Instrument Development for Measuring Spiritual Intelligence of Muslim Nurses: A Conceptual Framework

Mohd Arif Atarhim[1, 2],

Jamiah Manap*[2],

Khairul Anwar Mastor[3],

Mostafa Kamal Mokhtar[2],

Ahmad Fakhrurrazi Mohammed Zabidi[4]

[1]*Department of Nursing, Faculty of Medicine, Universiti Kebangsaan Malaysia 56000 Cheras Wilayah Persekutuan Kuala Lumpur, Malaysia*

[2]*Centre for Research in Psychology and Human Well-Being, Faculty of Social Sciences and Humanities, Universiti Kebangsaan Malaysia 43600 Bangi, Selangor, Malaysia*

[3]*Pusat CITRA Universiti, Universiti Kebangsaan Malaysia, 43600 UKM Bangi, Selangor*

[4]*Department of Al-Quran and Al-Sunnah Studies, Faculty of Islamic Studies Universiti Kebangsaan Malaysia 43600 Bangi, Selangor, Malaysia*

*Corresponding author's e-mail: [jamiah@ukm.edu.my]

This article proposes a conceptual framework for measuring the spiritual intelligence of Muslim nurses in a pioneer of ibadah friendly hospital in Malaysia. This paper describes relevant theories and models of spiritual intelligence. It also explains the spiritual intelligence in nursing and spiritual intelligence measurement. The instrument development process consists of three phases; i) Planning Phase; ii) Development Phase; iii) Validation Phase. The Spiritual Intelligence Model for Human Excellence (SIMHE) is used as the basis for the development of the instrument. Psychometric properties will be analyzed and evaluated using Rasch's measurement model in terms of objectivity, validity, reliability and usability of the scale. The development of this instrument will contribute to a new discovery in the personal and the professional development of nursing especially in the spiritual intelligence of Muslim Nurses to improve the practice and competence of spiritual care for patients.

Keywords: spiritual intelligence (SQ), Muslim nurses, Rasch measurement model, personal and professional development, spiritual care

In this third millennium, the healthcare sector is moving towards providing holistic services. Holistic healthcare is an approach to care for patient by taking into account the biological, physical, emotional, social, economic and spiritual factors of an individual (Ventegodt, Kandel, Ervin, & Merrick, 2016; Zamanzadeh, Jasemi, Valizadeh, Keogh, & Taleghani, 2015). According to the Islamic Sufism perspective, the basic of human existence consists of spirit and body, even the spiritual nature of a human being is more important than materialism because it is

closely related to their relationship with God (Mokhtar, 2003). On the other hand, the philosophy of holistic care based on the idea of holism emphasizes that the human event is a synergy in which the mind and spirit affect the body (Tjale & Bruce, 2007). Therefore, the care of an individual should not only consider the needs of the body, but also the spiritual needs to enable the patient to recover and regain health, holistically.

Spiritual issues have been widely acknowledged by health workers, and understanding of a patient's religious and spiritual beliefs is seen as important (Burkhardt & Nagai-Jacobson 2013; Carson & Stoll 2008). This is supported by national and international governmental organizations which propose that meeting the spiritual needs of patients is crucial (International Council of Nurses., 2012; Ministry of Health Malaysia, 2011). Many studies have shown that spirituality is an essential component of promoting health and well-being. This makes spirituality more significant and beneficial to many people (Burkhardt & Nagai-Jacobson 2013; Jonas & Crawford 2003; Speck et al. 2004).

In meeting the spiritual needs of patients, the concept of Worship Friendly Hospital was introduced in Malaysia starting with the Hospital Universiti Sains Malaysia in Kelantan in 2004 and followed by the Al-Islam Specialist Hospital Kuala Lumpur in 2006 (Ishak, 2017). At the government hospital level, Worship Friendly Hospital began on February 25th, 2014 pioneered by Sungai Buloh Hospital through the launch of patient worship education materials. The program is the effort of the Ministry of Health Malaysia (MOH) to ensure that holistic care can be provided to patients by applying and embracing Islamic values in hospitals which include patient worship management, appreciation of Islamic values in performing daily tasks and spiritual advisory services (Ministry of Health Malaysia, 2017). Although the hospital is religiously focusing on Muslim patients, the spiritual needs of non-Muslim patients are also met by providing a comfortable space for them to practice their religious rituals (Arumugam, 2016).

Nurses are among the health workers who play a role in the patient's spiritual care. Therefore, in order to produce a holistic nurse, establishing the personal spirituality of the nurse is the fundamental step that needs to be taken by providing the knowledge of spirituality and spiritual care. The health service transformation plan documented by the Ministry of Health Malaysia (2015) has taken into account the strengthening of spiritual and soft development programs among health workers as one of the key components in enhancing the health service system. This is because the spiritual development of health workers, particularly nurses is vital not only for the competency of providing spiritual care but also for the personal development of the nurse to become a good and excellent human being. The development of the health workforce is also a goal of the corporate culture that has been promoted by the Ministry of Health Malaysia.

The personal spirituality of a nurse contributes to their ability in providing spiritual care to the client (Biro, 2012). Many studies have shown that nurses with high sensitivity to their own spirituality are more likely to provide spiritual care (Atarhim, Lee, & Copnell, 2018; Bush & Bruni, 2008; Cavendish et al., 2004; Chan, 2010 ; Chung, Wong, & Chan, 2007; Deal, 2010; Hensel, nd; Kociszewski, 2003; Lundberg & Kerdonfag, 2010; Narayanasamy & Owens, 2001; Smith, 2006; van Leeuwen, Tiesinga, Post, & Jochemsen, 2006; Yang & Wu, 2009).

However, there are nurses who providing care for their patients still reluctant to evaluate aspects of spiritual health

(Molzahn & Sheilds, 2008), although large bodies of literature have outlined best practices in providing culturally safe spiritual care to the patient (Handzo, 2006; Hodge, 2006; Pinto, March, & Pravikoff, 2008; Plotnikoff, 2007). It is imperative to develop the nurse's spiritual intelligence (SQ) level through self-assessment in order to increase the nurse's ability and strength to provide spiritual care to patients and families. Therefore, the purpose of this paper is to develop a conceptual framework for the development of a Muslim Nurse spiritual intelligence assessment instrument.

Spiritual Intelligence from Western Perspectives

The concept of spiritual intelligence has been discussed by researchers from the west for the past decade (Amram & Dryer, 2008; Emmons, 2000a; King & Decicco, 2009; Zohar & Marshall, 2000). Zohar and Marshall were individuals who introduced the term spiritual intelligence in 1997. They defined spiritual intelligence as an individual's ability to identify and solve problems related to meaning and value by placing life and action in a broader context and meaning, and being able to evaluate one action or journey of one life is more important than another (Zohar & Marshall, 2000).

Zohar and Marshall (2000) further outlined 10 high-level spiritual intelligence: (1) flexibility, (2) self-awareness, (3) ability to cope with and use suffering, (4) ability to cope with and overcome pain, (5) quality inspired by vision and values, (6) reluctance to cause unnecessary injury, (7) a tendency to look at the relationship between things, (8) a tendency to ask why, what if, and to find answers, (9) ease of work against conventions and (10) servant leaders.

For Emmons (2000a), spiritual intelligence is the ability to adapt spiritual information to solve problems and achieve a goal and to be in tune with spiritual concepts. Emmons (2000a) classified spiritual intelligence into five components: (1) the capacity for the transcendent, (2) the ability to enter into a state of spiritual awareness, (3) the ability to spend daily activities, events, and relationships with holiness, (4) ability to use spiritual resources to solve problems in life and (5) the ability to engage in noble behavior or to be a virtuous person; in other words, to show forgiveness, to honor, to be humble, to show mercy. Emmons argues that these components exist in many cultures around the world. However, later Emmons (2000b) refined his model by removing the fifth component after taking into account the arguments of Gardner (2000) and Mayer (2000).

The first two components that Emmons proposed are the capacity for the transcendent and the ability to enter into a state of spiritual awareness which has been argued by Gardner (2000). He considers these components to be merely a state of being in control of the physical body as in meditation, so it is best to express it as kinesthetic intelligence.

Amram (2007) conducted a study of ecumenical grounded theory in which 71 people with different spiritual traditions were interviewed to obtain their views on spiritual intelligence. The selected spiritual traditions are Buddhism, Christianity, Earth (Shamanic & Pagan), Hinduism, Islam / Sufism, Judaism, Non-dualism, Taoism, and Yoga. Based on this study Amram (2007) defines spiritual intelligence as "a set of abilities people use to apply, manifest, and embody spiritual resources, values, and qualities in ways that enhance daily functioning and wellbeing". The seven main themes that have emerged are universal across traditions and cultures namely consciousness, grace, meaning, transcendent, truth, peaceful surrender and

internal control (Amram, 2007). However, after testing these seven themes, the theme of submission to prosperity has been placed under truth and internal control under the grace, leaving only five major themes remaining in the concept of spiritual intelligence (Amram & Dryer, 2008).

King (2008) defines spiritual intelligence as "a set of mental capacities which contribute to the awareness, integration, and adaptive application of the nonmaterial and transcendent aspects of one's existence, leading to such outcomes as deep existential reflection, enhancement of meaning, recognition of a transcendent self, and mastery of spiritual states". King and DeCicco (2009) have identified four key components of spiritual intelligence: (1) critical existential thinking, (2) the production of personal meaning, (3) transcendental awareness, and (4) the development of conscious state.

Spiritual Intelligence from Islamic Philosophy Perspectives

Studies on spiritual intelligence and its components / themes have been extensively conducted by Islamic scholars. However, there is no uniformity in the themes of spiritual intelligence as the themes developed by the researchers are focused on the needs and discipline of their respective studies (Hanefar & Sa'ari, 2016). Muhammad (2004) based on the oneness of God (tawhid), worship and morals. Whereas, Ahimsa (2005) chose the Quran as the primary source of spiritual themes, among them were gaining and understanding His knowledge, a strong and serious relationship with God and performing compulsory prayers five times a day.

Elmi and Zainab (2014) in their qualitative study have developed themes of spiritual intelligence according to Islamic scholars' perspective. The result of this study found that the concept of spiritual intelligence is a religious intelligence that can be developed by strengthening the belief and belief in God which comprises seven domains namely al-ruh, al-qalb, al-nafs, al-aql, tauhid, 'ibadah and akhlak. While Hussain (2014) in a book written by him entitled "Seven Steps to Spiritual Intelligence" has described spiritual intelligence in the context of how to draw closer to God through seven steps: a sincere desire to draw close to God (ikhlas), to be a true spiritual companion / companion (bay'ah), to learn and to understand spiritual intelligence, simplicity and contentment (zuhd), striving to practice (mujahadah), remembering God and praying to Him, and self-examination and self-control (muraqabah).

Fallah et al. (2015) have identified two general themes for spiritual intelligence namely self-control and emotion, and self-control and individual abilities. In contrast to Rahman and Shah (2015) with a background in business and management, the construction of their spiritual intelligence concept is based on the quality of Prophet Muhammad S.A.W as a model to become a successful worker or successful individual. The themes built are Siddiq (honest), Trust (trusted), Tabligh (delivering) and Fatanah (intelligent).

Furthermore, Tajulashikin et al. (2015) posited that the construction of the theme of spiritual intelligence refers to the views of Islamic life and the Asmaul Husna (Divine names) which comprise four theoretical domains namely spiritual awareness, morals, responsibilities and continuous learning. There is also a theme of spiritual intelligence built from an Islamic perspective but different from the Sunni Islam which is Shiites. Farahani et al. (2016) has developed components of spiritual intelligence based on Quran, Shia hadiths and Islamic scholars from Shia streams consisting of approaching awareness, moral awareness, spiritual self-

awareness, critical thinking and awareness of the meaning of life.

Due to the lack of uniformity in the themes of spiritual intelligence in the Western and Islamic perspectives, Hanefar & Sa'ari (2016) have taken the step of conducting content analysis by taking traditional and contemporary Islamic figures as the basis of spiritual intelligence themes from the perspective of Islamic philosophy. These figures are Al-Ghazali through his Book of Ihya Ulumuddin and Hasan Langgulung with his book *Manusia dan Pendidikan* (Human and Education). Al-Ghazali is a very influential Islamic scholar and his writings are widely referred by Muslim scholars and others (Hanefar & Sa'ari, 2016). While, Hassan Langgulung is a contemporary scholar who being well known in Malay Archipelago. His book *Manusia dan Pendidikan* is closely related to spirituality and intelligence and his writing based on the concept discussed by al-Ghazali (Hanefar & Sa'ari, 2016).

The themes of western spiritual intelligence and the results of the analysis of the contents of these two Islamic scholarly books were synthesized. These themes are also synthesized by themes of spiritual intelligence from an existing Islamic perspective. As a result of this synthesis process, seven themes of spiritual intelligence have been developed, namely 1) reflection-purification of the soul; 2) meaning / purpose of life; 3) self-determination; 4) spiritual resources; 5) awareness; 6) transcendent; 7) spiritual coping (Hanefar, Siraj & Sa'ari. 2015). These seven domains have been placed under a model called the Spiritual Intelligence Model for Human Excellence (SIMHE) (Hanefar et al., 2015). This model will be used as the basis for the development of Muslim Nurse spiritual intelligence instruments in this study.

Spiritual Intelligence in Nursing

Nurses' spiritual intelligence (SQ) is an important factor in helping nurses make decisions about whether to provide spiritual care to patients20 & Hogan (2008) in the findings of the theory of spiritual care in nursing practice (SCiNP) stated that there are 7 phases of categories and related sub-categories or sub-processes: 1) Patient cues; 2) Decisions to get involved or not get involved 3) Spiritual intervention; 4) Immediate emotional response; 5) Finding meaning; 6) The formation of spiritual memory; 7) Spiritual well-being. According to them (Burkhart & Hogan, 2020) this process is a spiritual meeting of nurses and patients which can lead to a nurse's spiritual memory. If the nurses' spiritual encounters are positive, then this situation can lead to the development of positive spiritual memory as well as enhance the nurse's spiritual well-being. On the other hand, if the nurses'-patients' spiritual distress occurs, then the situation can lead to the development of negative spiritual memory and ultimately affect the nurses' spiritual well-being.

However, encountering spiritual distress between nurses and patients can also lead to positive spiritual development by practicing self-reflection. The search for meaning is a very important element in the formation of spiritual memory. A memory filled with spiritual experiences means leading to greater spiritual well-being of nurses. This process of reflection can also enhance the nurse's spiritual intelligence (SQ) level. Strong spiritual intelligence (SQ) can support nurses' ability to identify patients' spiritual needs and thus providing spiritual care (Burkhart & Hogan, 2020; Ruder, 2013; Yang & Mao, 2007).

Exploring and promoting the spiritual elements among nurses can contribute to the implementation of innovative care in nursing, health, healing and human potential (Yang & Mao 2007). In the

direction of complementary therapy and integrated care, it is imperative for nurses to evaluate their spiritual intelligence (SQ) (Yang & Wu 2009). This assessment can explore the latent traits within a nurse that can be fundamental to the quality of holistic care (MacLaren, 2004). This is because in the spiritual development of nurses, especially for those who practice holistic care, they have their own spiritual elements and reflect the diverse nature of human spirituality (van Leeuwen & Cusveller, 2004).

Furthermore, to enable nurses to understand the spiritual needs of others, it is extremely important for nurses to develop an understanding of their own spirituality (Carroll, 2001; Ruder, 2013).

Training and courses have been conducted to help nurses understand the concepts of spirituality and spiritual care (Baldacchino, 2011; Gant, n.d.). Nurses mostly received spiritual education during nursing training and / or during on-the-job training (Atarhim et al., 2018). Through spiritual education, nurses not only gain knowledge of spiritual care, they can also increase their spiritual awareness (Baldacchino, 2011).

Therefore, measuring and assessing the spirituality of nurses in particular spiritual intelligence (SQ) is essential, so that continuous improvement of the spiritual intelligence (SQ) of the nurse can be made. Improvement of nurse's spiritual intelligence (SQ) over time can further enhance the nurse's potential in spiritual care for patients and families. This is crucial not only for the professional development of a nurse but for their personal development.

Nurses play an important role in spiritual care because they are the closest people who are always with patients and families. While nurses are aware of the patient's spiritual interests and needs, physical care remains a priority. Spiritual care can only be provided if the nurse is not busy with physical care and the patient's condition is stable. The provision of spiritual care depends on the attitude, knowledge and skills of a nurse (Shamsudin, 2002).

Spiritual Intelligence Measurement

Quality in the process of nurse development can be ensured through the integration of measurement and assessment elements. There are several tools for measuring spiritual intelligence (SQ) that have been developed by previous researchers (Amram & Dryer, 2008; King & Decicco, 2009) and have been used by other researchers to measure the spiritual intelligence (SQ) of nurses (Rani, 2014; Rani, Abidin, Rashid, & Hamid, 2013; Kaur, Sambasivan, & Kumar, 2013, 2015).

However, the measurement tools that have been developed are largely based on western knowledge (Amram & Dryer, 2008; King & Decicco, 2009; Nasel, 2004) and eastern philosophy (Chan, 2016; Feng, Xiong, & Li, 2017; Kumar & Mehta, 2011; Manghrani, 2011) and the study population are focused on adolescents (Kumar & Mehta, 2011) and university students (Chan, 2016; Farahani et al., 2016; King & Decicco, 2009; Rahman & Shah, 2015; Tajulashikin et al., 2015.)

From a western perspective, they argued that religious affiliation is different from spirituality (Smith, 2006; Walters & Fisher, 2014). The Western view of this spirituality is contrary to the Islamic perspective. In the Islamic perspective, the concept of religion and spirituality is closely related (Rassool, 2000). Spirituality is associated with religious beliefs and practices as well as religion leading the spiritual journey to safety and way of life (Rassool, 2000).

There are instruments built using Islamic perspectives (Farahani et al., 2016; Rahman & Shah, 2015; Tajulashikin, et al.,

2015), but there are still weaknesses in the aspects of psychometric properties that need to be improved. There are also instruments built in the Islamic perspective but sources are drawn from Shiite hadiths and figures (Farahani et al., 2016) in which they contradict the sociology and teachings of the Muslim-Sunni community in Malaysia. Due to this difference in opinion and the source of reference that contradicts the teachings of Islam in Malaysia, the spiritual intelligence (SQ) instrument that is built from the Islamic perspective which suits the local context is required.

Proposed Conceptual Framework

This paper provides a conceptual framework for the development of instruments for measuring the spiritual intelligence of Muslim nurses (Figure 1). The Spiritual Intelligence for Human Excellence (SIMHE) will be adapted as the fundamental of development of the instrument. It is important to explain how the research questions are formulated in the study and to link the theories and concepts relevant to the research methodology, data analysis and interpretation of the findings. The purpose of this study was to produce a valid and reliable instrument for measuring the spiritual intelligence of Muslim nurses in a pioneer worship-friendly hospital.

The development process will be adapted from Miller, Lovler and McIntire (2013). The three processes include planning phase, development phase and validation phase. In order to achieve good psychometric properties of the instrument, Rasch measurement analysis will be used in this study. The evaluation of the instrument will be based on objectivity, validity, reliability and usability of the scale.
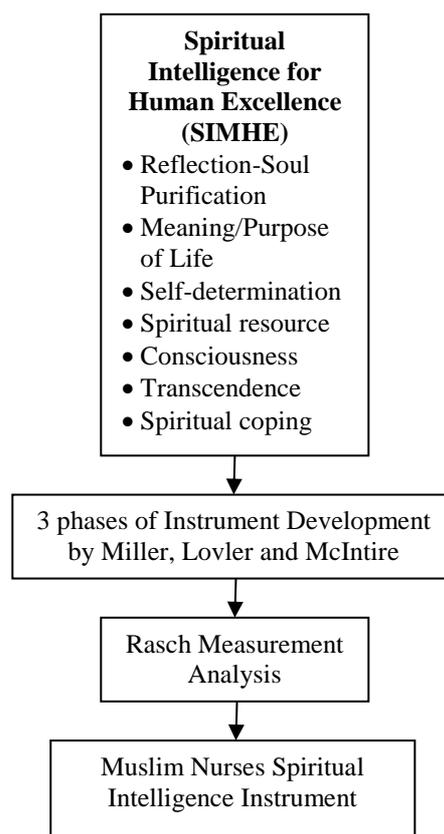

Figure 1   A conceptual framework for the development of Muslim nurses' spiritual intelligence instrument at the pioneer of Worship Friendly Hospital

Conclusion

Public awareness of the spiritual need in healthcare makes spiritual care a priority for patients. Nurses are healthcare workers who work in the front line and deal with patients 24 hours a day, playing a vital role in ensuring that patients' spiritual care is provided consistently and efficiently. Therefore, it is necessary that nurses' spiritual intelligence is constantly being improved from time to time so that they are able and strong enough to provide spiritual care to patients. This can be ascertained through the ongoing self-assessment of the nurse's spiritual intelligence and the actions taken for each assessment.

Acknowledgment

References

Ahimsa, R. (2005). *Quranic Quotient for a Lasting Success—Panduan Menggunakan Kecerdasan al-Quran Untuk Kesuksesan Dunia Akhirat*. Bandung: Pustaka Iiman.

Amram, Y. (2007). *What is Spiritual Intelligence? An Ecumenical, Grounded Theory*. Retrieved from https://www.intelligensi.com/assets/documents/what_is_SI_Amram_wrkg_paper.pdf

Amram, Y., & Dryer, D. C. (2008). The Integrated Spiritual Intelligence Scale (ISIS): Development and Preliminary Validation. In *116th Annual Conference of the American Psychological Association*.

Arumugam, T. (2016). Hospitals should be more worship-friendly, says Health DG. *New Straits Times*. Retrieved from https://www.nst.com.my/news/2016/10/181641/hospitals-should-be-more-worship-friendly-says-health-dg

Atarhim, M. A., Lee, S., & Copnell, B. (2018). An Exploratory Study of Spirituality and Spiritual Care Among Malaysian Nurses. *Journal of Religion and Health*, 1–15. https://doi.org/10.1007/s10943-018-0624-0

Baldacchino, D. R. (2011). Teaching on spiritual care: The perceived impact on qualified nurses. *Nurse Education in Practice*, *11*, 47–53. https://doi.org/10.1016/j.nepr.2010.06.008

Biro, A. L. (2012). Creating conditions for good nursing by attending to the spiritual. *Journal of Nursing Management*, *20*(8), no-no. https://doi.org/10.1111/j.1365-2834.2012.01444.x

Burkhardt, M., & Nagai-Jacobson, M. (2013). Spirituality and Health. In Dossey & I. Keegan (Ed.), *Holistic Nursing: A Handbook for Practice* (Edisi ke-6, pp. 721–749). Burlington, MA: Jones & Bartlett.

Burkhart, L., & Hogan, N. (2020). Spiritual care in nursing practice (SCiNP) . In Peterson, S. J., & Bredow, T. S. (Eds) *Middle range theories: application to nursing research and practice*. (pp. 116-124) Philadelphia: Wolters Kluwer.

Burkhart, L., & Hogan, N. (2008). An Experiential Theory of Spiritual Care in Nursing Practice. *Qualitative Health Research*, *18*(7), 928–938. https://doi.org/10.1177/1049732308318027

Bush, T., & Bruni, N. (2008). Ensuring the rigour of the study. *International Journal of Palliative Nursing*, *14*(11). Retrieved from https://www-magonlinelibrary-com.ezproxy.is.ed.ac.uk/doi/pdf/10.12968/ijpn.2008.14.11.31758

Carroll, B. (2001). A phenomenological exploration of the nature of spirituality and spiritual care.

Mortality, *6*(1), 81–98. https://doi.org/10.1080/135762700 20028656

Carson, V. B., & Stoll, R. (2008). Defining the Indefinable and Reviewing Its Place in Nursing. In H. G. Carson, V. B. & Koenig (Ed.), *Spiritual Dimension of Nursing Practice* (pp. 3–32). West Conshohocken, Pennsylvania: Templeton Foundation Press.

Cavendish, R., Kraynyak, B., Russo, L. D., Mitzeliotis, C., Bauer, M., Ann, M., … Medefindt, J. (2004). Spiritual Perspectives of Nurses in the United States Relevant for Education and Practice. *Western Journal of Nursing Research*, *26*(262), 196–212. https://doi.org/10.1177/019394590 3260815

Chan, M. F. (2010). Factors affecting nursing staff in practising spiritual care. *Journal of Clinical Nursing*, *19*(15-16), 2128–2136. https://doi.org/10.1111/j.1365-2702.2008.02690.x

Chan, W. Y. A. (2016). *Developing and Validating the Chinese Spiritual Intelligence Scale with a Sample of Higher Education Students in Hong Kong*. *PQDT - Global*.

Chung, L. Y. F., Wong, F. K. Y., & Chan, M. F. (2007). Relationship of nurses? spirituality to their understanding and practice of spiritual care. *Journal of Advanced Nursing*, *58*(2), 158–170. https://doi.org/10.1111/j.1365-2648.2007.04225.x

Deal, B. (2010). A pilot study of nurses' experience of giving spiritual care. *The Qualitative Report*, *15*(4), 852–864.

Elmi, B., & Zainab, I. (2014). Definisi dan konsep kecerdasan ruhaniah menurut perspektif sarjana Islam. *Jurnal Penyelidikan Islam JAKIM*, (26), 49–61.

Emmons, R. A. (2000a). Is spirituality an intelligence? Motivation, cognition, and the psychology of ultimate concern. *International Journal for the Psychology of Religion*, *10*(1), 3–26. https://doi.org/10.1207/S15327582I JPR1001_2

Emmons, R. A. (2000b). Spirituality and intelligence: Problems and prospects. *International Journal of Phytoremediation*. https://doi.org/10.1207/S15327582I JPR1001_6

Fallah, V., Khosroabadi, S., & Usefi, H. (2015). Development of emotional quotient and spiritual quotient: the strategy of ethics development. *International Letters of Social and Humanistic Sciences*. https://doi.org/10.18052/www.scipr ess.com/ilshs.49.43

Farahani, S. D., Sohrabi, F., & Azarbayejani, M. (2016). Development and Validation of Islamic Questionnaire of Spiritual Intelligence. *Original Article Health, Spirituality and Medical Ethics.*, *3*(3), 4–11. https://doi.org/10.1001/jamapsychi atry.2013.678

Feng, M., Xiong, X. yuan, & Li, J. jing. (2017). Spiritual intelligence scale-chinese form: Construction and initial validation. *Current Psychology*, 1–10. https://doi.org/10.1007/s12144-017-9678-5

Gant, A. (n.d.). *Educating Nurses About*

Spirituality' s Effects on Quality of Life With Chronic Illness. Retrieved from http://scholarworks.waldenu.edu/dissertations

Gardner, H. (2000). A case against spiritual intelligence. *International Journal of Phytoremediation.* https://doi.org/10.1207/S15327582IJPR1001_3

Handzo, G. F. (2006). Best Practices in Professional Pastoral Care. *Southern Medical Journal*, *99*(6), 663–664. https://doi.org/10.1097/01.smj.0000222481.70129.7d

Hanefar, S. B., & Zarrina, C. (2016). A synthesis of spiritual intelligence themes from islamic. *Journal of Religion and Health*, *55*(6), 2069–2085. https://doi.org/10.1007/s10943-016-0226-7

Hanefar, S. B., Siraj, S., & Sa'ari, C. Z. (2015). The application of content analysis toward the development of spiritual intelligence model for human excellence (SIMHE). *Procedia - Social and Behavioral Sciences*, *172*, 603–610. https://doi.org/10.1016/j.sbspro.2015.01.409

Hensel, D. (n.d.). Relationships among nurses' professional self-concept, health, and lifestyles. *Western Journal of Nursing Research*, *33*(1), 45–62. https://doi.org/10.1177/0193945910373754

Hodge, D. R. (2006). A template for spiritual assessment: a review of the JCAHO requirements and guidelines for implementation. *Social Work*, *51*(4), 317–326.

Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/17152630

Hussain, M. (2014). *7 Steps to Spiritual Intelligence*. Leicestershire: Kube Publishing Ltd.

International Council of Nurses. (2012). The ICN code of ethics for nurses. Retrieved June 27, 2018, from http://www.icn.ch/who-we-are/code-of-ethics-for-nurses/

Ishak, M. (2017). *Hospital Mesra Ibadah*. Malaysia: Hospital Pakar Al-Islam. Retrieved from https://prezi.com/mfh-0ccmccwy/hospital-mesra-ibadah/

Jonas, W. B., & Crawford, C. C. (2003). *Healing, Intention and Energy Medicine: Science, Research Methods and Clinical Implications*. London: Churchill Livingstone.

Kaur, D., Sambasivan, M., & Kumar, N. (2013). Effect of spiritual intelligence, emotional intelligence, psychological ownership and burnout on caring behaviour of nurses: A cross-sectional study. *Journal of Clinical Nursing*, *22*(21–22), 3192–3202. https://doi.org/10.1111/jocn.12386

Kaur, D., Sambasivan, M., & Kumar, N. (2015). Impact of emotional intelligence and spiritual intelligence on the caring behavior of nurses: A dimension-level exploratory study among public hospitals in Malaysia. *Applied Nursing Research*, *28*(4), 293–298. https://doi.org/10.1016/j.apnr.2015.01.006

King, David B, & Decicco, T. L. (2009). A viable model and self-report measure of spiritual intelligence.

International Journal of Transpersonal Studies, *28*(1), 68–85. https://doi.org/10.24972/ijts.2009.28.1.68

King, David Brian. (2008). *Rethinking claims of spiritual intelligence: a definition, model, and measure*. Trent University, Canada.

Kociszewski, C. (2003). A phenomenological pilot study of the nurses' experience providing spiritual care. *Article Journal of Holistic Nursing*. https://doi.org/10.1177/0898010103252374

Kumar, V. V., & Mehta, M. (2011). Scale for spiritual intelligence. *PsycTESTS*, 281–301. https://doi.org/10.1037/t16725-000

Lundberg, P. C., & Kerdonfag, P. (2010). Spiritual care provided by Thai nurses in intensive care units. *Journal of Clinical Nursing*, *19*(7–8), 1121–1128. https://doi.org/10.1111/j.1365-2702.2009.03072.x

MacLaren, J. (2004). A kaleidoscope of understandings: spiritual nursing in a multi-faith society. *Journal of Advanced Nursing*, *45*(5), 457–462. https://doi.org/10.1111/j.1365-2648.2004.2929_1.x

Manghrani, N. (2011). Spiritual Quotient (S.Q.): An assessment tool. *Journal of Psychosocial Research*, *6*(1), 41–51.

Mayer, J. D. (2000). Spiritual intelligence or spiritual consciousness? *International Journal for the Psychology of Religion*, *10*(1), 47–56. https://doi.org/10.1207/S15327582I

JPR1001_5

Miller, L. A., Lovler, R. L., & McIntire, S. A. (2013). Foundations of Psychological Testing: A Practical Approach (ke-4). California: SAGE Publications.

Ministry of Health Malaysia. (2011). Kerjaya Jururawat.

Ministry of Health Malaysia. (2015). Pelan Transformasi Perkhidmatan Kesihatan. *Kementerian Kesihatan Malaysia*. Putrajaya: Bahagian Perancangan, Kementerian Kesihatan Malaysia.

Ministry of Health Malaysia. (2017). *Garis Panduan Pelaksanaan Program Hospital Mesra Ibadah (Perspektif Islam)* (Vol. 2, p. 20). Putrajaya, Malaysia: Bahagian Perkembangan Perubatan Kementerian Kesihatan Malaysia.

Moberg, D. O. (2002). Assessing and measuring spirituality: Confronting dilemmas of universal and particular evaluative criteria. *Journal of Adult Development*, *9*(1), 47–60. https://doi.org/10.1023/A:1013877201375

Molzahn, A. E., & Sheilds, L. (2008). Why is it so hard to talk about spirituality? *The Canadian Nurse*, *104*(1), 25–29. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/18286982

Mokhtar, M. K. (2003). Pembangunan rohani menurut tasawuf dan psikologi moden. *Islamiyyat*, *24*, 21–35.

Muhammad, D. S. (2004). *SQ Membentuk Kecerdasan daripada Quran*. Jakarta: Hikmah.

Narayanasamy, a, & Owens, J. (2001). A critical incident study of nurses' responses to the spiritual needs of their patients. *Journal of Advanced Nursing*, *33*(4), 446–455. https://doi.org/10.1046/j.1365-2648.2001.01690.x

Nasel, D. D. (2004). Spiritual orientation in relation to spiritual intelligence: A consideration of traditional Christianity and New Age/individualistic spirituality. *Unpublished Doctoral Dissertation, University of South Australia*.

Pinto, S., March, P. D., & Pravikoff, D. (2008). Spiritual Needs of Hospitalized Patients. Retrieved June 27, 2018, from https://commons.wvc.edu/mwolcott/nurs100/Document Library/The Spiritual Needs of Hospitalized Patients.pdf

Plotnikoff, G. (2007). Integrating Spiritual Assessment and Care. In D. Rakel (Ed.), *Integrative medicine* (pp. 1171–1175). Toronto, Ontario: Canada Saunders.

Rahman, Z. A., & Shah, I. M. (2015). Measuring Islamic Spiritual Intelligence. *Procedia Economics and Finance*, *31*(15), 134–139. https://doi.org/10.1016/S2212-5671(15)01140-5

Rani, A. (2014). *Influence of Spiritual Intelligence, Age And Tenure on Work Performance of Nurses in Selected Hospitals, Peninsular Malaysia*. UPM.

Rani, A. A., Abidin, I., Rashid, M., & Hamid, A. (2013). The macrotheme review a multidisciplinary journal of global macro trends the impact of spiritual intelligence on work performance: case studies in government hospitals of east coast of Malaysia. *The Macrotheme Review*, *2*(3).

Rassool, G. H. (2000). The crescent and Islam: Healing, nursing and the spiritual dimension. Some considerations towards an understanding of the Islamic perspectives on caring. *Journal of Advanced Nursing*. https://doi.org/10.1046/j.1365-2648.2000.01614.x

Ruder, S. (2013). Spirituality in nursing Nurses': perceptions about providing spiritual care. Retrieved from www.homehealthcarenurseonline.com

Shamsudin, N. (2002). The Malaysian nursing context? *International Journal of Nursing Practice*, 99–105.

Smith, A. R. (2006). Using the synergy model to provide spiritual nursing care in critical care settings. *Critical Care Nurse*, *26*(4), 41–47. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/16858001

Speck, P., Higginson, I., & Addington-Hall, J. (2004). Spiritual needs in health care. *BMJ*, *329*(7458), 123–124. https://doi.org/10.1136/bmj.329.7458.123

Tajulashikin, Jumahata Bensaid, B., Mohamad Sahari, Nordin Ainol Madziah, Z., Azam, O., & Ahmad, F. (2015). Preliminary Exploration of Islamic Spiritual Intelligence Measure (ISIM) With Special Reference to Islamic Worldview And Asmaul Husna (Divine Names) Mr. In *International*

Conference on the Applicationnof Asmaul Husna in Innovation (ICAH) 2015 2 – 4 November 2015, Islamic Studies Academy, Universiti Malaya, Malaysia Preliminary (pp. 155–165).

Tjale, A. A., & Bruce, J. (2007). A concept analysis of holistic nursing care in paediatric nursing. *Curationis*, *30*(4), 45–52. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/18402420

van Leeuwen, R., & Cusveller, B. (2004). Nursing competencies for spiritual care. *Journal of Advanced Nursing*, *48*(3), 234–246. https://doi.org/10.1111/j.1365-2648.2004.03192.x

van Leeuwen, R., Tiesinga, L. J., Post, D., & Jochemsen, H. (2006). Spiritual care: implications for nurses' professional responsibility. *Journal of Clinical Nursing*, *15*(7), 875–884. https://doi.org/10.1111/j.1365-2702.2006.01615.x

Ventegodt, S., Kandel, I., Ervin, D. A., & Merrick, J. (2016). Concepts of Holistic Care. In *Health Care for People with Intellectual and Developmental Disabilities across the Lifespan* (pp. 1935–1941). Cham: Springer International Publishing. https://doi.org/10.1007/978-3-319-18096-0_148

Walters, G., & Fisher, S. (2014). The development and audit of a spiritual care policy used across three hospices in England. *International Journal of Palliative Nursing*. https://doi.org/10.12968/ijpn.2010.16.7.49060

Yang, K.-P., & Mao, X.-Y. (2007). A study of nurses' spiritual intelligence: A cross-sectional questionnaire survey. *International Journal of Nursing Studies*, *44*(6), 999–1010. https://doi.org/10.1016/J.IJNURSTU.2006.03.004

Yang, K.-P., & Wu, X.-J. (2009). Spiritual intelligence of nurses in two chinese social systems. *Journal of Nursing Research*, *17*(3), 189–198. https://doi.org/10.1097/JNR.0b013e3181b2556c

Zamanzadeh, V., Jasemi, M., Valizadeh, L., Keogh, B., & Taleghani, F. (2015). Effective factors in providing holistic care: a qualitative study. *Indian Journal of Palliative Care*, *21*(2), 214–224. https://doi.org/10.4103/0973-1075.156506

Zohar, D., & Marshall, I. (2000). *SQ: Spiritual Intelligence : the Ultimate Intelligence*. Bloomsbury.