can facilitate respectful implementation of Islamic values without compromising standard clinical guidelines. Educating nurses in these areas not only benefits Muslim patients but strengthens holistic and ethical nursing care in pluralistic societies.

Study strengths and limitations

This study offers several notable strengths:

- a) **Novel Focus on Clinical Fiqh in Nursing Education:** To the best of our knowledge, this is one of the first scoping reviews to systematically explore the intersection between Clinical Fiqh principles and nursing education. This unique focus addresses a significant gap in the literature on Islamic ethics in healthcare.
- b) **Rigorous Methodological Framework:** The study adhered to the PRISMA guidelines and adopted the Arksey and O'Malley scoping review framework, ensuring a structured and transparent review process. The use of the SPIDER framework for search strategy design also enhanced the precision of study selection.

Despite these strengths, the study is not without limitations:

- a) **Heterogeneity of Study Populations:** Although the initial inclusion criteria focused on nursing students, some included studies also involved nurses, educators, or medical students. While these were deemed relevant to the study's objectives, this variation may

affect the specificity of conclusions drawn about nursing student experiences.

- b) **Limited Empirical Evidence:** Many of the included studies were qualitative or descriptive in nature, and few employed longitudinal or experimental designs. As such, causal inferences about the impact of Clinical Fiqh education on nursing competencies are limited.

Conclusion

This scoping review highlights the growing need to integrate Clinical Fiqh principles into nursing education to enhance students' knowledge, attitudes, and practices (KAP) in providing culturally and ethically competent care. While nursing students recognise the importance of Clinical Fiqh, the findings suggest significant gaps in their practical application, particularly in areas such as ritual purification, religious exemptions, and ethical decision-making in clinical settings. Despite some progress in incorporating Islamic nursing ethics in selected institutions, a lack of standardised guidelines and structured teaching approaches remains a barrier to practical implementation.

To address these challenges, curriculum development efforts should prioritise structured educational interventions, including case-based learning, experiential training, and competency-based assessments. Faculty development programs, interdisciplinary collaboration between nursing educators and Islamic scholars, and institutional support are crucial for bridging the gap between theoretical knowledge and practical implementation. These measures will enhance students' ability to apply Clinical Fiqh principles in patient care and ensure that nursing graduates are better equipped to provide holistic, patient-centered care that aligns with Islamic ethical standards.

Future research should focus on evaluating the impact of Clinical Fiqh education on nursing students' competency levels, developing evidence-based teaching frameworks, and

exploring effective pedagogical strategies for integrating Islamic ethics into nursing curricula. Furthermore, collaborations between policymakers, educators, and healthcare institutions are essential to establish standardised guidelines and accreditation frameworks for Clinical Fiqh education. By strengthening the integration of Islamic ethical principles in nursing, the profession can move toward a more inclusive, culturally competent, and ethically grounded approach to healthcare delivery.

Implication for nursing practice

Integrating Clinical Fiqh principles in nursing education has significant implications for nursing practice, particularly in enhancing culturally competent, ethical, and holistic patient care. By equipping nursing students with a clear understanding of Islamic ethical guidelines, including ritual purification (taharah), religious exemptions (rukhsah), and end-of-life care, nurses will be better prepared to respect and accommodate the religious needs of Muslim patients in diverse healthcare settings. This, in turn, promotes patient-centred care, improves nurse-patient communication, and fosters trust between healthcare providers and Muslim communities. Additionally, integrating Clinical Fiqh into hospital policies, nursing protocols, and professional training programs will ensure a more inclusive approach to healthcare, reducing ethical dilemmas related to religious accommodations in patient care. Moving forward, interdisciplinary collaboration between nursing educators, Islamic scholars, and healthcare policymakers is essential to develop standardised guidelines and competency-based training programs that enable nurses to deliver care that is both clinically sound and religiously sensitive, ultimately improving patient satisfaction, health outcomes, and the overall quality of nursing care.

Recommendations for future research

Several studies highlighted the urgent need for more targeted research on integrating Clinical

Fiqh and Islamic ethics within nursing education. Given that many nurses and students lacked knowledge of fundamental Islamic ethical concepts such as *Maqasid al-Shari'ah* and *Qawaid al-Fiqhiyyah*, future research should focus on developing structured training modules and evaluating their impact on students' knowledge, attitudes, and practices. Studies also recommended exploring longitudinal outcomes to assess how exposure to Islamic nursing professionalism and spiritual care training influences professional commitment, ethical decision-making, and compassionate care over time. Further, comparative research is needed to examine the effectiveness of different pedagogical strategies—such as passive, reflective, and case-based approaches—in enhancing students' spiritual care competency and ethical sensitivity. Since religious students were shown to report higher competence in providing spiritual care, future investigations should explore how personal religiosity influences clinical practice and patient interactions. Additionally, mixed-methods and multi-center studies are encouraged to comprehensively understand barriers and facilitators to implement Clinical Fiqh education across culturally diverse and secular institutions. Finally, collaboration between nursing scholars, Islamic ethicists, and curriculum developers is essential to produce standardised, culturally grounded, empirically validated educational frameworks.

Conflict of interest

The authors have conflict of interest in this study.

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Authors' Contributions

FTA conceptualised the study, led the literature search, and contributed to the drafting of the

manuscript. MFMI was responsible for the methodological framework, data extraction, and critical review of the manuscript. SZS contributed to data analysis, interpretation of the findings, and editing of the final manuscript. All authors

reviewed and approved the final version of the manuscript.

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Table 1. Sample, Phenomenon of Interest, Design, Evaluation, Research Type (SPIDER) Framework Table

Component	Description
Sample	Nursing students
Phenomenon of Interest	Islamic legal principles comprehension
Design	Interviews and questionnaires
Evaluation	Experiences
Research Type	Qualitative and quantitative studies

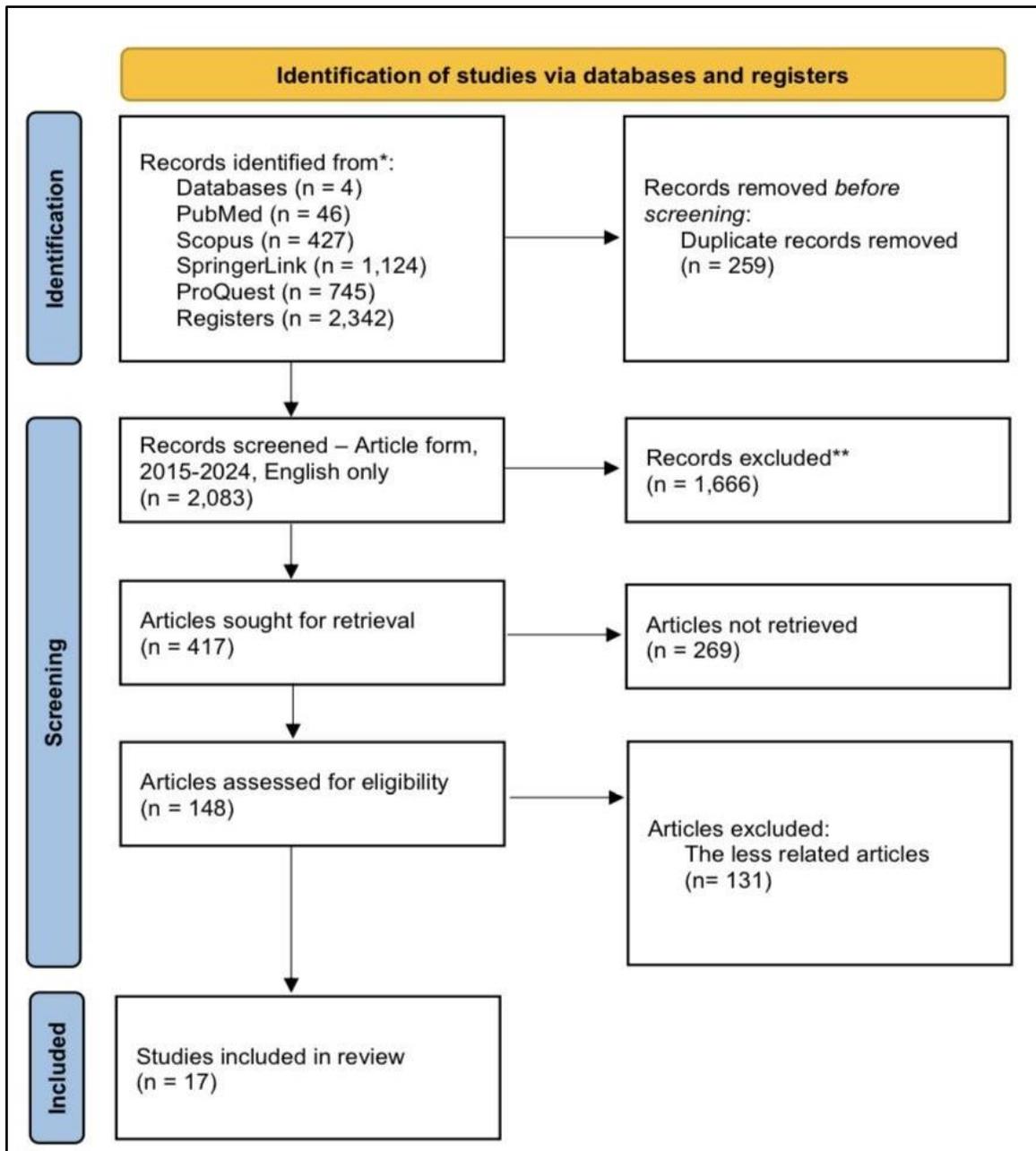


Figure 1. Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Flow Table

Table 2. Summary of Literature Review

Title, Author, Year	Research Method	Objective/Question	Variables & Tools	Participants	Findings	Limitations
Integration of Islamic Values in Undergraduate Nursing Program (Nurumal et al., 2019)	Expository Analysis	To address the importance of integrating Islamic values in nursing education	Not applicable	Not applicable	Islamic nursing professionalism is essential for safe nursing, ethical values, and compassionate care	Not stated
Perception of Islamic Nursing Ethics among Nurses in Pahang (Ismail et al., 2022)	Quantitative	To examine nurses' perceptions of Islamic nursing ethics	Dependent: Perception; Independent: Demographics; Descriptive statistics (questionnaire)	118 Muslim RNs in Malaysia *Nurses included due to direct focus on Islamic nursing ethics in a nursing context	Many nurses lacked knowledge of Islamic nursing ethics; 63.6% never heard of Maqasid al-Shari'ah and Qawaid al-Fiqhiyyah.	Not stated
Nurse Students' Perspectives on Spiritual Care Education (Cooper & Chang, 2016)	Qualitative	To explore the impact of a spiritual care subject in an undergraduate nursing program	Dependent: Students' perception; Independent: Spiritual care education; Thematic analysis (interviews)	6 second-year nursing students in Australia	Students felt better prepared to provide spiritual care after completing the course.	Not stated
Maqasid Al-Shari'ah as a Complementary Framework for ICN Code of Ethics (Ismail et al., 2022)	Analytical	To present Islamic nursing ethics with Maqasid al-Shari'ah applications	Not applicable	Not applicable	Explores how Islamic principles align with ICN Code of Ethics for Nurses	Not stated
Spiritual Education and Nursing Competencies	Quasi-experimental	To assess the impact of a spiritual education course on	Dependent: Spiritual competencies; Independent: Spiritual	92 nursing students in Taiwan	Significant improvement in spiritual health, professional	Convenience sampling limits generalizability; No

(Chiang et al., 2020)		nursing competencies	education; Chi-square test, self-report questionnaire		commitment, and caring behavior	clinical performance assessment.
Effectiveness of Islamic Input in Medical Practice (Ramli et al., 2022)	Prospective Cohort	To measure the impact of Islamic education on medical students' knowledge, attitude, and practice	Dependent: KAP; Independent: Sociodemographics; One-way ANOVA (MMSQ tool)	102 medical students from IIUM (International Islamic University Malaysia) *Medical students included due to relevance to Islamic ethics education	Knowledge, practice, and attitude improved significantly after training	Small sample size (72% response rate); Mixed-method design needed for a more comprehensive evaluation
Nursing Students' Compassion Competencies and Spirituality (Dincer & Ciftci, 2024)	Descriptive	To explore the relationship between compassion competencies and spirituality	Dependent: Spiritual perception; Independent: Compassion competency; Pearson correlation	263 nursing students in Turkey	Positive relationship between spiritual care competency and compassion level	Not stated
Development of a Spiritual Care Education Matrix (Ross et al., 2022)	Analytical	To develop the EPICC framework for spiritual care education	Not applicable	Not applicable	Identifies facilitators and barriers to implementing spiritual care education	Not stated
Spiritual Care Competencies in Brazilian Nursing Students (Alvarenga et al., 2024)	Mixed-method	To explore nursing students' knowledge, preparedness, and obstacles in spiritual care	Dependent: Competency in spiritual care; Independent: Demographics; Descriptive stats, Mann-Whitney test	106 nursing students in Brazil	65% never provided spiritual care; Religious students felt more competent	Limited representation of students from different curricula and religious backgrounds
Perceptions of Spirituality and Competency in Middle Eastern Nursing	Cross-sectional	To assess spirituality perceptions and	Dependent: Spiritual care competency; Independent: Sociodemograph	785 nursing students from five Middle	Positive attitude towards spirituality, but	Self-reported bias; Limited generalizabil

Students (Al Qadire et al., 2024)		competency predictors	hics; Multiple linear regression	Eastern countries	moderate competency in providing care	ity due to convenience sampling
Spiritual Care Competencies in European Nursing Students (Ross et al., 2018)	Longitudinal	To examine how students' perceptions of spiritual care evolve over time	Dependent: Spiritual perception; Independent: Demographics; Paired t-tests, ANOVA	3,175 European nursing students	Competency improved over time due to patient care experiences	High attrition rate; Predominantly Christian students limit religious diversity
Spirituality and Nursing Students' Learning (Laochai et al., 2024)	Qualitative	To explore how spirituality is promoted in nursing education	Dependent: Spiritual learning; Independent: Teaching methods; Thematic analysis	9 nursing educators in Thailand *Nursing educators included due to relevance to Islamic ethics education	Identifies four themes: spirituality, learning, engagement, and mentorship	Findings are limited to educators' perspectives, not students
Teaching Spiritual Care in Nursing (Booth & Kaylor, 2018)	Qualitative	To understand students' perspectives on spirituality in nursing	Dependent: Spiritual care competence; Independent: Prior hospital experience; Thematic analysis (interviews)	11 nursing students	Identifies themes: knowledge, confidence, diversity, and maturity	Not stated
Spiritual Care in Undergraduate Nursing Education (Willet et al., 2024)	Integrative Review	To analyse strategies for preparing nursing students in spiritual care	Not applicable	Not applicable	Three teaching approaches identified: passive, reflective, and combinatory	Focused only on English-language studies, limiting perspectives
Competence in Spiritual Care and Spiritual Intelligence (Ahmadi et al., 2021)	Cross-sectional	To assess the relationship between spiritual competence and intelligence	Dependent: Spiritual care competence; Independent: Spiritual intelligence; Pearson correlation	510 Iranian nursing students	Positive correlation between spiritual intelligence and spiritual care competence	Self-reported bias; No long-term follow-up

Nursing Students' Perceptions of Spiritual Care in Turkey (Kalkim et al., 2018)	Descriptive-correlational	To describe nursing students' perceptions of spirituality and competence	Dependent: Spiritual care competence; Independent: Demographics; ANOVA, correlation	325 Turkish nursing students	Students' perception of spiritual care accounted for 14% of competency	Small sample size; Limited generalizability
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