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Spiritual Counselor Strategies to Strengthen Patients' Psychospiritual Well-being Through Islamic Holistic Care

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Abstract

This study aims to examine the strategies of spiritual counselors in strengthening patients' psychospiritual well-being through Islamic spiritual guidance at PKU Muhammadiyah Gamping Hospital within the framework of the Holistic Health Care (HHC) approach. This study employed a descriptive qualitative method, using data collection techniques including non-participant observation, semi-structured interviews, and documentation. The results showed that the HHC assessment became the basis for determining patients' psychospiritual status (Sorrow, Guide, Revive, Nirvana) and the type of intervention provided. In Sorrow category patients, intervention strategies include dhikr relaxation, motivational strengthening, self-awareness development, worship guidance, prayer motivation, and religious deepening. These interventions were shown to help patients reduce anxiety, increase acceptance of illness, and strengthen spiritual connection with God. This study confirms that structured and empathic spiritual guidance can strengthen the psychospiritual aspects of patients and support holistic healing.

Keywords: Holistic Health Care, Psychospiritual, Spiritual Guidance, Patient

Introduction

Health, illness, and death are integral and inseparable aspects of human life. Throughout their lives, individuals experience various conditions that influence their physical, psychological, and spiritual well-being. Health is not merely the absence of disease but the state of balance among biological, psychological, social, and spiritual dimensions (WHO, 1946). However, when illness occurs, this balance is disrupted, often leading to psychological distress and spiritual instability. In Islamic understanding, illness is a test (ibtila') from Allah that requires patience and introspection (Tadjudin et

al., 2010). Nevertheless, many patients experience emotional distress such as fear, anxiety, or hopelessness that weakens their psychospiritual condition (Humaidah, 2024).

Illness is a trial that Allah gives to His servants. The diseases suffered by humans can be categorized into physical and psychological illnesses. Physical illnesses include diabetes mellitus, cancer, stroke, and others. Mental illnesses include anxiety, stress, sadness, and various other mental health issues. A person's psychological instability can affect their physical health, and vice versa. In a state of illness, a person's spirituality is also affected by the disease they are experiencing. Therefore, one of the things that tends to be felt when one is sick is a decline in their psychospiritual state.

Psychospiritual disturbance arises when there is disharmony between the psychological and spiritual aspects within an individual. A person who loses spiritual connection tends to experience emotional exhaustion, despair, and loss of meaning in life (Pargament, 1997). Previous studies highlight that spirituality plays a critical role in maintaining mental health and emotional balance. Individuals with a strong sense of spirituality show lower levels of stress, better coping ability, and greater resilience when facing adversity (Warner et al., 2021; Damayanti et al., 2023). In the Islamic context, religious practices such as prayer, dhikr, and surrender to Allah have been proven to reduce anxiety and increase inner peace among patients experiencing chronic illness (Agustina et al., 2024; Maftuhin & Yazid, 2025).

In the field of contemporary psychology, it is recognized that the spiritual component plays an important role in helping individuals overcome various mental issues. Research (Warner et al., 2021) shows that individuals with high levels of spirituality tend to have lower stress levels, greater inner peace, and are more prepared to face the stresses of life. Based on previous research, spirituality in Islam has been proven to play an important role in helping individuals overcome spiritual crises and enhance their mental well-being. According to (Damayanti et al., 2023), a person's inner peace and mental health will significantly improve when they embrace their beliefs, perform religious rituals, and feel connected to something transcendent.

Despite the recognized importance of spirituality, empirical studies in Indonesia indicate that spiritual aspects are often neglected in medical services. Research by Herniyanti et al. (2019) found that many hospitals focus predominantly on physical healing while neglecting patients' psychological and spiritual needs. Similarly, Handayani and Wardani (2018) reported that the absence of structured spiritual care programs often leaves patients feeling emotionally unsupported. These findings suggest

the need for a comprehensive care model that integrates biological, psychological, social, and spiritual dimensions in health services.

Psychological and spiritual care is greatly needed by a patient. This is because the illness experienced by a person can usually affect their psychological condition, for example, patient feels afraid of the suffering they are experiencing, and even in their life, patient is haunted by death, which is very frightening for them. Those fears are varied and require comprehensive handling. Because, if patient is left alone, they will experience stress and even spiritual problems. Therefore, a comprehensive strategy is needed to maintain their mental health. This holistic approach not only considers biological and psychological components but also the spiritual dimension that is sometimes overlooked.

One approach that embodies this integration is Holistic Health Care (HHC), which emphasizes the unity of the body, mind, and soul in the healing process (Sulmasy, 2002). In Islamic hospitals, HHC is implemented through Islamic Spiritual Guidance (Bimbingan Rohani Islam) services, where spiritual counselors assist patients in maintaining faith, patience, and hope during illness. Research by Riyadi et al. (2019) demonstrated that Islamic spiritual counseling significantly enhances patients' acceptance of illness, strengthens their belief in Allah, and promotes emotional calmness. However, empirical exploration of how spiritual counselors apply holistic strategies in clinical contexts remains limited, especially regarding structured psychospiritual interventions tailored to patient conditions.

Islamic spiritual guidance significantly contributes to the enhancement of holistic healthcare services. Research findings (Riyadi et al., 2019) indicate that Islamic counseling is very important for inpatients, as it fosters faith in Allah, enhances religious understanding, alleviates suffering during illness, and provides motivation for recovery and patience, thereby potentially accelerating the healing process. Another study conducted by (Handayani & Wardani, 2018) shows that spiritual care officers use face-to-face methods during patient visiting hours, providing spiritual motivation and fostering effective communication with patients.

This research was conducted at PKU Muhammadiyah Gamping Hospital, which has one of its flagship services in the field of psychospiritual care known as Holistic Health Care or Psychospiritual Health Services. Services aimed at patient recovery focused on four dimensions: biological, psychological, social, and spiritual. Starting with assessment and observation to determine the initial evaluation results, making it easier to implement appropriate treatment based on the assessment results. This is important to foster a positive condition in patients, especially in the spiritual and psychological

realms, by instilling the belief that only Allah SWT is the Most Healer and can eliminate trauma, stress, and adverse situations that hinder recovery. The research seeks to reveal the forms of intervention provided, the assessment process used to identify psychospiritual status, and the impact of spiritual guidance on patients' emotional and spiritual condition

Method

This research is a field study using a descriptive qualitative approach as explained by Sugiyono (2017), aimed at deeply exploring the strategies of spiritual caregivers in strengthening the psychospiritual well-being of patients through Islamic spiritual guidance at PKU Muhammadiyah Gamping Hospital. Data collection was carried out through three main techniques: non-participant observation, semi-structured interviews, and documentation. Non-participant observation was conducted directly by observing the interactions and interventions provided by the chaplain to one of the hospitalized patients, allowing the researcher to fully capture the dynamics of psychospiritual accompaniment in the inpatient room without actively participating. Interviews were conducted with purposively selected participants, including the supervisor of Bina Rohani Islam, the chaplain, and patients who were the subjects of the intervention. The collected data were analyzed through three stages: data reduction, data presentation, and conclusion drawing. The analysis results were used to identify the intervention patterns carried out by the chaplains, the forms of spiritual guidance applied, and their impact on patients' psychospiritual condition, both in terms of emotions, spirituality, and acceptance of their illness.

Result

The findings of this study describe the implementation of the Holistic Health Care (HHC) model through Islamic Spiritual Guidance at PKU Muhammadiyah Gamping Hospital, which integrates biological, psychological, social, and spiritual dimensions in patient care. This approach positions health as a dynamic balance between physical and spiritual well-being, emphasizing that psychological and spiritual disturbances often coexist with physical illness (WHO, 1946).

Implementation of Holistic Health Care

The findings of this study show that the implementation of the Holistic Health Care (HHC) model through Islamic Spiritual Guidance at PKU Muhammadiyah Gamping Hospital integrates biological, psychological, social, and spiritual dimensions

into a unified patient care framework. This model views health as a dynamic balance between body, mind, and soul, emphasizing that illness affects not only the physical state but also patients psychological and spiritual well-being (WHO, 1946). The HHC service applies a structured assessment that focuses on two essential aspects: acceptance, which measures how sincerely patients can accept their illness, and obedience, which assesses their consistency in maintaining worship and faith during illness. The combination of these two aspects produces four psychospiritual categories; Sorrow, Guide, Revive, and Nirvana which guide spiritual counselors in determining suitable interventions tailored to each patients condition.

Psychospiritual Status of patient

Based on the assessment results, patient PL, a woman hospitalized due to diabetic complications, was classified in the Sorrow category, indicating low acceptance and obedience levels. Patient demonstrated signs of anxiety, fear of medical procedures, and emotional instability, accompanied by weakened religious practices. She viewed her illness as a form of divine injustice and placed her hope solely in medical treatment rather than in spiritual surrender. Patients acceptance score was 6 and her obedience score was 8, confirming a condition of psychospiritual crisis that required intensive intervention from the spiritual care team.

Psychospiritual Intervention Strategies

Following the assessment, the spiritual counselor implemented a series of interventions to restore patients psychospiritual balance. These included dhikr relaxation, motivational reinforcement, development of self-awareness, worship guidance, prayer motivation, and deepening of religious understanding. The dhikr relaxation sessions combined deep breathing and the repetition of dhikr phrases such as “Astaghfirullah” and “Subhanallah,” which helped patient achieve calmness and reconnect with divine consciousness. Motivational reinforcement was carried out through empathetic conversations emphasizing that illness is a divine test rather than punishment, thus fostering resilience and optimism.

The development of self-awareness enabled patient to reflect on her emotions, recognize negative thought patterns, and rediscover meaning behind her suffering. Worship guidance provided practical instruction on performing tayammum and prayers according to her physical capacity, helping her maintain spiritual discipline. Prayer motivation encouraged patient to engage in sincere supplication and find comfort through communication with Allah. Finally, the deepening of religious

understanding focused on the themes of divine mercy (rahmah), patience, and wisdom in trials, which gradually strengthened patients spiritual insight and faith.

Outcomes of the Intervention

After several sessions of intervention, significant improvements were observed in patients emotional stability and spiritual awareness. Patient became calmer, more accepting of her illness, and demonstrated renewed enthusiasm for recovery. She began to pray regularly, recited dhikr mindfully, and expressed gratitude for the opportunity to continue worship despite her condition. Her fear of medical procedures decreased, and she showed greater emotional openness and self-confidence in facing treatment. These results indicate that structured Islamic spiritual guidance within the Holistic Health Care framework effectively strengthens patients' psychospiritual well-being. Through the integration of spiritual counseling, dhikr-based relaxation, and reflective dialogue, the intervention successfully reduced anxiety, increased acceptance, and reestablished a sense of connection with God, contributing to comprehensive healing across both psychological and spiritual domains.

Discussion

Holistic Health Care

Holistic health care views individuals as whole beings whose well-being depends on the harmony of biological, psychological, social, and spiritual aspects. The biological aspect includes physical and genetic factors such as age, gender, diet, family medical history, and lifestyle behaviors like substance use. These factors form the foundation for early disease risk detection and the development of appropriate medical intervention plans (Nasrudin et al., 2021). Meanwhile, the psychological aspect refers to emotional states such as stress, anxiety, and instability, which significantly affect physical health and quality of life. Wilson and Tejoyuwono (2024) emphasize that unmanaged psychological distress can exacerbate physical symptoms and slow recovery, especially for patients facing severe or chronic illnesses.

The social aspect also plays a crucial role in maintaining holistic health. Family relationships, social support, and community integration contribute meaningfully to the healing process. Akmalia et al. (2024) found that positive social environments, including supportive family structures and adequate environmental conditions, enhance public health outcomes and help patients recover more quickly. Finally, the spiritual aspect encompasses belief systems and practices that nurture inner strength and meaning.

Spirituality and religious coping (such as prayer, meditation, reading sacred texts, and community worship) significantly reduce stress and anxiety while improving mental health (Humaidah, 2024). These spiritual activities foster a sense of purpose, connection, and hope, which are essential in facing life crises and illness.

The holistic approach in health services combines psychological, social, and spiritual dimensions to ensure comprehensive healing. The psychological approach focuses on managing emotions and mental responses to illness. Negative emotions such as anger, sadness, or fear can disrupt hormonal balance and immune function. According to Fitrianti et al. (2025), problem-focused coping is among the most adaptive strategies for managing illness-related stress, helping patients face challenges constructively and maintain psychological well-being.

The social approach emphasizes the central role of family and social networks as sources of emotional and practical support. Situmorang (2024) explains that family involvement helps reduce the psychological burden of illness, preventing depression and enhancing resilience through continuous encouragement and care. Meanwhile, the spiritual approach aims to help patients find meaning in suffering and strengthen their faith-based coping mechanisms. Spirituality, particularly belief in God and active engagement in worship, provides comfort and stability during health crises, leading to improved self-acceptance and emotional balance (Humaidah, 2024).

The implementation of holistic health care serves multiple objectives. It aims to assess patients' psychospiritual status through comprehensive evaluation, identify the underlying causes of imbalance, analyze the relationship between spiritual distress and physical or mental illness, and design targeted therapeutic interventions. Through this process, counselors gain deeper insight into patients' personal and spiritual dynamics, enabling more effective support and care planning.

The benefits of holistic health care are equally profound. Patients' religious needs and responsibilities are fulfilled, their inner potential is activated, and the quality of interpersonal relationships improves. Moreover, patients experience greater opportunities for self-actualization and personal growth, leading to an enhanced sense of existence and life satisfaction. In essence, holistic health care facilitates not only physical healing but also the restoration of human dignity and meaning.

Assessment in holistic health care focuses on two key indicators: acceptance and obedience. Acceptance measures patients' ability to sincerely acknowledge their illness, while obedience evaluates the consistency of their religious observance and beliefs during treatment. Each dimension is assessed using structured questions that examine

perspectives on illness, emotional responses, and spiritual attitudes. Scoring results categorize acceptance and obedience as either positive or negative, producing four distinct psychospiritual profiles: Sorrow, Guide, Revive, and Nirvana.

Patients in the Sorrow category experience both psychological and spiritual disturbances, requiring comprehensive interventions. Those in the Guide category show emotional stability but need spiritual reinforcement, whereas Revive patients display strong spiritual discipline but struggle with psychological acceptance. Finally, Nirvana represents optimal psychospiritual health, where individuals have reached harmony between emotional acceptance and spiritual devotion, enabling them to face illness with serenity and preparedness.

Interventions in holistic health care are tailored according to patients psychospiritual category. For patients in the Sorrow condition, interventions focus on reducing emotional distress and restoring spiritual awareness through relaxation, motivation strengthening, self-awareness development, worship guidance, prayer encouragement, and deepening of religious understanding. Patients in the Guide category, who are psychologically stable but spiritually vulnerable, receive worship guidance, prayer motivation, and faith-deepening activities to rebuild their relationship with God.

In contrast, Revive patients (who demonstrate strong faith but low emotional acceptance) benefit most from relaxation, motivational support, positive thinking exercises, and self-reflective discussions to enhance psychological resilience. Finally, Nirvana patients, who have achieved spiritual and emotional maturity, receive interventions aimed at maintaining their stability and strengthening coping mechanisms. This stage emphasizes the sustainability of spiritual growth and the capacity to confront life's challenges with meaning and inner strength.

Through these interventions, holistic health care bridges the physical, emotional, and spiritual dimensions of healing, illustrating that recovery extends beyond symptom management to encompass transformation of the self in relation to God, others, and one's own life experience.

Strategy For Psychospiritual Strengthening

The Holistic Health Care (HHC) service at PKU Muhammadiyah Gamping Hospital aims to help patients achieve balance in biological, psychological, social, and spiritual aspects. Psychospiritual strengthening becomes the main focus because patients experiencing serious illnesses often face a crisis of meaning in life, existential

anxiety, and a decline in religious spirit. The strategy for strengthening the psychospiritual aspect is implemented through assessment, direct intervention, and systematic spiritual guidance.

Initial Psychospiritual Assessment

In the Holistic Health Care (HHC) approach, the initial assessment is the first and very crucial step in understanding patients psychospiritual condition comprehensively. This assessment not only aims to identify physical complaints but also evaluates the mental, emotional, social, and spiritual conditions of patient, which are often hidden yet significantly influence the healing process. In the context of hospital spiritual services, the initial assessment serves as the primary basis for formulating appropriate and meaningful support strategies for patients (Taylor, 2020).

In general, the purpose of the initial assessment in Holistic Health Care (HHC) services is to determine patients level of acceptance of the illness they are suffering from (acceptance), while also exploring the extent of patients adherence to or practice of spirituality during the illness (obedient). This assessment also aims to categorize patients psychospiritual state based on the evaluation results, so that the most suitable intervention model for the individual's condition can be determined. In addition, the initial assessment serves as an important guideline in designing a personal and needs-based psychospiritual support strategy for patient, rather than relying on assumptions or a general and uniform approach.

This assessment process is carried out through two main methods: direct observation and the completion of the HHC instrument. Direct observation involves the spiritual counselor attention to patients non-verbal aspects, such as facial expressions, voice, body movements, and the way patient responds to the surrounding environment. Meanwhile, interviews are used to delve deeper into patients perception of pain, hopes for recovery, religious practices during illness, and the meaning they derive from the experience.

In the case of patient PL, the initial assessment was conducted through three visits during the hospitalization period. During the first observation, patient appeared restless, with a trembling voice, and had difficulty sleeping due to worrying about the possibility of amputation caused by complications from her diabetes wound. Cognitively, patient is able to explain her main concerns, namely the fear of medical procedures and the sadness because her child will soon be getting married. Emotionally, patient appears unstable, harboring excessive fear and showing signs of anxiety disorders such as nervousness, racing thoughts, and restlessness. However, socially,

patient is quite open; she is willing to receive visits, share her grievances, and appears to have a warm relationship with her husband and children, who take turns caring for her in the hospital.

After the observation and interview were conducted, the chaplain filled out the HHC instrument. The HHC measurement results on patient PL showed negative acceptance with a score of 6, reflecting that patient sees the illness as an injustice from God, feels very afraid of medical procedures, and shows a pessimistic attitude towards the future. Meanwhile, patients obedience was also negative with a score of 8, as patient no longer performed prayers during the illness and stated that their hope depended only on the doctor, not on God. With these results, patient PL falls into the Sorrow category, which is a psychospiritual condition with low levels of acceptance and obedience, requiring immediate and in-depth intervention from the spiritual care team.

Psychospiritual Intervention

Following assessment, patients categorized under Sorrow receive intensive psychospiritual interventions addressing emotional, cognitive, and spiritual needs. This stage emphasizes the integration of inner awareness, emotional regulation, and faith-based reflection to restore patients sense of meaning and peace. The intervention process consists of several complementary techniques such as *dhikr* relaxation, motivational reinforcement, self-awareness development, worship guidance, prayer motivation, and deepening of religious understanding each tailored to meet patients evolving needs.

Dhikr Relaxation

The initial step in the intervention for patients in the Sorrow category is to reduce emotional tension through the method of *dhikr* relaxation. *Dhikr* relaxation is a technique to calm the mind and body by combining deep breathing, spiritual awareness, and the slow, directed repetition of *dhikr* phrases. The purpose of *dhikr* relaxation is to create a calm condition in the nervous system and to bring patients soul awareness back to connect with the divine power that provides a sense of security, protection, and hope.

This technique is performed by inviting patient to sit in a comfortable position, close their eyes, take slow and deep breaths through the nose, then exhale gently while reciting specific *dhikr*, such as "Astagfirullah," "Subhanallah," or "Alhamdulillah," with full awareness. The method of *dhikr* relaxation as a medium for Islamic spiritual counseling capable of bringing inner peace by deeply connecting an individual with

their spiritual dimension, thus not only calming the body but also strengthening inner tranquility (Maftuhin & Yazid, 2025).

In the research (Amalia et al., 2025), it is stated that the practice of dhikr significantly reduces anxiety and enhances emotional control as well as inner peace. Dhikr also affects physiological responses such as heart rate and breathing patterns, which support psychological coping mechanisms. Dhikr as a spiritual intervention is very effective and easy to implement without requiring special tools or places, making it suitable for hospital care situations.

In the case of patient PL, the relaxation through dhikr was conducted with the guidance of a spiritual leader who invited patient to sit quietly, breathe slowly, then recite dhikr and direct their thoughts to surrender to Allah. Patients response was very positive; he felt calmer, his fear of the possibility of amputation began to diminish, and he started to realize that tranquility does not come solely from medical certainty, but from faith in God's will. This is in line with the research findings (Agustina et al., 2024) that dhikr relaxation therapy in chronic kidney failure patients undergoing hemodialysis significantly reduces anxiety and provides a calming effect.

Thus, dhikr relaxation not only serves as a temporary calming technique but also as a tool for spiritual strengthening and emotional balancing that can transform patients inner condition from anxious to resigned, from fearful to calm, and from despairing to accepting.

Strengthening Motivation

In the initial phase, the chaplain builds an emotional connection with patient, creating a safe and supportive atmosphere so that patient feels accepted and not alone. Patients need to feel that their condition is understood in a humane way. An empathetic attitude and the presence of a spiritual counselor who listens sincerely are forms of support that strengthen the will to live. Empathy and unconditional positive regard are very important in enhancing the emotional well-being of participants (Khairuddin, 2025). The attitude of empathy and unconditional positive regard allows individuals to feel accepted and emotionally supported, which contributes to improved emotional regulation, reduced stress and anxiety, and positive changes in mindset.

After building an emotional connection, the spiritual leader invites patient to see that illness is not the end of everything, but rather a part of the test and process towards spiritual maturity. The hope that is built is not just empty optimism, but hope instilled through religious values that Allah does not burden His servants beyond their capacity

(QS. Al-Baqarah: 286), and that every difficulty will be accompanied by ease (QS. Al-Insyirah: 5–6). The provision of this hope is directed and based on conviction, thus capable of gradually restoring patients inner strength.

Motivation can also grow from meaningful conversations. The spiritual leader invites patient to reflect on their life goals, the meaning of suffering, and what they want to achieve after recovery. Patients are guided to recognize the important values in their lives such as family, worship, or social contribution. According to Frankl (Belay, 2025), humans will be able to face suffering as long as they have a meaning they want to fight for. Therefore, when patient begins to see that this illness provides an opportunity for life evaluation or a return to closeness with God, their will to live naturally revives.

In the case of patient PL, motivation was strengthened through a combination of the above approaches. Patient was given motivational reinforcement, involved in spiritual conversations, supported by her husband and children, and encouraged to reframe the meaning of illness as part of her life journey. As a result, patient, who was initially engulfed in anxiety and fear, began to show enthusiasm, courageously faced medical procedures, and resumed religious practices as a form of effort and surrender. This is in line with the research findings (Lubis, 2020) that providing healing motivation to patients in the form of dhikr, prayers, words of encouragement, and advice on patience and a healthy lifestyle has been proven to illuminate the hearts of patients, reduce stress and anxiety, and revive the spirit to recover.

Development of Self-Awareness

Patients experiencing a psychospiritual crisis, particularly in the Sorrow category, are generally trapped in negative thought patterns and feelings such as despair, anger towards their situation, blaming God, or feeling that their life is no longer meaningful. In this condition, patients often do not realize that the way they respond to pain actually exacerbates the suffering they experience. Therefore, the development of self-awareness becomes one of the important interventions in guiding patients to understand themselves as a whole, including their emotions, thoughts, and the values they hold.

Self-awareness is the ability of a person to understand their inner condition honestly and objectively, to be aware of their thoughts and emotions, and to recognize how they react to difficult situations. In spiritual care in hospitals, the development of self-awareness is carried out through a process of reflective dialogue between the chaplain and patient, aimed at opening a space for contemplation and personal understanding of the illness experience being undergone.

Through self-awareness development interventions, the chaplain does not directly give advice or corrections, but rather facilitates a space for reflection and personal dialogue. Patient is invited to share their life experiences, deepest fears, and remaining hopes. This process opened the awareness that the negative emotions he experienced did not solely stem from the illness, but from the inability to accept reality and the inner pressure that had not been channeled. The spiritual leader then directed the conversation towards the important values in patients life, such as the role of being a mother, the hope of continuing to accompany her child, and the belief that every illness has its own wisdom.

In the case of patient PL, patient began to show changes after the reflective dialogue session. He realized that excessive anxiety actually worsened his condition, and that surrendering to God was a step that brought inner liberation. He began to openly express that he wanted to be more sincere, more patient, and to strive to improve his spiritual relationship with God. This awareness led to concrete actions, patient resumed worship, recited prayers with more devotion, and accepted medical procedures (wound cleaning) with greater calmness. In line with the research findings (Barokah & Alhaqqi, 2023) that spiritual guidance services conducted through two-way communication between spiritual counselor and patients help enhance patients' self-awareness, open up personal reflection spaces, and improve tranquility, sincerity, and motivation in facing illness.

Worship Guidance

In psychospiritual care, worship guidance is a core intervention for patients who experience a decline or loss of spiritual connection due to their illness. In patients categorized as Sorrow, one of the causes of weakened psychospiritual condition is the interruption of worship activities, whether due to ignorance, physical limitations, or feelings of despair. Patients often feel unable to perform religious duties due to their weak physical condition, or even feel unworthy of worship because they consider their illness a punishment from God. As a result, they lose a source of inner peace, which is actually very much needed in the healing process.

In the case of patient PL, it was found that during the treatment, patient did not perform prayers because they did not know that worship is still obligatory for sick people, only with adjustments according to their ability. Patient thought that not performing prayers while sick was something that could be excused, whereas Islamic law provides extraordinary ease so that worship can still be carried out in any condition. As Allah says in Surah Al-Baqarah verse 286: "Allah does not burden a soul beyond that it

can bear," and in Surah Al-Hajj verse 78: "He has not made for you in religion any discomfort." This verse emphasizes that Allah grants rukhsah (concessions) in fulfilling religious obligations, including prayer, when someone experiences a legitimate excuse such as illness.

Through the guidance of the religious leader, patient PL was then taught how to perform tayammum using the available media and the procedure for praying while sitting or lying down. The spiritual leader not only provided technical instructions but also explained the meaning of prayer in a state of illness, which is a form of obedience and hope that is maintained even when the body is weak. In this way, worship is no longer seen as a burden, but rather as a path to tranquility and meaning. QS. Al-Ankabut verse 45 states that "Indeed, prayer prevents (one) from immoral and wrongful deeds." In the psychospiritual context, this means that prayer can protect the heart from emotional destruction, bring tranquility, and restore the spiritual bond that has been strained.

The theory of spiritual nursing also supports the importance of worship guidance in patient recovery. According to (Sinanto et al., 2023), spiritual guidance, including worship guidance, is very effective in supporting the healing process of patients, thereby increasing their motivation and quality of life. Spiritual activities help patients overcome fear, foster hope, and strengthen self-acceptance.

After being guided, patient PL showed significant changes. He feels calmer, has started praying five times a day in a sitting position, and shows gratitude for being given knowledge about the ease of worship. He also started reciting dhikr and simple prayers to ask for strength in undergoing treatment. This reinforcement made patient feel more connected to God, whom they had felt distant from all this time. This reconnection is the starting point for a profound spiritual recovery. This is in line with the research findings (Herniyanti et al., 2019) that patients who receive spiritual guidance, including ease of worship, experience an increase in gratitude and tranquility, and begin to perform worship regularly even in limited conditions.

Motivation for Prayer

In conditions of psychospiritual crisis, such as those experienced by patients, they often lose direction, hope, and inner strength to endure the trials of illness. In such a state, prayer becomes one of the strongest and deepest forms of spiritual communication, because prayer is not just a ritual utterance, but also an expression of total dependence of a servant on their God. Prayer has the power to soothe the soul, ignite hope, and restore the spirit of life that has been extinguished.

The intervention of prayer motivation in hospital spiritual services aims to revive patients spiritual awareness that they are not alone in facing their illness. The chaplain not only encourages patients to pray, but also to build meaning and awareness in every prayer uttered. Patients are directed not just to recite prayers as a routine, but to embody them as a form of supplication, surrender, and complete trust in God's power as the true healer. In this context, even simple prayers—such as the phrases "O Allah, heal me," "Astaghfirullah," or "Hasbunallah wa ni'mal wakil"—become very meaningful when uttered with a conscious and resigned heart.

In the case of patient PL, after receiving guidance and spiritual reinforcement from a spiritual counselor, patient began to recite short prayers again, especially when feelings of anxiety arose or before medical procedures. He not only read, but also began to feel relief and tranquility every time he prayed. Prayer became an outlet for her fears, a channel for the hope that had previously been lost, and a source of resilience amidst her unstable physical condition.

Psychologically and theologically, prayer practiced with deep awareness is referred to as a form of religious coping, which is a mechanism for individuals to cope with life's pressures by involving spiritual values and beliefs. Research (Ramadhani et al., 2024) shows that prayer as a spiritual practice serves as a significant coping strategy in facing life's stress and challenges. Prayer enhances emotional resilience, provides comfort, and reduces levels of anxiety and depression. Prayer also builds a sense of community and hope, which contributes to overall psychological health.

Furthermore, prayer can also activate neurobiological aspects. Research by (Koenig, 2012) shows that spiritual activities such as prayer affect the autonomic nervous system, lowering heart rate and blood pressure, and enhancing feelings of peace and tranquility. This shows that prayer not only has spiritual benefits but also provides therapeutic physiological effects that support the overall healing process.

Deepening of Religion

Patients in the psychospiritual condition of Sorrow generally experience a crisis of meaning, namely a loss of understanding of life's purpose, feeling distant from God, and viewing illness as a form of injustice or divine punishment. In such a state, patients not only suffer physically but also experience deep emotional wounds due to the disruption of their relationship with God. Therefore, deepening religious understanding becomes an important intervention to help patients rediscover the meaning behind their suffering.

Deepening religious understanding in the context of spiritual care does not mean delivering sermons or advice in a one-sided manner. On the contrary, this approach is carried out through empathetic, personal, and reflective spiritual dialogue, where the spiritual caregiver creates a safe space for patients to ask questions, share stories, pour out their hearts, and gradually reorganize their perceptions of life and the illness they are experiencing. This process leads to what is called spiritual guidance, which is spiritual accompaniment focused on the discovery of meaning, not merely the repetition of doctrine.

In practice, the spiritual leader will raise religious themes that strengthen the heart, such as the concept of rahmah (God's mercy), trials as self-purification, forgiveness of sins through patience, and wisdom behind calamities. For example, in the case of patient PL, the religious leader explained that illness is not a punishment, but an opportunity to get closer to God. Patient is invited to understand that many people actually return to God through the path of suffering, and that every tear and patience shown will be rewarded with merit and forgiveness. The Word of Allah in QS. Al-Baqarah: 155–157 is an important reference in this context:

"And indeed, We will test you with a little fear, hunger, loss of wealth, lives, and fruits. And give glad tidings to patient..."

Research (Afrinaldi, 2022) highlights that such an approach is part of spiritual guidance in helping individuals who have experienced trauma to connect difficult experiences with their spiritual beliefs. Successful spiritual guidance is marked by patients ability to internalize spiritual values when facing psychological problems.

Conclusion

This research shows that the Holistic Health Care (HHC) approach through Islamic Spiritual Guidance services at PKU Muhammadiyah Gamping Hospital has a positive impact on strengthening patients' psychospiritual well-being. Through the initial assessment stages, spiritual caregivers can identify patients' psychospiritual status based on two main aspects, namely acceptance and obedience. The results of this assessment are used to determine the psychospiritual status (Sorrow, Guide, Revive, or Nirvana), which then serves as the basis for formulating appropriate and personalized interventions.

In patients with Sorrow status, such as the case of patient PL, the interventions carried out include: dhikr relaxation, motivation reinforcement, self-awareness development, worship guidance, prayer motivation, and religious deepening. This intervention not only helps patient spiritually but also impacts emotional stability and

mental readiness in facing medical procedures. This strategy proves that the spiritual dimension cannot be separated from the healing process, especially for patients experiencing a crisis of meaning in life due to severe illness.

Further research is recommended to expand the number and variety of participants to obtain a more representative picture, as well as to use a longitudinal approach to observe the long-term impact of psychospiritual interventions on patients' emotional and spiritual conditions. In addition, it is necessary to develop measurable quantitative instruments to objectively assess the effectiveness of each type of intervention. In addition, the adaptation of the model for patients of different religions needs to be further researched to ensure that this approach remains inclusive and relevant in the context of diversity.

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