

## **THE SYMBIOSIS OF FAITH AND MEDICINE: HOW ISLAMIC PRINCIPLES ENHANCE THE ETHICAL, PSYCHOLOGICAL, AND HOLISTIC APPROACH OF MUSLIM DOCTORS**

**Farman Riaz<sup>1</sup>, Ayesha Fatima<sup>2</sup>, Gema Puspa Sari<sup>3</sup>**

<sup>1</sup> Universitas Islam Negeri Syarif Hidayatullah Jakarta, Jakarta, 15412, Indonesia

<sup>2</sup> Mashal Degree College for Women, Wah Cantt, Pakistan

<sup>3</sup> Universitas Islam Negeri Syarif Hidayatullah Jakarta, Jakarta, 15412, Indonesia

\*Corresponding author: farmanriaz100@gmail.com

### **Abstract**

This study explores the symbiotic interaction of medical ethics with the principles of Islam with reference to their impact on the ethics of choice-making, hardness of the psyche, and all-round care of the patient by the physicians, medical learners, and experts. Based on responses of 60 participants, this study examines the impact of honesty, trustworthiness, forbearing behaviour of the very basics of the principles of Islam on the practice of the physicians. The research also investigates the impact of the belief systems on the hardness of the physicians towards burnout and stress with the aim of promoting the well-being of the experts at the professional front. Islam teaches the principles of all-around well-being to lead the physicians to deliver caring, patient-oriented care that encompasses the well-being of the body, emotions, and the soul of the patient. The research establishes the need to have the religious provisions of the medical practice supported by the institution to align with the ethics and professionalism of the practice. With comprehensive research of the literature and qualitative analysis, this research establishes the relevance of the bioethics of Islam to the modern medical systems and its potential to promote the inclusiveness of the healthcare with effectiveness.

**Keywords:** Islamic Bioethics, Holistic Healthcare, Spirituality in Medicine, Muslim Physician Ethics

### **INTRODUCTION**

The doctrines of religious teachings have had a central role to play in the formation of Islamic medical ethics, being the foremost influencer of the healthcare providers' ethics among the Muslims. For a renewed version of this article with supplementary information, new evidence that stresses the role of Islamic bioethics to harmonize religious jurisprudence with certain aspects of the contemporary clinical environment to provide continuity of care to the patient (Achour et al., 2021). Compliance with the principles of **ikhlas** (honesty), **amanah** (trustworthiness), and **sabr** (patient endurance)—which are the bedrock of the best possible care of the patient—promotes mutual trust and regulates ethical compliance among various medical conditions (Mahmood et al., 2023). It is indicated by comparative research that both Western bioethics and Islamic bioethics are built upon the principles of **autonomy**

**and beneficence**; however, various bioethics among Muslims are significantly affected by the belief of divine responsibility, a key component of bioethics discourses (Chamsi-Pasha et al., 2022)

Faith is a protective factor for Muslim doctors against burnout and psychological distress. positive influences of spirituality on resilience, specifically referencing religious coping mechanisms such as **tawakkul** (trust in God) and **dhikr** (remembrance of God), (Carneiro et al., 2019). Physicians who engage in religious practices have a lower burnout rate, higher job satisfaction, and healthier relationships with their patients, cementing faith's role in emotional well-being (Anjum et al., 2020).

In addition, Islamic teachings offer mental health advantages to medical practitioners in coping with ethical dilemmas and high-pressure settings (Mansoor, 2024).

Islamic medical ethics prioritize the need to provide integral care to the patient by acknowledging the interaction between the body, the emotions, and the soul. A research shows that religious practice approaches to healthcare strengthen trust between the doctors and the patients while encouraging increased obedience to medical advice (Tomkins et al., 2015). Other research investigates the functions of Islamic chaplaincy and pastoral counselling within healthcare institutions with a corresponding gain in the rates of recovery and the mental state of the patients (Abrar, 2022). The Holistic Model of Health shares this perspective by stating that the state of the soul influences the state of the body (Cadge et al., 2019).

The extent to which religious practice can be incorporated into healthcare settings will also depend upon the organization's policy and the medical ethics legislation to which they are bound. The need to include religious practice within healthcare institutions is of significant significance (van de Geer et al., 2017). However, the issue of integrating religious practice with the overriding aims of healthcare remains a significant issue that needs to be addressed by healthcare workers, policymakers, and religious institutions (Ala et al., 2025).

## **METHOD**

The research approach includes qualitative analysis of the impact of the principles of Islam on medical ethics with respect to choice-making, psychological hardness, and overall curing within the healthcare sector guided by Islam. The research uses a mix-method approach by bringing together qualitative analysis with quantitative information to allow a detailed analysis to occur. The research is guided by a number of major theories that include the “**Theory of Islamic Bioethics**”, the “**Theory of the Holistic Model of Health**”, and the “**Theory of Psychological Resilience**” that together provide a strong base to research the nexus between religious beliefs and healthcare practice.

### **Methodology and Research Structure**

The current research employs a qualitative survey approach supplemented by the administration of guided questionnaires followed by qualitative interviews. 60 participants were carefully selected, consisting of 45 medical students and 15 practicing physicians to gain a range of divergent insights that are relevant to the research question. The survey was administered both face to face and online to gain representation at all levels of the Muslim medical fraternity that incorporates religious teachings into practice.



## Survey Basis and Data Collection

The carefully prepared survey was geared to measure the key components that typify the symbiotic relation between medical ethics and Islamic principles. The survey had four separate parts to it.

**1. Demographic Features:** Age group, work status, strength of religious activity

**2. Ethical Decision-making:** The integration of the principles of Islam into medical decision-making entails the call upon specific principles like Amanah (trustworthiness) and Ihsan (benevolence), while also considering the possible ethical challenges that can occur with the principles of the secular medical approach.

**3. Psychological Resilience and Coping Strategies:** The effectiveness of religious practice, namely the prayer of Salah and the trust of Tawakkul (in Allah), to overcome medical stress and burnout protection

**4. Holistic Healers and Religious Incorporation:** To what extent do participants discuss religious topics and Islam-influenced approaches to healing within the patient care environment.

Data collection was also undertaken both digitally and manually by the delivery of surveys to provide a complete response base that includes a broad range of participants. To have a strong response base with minimal biases, participants were guaranteed anonymity to allow them to provide their opinion without the threat of judgment.

To enhance the study's credibility, several validation techniques were employed. A pilot test helped refine survey questions, triangulation ensured data consistency by cross-referencing surveys, interviews, and literature, and strict ethical guidelines safeguarded participants' rights and confidentiality.

## Analytical Framework and Statistical Methods

The qualitative information obtained by the administration of open-ended questionnaires and the conduct of interviews was thematically analysed to find prevailing themes and patterns that indicate the implementation of Islamic medical principles. The quantitative information was analysed by employing descriptive and inferential methodologies of statistical analysis. The study applied the Chi-square measure to examine the correspondence between religious practice and the making of ethical decisions, while the Pearson correlation was applied to measure the strength of the correspondence between religious resilience and the reduction of burnout. Both the methodologies were applied to provide strong conceptual evidence that was also supported by information derived from other information sources.

## RESULTS AND DISCUSSION

### Participant Demographics

The research sample included 60 participants that were split into two major groups of healthcare workers ( $n = 15$ ) and medical students ( $n = 45$ ). Participants ranged between age of 22 to 50 years with a mean of 30.4 age. Of the participants, 70% were regular adherents of religious practice while 30% had occasional engagement with the principles of Islam within their work places. These demographic characteristics are the base upon which the impact of the principles of Islam upon practice ethics, overall care delivery, and resilience is to be researched.

### Ethical Decision-Making Using the Principles of Islam

The thematic analysis of qualitative data revealed the following three major themes that are central to the ethics of decision-making: **Iman** (benevolence), **Ihsan** (benevolence in service), and **Sabr** (patient endurance). An overwhelming **82%** of the participants agreed that Iman is the root of medical ethics that protects the purity of patient care. It is supported by existing research that bioethics according to Islam advocates for the practice of morality within the practice of medicine (Mahmood et al., 2023),

The investigation with the aid of the Chi-square test ( $\chi^2 = 12.45$ ,  $p = 0.004$ ) revealed a statistically significant positive relation between religious activity frequency and medical ethics principles following. Participants following the principles of Islam had a significantly higher chance of adhering to the principles of medical ethics. It is supported by previous literature (Achour et al., 2021), that stressed the need to include principles of Islamic bioethics into the frameworks of decisions.

### Psychological resilience and religious coping strategies

The teachings of Islam, especially regarding **Dhikr** (reminding Allah) and **Tawakkul** (putting trust in Allah), had a strong impact on their psychological strength. An overwhelming **72%** of the participants reported that their religious practice had reduced their stress levels to a significant degree, while **68%** of the participants agreed that their religious beliefs spurred them to develop a greater adaptive approach to occupational burnout management.

A Pearson correlation analysis ( $r = -0.58$ ,  $p < 0.01$ ) revealed a statistically significant negative relation between religious resilience levels and burnout levels, supported by evidence showing that religious coping is positively associated with increased well-being among Muslim healthcare workers (Carneiro et al., 2019)

(Anjum et al., 2020). In addition to this, the present research is supported by evidence showing that religious beliefs can serve to psychologically support workers within the work environment among healthcare staff (Mansoor, 2024).

### Holistic Healing with Faith Incorporation of the Patient

A considerable number of participants (**63%**) agreed that the inclusion of religious discourse within healthcare care increased trust and compliance. Furthermore, **52%** of the healthcare workers agreed that the religious ways of curing were well accepted by the patients. The present results support earlier research showing that Islam-influenced models of care are a key aspect of patient-oriented care (Tomkins et al., 2015).

Table 1 Result of statistical analysis:

Variable	Statistical Test	Value	p-Value	Interpretation
Religious Observance & Ethical Decision-Making	Chi-square	12.45	0.004	Significant Association



<b>Spiritual Resilience &amp; Burnout</b>	Pearson Correlation	-0.58	<0.01	Strong Negative Correlation
<b>Patient Compliance &amp; Faith-Based Care</b>	Descriptive	63% Positive Response	-	Majority Support

### Institutional Regulations & Challenges

Despite the positive impact of the medical ethics of Islam, 47% of the participants pointed out that the inclusion of religious practice into policy was a major area of contention. The main area of contention was the complexities in inclusion of religious concessions within the premises of healthcare institutions. The need to include religious considerations within healthcare institutions was also pointed out by research evidence (van de Geer et al., 2017).

Policymakers must introduce appropriate ethical frameworks that harmonize religious belief with the healthcare environment without undermining the very principles of medical practice itself (Ala et al., 2025).

### DISCUSSION

The findings of this study highlight the powerful impact of Islamic ethics on health care professionals' behaviors, most notably decision making, psychological resistance, and the delivery of integrated care. Moreover, this study also offers insight into how deeply Islamic values are able to shape the way of Muslim healthcare professionals think, feel, and act in clinical environment. Many participants shared that their religious belief were not just personal convictions but also become guiding principles that helped them on navigating difficult ethical decisions, manage emotional strain, and offer more compassionate, whole person care.

The significant association ( $p = 0.004$ ) found between religion teachings and the compliance, decision-making, psychological resistance, and integrated care domains underscores the significant impact religion-based morality holds in promoting and sustaining integrity in the health care profession. This strong link between religious commitment and ethical decision-making showed that for many Muslim healthcare professionals, values like honesty, patience, and trust in God cannot be separated from clinical duties.

The strong association between religion teachings and morality underscores the fact that health care professionals who subscribe to Islamic ethics are most likely to engage in morality-based practices in the discharge of duties in the health care profession (Achour et al., 2021). This observation underscores the importance of incorporating religion-based frameworks in the education and skill acquisition by health care professionals, in as much as compliance to morality codes promotes public trust, ensures compliance to the law, and reduces the incidence of breaches in health care facilities. It is the responsibility of health care facilities to recognize the association and introduce mechanisms to integrate religion-based morality into the overall frameworks in the health care profession (Rahman et al., 2018). These findings support that personal faith can reinforce professionalism, particularly in a field that is ethically demanding like medicine.

The findings also reveal a significant negative correlation ( $r = -0.58$ ,  $p < 0.01$ ) between spiritual resilience and perceived workload burden. Additionally, the findings suggest that an increase in Islamic spiritual practices significantly reduces workload-related stress and promotes overall wellbeing (Achour et al., 2021). The implications drawn from the findings suggest religion-based coping strategies, such as **Tawakkul** (trust in God) and **Dhikr** (remembering God), are protective in nature, shielding the adverse impacts of occupational stressors. The finding holds great importance considering the startlingly high levels of psychological distress seen among physicians, who are often subjected to long working hours, physical and emotional depletion, and clinical demands leading to increased mental weariness. The findings call for the essential integration of structured religion-based coping mechanisms into the current support mechanisms in place to support Muslim medical professionals. The use of religion-based strategies to enhance the resilience among healthcare professionals has long been overdue and considering the promise they hold in the delivery of long-term support, compassion reduction, and overall efficiency and job satisfaction in the healthcare workforce, the demand for the same grows all the greater.

A notable finding from the research is the integration of spiritual elements into the total healthcare model (Anjum et al., 2020). Based on the findings from the research, 63% of the respondents stated the integration of the spiritual element into the paradigm in the medical model builds trust and compliance among the patients. This finding concurs with research findings from other authors, who point to the importance of incorporating spiritual care into overall healthcare programs. Where the components of spiritual care are scaled down, the respective spiritual and emotional elements also experience the negative impact (Mahmood et al., 2023), and consequently, the quality of care overall declines. Patients who feel their spiritual issues are valued and considered are likely to become compliant to the prescribed regimes, leading to improved health outcomes. The findings call the medical fraternity to recognize and embrace models of care reflecting sensitivity and openness to different religion practices. It is necessary to provide healthcare professionals with educational tools to enhance religion-based communication skills (van de Geer et al., 2017), and in the process, the quality of care to the respective patients.

Despite the perceived merits linked to the integration of Islamic practices in the healthcare institutions, the findings from the current study point to some long-term challenges unique to the institution. About 47% of the participants complained about the challenges involved in the assimilation of the practices in the workplace, attributed to insufficient facilities and accommodation constraints. This finding suggests the overall effect of the practices in healthcare is significantly positive, while systemic issues are major hurdles to integration. A resolution to the issue calls for reconsideration of the institution's policies to integrate the practices in a manner consistent with clinical competency. The suggested design and deployment of structured frameworks could provide the necessary bridging to reconcile clinical duties and the above practices. Therefore, there lies a sense of urgency to develop community in healthcare organizations and increase employee morale in the workplace (Ala et al., 2025).

The findings in this research support the profound impact that religion-based teachings have in healthcare practices, illustrating the impact they produce in the conduct of healthcare providers, promoting resilience to psychiatric illness, and influencing the integration model in care. The findings reinforce the importance of integrating religion-based teachings in the education and training courses in healthcare professionals and in clinical practices used in patient care and interdisciplinary communication in the healthcare industry. Medical schools and professional development programs could consider integrating religious ethics into their



curricula, especially in Muslim-majority context. The integration and incorporation of religion-based roles in healthcare establishments enhance the quality of care, health outcomes, job satisfaction among healthcare providers, and the delivery of empathetic, respectful, and effective care. Future research ought to advance the discussion to other cultures and religion-based frameworks in the integration of religion-based teachings and ethics in the delivery of healthcare.

## CONCLUSION

This study verifies the significant impact of religious beliefs on **medical ethics**, **psychological resilience**, and the quality of **patient care**. In addition to that, the research also verifies that participation in religious practice not only sets the normative structures that inform the practice of medical ethics but also helps to avert **burnout among healthcare workers**. The quantitative results indicate a strong linkage between religious practice and the practice of medical ethics, thus validating the assertion that religious requirements improve professionalism among doctors. The linkage between religious resilience and burnout relief also underscores the need to include religious strategies of coping into the debate regarding the welfare of medical workers.

**Holistic healing**, rooted at its very base in the principles of Islam, promotes a healthcare delivery approach that stresses the value of patient-centered care and empathy. Current research indicates that religious belief-driven conversations improve trust levels and compliance between healthcare workers and their patients, thus substantiating the case for a comprehensive healthcare approach that combines medical treatment with religious care.

Nonetheless, there are institutionally entrenched challenges that call for the inclusion of a well-integrated recognition of religion within comprehensive health policy-making. Overcoming the challenges necessitates positive interaction between healthcare providers, ethicists, and policymakers to ensure that healthcare ethics is provided with a comprehensive approach.

This study is of significant value to the understanding of the symbiotic interaction between religious practice and healthcare practice. Future research will seek to examine the long-lasting implications of the inclusion of Islamic ethics into various medical professions with the aim of relating religious practice to the informality of the policy-making processes within institutions.

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