

# The Extent to which Spiritual Counseling is Applied to Patients in Jordanian Hospitals

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## Abstract

The study aimed to identify the extent to which spiritual counseling is applied to patients in Jordanian hospitals. This study is a descriptive research, which relied on the survey method. The study was conducted on a sample of (100) individuals from the study community, represented by inpatients in Jordanian hospitals in both the private and government sectors, relying on the questionnaire as a data collection tool. The study found that (63%) of inpatients in government hospitals are not exposed to spiritual guidance every time they were admitted to the hospital compared to (37%) of those who were exposed to it, and the study showed that the most important things that the health care provider does for the respondents is to urge patience, satisfaction, tolerance and work to remove his negative thoughts and thoughts, that the most important effects of exposure to spiritual guidance on the quality of life of the respondents is that patients have become more open to talk with their families about their health problems, as well as and accept the self.

**Keywords:** Spiritual Counseling, Palliative Care, Patients, Hospitals, Jordanian Medical Sector

## Introduction

Spiritual counseling and palliative care represent a vital dimension of integrated and comprehensive healthcare in hospitals. Spiritual counseling and palliative care is as important as medicine in improving the patient's condition and accelerating recovery. Nations of different religions have implemented it and found that it has an effect on healing that science cannot reach or measure. Ibn al-Qayyim (1993) p. 11) highlighted the significance and benefits of spiritual guidance rooted in Shari'ah principles. Ibn al-Qayyim (1993, p. 11) underscored the importance and advantages of spiritual guidance derived from the Shari'ah, stating: "Here are some of the medicines that cure diseases not found by the minds of the great physicians, nor by their sciences, experiments and measurements. These include dependence on Allah, reliance on Him, resorting to Him, falling down and humbling oneself before Him, charity, prayer and supplication, repentance and forgiveness, charity to creation, relief for the distressed, and relief for the afflicted.

Despite the importance of spiritual counseling, the steps of this science in the Islamic world are still in their infancy. This is despite the richness of the Holy Qur'an and the Sunnah in the principles and applications of this science. Furthermore, previous scholars have demonstrated great care for the sick and for matters related to them in their writings. These include works such as "Illness and Atonement" by Ibn Abi al-Dunya. Notable works include "Illnesses, Atonements, Medicine and Ruqayyat" by al-Dhia al-Maqdisi, "Prophetic Medicine" by Ibn al-Qaim, derived from Zad al-Ma'ad, "Al-Wafadah for what came about in illness and clinic" by Ibn Hajar al-Hitmi, and others.

One of the challenges facing the institutional and medical sectors is the lack of institutional support and specialized training for health professionals regarding spiritual guidance. Accordingly, this study was conducted to clarify the concept of spiritual counseling. This approach aims to improve the quality of life for patients and alleviate their suffering by providing guidance and support, as well as addressing the families of patients and those around them. This includes reducing the burden of grief and providing guidance on how to cope with this affliction. Additionally, the study explains the history of the emergence of this science and its development, as well as its importance and benefits. It also outlines its key components.

#### *Study Issue*

Islamic law treats the human components of body, soul, and spirit on an equal footing, without prioritizing one over the other. It does not require the individual to subordinate their soul to their body for the sake of survival, but rather views all parts as a unified entity. Additionally, it addresses pain and trauma in distinctive ways, as Ibn al-Qayyim (1993) elucidates: The Prophet (peace and blessings of Allah be upon him) administered medicine himself and ordered it for those who fell ill from his family and companions. There are medications that treat ailments not yet identified by leading medical professionals. These include heart and spiritual medicines, such as strengthening the heart, relying on God, and placing trust in Him. The motivation behind studying spiritual guidance for patients is that the Islamic religion aims to enhance wellbeing and assist individuals in coping with life's challenges, particularly illness.

The Holy Quran and the Sunnah provide comprehensive guidance and directives for patients, their surroundings, and healthcare providers, forming an integrated spiritual system that complements the material medicines provided to patients. Spiritual counseling is a modern specialty that many countries are seeking to implement in their medical institutions (Al-Sunna, 2021, p. 352). However, there is a lack of studies addressing this topic as an intermediate study that combines what healthcare providers decide and what the Prophetic Sunnah contains in the Arab and Islamic library. Furthermore, there is no apparent provision of spiritual care at the practical level in Jordanian hospitals. This is evidenced by the absence of a dedicated department or division responsible for spiritual guidance, or even the presence of a Muslim healthcare provider who provides patients with spiritual guidance and counseling in addition to drugs and medicines.

A number of studies, including a 2015 study by Ibdah, have highlighted the need for training and education among Jordanian nurses regarding spirituality. This underscores the

importance of integrating the topic of spiritual care into the educational process and patient care policies.

This study aims to address the following key question: To what extent is spiritual counseling provided to patients in Jordanian hospitals?

### *Study Importance*

The study is significant because it addresses a gap in the theoretical understanding of spiritual counseling as part of comprehensive healthcare. It highlights the role of Islam in supporting patients spiritually and physically. The study is also noteworthy for its contribution to the Islamic and Arabic library in this field. Furthermore, it demonstrates the practical application of spiritual counseling in Jordanian hospitals, which improves the quality of healthcare provided.

### *Study Objectives*

The primary objective of this study is to assess the extent to which spiritual counseling is applied to patients in Jordanian hospitals. Additionally, the study aims to:

- Promote the use of the Prophet's teachings on spiritual guidance in patient care.
- Strengthen the role of spiritual counseling among healthcare providers.
- Evaluate the need for training and education on spiritual counseling among medical staff in governmental hospitals.
- Develop recommendations to improve healthcare services by integrating spiritual counseling into comprehensive care within Jordanian health institutions.

### *Research Questions*

This study seeks to answer the central question: "To what extent is spiritual counseling implemented for patients in Jordanian hospitals?" The following sub-questions are derived from this main inquiry:

1. To what extent do inpatients in Jordanian hospitals receive spiritual counseling?
2. Who is responsible for providing spiritual counseling to inpatients?
3. What types of spiritual counseling are offered to inpatients?
4. How do healthcare providers incorporate spiritual counseling into patient care?
5. How do inpatients perceive and receive spiritual care and support from their healthcare providers?
6. What is the impact of spiritual counseling on the quality of life of inpatients in Jordanian hospitals?

### **Methodology**

This study employed a survey-based methodology, which is considered the most appropriate for gathering data on individuals' behaviors, perceptions, emotions, and attitudes. The survey is defined as "an attempt to collect information from members of the study population to understand the current state of the community in light of one or more research variables" (Al-Hayzan, 2004, p. 92). The researcher used this approach to determine the extent to which spiritual counseling is applied in Jordanian hospitals.

### *Review of Previous Studies*

The researcher found that previous studies have primarily focused on the theoretical, historical, and analytical aspects of the Prophet's teachings, as found in chapters of various

Hadith collections, such as Sahih Bukhari's chapter on patients. However, no previous research has specifically examined the application or impact of spiritual counseling in hospital settings, either as a field study or even as a minor part of broader research. The most notable studies reviewed include:

1. *The Role of Preachers in Enhancing the Impact of Palliative Care* by Dr. Muhammad Mustafa Al-Jadi (2021), published in the *University Journal of Islamic Studies*. This study aimed to highlight the positive influence of preachers in improving palliative care outcomes. It provided definitions of "preacher" and "palliative care" and explored their interrelationship. The study concluded that preachers should take an active role in palliative care, improving their messages to patients by selecting impactful religious texts and guiding the patient's family to be patient, thus gaining spiritual rewards.

2. *Jordanian Nurses' Perspectives and Practices of Spirituality and Spiritual Care: A Qualitative Study* by Rufaida Hasan Ibdah (2015), a master's thesis from the University of Jordan. This study aimed to explore Jordanian nurses' understanding of spirituality and spiritual care through qualitative research, involving twenty interviews with nurses working in a palliative care unit at a specialized cancer treatment center. The study concluded that nurses have a limited understanding of spirituality and spiritual care, underscoring the need for more training and education in this area. It also highlighted the importance of incorporating spiritual care into nursing education and policy.

This study will focus on the practical applications of spiritual counseling in Jordanian hospitals. It will examine the extent to which spiritual counseling is currently being utilized by patients undergoing treatment in these facilities.

### *Study Plan*

This study comprises an introduction, three investigations, and a conclusion.

The initial section of the study addresses the concept, significance, and components of spiritual counseling.

The second section outlines the practical framework of the study, including the methodology and procedures employed by the researcher.

The third section of the study examines the extent to which spiritual counseling applied in Jordanian hospitals.

The conclusion presents the study's findings and recommendations.

### **First Requirement: Spiritual Counseling: Its Concept, Importance, and Elements**

#### *Concept of Spiritual Counseling*

Spiritual counseling for patients is a relatively modern term and a contemporary specialization within the broader field of non-pharmacological treatment. Although it has recently gained popularity among modern medical disciplines, its roots can be traced back to early Islamic thought. Ancient Muslim scholars did not explicitly define spiritual counseling, but references to its principles can be found in Islamic texts, which highlight the benefits of spiritual treatment that may not always be present in physical medicine (Samina, 2021; Rawabdeh & Abbas, 2023). The term "spiritual counseling" is composed of two words—counseling and spiritual—both of which can be defined as follows:

### *Definition of Counseling*

Linguistically, the term "guidance" refers to "leading one towards the straight path" (Ibn Faris, 1979, p. 398). Ibn Manzoor (1414 AH, p. 176) elaborates, stating that "God guided him" means He provided direction or guidance. The term "guidance" is used to describe the act of leading someone who is lost to the correct path.

In a broader sense, counseling is not defined in isolation, but in relation to specific fields such as psychology, social work, sports, or medicine (Omar, 2008). In each of these areas, the term counseling is attached to provide a specialized meaning, such as professional counseling or medical counseling.

### *Definition of Spiritual*

Al-Qurtubi (1964, p. 167) defines spirituality as "a profound matter of great significance, issued by the command of God Almighty, which is beyond human comprehension." This notion highlights the inability of humans to fully understand spiritual realities, yet acknowledges their existence. This understanding suggests that just as humans cannot fully grasp their own nature, they are even less capable of comprehending divine truths.

The term "soul" is similarly addressed by Ibn Manzoor (1414 AH) and Ibn Qutaiba (1973), who state that the soul is the essence that gives life to the body. According to Waseet Dictionary (p. 380), the soul is "that which animates the body, whether male or female." Spirituality, therefore, refers to matters of the soul and encompasses treatments aimed at healing the soul (Omar, 2008). Omar further explains that a "spiritual father" refers to a figure who corrects moral behavior and nurtures the soul, while "spirituality" reflects a psychological state that enhances the quality of actions achieved through collective effort.

### *Definition of Spiritual Counseling*

Al-Rawabdeh and Abbas (2023), define spiritual counseling in their study, *Spiritual Counseling for Patients according to Imam Ibn al-Qayyim al-Jawziyyah: An Analytical Study of the Prophetic Medicine Book*, as: "A science focused on maintaining the health and balance of the soul and heart, treating them with divine remedies based on a firm belief in God. It involves the use of rituals, prayers, and remembrance of God, and is centered on the interaction between two parties: the counselor, who employs methods to achieve inner peace, and the counselee, who seeks to overcome spiritual challenges."

The term spiritual counseling overlaps with other concepts such as palliative care and religious support. While these terms share some commonalities, they also differ in linguistic, practical, and historical aspects. However, all of them contribute to the broader concept of spiritual care for patients (Bishnak, 2017; Ajeen, 2021; Al-Jedi, 2019; & Al-Khateeb).

### *Palliative Care*

The World Health Organization defines palliative care as "a multidisciplinary approach to improving the quality of life and alleviating suffering for patients with chronic diseases and their families, addressing their physical, psychological, social, and spiritual needs" (Al-Naqla & Al-Aswad, 2021, p. 423). Similarly, religious support is defined as "providing assistance, care, and services to patients based on religious principles, contributing to the treatment process and alleviating their pain" (Ajeen et al., 2019). The relationship between spiritual guidance

and religious support is one of derivation, as spiritual guidance is rooted in religious texts. The spiritual needs of patients, including beliefs, morals, prayers, and religious obligations, form the core of this guidance (Oweida, 2014).

### **Second Requirement: The Origins of Spiritual Counseling**

Muslim scholars have long been interested in prophetic medicine, compiling hadiths related to healing in works such as *Prophetic Medicine* by Abu Naim and *Zad al-Ma'ad* by Ibn al-Qayyim. Prophetic medicine is categorized into two main types:

**1. Preventive Medicine:** This includes hadiths that emphasize purity, personal hygiene, and cleanliness (Dana, 2023).

**2. Therapeutic Medicine:** These hadiths recommend specific remedies such as black seed, honey, and Indian paste, and they also mention certain medical procedures like cauterization and cupping. Additionally, spiritual therapies such as prayer, Ruqya (spiritual healing), reciting the Qur'an, and supplication are emphasized. These spiritual treatments are known as spiritual medicine (Al-Khattabi, 1988; Ibn al-Qayyim, 1993).

#### *Features of Spiritual Guidance in Islamic Civilization*

Islamic civilization made significant strides in integrating spiritual care into healthcare. Since the establishment of hospitals during the era of Al-Walid ibn Abdulmalik, patients were provided with both psychological and spiritual care, including the use of kind words and emotional support. Islam's spiritual and moral values contributed to the development of a healthcare system rooted in high ethical standards and spirituality (Al-Habib, 2003).

### **Third Requirement: The Contemporary Emergence of Spiritual Counseling**

Interest in the spiritual aspect of healthcare began to gain global recognition in the 1980s, particularly when the World Health Organization incorporated spirituality into public health in 1984. This trend dates back to 1967 with the founding of St. Christopher's Hospice in London by Dame Cicely Saunders. Despite the growing materialistic mindset in the West, calls for a renewed focus on spirituality in medicine have resurfaced, leading to a wider adoption of spiritual counseling in healthcare (Al-Rawabdeh & Abbas, 2023; Al-Jedi, 2021). It is important to note that the integration of spiritual care for patients, their families, and caregivers originated from the relationship between the medical sector and religious institutions. This relationship emphasized the importance of connecting with God and reflecting on life and destiny. Formal initiatives for spiritual care began in the late 1960s and have since grown in importance, despite challenges posed by secularism and materialistic ideologies (Al-Jadidi, 2021; Al-Hamli, 2021).

### **Fourth Requirement: The Importance of Spiritual Guidance**

Bishnak (2017, pp. 23-24) notes that early physicians recognized the necessity of linking treatment with religion, understanding that patients are holistic beings composed of body and soul. Ibn al-Qayyim highlighted that the advantage of spiritual guidance rooted in Sharia lies in its ability to cure ailments that traditional medicine, even in the hands of the greatest physicians, cannot address. These "medicines of the heart and spirit" are beyond the reach of science and experimentation.

Studies have demonstrated the significant positive impact of spiritual therapy on the healing process. For example, cancer patients have reported greater satisfaction, tranquility, and reduced pain levels when they received spiritual guidance that aligned with their religious beliefs and rituals. These findings have prompted the medical community to acknowledge the importance of addressing the spiritual or religious aspects of treatment (Ajeen et al., 2019). Ibn al-Qayyim further emphasized the critical role of spiritual connection, stating that a patient who turns to God for support receives nourishment beyond physical sustenance. The strength of the patient's faith, love for God, and trust in Him can provide a spiritual power that surpasses the effects of physical food (Ibn al-Qayyim, 1993, p. 93).

In summary, spiritual counseling is essential to the healing process. A patient's treatment cannot be isolated from their religious beliefs and moral values (Bishnak, 2017). Additionally, spiritual counseling helps reassure patients, raises their morale, and provides hope that recovery is imminent (Al-Rawabdeh & Abbas, 2023). Ultimately, the patient seeks healing by God's will, and spiritual counseling enhances this belief.

### **The Fifth Requirement: Elements of Spiritual Counseling**

The process of spiritual counseling relies on the interaction and synergy of several key elements that work together to alleviate or mitigate the severity of a patient's illness. The effectiveness of the counseling depends on the harmony and cooperation between these elements, which collectively influence the healing process. The main elements are (Ajin, 2022; Al-Rawabdeh & Abbas, 2023):

- The Counselee: The patient receiving the spiritual counseling, sometimes referred to as the client.
- The Counselor: A qualified individual who provides spiritual guidance and counseling services to the patient.
- The Patient's Surroundings: This includes the patient's family, such as parents, spouses, children, relatives, and friends, who contribute to the support network.
- The Counseling Process: The content and methods used by the counselor to guide both the patient and their support network during the treatment process.

### **Section Two: The Practical Framework of the Study**

This study is categorized as a descriptive study, which is used to collect information and data to achieve specific outcomes. Descriptive studies aim to describe a phenomenon or subject with accuracy and detail, whether in a qualitative or quantitative format (Obaidat et al., 1998, p. 46). The descriptive method goes beyond simply gathering information—it also classifies and organizes the data to understand the reality of the phenomenon, leading to conclusions and generalizations that can contribute to the development of the subject matter (Darwish, 2018, pp. 118-119). For this study, the survey method was used to assess the extent of spiritual counseling provided to patients in Jordanian hospitals.

#### *Study Population and Sample*

The population of this study comprises inpatients in both private and government-run hospitals in Jordan. The researcher employed a convenience sampling method, described as "a sample selected by the researcher due to its accessibility and ease of use" (Al-Hayzan, 2010, p. 90). The study was conducted in four government hospitals (Al-Ruwaished Hospital,

Northern Badia Hospital, Hamza Hospital, and Al-Bashir Hospital) and two private hospitals (Al-Istiqlal Hospital and Dar Al-Salam Hospital). A total of 100 individuals from these institutions were included in the study.

The researcher encountered several challenges during data collection. Many potential respondents declined to complete the questionnaire, and it was difficult to gather responses from some patients due to their health conditions. Additional difficulties arose with hospital administration, particularly regarding the permissions required for researchers to access departments, interview patients, and record their answers.

Table 1  
*Demographic Characteristics of the Study Sample*

Variable	Category	Frequency	Percentage
Gender	Male	74	74.0
	Female	26	26.0
Age group	Under 18 years old	10	10.0
	18 to 25 years old	3	3.0
	26 to 35 years old	18	18.0
	36 to 45 years old	16	16.0
	46 to 55 years old	19	19.0
	56 years and older	34	34.0
Educational level	High school or less	49	49.0
	Diploma	5	5.0
	Bachelor's degree	27	27.0
	Postgraduate	19	19.0
	Total	100	100%

Table 1 presents the demographic characteristics of the study sample. It shows that 74% of the respondents were male, while 26% were female. Regarding age distribution, the largest



group was those aged 56 years and above, accounting for 34% of the sample. This was followed by the 46 to 55-year-old group at 19%, the 26 to 35-year-old group at 16%, and lastly, the 18 to 25-year-old group at 3%. In terms of education level, 49% of respondents held a high school diploma or less, 27% had a bachelor's degree, and 5% held a diploma.

### *Instrument of the Study*

Since this study is classified as descriptive research that relied on the survey method, a questionnaire was used as the primary tool for collecting data from the study sample. A paper-based questionnaire was distributed to inpatients in Jordanian hospitals. The questionnaire, attached in Appendix 1, is structured into several sections to address all the study questions, as follows:

- First Section: Demographic data of inpatients in Jordanian hospitals.
- Second Section: Exposure to spiritual counseling. This section is divided into two parts:
  1. The number of hospitalizations, reasons for admission, and average hospital stay.
  2. Exposure to spiritual counseling.
- Third Section: The nature of spiritual counseling provided to patients in Jordanian hospitals.
- Fourth Section: The impact of spiritual counseling on patients' quality of life.

Some questions in the study utilized a three-point Likert scale. The scoring for each question was based on this scale, with the length of the category calculated as follows:

$$(3 - 1) / 3 = 0.66$$

This value represents the interval between average scores, with the categories defined as follows:

- A low score (disagree) ranges from 1.00 to 1.66.
- A medium score (neutral) ranges from 1.67 to 2.32.
- A high score (agree) ranges from 2.33 to 3.00.

The table below illustrates this scale:

Table (2)

#### *The Statistical Criterion for the Triple Likert Scale*

Grade	Category length
Low grade	1.00 - 1.66
Medium grade	1.67 - 2.32
High grade	2.33 - 3.00

The study instrument was subjected to reliability and stability tests.

**Reliability Test:** The researcher presented the questionnaire tool to a group of experienced and specialized arbitrators to elicit their opinions on the study tool and its suitability for achieving the objectives of the field study. The researcher then took the requisite notes and made the necessary modifications. Please refer to Appendix No. (2).

**Stability Test:** To ascertain the stability of the questionnaire's paragraphs, the researcher employed the Cronbach's alpha coefficient, as illustrated in the following table:

Table (3)

*Cronbach's Alpha Internal Consistency Coefficient*

No.	Study Highlights	Number of phrases	Cronbach Alpha
1	Patients' exposure to spiritual counseling	16	77
2	The nature of the spiritual counseling provided	20	79
3	Impact of Spiritual Counseling on Patients' Lives	10	75
-	Overall persistence	49	74

The data presented in Table 1 reflect the values derived from the study tool's paragraphs based on its axes. The Cronbach's alpha coefficients for the reliability of the paragraphs within the current study tool ranged from 0.75 to 0.79, while the overall domain achieved a value of 0.74. These figures indicate a satisfactory level of reliability for the tool.

**Statistical Methods**

The researcher utilized the Statistical Package for the Social Sciences (SPSS) to unpack, process, and analyze the data. The following statistical procedures and tests were employed:

1. Simple frequencies and percentages
2. Arithmetic means and standard deviations
3. Cronbach's alpha reliability test

*Sources of Data Collection*

Two types of sources were utilized to gather the necessary information for this study:

1. Secondary Sources: This category included books, scientific articles, journals, theses, dissertations, and previous studies relevant to the research topic in both Arabic and English. These materials were reviewed prior to the preparation of this study.
2. Primary Sources: This involved a questionnaire specifically designed to collect essential data for the study. The questionnaire was distributed among members of the study sample to gather their responses regarding the subject matter. This instrument aimed to collect primary data concerning the variables of the study, focusing on inpatients in Jordanian hospitals.

*First: Patients' Exposure to Spiritual Counseling***What is the Reason for Hospitalization (Nature of Illness or Injury)?**

To address this question, frequencies and percentages of respondents' answers were calculated, as illustrated in the following table:

Table 4

*Reasons for Hospitalization*

<b>Alternatives</b>	<b>Frequency</b>	<b>Percentage</b>	<b>Order</b>
Complications of chronic diseases (heart, liver, kidney)	24	24.0	<b>2</b>
Having surgery	21	21.0	<b>3</b>
Viral or bacterial infections	29	29.0	<b>1</b>
Accident (car, fire)	14	14.0	<b>4</b>
Taking chemical or biological doses	10	10.0	<b>5</b>
Other	2	2.0	<b>6</b>
<b>Total</b>	<b>100</b>	<b>100%</b>	

Table 4 presents the reasons for respondents' hospitalization. The most common reason was viral or bacterial diseases, representing 29% of cases. This was followed by complications of chronic diseases, such as heart, liver, and kidney diseases, which accounted for 24% of cases. Surgical operations were the third most common reason, representing 21% of cases.

A review of the data reveals that the primary reasons for hospitalization among the sampled respondents are chronic diseases and other viral or bacterial diseases. Notably, the latter category has seen a surge in prevalence following the advent of the Corona pandemic, with a notable impact on the elderly population, leading to prolonged hospitalizations due to the severity of their condition. Complications, pain, and impact on the respiratory system can result in patients being placed in a critical condition, necessitating special care. The use of respiratory medical devices may also affect patients' psychological state, as they may be unable to eat or drink at certain times or in very small quantities.

A review of the demographic characteristics of the sample members reveals that the majority of the sample is comprised of elderly individuals, who are particularly susceptible to such diseases. This is due to the fact that the impact of viral and bacterial diseases on them is magnified due to their weakened immune systems, and they are more likely to suffer from chronic diseases, such as heart disease, liver disease, diabetes, and others.

**How Often are you Hospitalized Per Month?**

To respond to this inquiry, the frequencies and percentages of the respondents' responses were extracted and are presented in the following table.

Table (5)

*Number of Hospitalizations Per Month*

<b>Alternatives</b>	<b>Frequency</b>	<b>Percentage</b>	<b>Order</b>
one time	44	44.0	2
Two to 5 times	46	46.0	1
6 or more times	10	10.0	3
Total	100	<b>100%</b>	

Table 5 presents the data indicating the number of times the respondents were hospitalized. The respondents who were hospitalized from two to several times were in the first place with a percentage of 46%. Those who were hospitalized once were in the second place with a percentage of 44%. The respondents who were hospitalized six times or more were in the last place with a percentage of 10%.

A review of the results indicates that a majority of chronic diseases necessitate frequent hospitalizations, particularly among elderly respondents, as evidenced by the demographic data of the study sample. As 34% of the respondents were over 56 years old, and some diseases require more than one visit to the hospital, it is evident that the data presented in Table 5 is not an isolated incident. For instance, patients with kidney disease are hospitalized almost daily to perform dialysis, which may sometimes be accompanied by complications, especially if the patient suffers from other diseases such as high blood pressure or heart disease, which may strain the patient. Patients may require multiple hospital visits to receive oxygen therapy for conditions such as respiratory illness, viral or bacterial infections, or chemotherapy for cancer patients. Hospitalization may also be necessary when patients experience or are at risk of experiencing a life-threatening event, such as a heart attack, or when their condition requires treatment that cannot be adequately provided in an outpatient setting.

**What is the Mean Number of Days Spent in the Hospital Per Month?**

To respond to this inquiry, the frequencies and percentages of the respondents' responses were extracted and are presented in the following table.

Table 6

*Average Hospital Stay of Respondents*

Alternatives	Frequency	Percentage	Order
One to two nights	14	14.0	3
3 nights to 5 nights	52	52.0	1
6 nights to 10 nights	23	23.0	2
10 nights or more	11	11.0	4
Total	100	100%	

Table 6 presents the mean length of hospital stay for respondents, with a range of three to five nights and a percentage of 52%. The next highest percentage is for those who stayed in the hospital for six to seven nights, at 23%. The remaining respondents (23%) stayed in the hospital for 0 nights. Another 14% stayed in the hospital for 1 to 2 nights. The final group (11%) stayed in the hospital for 10 nights or more. A review of the data in Table 4 reveals that a significant proportion of respondents were hospitalized for surgical procedures or for reasons related to the administration of chemical or biological doses. Additionally, a considerable number of respondents were hospitalized due to various accidents. These circumstances often necessitate a prolonged hospital stay, typically spanning several days, to facilitate comprehensive treatment and monitoring of the patient's condition until they are well enough to return home.

### **To What Extent is the Respondent Exposed to Spiritual Counseling During each Hospitalization?**

To respond to this inquiry, the frequencies, percentages, and arithmetic mean of the respondents' responses were extracted and are presented in the following table.

Table 7

*Respondents' Exposure to Spiritual Counseling*

Alternatives	Frequency	Percentage	Order
always	1	1.0	4
sometimes	12	12.0	3
Rarely	24	24.0	2
I have not been exposed to spiritual counseling	63	63.0	1
Total	100	<b>100%</b>	

Table 7 illustrates that over half of the respondents (63%) were not exposed to spiritual counseling at the time of admission to the hospital, compared to 37% who were exposed to spiritual counseling, and 12% who were exposed to it on occasion. Twenty-four percent of respondents reported exposure to spiritual counseling on an infrequent basis, while an additional 12% indicated occasional exposure. The remaining 1% reported consistent exposure to spiritual counseling. The researcher excluded those who indicated that they were not exposed to spiritual guidance, resulting in a final sample size of 37.

During the course of the study, the researcher encountered significant challenges in accessing patients and conducting interviews with them, as well as in understanding the medical staff's perceptions of the nature, scope, and delivery of spiritual counseling.

The preceding findings demonstrate that the concept of spiritual counseling is absent in Jordanian hospitals, whether public or private, despite its necessity for patients, particularly those suffering from serious and life-threatening diseases. Spiritual counseling improves the patient's quality of life and reduces depression, anxiety, and stress, while also increasing patient and family satisfaction with the care provided.

The researcher hypothesizes that the absence of palliative care in hospitals may be attributed to the dearth of specialists engaged in spiritual counseling and palliative care in Jordan. Alternatively, it may be attributed to the predominant focus on medical treatments, drugs, medications, and treatment methods, rather than on enhancing the quality of life of the patient. Additionally, spiritual counseling may be perceived as less crucial than treatments that save the patient's life. Furthermore, the lack of financial resources allocated to spiritual counseling in the Jordanian medical sector, when compared to other treatments, may also be a contributing factor.

### In the Course of your Hospitalization, how Frequently were you Offered Spiritual Counseling?

In order to respond to this question, the frequencies and percentages of the respondents' answers were extracted and are presented in the following table.

Alternatives	Frequency	Percentage	Order
2 times and less	24	1.0	<b>1</b>
3 to 5 times	13	12.0	<b>2</b>
More than 5 times	0	24.0	<b>3</b>
Total	100	<b>100%</b>	

Table 8 illustrates the extent of respondents' exposure to spiritual counseling in the hospital during their stay. The majority of respondents (64.9%) were exposed to spiritual counseling a maximum of two times, while 35.1% were exposed three to five times. Notably, the category of respondents exposed more than five times did not represent a significant percentage.

As can be seen from the above, the results of the table are in alignment with those of the previous table. This may be attributed to a lack of awareness among medical personnel regarding the significance and advantages of palliative care. This includes its capacity to mitigate patient discomfort and enhance their morale, as well as its ability to provide support and assistance to families, emphasizing the patient's resilience in the face of adversity and the rewards that accompany patience in managing illness. This may be attributed to a dearth of medical training and education on palliative care and spiritual guidance in medical training programs, or it may be due to the absence of specialized units and departments for spiritual guidance in hospitals in general.

### Who Provides you with Spiritual Counseling?

To answer this question, the frequencies and percentages of the respondents' answers were extracted as shown in the following table:

Table 9

*The Spiritual Counseling Provided to Respondents in the Hospitals where they were Hospitalized*

Alternatives	Frequency	Percentage	Order
Nurse	33	89.2	1
Doctor	26	70.3	2
Psychologist	1	2.7	6
Social Worker	2	5.4	5
Religious Counselor	0	0	7
Physiotherapist	3	8.1	4
Other	7	18.9	3

N=37

Table 9 presents the data regarding the spiritual counseling providers for inpatients in the study hospitals. The data indicate that the majority of inpatients received spiritual counseling from nurses (89.2%), followed by doctors (70.3%), other healthcare professionals (18.9%), physical therapists (8.1%), and psychologists (2.7%). No percentage was attributed to the religious counselor.

The researcher posits that the nurse's ranking as the most common provider of spiritual counseling in the study hospitals may be attributable to a number of factors. For example, providing spiritual counseling to patients (palliative care) is one of the most important roles that a nurse may play. It allows the nurse to meet the patient's needs in all aspects and to spend the longest possible time with the patient compared to other healthcare professionals, such as doctors and other specialists. This allows the nurse to understand and coexist with patients, understand their spiritual and psychological needs, and refer them to specialists if necessary. This approach builds a close relationship with patients and helps in providing the spiritual aspect and psychological support effectively. Conversely, the lack of dedicated financial resources may be a contributing factor. The employment of a spiritual counselor necessitates additional resources that may not be readily available in hospitals. Alternatively, hospitals may prioritize the allocation of financial resources toward vital medical aspects, perceiving the cost of employing a spiritual specialist as an additional burden. The difficulty of meeting the needs of patients with different beliefs and religions in large hospitals, where patients may adhere to a multitude of religions, may also contribute to the lack of resources allocated to these roles. Alternatively, hospital management may believe that spiritual



support can be provided by staff. Some parents and accompanying family may be reluctant to accept psychological support, especially from a spiritual counselor, due to the beliefs that patients have about the psychiatrist, therapist, and spiritual counselor.

### What form of Spiritual Counseling is Provided to Patients?

To respond to this inquiry, the frequencies and percentages of the respondents' responses were extracted and are presented in the following table.

Table 10

#### *Type of Spiritual Counseling Provided to Respondents*

Alternatives	Frequency	Percentage	Order
A reminder to read the Qur'an	21	56.8	3
A reminder of the legal rituals, dhikr, and prayers	2	5.4	5
Reminders of the Prophetic Sunnahs	8	21.6	4
Enlightenment and proselytizing	29	78.4	2
Positive talk in general	32	86.5	1
All of the above	1	2.7	7
Other	2	5.4	5

N = 37

Table 10 illustrates the type of spiritual guidance provided to respondents. The most prevalent form of guidance was positive talk, which was offered to 86.5% of respondents. This was followed by preaching and evangelization, which were provided to 78.4% of respondents. The third most common form of spiritual guidance was "reminding to read the Quran," with a percentage of 56.8%. The least common form of spiritual guidance was "all of the above," with a percentage of 2.7%.

A review of the results indicates that the first and second rank may be related, as positive talk is a component of both preaching and evangelization. Preaching is a process that involves assisting patients and their families in comprehending the circumstances and trajectory of their health condition, as well as promoting inner peace through a more profound grasp of reality. Dealing with patients' fears and anxiety is a key aspect of spiritual guidance, whereas evangelization is concerned with providing support for patients by raising their morale, encouraging them, conveying hope and optimism, and emphasizing the values and beliefs

that give them peace. The prominence of evangelization in the data may be due to its ease of application by nurses, doctors, and other medical staff in a hospital setting.

**Secondly: The nature of spiritual counseling provided to the patient in Jordanian hospitals**

1. What actions does the healthcare provider undertake during the provision of spiritual counseling?

To address this question, the frequencies, percentages, arithmetic means, and standard deviations of the respondents' answers were extracted and are presented in the following table, arranged in descending order:

Table (11)  
*Things done by the respondents' health care provider*

#	Phrases	High		Medium		Low		Arithmetic mean	Standard deviation	Rank	Score
		N	%	N	%	N	%				
1	Encourages patience, contentment and endurance	35	94.6	1	2.7	1	2.7	2.92	363.	1	High
2	Clears your doubts and negative thoughts	32	86.5	4	10.8	1	2.7	2.84	442.	2	High
5	Tells you that your treatment is easy and your recovery is fast and gives you hope	28	75.7	9	24.3	0	0	2.76	435.	3	High
6	Tells you some prayers and dhikr that suit your condition	30	81.1	5	13.5	2	5.4	2.76	548.	3	High
3	Reminds you of the importance of believing in fate and destiny	28	75.7	7	18.9	2	5.4	2.70	571.	5	High
7	Helps you to invest time in prayer and worship	23	62.2	12	32.4	2	5.4	2.57	603.	6	High
4	Reminds you of the path of trial and patience	21	56.8	13	35.1	3	8.1	2.49	651.	7	High
8	Helps you to pray and supplicate to God	20	54.1	13	35.1	4	10.8	2.43	689.	8	High
9	Reduces your frustration and despair	21	56.8	9	24.3	7	18.9	2.38	794.	9	High
10	Urges you to take care of your appearance to improve your psyche	18	48.6	8	21.6	11	29.7	2.19	877.	10	Medium

The question was based on a three-point Likert scale (N=37)

Table 11 displays the actions taken by health care providers, as reported by respondents. The phrase “urges you to be patient, satisfied, and tolerant” ranked first with a high arithmetic

mean of 2.92. The phrase “works to remove the doubts and negative thoughts you have” ranked second with an arithmetic mean of 2.84, also indicating a high level of care. In third place, with equal arithmetic means of 2.76, were the phrases “tells you that your treatment is easy and your recovery will be quick” and “instills hope and provides you with prayers and dhikr suited to your condition.” Lastly, the phrase “urges you to pay attention to your appearance to improve your mental state” ranked lowest, with a mean score of 2.19, indicating a moderate degree of care.

The researcher suggests that the prioritization of urging patience and endurance, as well as the removal of doubts and the cultivation of hope, reflects the significant role that positive communication and optimism play in enhancing a patient’s quality of life. Encouraging these behaviors helps patients better cope with the challenges of treatment, reduces their daily suffering, and potentially accelerates physical recovery. By improving patients’ mental health, instilling hope, and reminding them of prayers, health care providers empower patients to stay committed to their treatment plans, thus giving them the strength to confront their health challenges. This holistic approach also helps to reduce stress and anxiety, fostering a safer and more resilient state of mind for the patient.

The results of the table, which emphasize that palliative and spiritual care providers focus on urging patience, contentment, and endurance, align with the findings of Updah (2015). That study showed that nurses in cancer treatment centers in Jordan are well-versed in and committed to the principles of spiritual care.

## 2. How do you receive care and support from your health care provider?

To answer this question, the frequencies, percentages, arithmetic means, and standard deviations of the respondents' answers were calculated. The results are presented in the following table, arranged in descending order:

Table 12

*How Respondents Received Care and Support from their Health care Provider*

#	Phrases	High		Medium		Low		Arithmetic mean	Standard deviation	Rank	Score
		N	%	N	%	N	%				
1	Talking to me with nice words	32	86.5	4	10.8	1	2.7	<b>2.84</b>	442.	1	High
2	Courtship and kindness	31	83.8	5	13.5	1	2.7	<b>2.81</b>	462.	2	High
5	listens to my complaints	30	81.1	6	16.2	1	2.7	<b>2.78</b>	479.	3	High
6	Engages me in a positive dialog	30	81.1	6	16.2	1	2.7	<b>2.78</b>	479.	3	High
3	Gives me feelings of comfort and reassurance	27	73.0	9	24.3	1	2.7	<b>2.70</b>	520.	5	High
7	Creates an atmosphere of comfort and confidentiality	25	67.6	11	29.7	1	2.7	<b>2.65</b>	538.	6	High
4	Interacts with my companion	21	56.8	12	32.4	4	10.8	<b>2.46</b>	691.	7	High
8	Considers my religious beliefs	16	43.2	18	48.6	3	8.1	<b>2.35</b>	633.	8	High
9	Considers my psychological needs	14	37.8	13	35.1	10	27.0	<b>2.11</b>	809.	9	Medium
10	Is considerate of my mood swings	11	29.7	7	18.9	19	51.4	<b>1.78</b>	886.	10	Medium

The question was based on a three-point Likert scale (N=37)

The data in Table 12 illustrates how respondents received care and support from their healthcare providers. The phrase "speaks to me with kind words" ranked first with an arithmetic mean of 2.81, indicating a high level of satisfaction. In second place was "shows courtesy and kindness in interactions", with a mean of 2.84, also reflecting a high score. The phrases "listens to my concerns" and "engages in positive dialogue" both ranked third, each with an arithmetic mean of 2.78 and a high level of agreement. However, the phrase "takes into account my mood swings" ranked last, with a mean score of 1.78, indicating a moderate level of satisfaction.

Upon reviewing the table's results, it becomes clear that the healthcare providers' approach aligns with the type of care being offered, particularly in the areas of positive communication and attentive listening. These are basic yet effective methods that do not necessarily require specialized training and can be provided by nurses, doctors, and other medical staff. They are also viewed as essential components of the healthcare profession. In contrast, aspects such

as addressing psychological needs and mood swings ranked lower, likely because these require more specialized attention to help patients manage the emotional aspects of their illness.

### Third Section: The Impact of Spiritual Counseling on Patients' Quality of Life

#### How did spiritual counseling affect your quality of life?

To address this question, the frequencies, percentages, arithmetic means, and standard deviations of the respondents' answers were calculated and organized in descending order, as shown in the following table:

Table (13)

*The Impact of Spiritual Counseling on the Quality of Life of the Respondents*

#	Phrases	High		Medium		Low		Arithmetic mean	Standard deviation	Rank	Score
		N	%	N	%	N	%				
2	I feel more comfortable discussing my health condition with my family.	31	83.8	6	16.2	0	0	2.84	374.	1	High
8	My social acceptance has grown, and my communication skills have improved.	30	81.1	7	18.9	0	0	2.81	397.	2	High
1	I have developed a greater sense of self-acceptance.	31	83.8	4	10.8	2	5.4	2.78	534.	3	High
5	It has empowered me to support others facing health challenges.	30	81.1	6	16.2	1	2.7	2.78	479.	3	High
6	During tough times, I recall the advice I received and use it to help me get through.	29	78.4	8	21.6	0	0	2.78	417.	3	High
4	My connection with God has strengthened.	27	73.0	9	24.3	1	2.7	2.70	520.	6	High
3	I focus on the lessons of the trial rather than dwelling on the pain.	26	70.3	10	27.0	1	2.7	2.68	530.	7	High

7	I educate those around me and remind them of the blessings from God.	25	67.6	12	32.4	0	0	2.68	475.	7	High
9	I experience a sense of inner peace and comfort.	22	59.5	13	35.1	2	5.4	2.54	605.	9	High
10	I make plans for the future now that I feel healed.	23	62.2	7	18.9	7	18.9	2.43	801.	10	High
<b>Overall average effect of spiritual guidance</b>								<b>2.70</b>	<b>195.</b>	High	

The question was based on a three-point Likert scale (N=37)

The data in Table 13 illustrates how spiritual counseling influenced the quality of life of the respondents, showing that the overall impact was "high" with an arithmetic mean of 2.70. The statement "I feel more open to discussing my health condition with my family" ranked first with a mean of 2.84, followed by "I have become more socially accepted and improved my communication skills" with a mean of 2.81. In third place were the statements "I have more self-acceptance, it has enabled me to support others with health issues, and during difficult moments I remember the advice I received and apply it to get through" with a mean of 2.78. The statement "I plan for the future now that I feel healed" ranked last with a mean of 2.43.

From the results, it is evident that the top-ranking statements reflect the patient's increased self-acceptance and better communication skills with family and society regarding their health challenges. Meanwhile, statements related to inner peace and future planning ranked lower. This can be explained by the fact that self-acceptance is a crucial step in coping with illness and is essential for reducing feelings of isolation and anxiety. It allows the patient to realistically face their condition, which, in turn, enhances their ability to engage in treatment and make important health decisions, ultimately improving their communication with family about their health experiences.

## Conclusion

### *Main Findings*

The study yielded several key insights:

- Exposure to Spiritual Counseling: The results revealed that 63% of inpatients in governmental hospitals were not consistently exposed to spiritual counseling during their hospital admissions, while 37% of patients reported receiving it.
- Frequency of Counseling: A significant proportion (64.9%) of inpatients experienced spiritual counseling only twice or fewer times during their hospital stays.
- Providers of Spiritual Counseling: Nurses played the primary role in providing spiritual counseling, as indicated by 89.2% of respondents, followed by doctors at 70.3%.
- Types of Spiritual Counseling: The most common forms of spiritual counseling provided were general positive dialogue, followed by offering insight and spiritual encouragement.
- Supportive Actions: Health care providers most frequently offered support by

encouraging patience, contentment, tolerance, and by alleviating patients' doubts and negative thoughts.

- **Methods of Care and Support:** Patients reported receiving care and support primarily through kind words, compassionate behavior, and active listening.
- **Impact on Quality of Life:** The effects of spiritual counseling on patients' quality of life were notable. Patients became more open to discussing their health with family members, experienced increased social acceptance, developed better interpersonal communication skills, and achieved higher levels of self-acceptance.

### **Recommendations**

Based on the study's findings, the following recommendations are proposed:

- **Expand Spiritual Counseling Programs:** There is a need to strengthen and broaden spiritual counseling programs to reach all patients. Hospitals should consider establishing dedicated units or departments for spiritual counseling in both governmental and private sectors, particularly in light of the finding that 63.9% of patients in governmental hospitals do not receive this form of care.
- **Employ Full-time Spiritual Counselors:** It is recommended to hire full-time spiritual counselors to ensure consistent and professional spiritual support based on well-defined guidelines and protocols.
- **Training for Healthcare Staff:** Healthcare providers, particularly nurses and doctors, should receive specialized training on how to deliver effective spiritual care. This can be achieved through targeted training courses that enhance their ability to offer emotional and spiritual support.
- **Develop Communication Skills:** Given the importance of positive communication, empathy, and attentive listening, it is essential to provide periodic workshops and training sessions focused on improving healthcare providers' communication and interaction skills.
- **Collaboration with Religious and Community Organizations:** Hospitals should collaborate with religious and community organizations to enhance available resources and support for patients. It is crucial to ensure that spiritual guides from diverse religious backgrounds are accessible to meet the varied spiritual needs of patients.

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