

Exploring students' perceptions of Islamic integration in the clinical nursing education curriculum: a descriptive qualitative study

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Abstract

The integration of religious and spiritual beliefs into the nursing education curriculum is an effort to build the characteristics of nurses as they become professionals. This study aimed to explore

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Ethical approval and consent to participate: the results of the researcher's ethical test were carried out first to the Ethics Committee of the Faculty of Health Sciences of Universitas Islam Negeri Syarif Hidayatullah with letter number: Un.01/F.10/KP.01.1/KE.SP/04.08.008/2023. During the research, the researcher paid attention to the ethical principles of information to consent, respect for human rights, beneficence, and non-maleficence.

Patient consent for publication: written informed consent was obtained from the anonymized patients for publication in the study.

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the experiences of nursing students who had undergone Islamic integration. The study employed a descriptive qualitative method, including five clinical nursing students selected through purposive sampling and interviewed online. Three main themes emerged from the data regarding the implementation of Islamic integration in the clinical nursing curriculum. The three themes included challenges in implementation, factors supporting successful implementation, and impact on students. Students face challenges in implementing Islamic integration principles, including resistance to change, limited understanding, and insufficient resources. However, with personal commitment, mentorship, and a supportive environment, successful implementation leads to increased self-awareness, improved ethical decision-making, and enhanced empathy in patient care. Integration requires committed educational effort from all academic staff, which necessitates continuous monitoring, mentoring, and habituation of integration practices as part of an ongoing process. This ensures that the integration of Islamic principles into the nursing curriculum is not only theoretical but also practical and transformative.

Introduction

Clinical nursing students are fully employed in practical health settings, such as hospitals. However, unlike nurses who already have full authority to treat patients, students are often required to behave in the same manner as professional nurses.¹ Nurses have yet to demonstrate an increase in the quality of nursing care. Lack of responsibility, sincerity, self-awareness, and professionalism indicate poor quality nursing care in the healthcare system. Thus, when students play a crucial role in contributing to patient safety issues, their contribution is significantly influenced by the implementation of clinical education.² Student character building in higher education can be achieved through a science integration learning model,³ which requires nurses to have spiritual, interpersonal, and intellectual competencies. *Spiritual care* is a holistic reflection of nursing education.⁴ A previous study found that student perceptions affected individual values, suggesting a form of spiritual training and simulation in spiritual care-based learning scenarios.⁵ Spiritual intelligence strengthens the beliefs and personalities of nurses and their desire to grow, learn, and work more professionally to improve the quality of nursing.⁶ Religion was the most significant determinant of self-efficacy, capital of good self-control, and firm conviction in completing tasks and achieving goals. The higher the level of religiosity and social support, the easier the students will adapt.⁷ The comprehension and interpretation of religious teachings is believed to play a role in the quality of interactions with adherents of other religions.⁸

Education is essential for nursing students' spiritual care competence. Clinical nursing education is one of the components of nursing education conducted in a clinical setting, involving real situations, teaching, and learning processes in the clinical setting.⁹

Education still has suboptimal learning; training in student spirituality is less important than training in spiritual interventions.¹⁰ Students need to prepare for spiritual care, and education in spiritual care contributes to those conditions.¹¹ The nursing curriculum should include spiritual care courses or training.¹² This is important in implementing Islamic integration, which is supported by research results indicating that the three main focuses of Islamic medicine are healthcare practitioners' attitudes and personalities, clinical decision-making, and providing comprehensive spiritual care. When it comes to incorporating Islamic ideals into professional practice, there are still many gaps and discrepancies, such as unpreparedness, distrust, role models, and environmental support. It is necessary to put more effort into developing and establishing a framework for all-encompassing Islamic medical practice.¹³

Integration-based curriculum changes require significant changes in terms of thinking and implementation. Integration into the nursing curriculum was carried out by formulating the nursing school's vision and mission, continuing the vision and mission of the faculty and university, and describing the learning outcomes of the courses. Collaboration with Kulliyah of Nursing International Islamic University Malaya (KoN IIUM), namely sharing sessions from expert curriculum integration lecturers regarding the implementation of ancient integration in the nursing curriculum at KoN IIUM with the head of the study program and several lecturers at the Syarif Hidayatullah State Islamic University's nursing school, then a review of the clinical nursing course guide was carried out by the research team, the lecturer in charge of the course and the Ushludin lecturer at UIN Jakarta. A positive and significant relationship exists between the science integration learning model and the formation of students' Islamic character at Islamic universities in Indonesia and Malaysia.³ Implementation of integration by saying *bismillah* in learning activities both before and after, as well as the preparation of Islamic and scientific integration guidelines at the Faculty of Health Sciences since 2022 and on learning outcomes, study materials for each course in the Islamic integration curriculum. The integration of Islam and nursing in the nursing curriculum qualitatively suggests the need for assistance and collaboration with Islamic experts in compiling the curriculum and the learning process to determine learning outcomes.¹⁴

The data indicate that only 52% of clinical nursing students in the integration curriculum at Syarif Hidayatullah State Islamic University Jakarta and Alaudin State Islamic University Makassar performed Islamic nursing care well.¹⁵ Clinical students' communication skills and spiritual awareness still require improvement to address this issue. Research shows no differences in perceptions of spiritual care between general nursing students and those from Islamic religious background.¹⁶ The literature on spiritual care in nursing applications, particularly in education, remains unclear,¹⁷ and the results of the study show that even though nursing students have good spirituality, they are still not good at implementing spiritual care.¹⁸ Research on the integration of religion, particularly Islam, into nursing remains limited and largely perception-based. This gap necessitates further exploration of the data and intervention effectiveness in integrated nursing clinical education. A curriculum workshop at UIN Jakarta Nursing highlighted that 30% of the students lacked confidence in providing spiritual care, primarily because of their focus on physical aspects. Despite the integration of Islamic courses into the nursing curriculum, this disparity persists, underscoring the need for improved clinical education strategies to enhance student confidence and competence in spiritual care. While integration guidelines were developed in February 2022, their implementation across programs, including nursing, remains unmonitored. Data from IIUM researchers indicated sim-

ilar challenges in integrating Islam into nursing education in Kulliyah of Nursing. No prior studies have explored Islamic integration in nursing education through inter-university collaboration, particularly with IIUM. This study examined IIUM's experience with Islamic integration and evaluated the impact of the Islamic integrated professional course guide on clinical nursing students before and after the intervention.

Materials and Methods

Design

This study employed a descriptive qualitative approach to explore clinical nursing students' perceptions of Islamic integration into the nursing education curriculum. The research was conducted during the Family Nursing Clinical Course, which is a two-week clinical practice period. This study was conducted in collaboration with Kulliyah of Nursing, International Islamic University Malaysia (IIUM), and lecturers from the Ushluddin Faculty of Syarif Hidayatullah State Islamic University, who contributed to the development of an Islamic Integration Guidebook for clinical nursing practice. This collaboration played a key role in shaping the curriculum framework implemented during the Family Nursing Clinical Course, a two-week clinical practice period in which students applied Islamic-integrated nursing principles in real clinical settings.

Population, sample, sampling technique

The study population consisted of 66 clinical nursing students from Syarif Hidayatullah State Islamic University, who were undergoing clinical practice in the Family Nursing Clinical Course. The study employed Purposive sampling was used to select five students who met the study criteria and had direct experience with Islamic integration in clinical nursing education. All participants provided informed consent before data collection. A small sample size was chosen because of the qualitative nature of the research, which prioritizes in-depth insights rather than numerical generalizability. Additionally, practical constraints such as academic schedules, availability, and the feasibility of conducting detailed qualitative interviews influenced the selection process. Despite the limited number of respondents, thematic saturation was achieved, ensuring that no new themes emerged, and that the data were sufficiently rich for analysis.

Phenomenon

The phenomenon in this study was the perception of Islamic integration in the clinical nursing education curriculum.

Instruments

Data were collected using a semi-structured interview guide developed in consultation with Islamic integration experts and aligned with Islamic Integration Book Guidelines of the Faculty of Health Sciences. The guide consisted of ten open-ended questions designed to explore key themes, including the application of Islamic integration in family nursing practice, the role and effectiveness of guidebooks, the influence of academic and clinical mentors, students' personal reflections on changes in attitudes and professional behavior, and the challenges faced in implementing Islamic integration in clinical nursing practice. The interview guide ensured a structured yet flexible approach, allowing for the consistent exploration of themes while accommodating individual variations in responses.

Data collection process

Data were collected through semi-structured interviews, conducted online via Zoom, with five clinical nursing students who provided informed consent prior to participation. Each interview lasted approximately 30–45 minutes and was facilitated by the researcher to ensure a comfortable and open discussion environment. The interviews were audio-recorded with participants' permission and later transcribed verbatim for analysis. Source triangulation was applied to maintain data credibility by comparing responses across participants. During the two-week Family Nursing Clinical Course, students engaged in Islamic-integrated nursing care under the guidance of academic supervisors and clinical instructors who provided continuous support and evaluation. The implementation process included sharing sessions with mentors, a review of clinical nursing course guidelines, and structured mentoring sessions to ensure that students applied Islamic values in their clinical practice.

Data analysis

The data were analyzed using thematic analysis following a structured approach to ensure a systematic and meaningful interpretation of the findings. First, audio-recorded interviews were transcribed verbatim and the transcripts were carefully read and re-read to gain an in-depth understanding. Next, data organization was conducted by identifying the codes and categories that emerged from the responses. These codes were then grouped into themes and subthemes representing key aspects of students' perceptions of Islamic integration in clinical nursing education. The process involved data reduction, categorization, and interpretation, allowing for a clear synthesis of the findings. To enhance credibility and trustworthiness, source triangulation was applied by comparing data across participants to ensure consistency and reliability in emerging themes. The final step involved verifying and summarizing the results, ensuring that the analysis accurately reflected the participants' experiences and insights.

Ethical clearance

The results of the researcher's ethical test were carried out first to the Ethics Committee of the Faculty of Health Sciences of Universitas Islam Negeri Syarif Hidayatullah with letter number: Un.01/F.10/KP.01.1/KE.SP/04.08.008/2023.

Results

These data were supported by the results of informant interviews. The following is a detailed explanation of these themes.

Theme 1: Barriers during the implementation

The findings indicated that clinical nursing students encountered several barriers to implementing Islamic integration during their family nursing practice. One of the primary obstacles was patient-and family related factors, particularly when the patients and their families were non-Muslim. Another barrier included a lack of family support for patients. Participants reported that they could not fully implement Islamic-based nursing care in these cases, as the patients and their families were not receptive to religiously integrated interventions. Additionally, the perceived status of students as trainees led to resistance from patients and their families. It was conveyed by the informant as follows:

« The obstacle is when a family (and patients) is not Muslim,

so we cannot apply Islamic integration...» (Informant 2)

«... They ignored us while we were providing nursing care. The family chose not to be involved with students...» (Informant 3)

Theme 2: Successful implementation of the program

The findings indicated that despite various challenges, students were able to successfully apply Islamic integration in family nursing practice under certain conditions. Participants highlighted several factors that facilitated the implementation of Islamic principles, including the availability of guidebooks, role of academic and clinical mentors, and competence of supervisors.. The following explanation is provided in detail based on the following sub-themes.

Books guide integrated Islam

One of the key facilitators was the Islamic integration guidebook, which provides clear instructions on how to incorporate Islamic values into clinical nursing practice. The participants found the guidebook helpful and comprehensive, making it easier to align their nursing care with Islamic principles.

« According to the guidebook, this is helpful. The content was clear, complete, and served as a structured guide for students when practicing in the field. The learning outcomes are also very clear, and from the beginning, we are reminded to be God-conscious (taqwa) to Allah.» (Informant 1)

« This is very helpful for the students. Besides serving as a guide, this book also becomes a practical material for students when they directly engage in applying Islamic-based nursing care.» (Informant 3)

Role of academic and clinical mentor

Another crucial factor was the role of the academic and clinical mentors who provided support, guidance, and reinforcement during clinical practice. Academic and clinical role mentors make it easier for students to integrate Islam during the practice profession nursing family. Five participants explained that role mentors as academic and clinical are already very comprehensive and important in helping students when practicing in the field.

«.. My academic supervisor has been very supportive and always gives direction. During practice, the supervisor takes the time to visit the field and reminds us about etiquette and behavior that reflect Islamic values.» (Informant 3)

«The clinical supervisor was always there to remind us to take notes during data retrieval, ensuring that it did not interfere with prayer times or moments of Quran recitation, except at the end of the event.» (Informant 1)

« Guidance from mentors helped students and made it easier for us to practice professionally.... Also, the clinical instructor helped us to ensure that Islamic values were integrated into nursing care delivery.» (Informant 5)

The ability of qualified academics and clinical supervisor

The competence of both mentors and academic and clinical supervisors plays a significant role in facilitating Islamic integration. The participants noted that well-trained supervisors could guide them effectively, ensuring that Islamic principles were easier to apply in a professional and ethical manner.

« The ability of academic mentors to provide instructions is very good..... Clinical supervisors also directly guide students during practice.» (Informant 3)

« The role of academic mentors is essential as they provide

detailed explanations regarding the application of Islamic integration in professional nursing family practice. The ability of clinical supervisors is also very good....” (Informant 4)

Theme 3: positive impact to the students

The findings indicated that the application of Islamic integration in family nursing practice contributed to positive changes in students’ knowledge, attitudes, and behavior. These changes were observed in their self-awareness, ethical decision making, and confidence in applying Islamic-based nursing care.

Knowledge

The participants reported that the integration of Islamic principles into their clinical practice enhanced their understanding of Islamic values in nursing care. They became more aware of the importance of spiritual aspects of patient care.

« I have gained a deeper understanding of Islamic values in family nursing practice. » (Informant 4)

«..... Now, I know what actions are beneficial and what I should avoid ensuring my practice aligns with Islamic teachings” (Informant 5)

Attitude

Participants also experienced changes in their attitudes, particularly regarding how they interacted with the patients and their families. They became more respectful and mindful of their diverse values and beliefs, demonstrating an improved sense of professionalism.

« I always remind myself that my attitude is assessed by others. Islam teaches us to have good behavior, which will be well received by people around us.» (Informant 3)

« I always try to apply religious attitude to patient, because its helpfully for us in practice nursing, its make us to appreciating different values, beliefs, needs in accordance with mark Muslim.» (Informant 4)

In addition, participants reported that Islamic integration increased their self-confidence in providing patient care as they were able to align their clinical practice with their faith.

« I feel more confident because I have had many interactions with the public during practice.» (Informant 2)

« I become more believe myself, and ready for do application integration at the next course.” (Informant 4)

Behavior changes

The integration of Islamic values also influences students’ daily behavior in clinical settings. Participants reported that they applied Islamic principles in their nursing practice, such as offering spiritual support to patients and promoting healthy habits.

« I always motivate patients to maintain a clean and healthy lifestyle, and also try to give spiritual support for patients like prayer, patience, be sincerity and reminding them to engage in worship.» (Informant 4)

«... Before performing nursing care, I always start with ‘Bismillah’ (in the name of Allah) and conclude by hamdalah (thanking God).» (Informant 5)

lum guides teaching and learning in higher education. Nursing graduates serve as care providers, educators, managers, researchers, and communicators.^{19,20} Integration in nursing views humans as multidimensional beings who respond to health and illness. Academic habituation shapes Islamic care in nursing students.²¹ Students in Islamic universities in Indonesia and Malaysia develop Islamic characteristics alongside scientific learning.³ A similar study found that nursing students in UIN Syarif Hidayatullah studied curriculum integration in clinical practice.²² The Al Islam and Muhammadiyah subject variables influence antenatal care provided by clinical students.²³

Integrating Islamic values into clinical nursing education presents challenges, especially in diverse settings, with patients and families of different religious backgrounds. This aligns with studies highlighting cultural and religious differences as obstacles to implementing faith-based healthcare practices.^{24–27} Students often face resistance from patients’ families because of their trainee status, which leads to a lack of recognition during nursing. Literature emphasizes that students sometimes struggle with patient trust due to perceived inexperience.²⁸ The lack of family support complicates integration, as families play a crucial role in patient care, and their reluctance to engage in religious-based interventions limits their ability to apply Islamic principles in practice.²⁹ These findings indicate efforts should focus on strengthening cultural competence training, providing strategies for diverse patient interactions, and developing policies supporting inclusive nursing education.^{14,30} Implementing mentorship programs, enhancing collaboration between nursing educators and Islamic scholars, and providing psychological support for students may help address barriers and ensure effective Islamic integration into nursing practice in diverse clinical settings.^{31,32}

This study found students successfully applied Islamic integration in clinical practice with structured guidelines, mentorship, and supervision. The Islamic integration guidebook provided clear directions for incorporating Islamic values into nursing care, which students found beneficial. Previous research underscores the role of structured materials in facilitating the application of spiritual and religious principles in healthcare settings,^{12,14,30,33} emphasizing the necessity of instructional tools in religious and ethical integration within professional education.³⁴ Academic and clinical mentors are crucial for guiding students through the integration process. Studies have shown mentorship and role modeling significantly influence students’ professional behaviors and ethical decision-making.^{35–37} Effective mentorship ensured students received professional support for maintaining ethical and religious practices, aligning with literature on the importance of strong mentor-mentee relationships in shaping professional identity and satisfaction.^{38–40} The competence of academic and clinical supervisors affected the success of Islamic integration, as well-trained mentors provided effective guidance in aligning clinical practice with Islamic principles. However, challenges, such as curriculum inconsistencies and the need for ongoing support remain.^{41–43} Addressing these barriers through structured policies, continuous training for supervisors, and enhanced collaboration between nursing educators and Islamic scholars are essential for sustaining successful integration of Islamic values in clinical nursing education.

Integrating Islamic principles in nursing practice improved students’ knowledge, attitudes, and behaviors, enhancing professional development and ethical decision making. Students better understand Islamic values in patient care, promoting a holistic approach. This aligns with studies showing that religious and spiritual education in healthcare improves compassionate, patient-centered care.^{44,45} The knowledge gained deepened students’ understanding

Discussion

Clinical nursing learning develops professional skills, critical thinking, confidence, and independent decision making based on the Indonesian clinical nursing education curriculum. This curricu-

of spiritual aspects of patient care, reinforcing holistic approaches.^{24,46} Changes in attitudes, such as increased respect, mindfulness, and professionalism, align with studies suggesting that integrating religious principles fosters empathy and ethical sensitivity among healthcare professionals. Research shows that spiritual intelligence fosters ethical professionalism and moral sensitivity, and improves patient interactions and satisfaction.^{6,26,47–49} Integration also boosted students' confidence in providing nursing care by incorporating Islamic principles. Research has shown that Islamic caring enhances the psychospiritual comfort and preparedness of nurses.^{50,51} Behavioral changes, including the incorporation of spiritual support and ethical considerations in patient interactions, indicate that Islamic integration translates into practice.^{14,52} The nursing education system should address the spiritual well-being of its students.⁵³ This topic is crucial for preparing nursing students to provide spiritual care in a clinical context.^{2,54} Challenges remain in ensuring sustainable integration, such as the need for structured policies, collaboration between nursing and Islamic scholars, and continuous monitoring.^{41,42,55} Addressing these barriers is essential to maximize the benefits of Islamic integration in clinical nursing education and create a culturally competent nursing workforce.

Conclusions

The integration of Islamic principles into clinical nursing education presents both opportunities and challenges. This study found that while students encountered barriers such as patient resistance and trainee status, structured support systems—guidebooks, mentorship, and supervision—facilitated implementation. Islamic integration in clinical practice enhanced students' knowledge, ethical decision-making, and confidence in patient-centered care. However, challenges persist, including inconsistent curricula, limited family support, and the need for institutional guidance. Sustainable integration requires structured policies, educator training, and collaboration with Islamic scholars. Future research should assess long-term impacts on professional practice and patient outcomes to refine curriculum development.

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