

Review article

# Islamic Spiritual Care with Murottal for Reducing Anxiety and Depression in Coronary Heart Disease Patients: A Comprehensive Systematic Review

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## Abstract

**Background:** Spiritual care is a vital aspect of the nursing process, particularly for palliative patients such as those with Coronary heart disease. While pharmacological and medical interventions remain paramount for managing heart conditions, the efficacy of Islamic spiritual therapy with Murottal has also been significant. Research has demonstrated its notable influence on patients' quality of life, particularly in mitigating anxiety and depression.

**Objective:** This study aims to conduct a systematic review to explore the role of Islamic spirituality in nursing, specifically through Murottal recitations, and its impact on anxiety and depression among Coronary heart disease patients.

**Method:** Employing a systematic review design, we utilized various electronic databases including PubMed, ProQuest, Science Direct, DOAJ, Wiley, Garuda, and secondary PubMed-indexed sources from 2018 to 2023. Inclusion criteria comprised studies with a clear definition of spiritual care involving Murottal in nursing, confirmed Coronary heart disease diagnoses, and reporting outcomes such as the incidence of death, cardiovascular outcomes, and quality of life.

**Result:** The search focused on examining the correlation between Islamic spiritual care with Murottal and the quality of life in patients with coronary heart disease. Following a rigorous methodology, which included study selection, critical appraisal, data extraction, and synthesis, the search yielded 1,286 articles, with seven meeting the inclusion criteria. Analysis and categorization of these articles based on evidence level and recommendations revealed a consistent association between Islamic spiritual care with Murottal and reduced anxiety and depression in Coronary heart disease patients. However, heterogeneity was observed in research instruments, implementation duration, and outcomes.

**Conclusion:** The conclusive evidence from this review supports the notion that Islamic spiritual care, particularly through Murottal recitations, significantly impacts the quality of life among Coronary heart disease patients.

**Keywords:** Anxiety, Coronary Heart Disease, Depression, Murottal, Spiritual Care.

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## Background

Global disease patterns have undergone a significant shift, marked by a rising prevalence of non-communicable diseases (NCDs) (ACNAP, 2020), among which cardiovascular disease stands out as a leading contributor (Heidenreich et al., 2022). This condition has emerged as the primary cause of death worldwide (Rahman et al., 2022). According to the World Health Organization (WHO), in 2019, cardiovascular disease accounted for 17.3 billion global deaths, with projections estimating an increase to 23.3 billion deaths in 2020, predominantly due to coronary heart disease (World Health Organization, 2022).

Coronary Heart Disease (CHD) significantly impacts various facets of an individual's life. As highlighted by Sprik et al. (2019), affected individuals often endure a diminished quality of life characterized by physical symptoms such as shortness of breath, fatigue, sexual disorders, and chest pain. The psychosocial toll is equally notable, with anxiety and depression exacerbating the challenges faced by patients, as observed by Nuridah & Yodang (2021) and further supported by the findings of Laiya & Anitasari (2022). This condition instigates changes and declines in both physiological and psychological aspects of bodily functions, leading to social isolation, anger, anxiety, stress, and depression. Notably, research by Luhtfayah & Wijayanti (2022) indicates that 70-80% of people with heart disease experience anxiety.

Individuals often undergo significant changes in response to threatening and unforeseen circumstances, as highlighted by Alemoush et al. (2021). Anxiety and depression, prevalent among a majority of patients, arise from various sources such as uncertainty, concerns regarding treatment effects, fear of disease progression and mortality, feelings of guilt, and existential inquiries, as outlined by Alzahrani (2021). Poorly managed anxiety can exacerbate the patient's condition, leading to additional consequences like depression, sleep disturbances, an elevated risk of suicide, and a reduced quality of life for those with Coronary Heart Disease. A decline in quality of life serves as an indicator of patient dissatisfaction with the healthcare services they receive, as noted by Rababa & Al-Sabbah (2023). Hence, the necessity for comprehensive and targeted treatments becomes imperative.

Various approaches, including both pharmacological interventions for physical symptoms and various non-pharmacological alternatives, have been developed to address the holistic mind-body-spirit aspect of care (Bass et al., 2023). Among the widely endorsed methods are chiropractic/osteopathic manipulation, herbal therapy, intercessory prayer, and spiritual therapy, also known as Spiritual Nursing Care (Willemse et al., 2020). Recognizing spirituality as an integral component of nursing standards and essential in providing comprehensive care is crucial (de Diego-Cordero et al., 2022). Spiritual needs play a pivotal role in preparing individuals to confront the challenges of illness and end-of-life stages, fostering qualities such as obedience, responsibility, and humility in seeking solace and approval (Cone & Giske, 2022). This review aims to provide comprehensive insights into the efficacy of Spiritual Care with Murottal, covering patient demographics, types of spiritual interventions, duration of treatments, assessment tools for anxiety, depression, and satisfaction, as well as the intervention's impact on overall patient well-being, including primary and secondary outcomes related to quality of life.

Music therapy serves as a form of distraction therapy and an alternative treatment for psychological, psychiatric, and physical disorders. Numerous studies have highlighted its safety and efficacy in enhancing mood and alleviating anxiety, depression, and other mental health conditions. Listening to music can effectively divert attention and induce relaxation (Borji & Mousavimoghadam, 2019). One specific type of music often recommended is spiritual or Murottal music. Murottal entails the recitation of holy verses from the Quran, focusing on the accuracy of pronunciation (tajwid) and rhythmic delivery. Listening to these sacred verses, known as Murottal, can instill a sense of calm in the listener (Babamohamadi et al., 2020).

Islamic spiritual care with Murottal has the potential to impact various aspects of an individual's well-being, including emotional stability, spiritual beliefs and practices related to healthy behavior, bolstered immune function, and improved cardiovascular health. Diseases affecting spiritual health can pose a threat and impede spiritual development in patients, with heart disease being one such condition capable of significantly diminishing an individual's health to the extent of inducing depression (Nijjar et al., 2019). Similarly, Dias (2020) highlighted the correlation between spiritual well-being and depression in patients with coronary heart disease, demonstrating a significant relationship between the two ( $r=-0.571$ ).

Given the aforementioned details, the researcher aims to undertake a literature review concentrating on Islamic spiritual care with Murottal concerning coronary heart disease, particularly within the realm of nursing applications. This interest stems from the acknowledgment of the innate spiritual needs present in each individual, acknowledged within

nursing through various dimensions, including self-relationship, interpersonal relationships, connection with nature, and relationship with the divine

## Method

### Data sources and searches

The methodology employed in this study is a Systematic Review and Meta-Analysis, adhering to PRISMA standards. PRISMA entails seven key steps: formulating review questions, establishing eligibility criteria, conducting a thorough search strategy across various information sources, identifying potentially relevant studies, selecting pertinent studies, evaluating the quality of the included studies, and synthesizing the findings from the included studies. The search for journal articles adhered to the PICO (Population, Intervention, Comparison, and Outcome) criteria, with specific parameters outlined as follows: P (Population): Patients diagnosed with coronary heart disease; I (Intervention): Implementation of Islamic Spiritual Care with Murottal; C (Comparison): Absence of a comparison group; O (Outcome): Assessment of anxiety and depression levels.

The evaluation of literature quality or feasibility is conducted through Randomized Controlled Trial (RCT) Critical Appraisal, utilizing feasibility tools tailored to the specific type of quantitative study being assessed. This assessment typically takes the form of a table or checklist containing questions aimed at determining the suitability of the journal or article for use in quantitative studies. Criteria within the assessment are evaluated with responses such as yes, no, unclear, or not applicable. For a research score to be considered acceptable, it must achieve a minimum value of 50%. If the score falls below this threshold (<50%), the journal or article is deemed unsuitable for inclusion in quantitative studies. The critical appraisal tools, specifically designed for quantitative research, have undergone feasibility testing by the researcher and other individuals involved in the research process, all utilizing quantitative critical appraisal tools. This evaluation seeks to establish whether the assessed journal meets the necessary criteria, providing researchers with clarity regarding its suitability for rigorous examination in quantitative studies

The journal search utilized electronic databases spanning from 2018 to 2023, including Pubmed, ProQuest, Science Direct, DOAJ, Wiley, Garuda, along with secondary sources from Pubmed. The search terms employed to retrieve literature on coronary heart disease were "coronary heart disease" AND "Spiritual Care with Murottal." The collected literature was organized using Mendeley, with redundant articles being excluded. The selected articles underwent processing according to PRISMA guidelines, with data extraction performed following RCT standards (John & J. David Creswell, 2018). Initially, the electronic database search yielded 1286 articles, which were subsequently filtered based on the population of adults diagnosed with coronary heart disease, resulting in 386 articles. These articles were further refined based on the PICO criteria—P: patients with coronary heart disease, I: Spiritual care with Murottal, C: no comparison group, and O: Anxiety and Depression—yielding seven articles that met the specified criteria.

**Table 1** The keywords utilized in the literature search were determined using the PICO method, which stands for patient, intervention, comparison, and outcome

PICOCOMPONENT	
P	Coronary Heart Disease or Acute Coronary Disease
I	Spiritual care with Murottal
C	-
O	Anxiety, depression

### Study Selection

The inclusion criteria for this systematic review were defined as follows: (i) a precise delineation of spirituality with Murottal; (ii) confirmation of coronary heart disease diagnosis through validated methods like medical records or echocardiography data; and (iii) provision of pertinent results. Studies were excluded if they: (i) amalgamated patients with coronary heart disease with those suffering from other conditions; and (ii) involved non-human subjects. Conference abstracts were considered only if they furnished all necessary data for the systematic review.

## Data extraction

One investigator meticulously extracted essential data from the included articles using a standardized Excel spreadsheet, while a second independent investigator diligently cross-verified the data for accuracy. Each article underwent comprehensive data extraction, capturing details such as authors' names, publication year, country, medical condition, sample size, age distribution, percentage of females, diagnostic criteria utilized for defining CHD (including severity), and the duration of follow-up.

## Outcomes

The study primarily focused on measuring outcomes such as the incidence and risk of various factors, which included quality of life, mortality, and cardiovascular outcomes, among patients diagnosed with coronary heart disease.

## Data synthesis and analysis

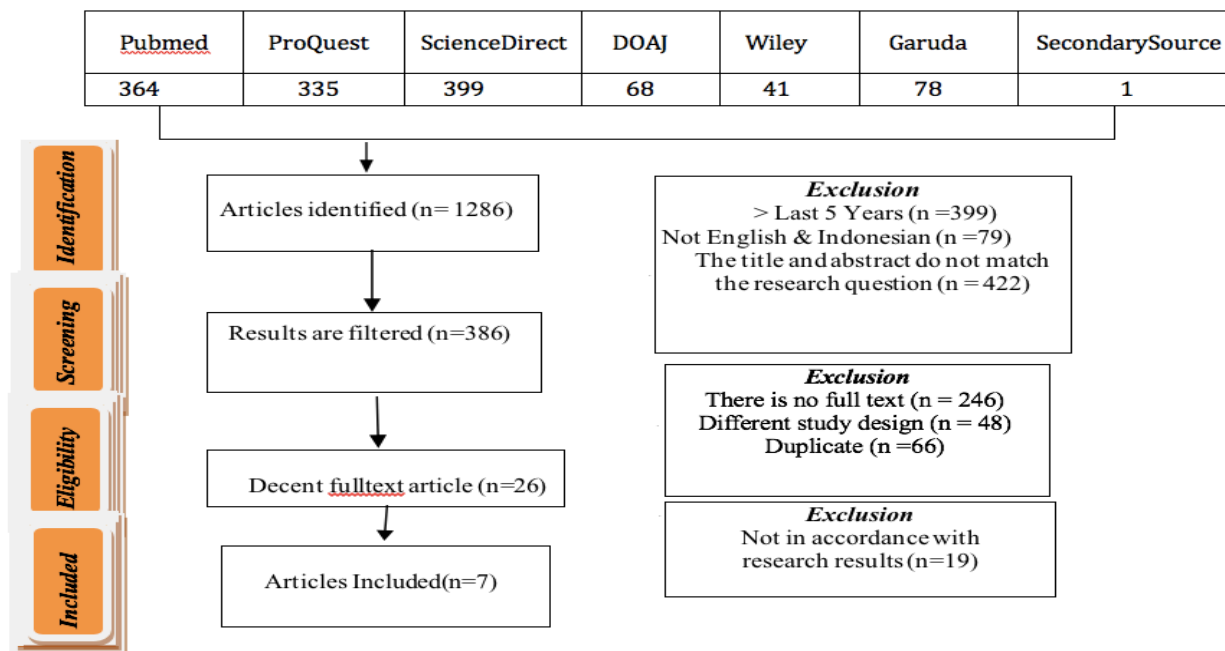
The data are presented descriptively due to notable heterogeneity in the definition of spiritual care with Murottal utilized in this study. Therefore, the key findings of this study are outlined, along with an indication of whether the reported relationships are statistically significant at a p-value of <0.05.

# Results

## Literature search

The research selection process is illustrated in **Figure 1**. A total of 1,286 articles were identified through seven literature searches spanning the period from 2018 to 2023. The screening search results in PubMed yielded 344 articles, Science Direct produced 367 articles, ProQuest contributed 315 articles, DOAJ provided 68 articles, Wiley presented 41 articles, Garuda delivered 78 articles, and one article was sourced from secondary sources. All articles identified for potential inclusion in the systematic review were independently evaluated by the authors. From the initial pool of 1,286 articles, several were excluded based on various criteria. These exclusions included publications exceeding the last five years (n=399), articles not written in English or Indonesian (n=79), and titles and abstracts not aligning with the research question (n=422), resulting in 386 articles. Subsequently, articles lacking full text (n=246), duplicates (n=66), and those without a clearly defined research design (n=48) were removed, leaving 26 eligible full-text articles. Following further review, 19 articles were excluded as they did not align with the research objectives, resulting in the selection of seven articles for review.

**Figure 1** The inclusion process overview is depicted in the PRISMA Flow Diagram below:



## Descriptive characteristics

As illustrated in **Table 1**, the seven studies collectively incorporated data from 1286 CHD patients, with an average age of 65.8 years and an average follow-up period of three months. Three studies were conducted in Iran, and five in Indonesia. Notably, no studies from Europe met the inclusion criteria for this systematic review. Among the included studies, three were observational, while four involved interventions. Definitions of spirituality varied significantly, encompassing aspects such as spiritual health in nursing, multicomponent interventions, religious attitudes, inner peace and harmony, spiritual peace and counseling, as well as optimized protocols for Jehovah's Witnesses undergoing complex heart surgery. The diagnosis of CHD was primarily based on medical records in most studies, particularly in cases of moderate to severe CHD (NYHA class III-IV) (**refer to Table 1**).

**Table 2** Summary table of studies included in the review

Author Name (Year)	Country	Title	Method (Population/ Sample)	Meanage	Research result
(Keivan et al., 2019)	Isfahan, Iran	The Effect of Listening to the Voice of the Quran on Anxiety Before Cardiac Catheterization on coronary heart disease. (aspects of quality of life).	Quasi-experiment, group control before and after the test. Samples were randomly divided into experimental and group control clinical trials, measured by STAI. (68 respondents).	73.7	The findings indicate that listening to the voice of the Al' Qur'an in detail significantly reduces patient anxiety before heart catheterization. The average scores for situational and trait anxiety, as well as the overall State-Trait Anxiety Inventory (STAI) average, were significantly lower in the experimental group compared to the control group (P = 0.000).
(Borji & Mousavimoghadam, 2019)	Kerma shah, Iran	The Impact of Spiritual Care with Murottal on Anxiety and Depression in Family Caregivers of Patients with Heart Failure	Study semi experimental. In Spiritual care with Murottal. Measured by DASS 42. (60 respondents).	66.5	Significant differences were noted in psycho-physiological coherence (HRV), depression, and anxiety scores among the three groups in the post-test. Depression and anxiety exhibited a more substantial decrease in the religious group, with p-values <0.011 and 0.000, respectively, whereas psycho-physiological coherence showed a more notable increase in the group utilizing breathing techniques with HRV feedback.
(Ibnu et al., 2019)	Indonesia	The Effect of Murottal Al-Qur'an on Anxiety and Depression Levels in Heart Patients	Pre-experimental research design with a one-shot case study approach, sampling technique using purposive sampling, and a total sample of 15 people. Data collection used	58.76	The study results revealed a reduction in the average depression score to 67.12 and anxiety score to 58.63. Each statistical test, conducted using Wilcoxon, indicated that both p-values were <0.05, signifying a significant

			the Hospital Anxiety & Depression Scale (HADS) questionnaire.		difference in anxiety and depression following the spiritual care intervention with Murottal among the respondents.
(Babamohama di et al., 2020)	Isfahan, Iran	The Effect of Spiritual Nursing Care Based on the Murottal Voice Model on Anxiety and Depression in Patients with Coronary Heart Disease	Quasi-experiment; A Randomized Controlled Trial. Samples were randomly divided into experimental and group control clinical trials, measured by DASS 42 (44 respondents).	61.6	The research findings indicated that the average anxiety decreased by 43.12 and depression decreased by 41.76 following the intervention. The p-value for anxiety was 0.000, which is < 0.05, and for depression, it was 0.011, also < 0.05. These results suggest that Islamic spiritual care with Murottal has a significant impact on anxiety and depression in patients with coronary heart diseases
(Harisa et al., 2020)	Indonesia	The Effect of Murottal Therapy on Depression in Heart Disease Patients	Quasi-experiment; A Randomized Controlled Trial. Samples were randomly divided into experimental and group control clinical trials, measured by HADS (36 respondents).	57.4	There was a disparity in depression levels between the intervention and control groups prior to the intervention, with a p-value of 0.019. Following the intervention, this difference persisted, with a p-value of 0.002. However, no significant difference in depression was observed either before or after the intervention in the control group, with a p-value of 0.196. Notably, within the intervention group, there was a significant difference in depression levels before and after receiving the intervention, with a p-value of 0.001.
(Sarwo Edi, 2021)	Indonesia	Application of Murattal Al-Qur'an Therapy to Levels of Anxiety in Cardiovascular Patients	Quasi-experiment; A Randomized Controlled Trial. Samples were randomly divided into experimental and group control clinical trials, measured by HARS (40 respondents).	62.6	The study findings indicated a decrease in the average anxiety to 44.5. Each statistical test, conducted using Wilcoxon, revealed p-values of 0.000, which were <0.05. This signifies a significant difference in anxiety following the spiritual care intervention with Murottal among the respondents
(Rupeng et al., 2023)	Indonesia	Effects of Nursing Spiritual Needs Treatment in Reducing Anxiety and Depression	Quasi-experiment; A Randomized Controlled Trial. Samples were randomly divided	57.4	Prior to the intervention, there existed a discrepancy in the depression levels between the intervention and control groups, with a

	in Coronary Syndrome Patients.	Acute (ACS)	into experimental and group control clinical trials, measured by DASS 42(54 respondents).				p-value of 0.04. This difference persisted post- intervention, with a p-value of 0.001. Conversely, no notable difference in depression was noted before or after the intervention within the control group, with a p- value of 0.134. Notably, within the intervention group, a significant variance in depression levels was observed before and after receiving the intervention, with a p-value of 0.000.
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**Table 3 Critical Appraisal RCT (Randomize Control Trial)**

Appraisal Checklist	(Keivan et al., 2019)	(Borji & Mousavimoghadam, 2019)	(Ibnu et al., 2019)	(Babamohamadi et al., 2020)	(Harisa et al., 2020)	(Sarwo Edi, 2021)	(Rupeng et al., 2023)
What is this research discuss apparent issues?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
What is grouping patients in the study done randomly?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Are all patients who are involved in this research taken into account appropriately to put a conclusion?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
What group under study and the control group were the same from start to finish study?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Apart from treatment on intervention group, were all groups treated The same?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
What is the effect of the intervention counted?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Whether the estimate is accurate, intervention effects can be calculated.	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Can the results applied in context? (Or in the local population?)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Are all clinical results essential to consider?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Are the benefits worth the harm and cost?	Can'ttell	Can'ttell	Can't tell	Can't tell	Can't tell	Can'ttell	Can'ttell

**Table 4** Effect of Islamic Spiritual Care Wit Murottal on quality of life, cardiovascular out comes, and mortality in patients with Coronary Heart Disease

Effect of Islamic Spirituality	Quality of life	CVD outcomes	Mortality
Spiritual care; Murottal	available	available	Not available
Anxiety	Improved	Improved	The risk is lower in patients with low anxiety levels
Depression Top of form	Improved	Improved	The risk is lower in patients with low depression levels

## Main Findings

**Table 4** illustrates the primary outcomes of our systematic review. Studies concerning patients with coronary heart disease (CHD) revealed that spiritual care interventions with Murottal yielded enhancements in quality of life compared to standard care. Patients with intricate cardiovascular issues exhibited decreased mortality and lower rates of heart failure. Furthermore, daily spiritual experiences displayed a linear correlation with diminished functional limitations attributed to CHD. Moreover, experiencing high levels of satisfaction, along with lower anxiety, depression, and stress, were linked to a reduced risk of mortality in contrast to patients who did not undergo this approach.

## Discussion

A systematic review investigating the correlation between Islamic spirituality, as expressed through Murottal, and its impact on anxiety, depression, and cardiovascular outcomes among patients with coronary heart disease (CHD), revealed positive associations across all included studies. Despite significant heterogeneity in populations, definitions of Islamic spirituality with Murottal, and interventions, consistent positive outcomes were observed. This spiritual dimension, often overlooked in routine physical assessments, proves to be an essential element in holistic needs assessments. Its potential contribution in enhancing the condition of patients with CHD, a chronic ailment marked by a persistently poor prognosis, is considerable.

In recent decades, there has been a growing recognition of spiritual care services, particularly within the nursing field, as a crucial determinant of health. This emphasis holds particular significance when dealing with incurable, chronic, or terminal diseases (Picauly, 2021). Clinical and health professional guidelines increasingly incorporate patients' spiritual needs as a fundamental and holistic component in the assessment of optimal healthcare (Sajadi et al., 2018). Neglecting the positive impact of this human dimension can lead to an inadequate understanding of the determinants of human health (Husaeni & Haris, 2020). Simultaneously, it remains essential to address conventional risk factors such as poor nutrition, lack of physical activity, environmental pollution, smoking, and inadequate sleep quality, while ensuring patients receive appropriate clinical care. Additionally, other behavioral and social factors must not be overlooked. These factors may elucidate why some individuals demonstrate greater resilience and coping abilities when confronting chronic illness in adverse circumstances compared to others (Elham Zafarian Moghaddam, Hamidreza Behnam, Tayebah Reihani, 2022).

Increasing evidence underscores the significant impact of various social, psychological, and environmental factors on both physical and mental well-being, often rivaling that of conventional risk factors (Sadiq et al., 2019). Notably, engagement in religious communities, exemplified by Islamic spirituality with Murottal, is associated with favorable health outcomes. This connection encompasses lower mortality rates and decreased occurrences of depression, substance abuse, and suicide (Ramadhanti, Destiani Rahma, 2022). Murottal entails the recitation of sacred verses from the Al-Quran, emphasizing precise pronunciation (tajwid) and rhythmic delivery of the Quranic text. Engaging with these revered verses, often referred to as murottal, holds the promise of bringing serenity to the listener (Melastuti & Sri Wahyuningsih, 2023). Similarly, music



therapy provides a safe and effective means to uplift mood and alleviate symptoms of anxiety, depression, and other mental health disorders. Listening to music can also assist in redirecting attention and fostering relaxation (Rahmayanti, 2021). A study conducted by Soylu et al. (2023) involved administering Al-Quran reading as an intervention to 168 respondents experiencing anxiety and depression related to their disease status. The treatment group exhibited a reduction in anxiety and depression levels following the intervention and therapy process. Another study by Nijjar et al. (2019) implemented a spiritual program, which included listening to Quranic verses, for 64 patients with heart failure aimed at alleviating depression. The treatment group showed a significant decrease in the average depression score to 11.09 (8.47) after undergoing the spiritual program ( $P < 0.001$ ). Similarly, research conducted by Babaii et al. on 60 patients undergoing Cardiac Catheterization to address anxiety revealed that the average anxiety score in the experimental group was significantly lower than that in the control group (Babamohamadi et al., 2020).

In our systematic review, seven studies meeting inclusion criteria revealed significant disparities in anxiety and depression among patients with coronary heart disease before and after Murottal intervention, along with its effects on outcomes and mortality. In a pilot study, Keivan et al. (2019) investigated the impact on anxiety and depression outcomes in 68 CHD patients who underwent daily Murottal sessions for one week before heart catheterization. Findings indicated a notable reduction in patient anxiety, with scores in the experimental group significantly lower than those in the control group ( $P = 0.000$ ). Borji & Mousavimoghadam (2019) assessed a 4-week intervention in 60 respondents, revealing significant differences in psychophysiological coherence, depression, and anxiety scores among the three groups at the post-test. Ibnu et al. (2019) research demonstrated a decrease in average depression (67.12) and anxiety (58.63) after a 1-week intervention with 15 respondents. Babamohamadi et al. (2020) conducted a 6-week intervention with 44 respondents, resulting in decreased anxiety (43.12) and depression (41.76) ( $P < 0.05$ ). Harisa et al. (2020) observed a 4-week intervention in 36 respondents, revealing differences in depression between intervention and control groups ( $P = 0.002$ ). Sarwo Edi. (2021) conducted a 5-week intervention in 40 respondents, leading to a significant decrease in anxiety (44.5) ( $P < 0.05$ ). Rupeng et al. (2023) implemented a 4-week intervention in 54 respondents, demonstrating reduced anxiety (66.72) and depression (58.24) ( $P < 0.05$ ). These findings underscore the impact of Islamic spiritual care with Murottal on anxiety and depression in patients with coronary heart disease.

These findings suggest that healthcare providers, including physicians and nurses, may consider addressing spiritual concerns, acknowledging their potential impact on the quality of life of CHD patients. A study conducted by Moghadam et al. (2021) investigated the effects of religious interventions in nursing on life satisfaction and depression among elderly Iranian individuals with CHD. The participants, consisting of 46 in the experimental group and 47 in the control group, were randomly assigned. The intervention comprised a religious-spiritual program based on Richards and Bergin's model, aligned with Islamic and Shiite principles, delivered in six sessions lasting 30–45 minutes each. Surprisingly, the anxiety Z-index and Beck Depression Inventory scores of the intervention group participants exhibited an increase compared to those in the control group

Based on studies by Keivan et al. (2019) and Sarwo Edi (2021), a consistent observation emerges, indicating that respondents undergoing Islamic spiritual care with Murottal often experience anxiety. Within the control group, over half of the respondents persisted in facing severe anxiety, marked by excessive worry regarding their illness, susceptibility to panic, disrupted sleep patterns, and fear of hindrance in their activities due to the illness. Respondents in the control group reported physical symptoms such as trembling, spontaneous sweating, difficulty concentrating, cognitive impairments, and anxiety during treatment sessions. Conversely, the intervention group, post-Islamic spiritual care with Murottal, exhibited a notable reduction in anxiety levels among over half of the respondents. However, they still expressed concerns about their illness, including persistent fears of disease-related risks, feelings of fatigue, and respiratory difficulties. In such instances, support from close family members remains crucial, offering comfort to the respondents and underscoring the significance of family support in educating patients to improve their overall quality of life. In line with research conducted by Keivan et al. (2019), Borji & Mousavimoghadam (2019), Ibnu et al. (2019), Babamohamadi et al. (2020), and Harisa et al. (2020), it becomes evident that respondents in the control group, post-intervention, encountered depression and anxiety levels categorized as moderate for over half of them. These respondents continued to display a pessimistic outlook, faced limitations in daily activities, and harbored

persistent concerns about their illness. They expressed feelings of hopelessness regarding the future and resigned acceptance of their disease condition.

In contrast, within the intervention group, following the receipt of Islamic spiritual care with Murottal, over half of the respondents reported milder levels of depression and anxiety. However, they faced challenges in sustaining concentration on specific tasks, as evidenced by difficulties in cognitive processing, potentially impacting their responsiveness to inquiries. Amid the emergence of depression, the pivotal role of support from close family members remains steadfast, offering a source of solace for the respondents. This familial support becomes paramount in delivering education to patients, with the objective of boosting their motivation, cultivating a positive outlook, and ultimately enhancing their overall quality of life.

Based on research findings, theoretical reviews, and an examination of pertinent literature, researchers observe a consistent pattern indicating a reduction in average anxiety levels among patients undergoing Islamic spiritual care therapy with Murottal. This pattern suggests the activation of a relaxation response within the patient's body. Patients express experiencing a profound sense of calm and comfort following Islamic spiritual care techniques involving Murottal. Undoubtedly, this improvement carries significant positive implications, especially for individuals undergoing heart therapy for Coronary Heart Disease (CHD).

The strength of our systematic review lies in that it is, to the best of our knowledge, the first study to explore the potential impact of spirituality in Islam on quality of life and health outcomes in CHD patients. However, this review has limitations mainly due to the limited research available to address this issue to date (e.g., no European studies met the inclusion criteria). Most importantly, the extraordinary heterogeneity in design, definition, and intervention found in the seven studies included in this review prevented us from conducting further statistical analysis. Nevertheless, despite significant heterogeneity, all studies underline the importance of these dimensions, which are usually overlooked in clinical practice in managing complex patients with increased health and spiritual care needs.

## **Conclusion**

Among the seven intervention studies analyzed in this systematic review, it becomes evident that Islamic spiritual care with Murottal significantly enhances quality of life, diminishes depression and anxiety, and enhances cardiovascular and overall health outcomes among Coronary Heart Disease patients. Despite these constraints, our findings emphasize and highlight the significance of human dimensions frequently neglected in routine clinical practices for patients grappling with complex, chronic, progressive, and frequently fatal pathological conditions. Nurses need to recognize and integrate Islamic spirituality as a vital element in holistic care to effectively enhance patients' quality of life.

### **Declaration Conflicting Interest**

The authors have no conflicts of interest to declare.

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### **Author Contribution**

All authors participated in conducting the systematic review, analyzing the data, interpreting the findings, drafting the manuscript, and critically revising the article.

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