Identifying therapeutic elements of islamic spiritual nursing education to reduce depression in patients with coronary artery disease: A delphi study

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Abstract

Background: Patients with coronary artery disease (CAD) face a higher risk of depression, which negatively affects their quality of life. For Muslim patients, culturally and religiously sensitive interventions are crucial. Islamic-based psychotherapy shows promise, but further research is needed to determine the most effective content.
Purpose: This study aims to achieve expert consensus on the therapeutic components of Islamic nursing spiritual education to alleviate depression in CAD patients.
Methods: The Delphi method was used, with three rounds of data collection from Muslim healthcare professionals experienced in Islamic-based care. The first round gathered qualitative insights through open-ended questions. Rounds two and three used Likert-scale assessments to evaluate the relevance and urgency of proposed topics. Consensus was defined as ≥90% agreement among the experts, with stable central tendency values and declining input indicating strong consensus. In Phase 4, we qualitatively evaluated the final consensus on therapeutic strategies with patients to gather their perspectives and inform potential program adaptations.
Results: Seven key themes emerged, including the Islamic view on health and illness, the prophetic guidance of Prophet Muhammad SAW regarding illness, and the role of faith, gratitude, and worship in mental well-being. Over 90% agreement was achieved across all themes, with mean relevance scores ranging from 3.8 to 4.0 and urgency scores from 3.7 to 4.0, confirming consensus stability. Patients validated the content, noting its potential to reduce anxiety and fear.
Conclusion: Integrating Islamic spiritual education into psychotherapeutic interventions could help address depression among Muslim CAD patients. Further studies are needed to evaluate its clinical effectiveness.

Keywords: delphi study; depression; education; heart disease; islam

Introduction

Patients diagnosed with coronary artery disease (CAD) are at a significantly increased risk of developing depression compared with non-CAD populations. This risk is two to three times higher than in the general population (Carney and Freedland, 2017; Vaccarino et al., 2020). Depression in these patients is associated with numerous complications, including reduced quality of life (Altino et al., 2017; Nuraeni et al., 2019), increased comorbidity, and higher mortality rates (Lichtman et al., 2014; Carney and Freedland, 2017; Kuhlmann et al., 2019). The American Heart Association (AHA) underscores the vital importance of efficacious secondary prevention strategies, including the management of psychosocial factors such as depression and anxiety,

in reducing mortality and morbidity in patients with CAD (Mozaffarian et al., 2016).

Current treatments for depression in CAD patients primarily include Cognitive Behavioral Therapy (CBT) and antidepressant medications (Dowlati et al., 2010; Nuraeni et al., 2023). While CBT has shown some effectiveness in reducing mild depression, especially during early rehabilitation phases, its long-term impact on severe depression remains uncertain (Reavell et al., 2018; Nuraeni et al., 2023). Similarly, antidepressants offer limited efficacy in managing depressive symptoms in this population, highlighting the need for alternative therapeutic approaches (Hughes et al., 2022).

Considering the increasing prevalence of Islam across the globe, it is imperative to adopt culturally and religiously sensitive approaches to psychotherapy for Muslim CAD patients (World Population Review, 2022; Nuraeni et al., 2023). Cultural beliefs, religious practices, and societal norms exert a profound influence on the experience of depression and the response to therapeutic interventions among Muslim patients. For example, the concept of qalb (heart) in Islamic thought, which encompasses the mind, spirit, and soul, is central to understanding the spiritual dimensions of mental health (Yusuf, 2012; Setiawan, Tajab and Chaer, 2019; Warsah, 2020). It is believed that the health of the qalb directly influences an individual's spiritual well-being, which in turn affects their psychological state (Keshavarzi and Haque, 2013; Marzband and Zakavi, 2014). This demonstrates the importance of integrating Islamic teachings into psychotherapy to address the unique needs of Muslim CAD patients.

Islamic-based psychotherapy has emerged as a promising alternative, particularly therapies rooted in Islamic teachings, such as Islamic hope therapy and Islamic teaching therapy (Tajbakhsh et al., 2018; Amjadian et al., 2020; Masjedi-Arani et al., 2020). These models are based on principles drawn from the Qur'an and Sunnah, with an emphasis on purifying the qalb to foster spiritual and psychological well-being. Results from studies conducted in Iran indicate that these therapies may be an effective approach to reducing depressive symptoms among CAD patients (Amjadian et al., 2020; Masjedi-Arani et al., 2020; Tajbakhsh et al., 2018). Nevertheless, further investigation is required to gain a comprehensive understanding of their theoretical underpinnings, therapeutic modalities, and applicability across diverse Muslim populations.

Despite the promising findings, research on Islamic-based psychotherapy remains limited, with significant gaps that require attention. Most existing studies suffer from small sample sizes and insufficient descriptions of therapeutic content, limiting the generalizability of their findings (Nuraeni et al., 2023). Additionally, the cultural and religious appropriateness of the therapeutic interventions has not been sufficiently assessed, particularly outside of Iran. Acknowledging these limitations is critical for guiding future research and ensuring the development of more robust and effective therapeutic models.

The systematic review conducted by Nuraeni et al., (2023) highlights the multifaceted nature of Islamic psychotherapy, focusing on its role in reducing depression and improving quality of life through Islamic teaching. While these studies collectively underscore the diverse components integral to psychotherapy for depression management, they also reveal gaps in the existing research. Therefore, it is not yet possible to draw definitive conclusions about the efficacy of this therapy based on the available evidence. Notably, only three of the six studies reviewed offer detailed explanations of the therapeutic content. The limited sample sizes across these studies hamper the generalizability of their findings, underscoring the need for further research to solidify these preliminary results. Additionally, the review highlights a variety of Islamic teaching elements that could help alleviate depression.

Nevertheless, determining the most effective approach, preferably with Muslim experts or scholars, is crucial to guarantee cultural and religious suitability in therapy. This Delphi study aims to achieve consensus among Muslim experts on the therapeutic content of Islamic teaching strategies designed to alleviate depression in CAD patients. These findings are expected to contribute to the development of culturally and religiously appropriate Islamic-based psychotherapy, thereby better addressing the unique needs of the growing Muslim CAD patient population.

Furthermore, it is crucial to integrate the perspectives of patients with coronary artery disease (CAD) regarding their experiences with depression and their preferences for Islamic psychotherapeutic interventions to develop patient-centered care. A thorough understanding of these perspectives may facilitate the adaptation of interventions to more effectively address the specific needs of Muslim CAD patients, potentially leading to improved treatment outcomes. This patient-centered approach offers valuable insights into the lived experiences of depression and the effectiveness of Islamic-based psychotherapy. Consequently, this study also examines the perspectives of CAD patients with depression towards psychotherapy, utilizing methods derived from Islamic teachings, as identified through the Delphi study.

Materials and Methods

Study design

This study used a modified Delphi method to reach consensus on the relevance and urgency of therapeutic topics within Islamic teaching strategies for patients with CAD who are experiencing or at risk of depression. The Delphi method, recognized for its systematic approach to reaching expert consensus through iterative rounds of data collection, was conducted in three phases (Holey et al., 2007; Keeney, Hasson and Mckenna, 2010). In the fourth

Table 1. Characteristics of Participants (n=17)

Characteristics of Participants	n	%
Participants: Professional Experts (Delphi)	**10**	
Gender (Female)	6	60
Age (Years):		
18-35	1	10
36-45	4	40
46-55	4	40
>55	1	10
Occupation or Roles:		
Chaplain	2	20
Nurse Educator	5	50
Mental Health Nurse	1	10
Nurse	1	10
Physician	1	10
Expertise:		
Health professionals with experience in Islamic religious education.	4	40
Qualified healthcare professionals serving as hospital Islamic Chaplains	2	20
Nurses with an Islamic religious background who have clinical experience caring for CHD patients in hospitals.	1	10
Mental health professionals with experience in Islamic-based religion counseling.	1	10
Educators involved in Islamic outreach.	2	20
Length of experience (Years):		
1-2	1	10
3-5	1	10
>5	8	80
Participants: Patients with CAD	**n=7**	
Gender (Female)	1	14
Age (Years):		
18-35	2	29
36-45	-	
46-55	1	14
>55	4	57
Depression Category:		
Minimal depression	3	43
Mild depression	1	14
Moderate depression	3	43

phase, the findings were qualitatively tested with CAD patients undergoing hospital treatment to gather their perspectives on the consensus results and their views on the role of Islamic teachings in the hospital setting. These patient insights can provide additional recommendations on the significance of applying such therapies in the care of CAD patients within the hospital environment.

(1)Phase 1: The initial round used open-ended questions to gather qualitative insights from experts on key educational topics that provide Islamic spiritual support to CAD patients. These qualitative responses were carefully evaluated, categorized, and coded to identify recurring themes and topics (Holey et al., 2007; Keeney, Hasson and Mckenna, 2010).

(2)Phase 2: The topics identified in Phase 1 were further tested in the second round using a Likert scale questionnaire. This phase involved a quantitative assessment in which experts rated the relevance and urgency of each topic. Their responses were analyzed by calculating individual

Table 2. Results of the first round of Delphi: Suggested topics for Islamic teaching strategies to alleviate depression in CHD patients

Suggested educational topics	Categories	Topics included in Delphi round 2
The concept of health in the context of health, nursing, and even from an Islamic perspective, where health includes bio-psy-cho-social-spiritual elements. Illness from an Islamic perspective: An explanation of what illness means to humans in Islam. God's compassion for the suffering of people. Things one can learn from ill people. The guidance provided by the Prophet to one who was challenged by illness. The appropriate conduct in the event of a health crisis encompasses recitations of prayers and dhikr.	Understand the meaning of health and illness in Islam.	1.Understand the meaning of health and illness in Islam. 2.The Prophet's precepts and guidance for dealing with illness.
The essence of life. Recognize that our life in this world is only temporary and prepare for a more eternal life in the afterlife. Realize that life will be filled with tests and difficulties. Ma'rifatul insan: the essence of human beings Life's meaning and purpose. Seeking Allah's pleasure by piety, good deeds, and constant improvement is the aim of life. Worshiping Allah and cultivating positive relationships with other people are the two main goals of life.	Understand the Islamic perspective on the meaning and purpose of human life.	3.Understand the Islamic perspective on the meaning and purpose of human life.
Learning about Allah, learning about His attributes, particularly those concerning sickness, Almighty Allah, for instance, is the Most Healer and Most Merciful. The meaning of syahadah encompasses both the understanding and application of syahadatain. Understanding Allah (Ma'rifatullah) includes the significance of Ma'rifatullah and the path leading there. The Pillars of Faith firmly believe in the existence of Allah SWT, His Angels, His Books, His Messengers, and the Hereafter. Pillars of Faith. Topic Limitation 1: Have complete faith in Allah SWT, His Angels, His Books, His Messengers, the Hereafter, and Qadha and Qadar (destiny). The explanation in Qadha and Qadar (destiny) is tied to the illness's fate.	Increasing faith in God: -Meaning of syahadah -The reinternalization of the pillar of faith. -The meaning of faith in Muslim life. -Understanding the attributes of God	4.Discover the meaning of shahadatain and the pillars of faith. 5.Understanding Asmaul Husna: Ar-Rahman, Ar-Rahim, Asy Syifaa.
Topics that explain a Muslim's attitude toward health and illness include gratitude, patience, effort, and trust as a Muslim's commitment to dealing with Allah's destiny. Following your best efforts for treatment and prayer, the next step is to place your trust in Allah. Tawakal entails relinquishing all possessions to Allah. We must trust that Allah will provide the best for His devotees. Tawakal addresses the following topics: trying, praying, and thinking positively of Allah. Understand and believe that any disease that befalls a believer is a blessing for his sins, as long as he is patient and attempts to recover. The explanation in Qadha and Qadar (destiny) is tied to the illness's fate.	Islamic guidance on handling life's pleasures and calamities emphasizes the importance of perseverance, gratitude, endeavor, and tawakal.	6.Islamic guidance on handling life's pleasures and calamities emphasizes the importance of perseverance, gratitude, endeavor, and tawakal.
Understand and follow out the Apostle's seven daily commandments, Qiyamullail, including as reading the Koran and giving alms. Worship to alleviate depression and other health issues. Topics covered include Islamic religious services to promote health, particularly depression; being thankful all the time; fasting; prayer; dhikr; repentance; performing good deeds; and companionship. Increase engagement with the Al-Quran. Depression can be addressed with the Koran. Seeking Allah's blessings through acts of devotion or good deeds.	Increase devotion to Allah.	7.Strengthening relationship with Allah through worship.

judgments, including frequency and percentage distributions. Additionally, central trend values such as the mean, median, mode, minimum-maximum value range, and ranking of each subject were identified to determine the collective expert opinion (Holey et al., 2007; Keeney, Hasson and Mckenna, 2010).

(3)Phase 3: In the final phase, the results were re-evaluated to test the consistency and stability of expert consensus. This was achieved by comparing pooled individual judgments from Phase 2 to Phase 3, looking for ≥90% stability in responses and assessing the change in central tendency trends (Holey et al., 2007; Keeney, Hasson and Mckenna, 2010).

(4)Phase 4: The final expert consensus on therapeutic strategies within Islamic teachings for CAD patients with depression, derived from phase 3, was subsequently evaluated qualitatively with patients to gather input for potential program adaptations.

Participants and setting

The participants in this study consisted of healthcare professionals experienced in Islamic teachings and CAD patients who were undergoing treatment in the hospital. The healthcare professionals experienced in Islamic teachings for this Delphi study were selected based on specific criteria to ensure they possessed relevant expertise in Islamic-based educational activities, healthcare, and counseling. The selection criteria included:

(1)Professional Background: Participants were healthcare professionals, such as educational nurses, care providers, doctors, and psychotherapists, with experience in Islamic-based educational activities or counseling. Furthermore, clergy members engaged in hospital settings or experienced in Islamic teaching activities were also considered.

(2)Experience: Participants were required to have at least 5 years of experience in their respective fields, ensuring they possessed sufficient knowledge and expertise to make meaningful contributions to the study.

(3)Recruitment Process: Potential participants were contacted directly via WhatsApp. Of the 33 experts contacted, 10 confirmed their willingness to participate. The researcher considered this number sufficient, as it met the minimum requirement for Delphi studies, which typically call for at least 10 participants (Okoli and Pawlowski, 2004; Skulmoski, Hartman and Krahn, 2007). Furthermore, the limited availability of experts and findings from previous research that provided initial insights into the study were taken into account (Okoli and Pawlowski, 2004; Skulmoski, Hartman and Krahn, 2007; Nuraeni et al.,, , 2023). Many participants were female (60%) and aged between 36 and 55 years. Most served as nurse educators specializing in health professions and had experience in Islamic religious education.

Meanwhile, the patients with CAD were selected based on the following criteria: (1)Patients diagnosed with CAD (Stable Angina, Unstable Angina, ST-Elevation Myocardial Infarction (STEMI), or Non-ST-Elevation Myocardial Infarction (NSTEMI)). (2) Patients currently receiving treatment in a cardiac-specific ICU/high care unit, or a non-ICU/high care cardiac-specific ward, who had been free from chest pain for the past 24 hours. (3)Adult patients aged 19 years or older.

Data Collection and Analysis

Data Collection and Analysis to Reach Consensus

(1)Phase 1 (Qualitative Analysis): The first round involved collecting responses to open-ended questions. These responses were analyzed qualitatively, with statements sharing similar meanings grouped into codes. This process ensured that all relevant topics were included for further testing in Phase 2. (Holey et al., 2007; Keeney, Hasson and Mckenna, 2010).

(2)Phase 2 (Quantitative Analysis): In the second round, a Likert scale questionnaire was used to evaluate the relevance and urgency of the topics identified in Phase 1. The Round 2 and Round 3 items were derived directly from the coded themes and subthemes identified in Round 1 and were presented as final topic statements for expert rating. Items were rated on a 4-point Likert scale for both relevance (1 = not relevant to 4 = very relevant) and urgency (1 = not urgent to 4 = very urgent). The questionnaire was administered via Google Forms. In addition to the Likert scale, experts were invited to provide additional comments. The responses were then analyzed by calculating frequency, percentage distributions, and central trend values (mean, median, mode, minimum-maximum range, ranking, and IQR) (Holey et al., 2007; Keeney, Hasson and Mckenna, 2010).

(3)Phase 3 (Consensus Identification and Stability Assessment): In the third round, we assessed the stability and consistency of the expert consensus by comparing pooled individual judgments across rounds. Stability was indicated by ≥90% agreement among experts, with minimal changes in central tendency between Phase 2 and Phase 3. In addition to the ≥90% agreement criterion, stopping was supported by the stability of responses across rounds, as indicated by consistent median and mode values, a relatively narrow interquartile range (IQR), and fewer expert comments in the final round. These indicators indicated that consensus had reached a sufficient level of stability and that further rounds were unlikely to produce meaningful changes to the results (Holey et al., 2007; Keeney, Hasson and Mckenna, 2010).

Data Collection and Analysis for Identifying Patients' Perspectives

To collect data, the researchers conducted semi-structured interviews with patients. We inquired about the patients' perspectives on receiving Islamic spiritual education during their hospital

Table 3. Comparison of Delphi study rounds 2 and 3 consensuses on the relevance of intervention topics

	Topik-1		Topik-2		Topik-3		Topik-4		Topik-5		Topik-6		Topik-7	
	R-2	R-3	R-2	R-3	R-2	R-3	R-2	R-3	R-2	R-3	R-2	R-3	R-2	R-3
N	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Mean	3.90	3.70	3.90	3.80	3.90	3.80	3.70	3.90	3.80	3.80	3.90	3.80	3.90	3.70
Median	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Mode	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Standard deviation	0.316	0.483	0.316	0.422	0.316	0.422	0.483	0.316	0.422	0.422	0.316	0.422	0.316	0.483
Minimum	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Maximum	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Q1	4	3.25	4	4	4	4	3.25	4	4	4	4	3	4	3.25
Q3	4	4	4	4	4	4	4	4	4	4	4	4	4	4
IQR	0	0.75	0	0	0	0	0.75	0	0	0	0	1	0	0.75
Frequencies (%)														
Very relevant	90	80	90	80	90	80	90	90	80	80	80	80	90	80
Relevant	10	20	10	20	10	20	10	10	20	20	20	20	10	20
Total relevant	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Not relevant	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Very not relevant	0	0	0	0	0	0	0	0	0	0	0	0	0	0

stay, the type of Islamic spiritual education they felt they needed while undergoing treatment, and their opinions on receiving Islamic spiritual education based on topics derived from consensus. Each interview lasted from 15 to 30 minutes, and most participants were involved in member checks. The qualitative data were analyzed using thematic analysis, following a four-step procedure: 1) Identification of codes; 2) Grouping of codes into categories; 3) Identification of relationships between codes or categories within the data; and 4) Recognition of overarching themes (Utarini, 2020).

Trustworthiness and Strategies to Minimize Bias

Several strategies were applied to enhance the trustworthiness of the study and minimize potential bias. In the Delphi phase, experts were recruited using predefined eligibility criteria to ensure relevant professional and religious expertise. Experts from different backgrounds were included to obtain varied perspectives. All participants received the same instructions and completed each round independently to reduce conformity bias and maintain consistency.

In Round 1, responses to open-ended questions were systematically coded and grouped to ensure that the topics for the subsequent rounds were derived from the experts' input. In Rounds 2 and 3, the same questionnaire format and rating criteria were used for all experts. Consensus was evaluated based on the level of agreement, response stability across rounds, and the reduction in comments.

In the patient phase, semi-structured interviews were conducted using the same general interview guide, and member checking was carried out with all participants to confirm the interpretation of the data. These strategies were used to strengthen the credibility

Table 4. Comparison of Delphi study rounds 2 and 3 consensuses on the urgency of intervention topics

	Topik-1		Topik-2		Topik-3		Topik-4		Topik-5		Topik-6		Topik-7	
	R-2	R-3	R-2	R-3	R-2	R-3	R-2	R-3	R-2	R-3	R-2	R-3	R-2	R-3
N	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Mean	3.90	3.90	3.90	3.90	3.80	3.90	3.70	3.80	3.70	3.80	3.80	3.90	3.80	3.80
Median	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Mode	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Standard deviation	0.316	0.316	0.316	0.316	0.422	0.316	0.483	0.422	0.483	0.422	0.422	0.316	0.422	0.422
Minimum	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Maximum	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Q1	4	4	4	4	4	4	3.25	4	3.25	4	4	4	4	4
Q3	4	4	4	4	4	4	4	4	4	4	4	4	4	4
IQR	0	0	0	0	0	0	0.75	0	0.75	0	0	0	0	0
Frequencies (%)														
Very urgent	100	90	90	90	90	80	70	80	70	80	90	80	80	80
Urgent	0	10	10	10	10	20	30	20	30	20	10	20	20	20
Total urgent	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Not urgent	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Very not urgent	0	0	0	0	0	0	0	0	0	0	0	0	0	0

and consistency of the findings.

Ethics considerations

This study was conducted in accordance with ethical standards and received approval under number 253/UN6.KEP/EC/2023 from the Universitas Padjadjaran Research Ethics Commission, in compliance with the Declaration of Helsinki. Participants were informed in writing about the study's purpose and procedures and provided informed consent before participating. Their participation was entirely voluntary, with the option to withdraw at any stage without consequences. To ensure confidentiality, data were analyzed in groups, and participants' identities were anonymized. The information obtained was used solely for academic purposes and kept confidential. Furthermore, the principle of non-maleficence was upheld by purposively selecting only participants with relatively stable clinical conditions. Interviews were conducted according to participants' tolerance, and no participants reported chest pain, dyspnea, worsening symptoms, or other complaints related to the data collection procedures.

Results

Table 1 outlines the characteristics of both the expert participants and the CAD patients undergoing hospital treatment. Based on Table 1, the study included 17 participants, divided into two groups: professional experts (n=10) and CAD patients (n=7). Among the experts, 60% were female, with ages ranging from 18 to over 55 years. This group comprised Chaplains (20%), Nurse Educators (50%), and others, with the majority having over 5 years of experience. Their expertise encompassed healthcare and Islamic religious education. By comparison, the patient cohort was predominantly male (86%) and of an older demographic, with

Table 5. Expert opinion regarding topics

Delphi Round 2		
Topics	**Comments**	**Decision**
Understand the meaning of health and illness in Islam.	-	Included
The Prophet's precepts and guidance for dealing with illness.	-	Included
Understand the Islamic perspective on the meaning and purpose of human life.	"Human meaning should be added."	Included
Discover the meaning of shahadatain and the pillars of faith.	"Include a section about knowing God."	Included
Understanding Asmaul Husna: Ar-Rahman, Ar-Rahim, Asy Syifaa.	Change Asy Syifaa to Asy Syafii	Included
Islamic guidance on handling life's pleasures and calamities emphasizes the importance of perseverance, gratitude, endeavor, and tawakal.		Included
Strengthening the relationship with Allah through worship.	"Is the role of the family—including involving friends and family in the course of treating congestive heart failure (CHD) or fostering positive connections with the patients' closest relatives—included in the themes mentioned above? or is this covered in subject 7's Hablu-minannas?"	Included
Delphi Round 3	**Comments**	**Decision**
Understand the meaning of health and illness in Islam.	-	Included
The Prophet's precepts and guidance for dealing with illness.	-	Included
Ma'rifatul Insan: Knowing oneself and the essence of man's creation (discovering one's life mission and purpose according to Islam).	-	Included
Knowing God, discover the meaning of shahadatain and the pillars of faith.	-	Included
Understanding Asmaul Husna: Ar-Rahman, Ar-Rahim, Asy Syafii.	-	Included
Islamic guidance on handling life's pleasures and calamities emphasizes the importance of perseverance, gratitude, endeavor, and tawakal.	-	Included
Strengthening the relationship with Allah through worship: The benefits of prayer, dhikr, engagement with the Qur'an, prayer, zakat/infaq/alms, and good deeds in daily activities (Habluminallah and hablumi-nannas) because of Allah.	-	Included

57% exceeding the age of 55 years. Depression levels among the patients varied, with 43% experiencing minimal depression and another 43% experiencing moderate depression.

Delphi Study Round 1

Table 2 presents the results of the first round of the Delphi study. During this round, data were collected qualitatively, leading to the identification of seven major topics that were proposed for expert consensus in the subsequent rounds of the Delphi study. These topics encompass various aspects of Islamic teachings related to health, illness, human life, faith, and worship, as they pertain to patients with coronary artery disease (CAD) who are experiencing or at risk of depression. The topics were structured to offer a comprehensive, Islamic-based approach to psychotherapy for patients with Coronary Artery Disease (CAD), emphasizing spiritual support and religious practices.

Several Islamic terms were identified in the results, each carrying essential theological and spiritual significance within the Islamic worldview. These terms are explained as follows: Syahadah

Table 6. Patients' insights on the consensus results and Islamic teachings in the hospital setting

Theme	Sub-themes	Statements/Quotes
Positive Perception of Islamic Spiritual Education	The need for Islamic spiritual education during illness	"Islamic spiritual education is also necessary in situations like this because we sometimes forget. So, there should be someone to educate us, someone to remind us. It is indeed important.."
	God as a source of hope	"I am interested in that (Islamic spiritual education), I want to learn more about Islam because during my stay here, I haven't received any spiritual guidance like that... we pray to the One above."
	Islamic spiritual education can reduce anxiety and fear	"I strongly agree with the implementation of Islamic spiritual education, not just after something like this, after surgery, but it should be provided before the surgery, explaining, for instance, what to expect during heart surgery, so the patient does not feel anxious or afraid. Providing spiritual guidance is much better."
Specific Needs for Islamic Education	Worshiping Allah: Prayer, Gratitude, and Remembrance	"(The education needed) is like performing prayers to express gratitude and engage in remembrance (dhikr)."
	Understanding of Faith, the Pillars of Islam, and Ihsan	"Understanding of faith, the pillars of Islam, and Ihsan... the realization that everything comes from Allah, Inna lillahi wa inna ilayhi roji'un."
Responses to the Proposed Program	Flexibility in Acceptance	"Acceptance of spiritual education can vary depending on an individual's level of patience and awareness."
	The material is comprehensive for enhancing patients' spirituality	"The proposed program was deemed comprehensive, covering all aspects necessary to enhance the patient's spirituality."

refers to the declaration of faith in Islam, consisting of two fundamental testimonies: "*Ashhadu an la ilaha illa Allah*" (I bear witness that there is no deity but Allah) and "*Wa ashhadu anna Muhammadur Rasulullah*" (And I bear witness that Muhammad is the Messenger of Allah). This declaration represents the core of Islamic belief and practice (Esposito, 2003). Ma'rifatullah, meaning "*knowledge of Allah*," denotes a deep understanding and recognition of Allah's attributes and essence. It is considered an essential component of spiritual development and the sincere internalization of the syahadah (Al-Ghazali, 2003). Asmaul Husna, or "*The Most Beautiful Names of Allah*," refers to the 99 names describing Allah's attributes. Among the most frequently mentioned are Ar-Rahman (The Most Compassionate) and Ar-Rahim (The Most Merciful), both of which emphasize Allah's boundless mercy and compassion towards His creation (Kabbani, 1999). Asy-Syifaa, meaning "*The Healer*" or "*The One who grants healing*," is derived from Allah's attributes in Islamic theology, affirming that ultimate healing—both physical and spiritual—comes solely from Allah (Qur'an, Surah Ash-Shu'ara [26]: 80) (Ali, 2015). Dzikr (remembrance) refers to the act of remembering Allah through specific phrases and names. It is a form of worship that involves reciting praises such as Subhanallah (Glory be to Allah), Alhamdulillah (Praise be to Allah), and Allahu Akbar (Allah is the Greatest), and serves to maintain spiritual awareness and tranquility (Nawawi, 2010; Ali, 2015). Qadha and Qadar in Islamic teachings refer to the concepts of divine decree and predestination, indicating that everything that occurs in the universe is predetermined by Allah (Esposito, 2003). Delphi Study Rounds 2 and 3

Tables 3 and 4 summarize the findings from Delphi Rounds 2 and 3. These rounds were used to

assess the relevance and urgency of the identified topics, transitioning from qualitative assessments to quantitative evaluations. As shown in Table 2, the seven finalized themes from Round 1 were translated into topic statements that were rated by experts in Rounds 2 and 3. In these rounds, each item was rated using a 4-point Likert scale for relevance (1 = not relevant to 4 = very relevant) and urgency (1 = not urgent to 4 = very urgent). The analysis reveals strong agreement among experts on the importance and urgency of these topics, with only minor fluctuations observed in scores between the two rounds.

The consistently high scores in both relevance and urgency, as reflected by mean values close to 4.00 and a mode and median of 4.00 across all topics, indicate a robust consensus among the experts. The standard deviations remained low, further supporting the stability of expert opinions throughout the Delphi process. Despite the observed increase in the IQR between rounds 2 and 3 for topics 1, 6, and 7 in terms of relevance, other parameters, such as Q1 and Q3, fall within the range of scores 3 and 4, indicating agreement on the relevance of these topics. This does not alter the consistency of consensus among experts regarding the relevance of the topics related to efforts to reduce depression in CAD patients.

The slight variations in mean scores between Rounds 2 and 3 did not significantly impact the consensus, reinforcing the suitability of the identified topics for inclusion in an educational framework targeting depression in CAD patients through Islamic-based psychotherapy. The high level of agreement on the relevance and urgency of these topics underscores their importance in the proposed intervention structure.

Expert Commentary and Consensus Convergence

Table 5 details the expert commentary and decisions regarding the inclusion of specific topics across the Delphi rounds. A noticeable decrease in expert commentary from Round 2 to Round 3 suggests a convergence of opinions, indicating that experts were reaching a consensus on the topics under consideration. This reduction in commentary enhances the consensus's credibility, confirming the appropriateness of incorporating all identified topics into the final intervention framework. Each topic identified was ultimately incorporated into the educational framework, reflecting the strong consensus among experts regarding the relevance and urgency of addressing depression in CAD patients through Islam-based psychotherapy. The gradual convergence of the experts' opinions and the stability of the consensus strengthened the credibility of the results.

Based on the interviews (Table 6), all patients expressed a positive perception of Islamic spiritual education. They emphasized that such education is essential during challenging situations, as they see God as their only source of hope. Furthermore, a close relationship with God was said to reduce their feelings of fear and anxiety. The patients also expressed the need for Islamic education during illness, particularly in relation to worshiping Allah and gaining a fundamental understanding of faith, Islam, and ihsan (the awareness of being observed by Allah). They responded that the proposed materials from the Delphi study were comprehensive in strengthening their connection with God. However, the implementation of the spiritual education program should consider the patients' openness and receptiveness to Islamic spiritual education.

Discussion

Consensus Regarding the Therapeutic Content of Islamic Nursing Spiritual Education

Table 2 presents the outcomes from the first round of the Delphi study, where qualitative data collection identified seven key themes crucial for developing Islamic spiritual psychotherapy tailored to CAD patients with depression. These themes encompass fundamental Islamic teachings on health, illness, human life, faith, and worship, forming the foundation of the proposed psychotherapeutic intervention (Keshavarzi & Haque, 2013; Marzband et al., 2016; Nuraeni et al., 2023).

In the subsequent rounds, as detailed in Tables 3 and 4, quantitative assessments were conducted to evaluate the relevance and urgency of the identified themes. Experts consistently rated these themes as highly relevant and urgent, with minimal fluctuations observed between Rounds 2 and 3. The consistently high scores, including mean values close to 4.00 and a consistent mode and median of 4.00, indicate a robust consensus among the experts (Holey et al., 2007). Despite minor declines in the quantitative ratings of relevance or urgency across rounds, the experts emphasized the continued importance of these themes. This persistence in high relevance and urgency scores, even with slight variations, underscores the experts' unanimous agreement on the necessity of incorporating these themes into an educational framework aimed at addressing depression in CAD patients through Islamic-based psychotherapy.

As detailed in Table 5, the reduction in expert commentary from Round 2 to Round 3 suggests a convergence of opinions, indicating that experts were reaching a consensus on the identified themes (Holey et al., 2007). This convergence enhances the credibility of the findings and supports the inclusion of all seven themes in the final intervention framework. The experts' unanimous agreement on these themes reinforces their significance and applicability in developing Islamic spiritual psychotherapy for CAD patients with depression (Hidayat, 2021b; Nuraeni et al., 2023).

The discussion of how these themes relate to Islamic disciplines such as aqeedah, fiqh,

and tazkiyah further underscores their relevance within the Islamic framework. These disciplines collectively influence cognition, emotions, and spiritual well-being, which are crucial for addressing depression in CAD patients (Keshavarzi and Haque, 2013; Haque and Keshavarzi, 2014; Hidayat, 2021c). The integration of these elements into the psychotherapeutic intervention highlights the potential for Islamic spiritual care to provide holistic support, enhancing both mental and spiritual health.

The identified themes align closely with the broader research objectives, which aim to integrate Islamic spiritual care into therapeutic interventions for CAD patients with depression. The themes, including belief in God, the significance of life's meaning according to divine will, and strengthening one's bond with God through worship and virtuous actions, align well with core teachings identified in previous systematic reviews on the impact of Islamic spiritual care on depression and quality of life in CAD patients (Nuraeni, et al., 2023).

Moreover, supplementary topics within these themes, such as self-awareness from an Islamic perspective, understanding divine attributes, and the significance of Shahadah and the pillars of faith, complement the core teachings highlighted in systematic reviews. These topics are crucial for fostering a deeper connection and trust in God, potentially helping alleviate depression and enhance mental well-being among CAD patients (Asadzandi et al., 2020; Hidayat, 2021c). The themes also resonate with essential Islamic disciplines like aqeedah (creed), fiqh (jurisprudence), and tazkiyah (spiritual purification), further emphasizing their relevance within the Islamic framework (Keshavarzi and Haque, 2013). For example, the theme of Ma'rifatul Insan (knowing oneself and the essence of man's creation), as well as understanding the attributes of God and the significance of Shahadah (the declaration of faith), are interlinked with the broader concepts of belief in God and the meaning of life according to divine will. These foundational teachings are vital for CAD patients as they offer a pathway to strengthen faith, find purpose in life, and ultimately foster a harmonious relationship with God, which is crucial for mental well-being (Ghazali, 2001; Hidayat, 2021b).

Patients' insights on the consensus results and Islamic teachings in the hospital setting.

Further insights were gathered on how CAD patients undergoing hospital treatment, whether diagnosed with depression or at risk of depression, perceive the consensus results and provide their opinions on the proposed topics within an Islamic teaching-based psychotherapy program. The mechanisms explaining the relationship between spirituality/religiosity (S/R) and mental health, as well as the role of interventions, still require further research. Previous research indicates that mental health providers should ask about patients' spiritual and religious dimensions to deliver comprehensive and patient-centered care (Lucchetti, Koenig and Lucchetti, 2021). Integrating religious aspects into care can help create a more comprehensive approach that aligns with patients' spiritual needs.

This study illustrates the patients' positive views on Islamic spiritual education. They expressed that such education is highly needed during illness, particularly to reduce anxiety and fear before undergoing medical procedures such as heart surgery. Patients reported that spiritual education focused on worship, dhikr (remembrance of God), and their relationship with God helped alleviate anxiety and fear, especially before significant medical procedures like heart surgery. One patient stated, "*Remembering Allah during dhikr gave me peace, and I felt more mentally prepared to face the surgery.*" This experience demonstrates that this spirituality-based approach not only enhances patients' spiritual well-being but also improves their mental health during treatment.

Previous studies have also highlighted the critical importance of addressing the spiritual and religious needs of Muslim CAD patients in Indonesia (Nur'aeni et al., 2013; Nuraeni et al., 2015). Following a diagnosis of Acute Coronary Syndrome (ACS), patients often experience fear, particularly the fear of death, sadness, and physical weakness (Nur'aeni et al., 2013). According to patients in this study, Islamic spiritual education can enhance their sense of calm and strength when facing fear during treatment.

Regarding the specific topics required by patients, education on worship, prayer, gratitude, and dhikr was deemed essential. Understanding faith, the pillars of Islam, and ihsan were also relevant. For Muslims, drawing closer to Allah through prayer, dhikr, repentance, and acts of charity can enhance their strength and patience. Especially during illness, the need to strengthen their connection to God becomes even greater, making religious rituals more important than ever during times of sickness. When facing hardship, a servant turns to their Lord for help. Therefore, supporting worship activities like prayer, repentance, and supplication plays a vital role for both the patient and their family (Marzband, Hosseini and Hamzehgardeshi, 2016). Additionally, strengthening understanding of faith, the pillars of Islam, and ihsan has been proven in several studies to reduce depression and improve quality of life. Furthermore, strengthening the understanding of faith, the pillars of Islam, and ihsan has been proven in several studies to reduce depression and improve quality of life (Nuraeni et al., 2023).

Previous research has reported that the effects of spirituality/religiosity on mental health can be either positive or negative, depending on how religious beliefs are used to cope with stress (e.g., positive or negative coping) (Lucchetti, Koenig and Lucchetti, 2021). For example, studies on Christian-based spiritual counseling and mindfulness practices in Buddhism have demonstrated similar effects

in promoting mental well-being through coping mechanisms rooted in religious practices (Koenig, Al and Ahmed, 2012; Guo et al., 2019). In the Islamic context, the concepts of a healthy qalb (heart), dhikr, and sincere worship help patients alleviate anxiety and strengthen inner peace, fostering positive coping mechanisms.

At the same time, these findings should be interpreted with caution. Although Islamic spiritual education may prove advantageous for numerous Muslim patients, it is important to acknowledge that not all individuals experience religious coping in an identical manner. Differences in religiosity, openness to spiritual discussion, and personal preferences should be considered. In some cases, religious coping may also be negative and may contribute to feelings of guilt or distress (Lucchetti, Koenig and Lucchetti, 2021). Therefore, the proposed framework should be implemented in a patient-centered, non-coercive, and culturally sensitive manner. The two themes, positive perceptions of Islamic spiritual education and the specific needs expressed by patients regarding this education, reinforce the consensus that has been achieved. Furthermore, the program is considered comprehensive by patients in enhancing their spirituality. This underscores the significance and the substantial need for Islamic-based psychoeducation among Muslim patients with CAD who are experiencing depression. Furthermore, it was recognized that flexibility is essential in the implementation of the program, considering the differing levels of receptiveness among patients.

The findings from this Delphi study closely align with the study's objectives and contribute significantly to the broader context of Islamic spiritual psychotherapy. The identified themes offer valuable insights into potential therapeutic approaches tailored to CAD patients with depression, supporting existing research and opening avenues for future interventions and studies in this domain. The study successfully integrates Islamic spiritual care into a structured therapeutic framework, highlighting its potential to address depression in CAD patients through faith-based interventions (Asadzandi, 2020; Hidayat, 2021a).

Furthermore, the insights from patients regarding this consensus strengthen the argument that the discussed Islamic educational topics can be adapted, developed, and piloted to evaluate their effectiveness in reducing depression levels among CAD patients suffering from depression. However, before full implementation, a preclinical trial is necessary to assess the feasibility, acceptance, and potential effectiveness of this intervention in addressing depression in CAD patients within hospital settings. Should the results prove positive, this could serve as a foundation for broader and more in-depth research in the future.

In general, these findings also reinforce O'Brien's theory of patients' spiritual well-being during illness. According to O'Brien, an individual's capacity to find spiritual meaning during illness is influenced by several factors. The first and most important factor is the individual's perception of the spiritual meaning of their illness experience, which depends on their spiritual and religious attitudes and behaviors. These attitudes and behaviors include various aspects, including 1) Personal Faith: belief in God, peace in spiritual and religious beliefs, belief in God's power, strength derived from personal faith, and trust in God's providence; 2) Spiritual Satisfaction: contentment with faith, feeling close to God, absence of fear, reconciliation, security in God's love, and faithfulness; and 3) Religious Practices. Based on this theory, spiritual approaches from other religions, beyond Islam, also have the potential to be developed as psychological therapies in addressing mental health issues (O'Brien, 2003, 2021). Based on this theory, spiritual approaches from other religions, beyond Islam, also have the potential to be developed as psychological therapies for addressing mental health issues.

Clinical Nursing Implications

Furthermore, to integrate this spirituality-based intervention into the care of Muslim patients with coronary artery disease (CAD), healthcare providers need to undergo training so they can address the specific spiritual needs, particularly education related to the consensus topics. In addition, they can collaborate with religious leaders or spiritual experts to provide structured religion-based counseling. Hospitals can enhance depression screening for CAD patients and incorporate spiritual education sessions as part of cardiac rehabilitation programs, especially for those experiencing depression, where patients are given the opportunity to strengthen their spiritual connection through religious guidance relevant to their health condition. Additionally, the educational materials developed in this study can be adapted for use in group sessions or individual counseling in hospitals, involving nurses or trained spiritual counselors.

Moreover, Future research should explore the effectiveness of Islamic spiritual care interventions in diverse cultural settings beyond Indonesia, as well as among patients with different religious backgrounds. Conducting randomized controlled trials with larger sample sizes in different regions would allow for a more comprehensive understanding of the intervention's applicability and generalizability. Additionally, comparative studies between Islamic-based and other religion-based spiritual therapies could provide valuable insights into the universal aspects of spiritual care that promote mental health in patients with chronic illnesses.

Limitations of the Study

This study should be interpreted within the context of a Delphi design, which aims to establish informed expert consensus rather than to produce statistically generalizable findings. Therefore, the findings reflect the perspectives of selected experts and patients

within an Indonesian Muslim care context. In addition, the patient phase was conducted to explore the relevance and acceptability of the identified themes, not to evaluate the clinical effectiveness of the proposed intervention. Because the framework was developed within an Islamic spiritual care perspective, its application may be most appropriate for Muslim patients and may require adaptation in other cultural or religious settings.

This study also has several strengths. It used a structured, modified Delphi process with predefined expert selection criteria, iterative rounds, and explicit indicators of consensus and stability. Strategies were also applied to enhance trustworthiness and minimize potential bias, including consistent procedures across rounds, independent expert responses, systematic qualitative coding, and member checking in the patient phase. The inclusion of patients' perspectives further strengthened the contextual relevance and practical value of the findings.

Conclusion

This study identified and refined seven key themes of Islamic spiritual education for Muslim patients with coronary artery disease who are experiencing or are at risk of depression. The identified topics include: understanding the meaning of health and illness in Islam; the Prophet's guidance for dealing with illness; self-awareness and the essence of human creation; understanding God's attributes and the significance of Shahadah (the declaration of faith); strengthening faith through the pillars of faith and divine attributes; Islamic guidance on handling life's challenges through perseverance, gratitude, and tawakal; and strengthening the relationship with God through worship. The modified Delphi process showed strong expert agreement on the relevance and urgency of these themes, while the patient phase supported their acceptability and contextual relevance during illness. These findings offer a credible foundation for developing an Islamic spiritual nursing education framework that is responsive to the spiritual needs of Muslim patients with CAD. Nevertheless, the findings represent expert-informed framework development rather than proof of therapeutic efficacy. Further research is needed to pilot the framework and examine its feasibility, acceptability, and effectiveness in broader clinical and cultural contexts.

Declaration of Interest

The author is listed as one of the active reviewers in this journal. However, throughout the manuscript publication process, the author had no personal communication with the editorial team, and all decisions made regarding this article were left to the editorial board and the journal policy.

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Data Availability

All data generated or analyzed during this study are included in the published article.

References

Al-Ghazali. (2003). Ihya Ulum al-Din (The Revival of Religious Sciences). Islamic Texts Society TR - Trans. Muhtar Holland.

Ali, M.M. (2015). Al Qur'an Terjemah dan Tafsir [Indonesian Translation and Interpretation of the Quran]. Darul Kutubil Islamiyah.

Altino, D.M.D.M. et al. (2017). 'Predictive factors of anxiety and depression in patients with acute coronary syndrome', *Archives of Psychiatric Nursing, 31*(6), pp. 549–552. https://doi.org/10.1016/j.apnu.2017.07.004

Amjadian, M. et al. (2020). 'A pilot randomized controlled trial to assess the effect of Islamic spiritual intervention and of breathing technique with heart rate variability feedback on anxiety, depression and psycho-physiologic coherence in patients after coronary artery bypass sur', *Annals of General Psychiatry, 19*(1), pp. 1–10. https://doi.org/10.1186/s12991-020-00296-1

Asadzandi, M. (2020). 'An Islamic religious spiritual health training model for patients', *Journal of Religion and Health, 59*(1), pp. 173–187. https://doi.org/10.1007/s10943-018-0709-9

Asadzandi, M. et al. (2020). 'Effect of sound heart model-based spiritual counseling on stress, anxiety and depression of parents of children with cancer', *Iranian Journal of Pediatric Hematology and Oncology, 10*(2), pp. 96–106. https://www.scopus.com/inward/record.uri?eid=2-s2.0-85090781684&partnerID=40&md5=b7993b5a0cd5d822abc02fec5f2b8786

Carney, R.M. and Freedland, K.E. (2017). 'Depression and coronary heart disease', *Nature Reviews Cardiology, 14*(3), pp. 145–155. https://doi.org/10.1038/nrcardio.2016.181

Dowlati, Y. et al. (2010). 'Efficacy and tolerability of antidepressants for treatment of depression in coronary artery disease: A meta-analysis', *Canadian Journal of Psychiatry,* pp. 91–99. https://doi.org/10.1177/070674371005500205

Esposito, J.L. (2003). 'The Oxford Dictionary of Islam'. Oxford University Press. https://www.oxfordreference.com/display/10.1093/acref/9780195125580.001.0001/acref-9780195125580

Ghazali, A. (2001). Terjemahan Kimiya' al-sa'adah (Kimia ruhani kebahagiaan abadi) [Translation of The Alchemy of Happiness]. Jakarta: Zaman.

Guo, D. et al. (2019). 'Mindfulness-based stress reduction improves the general health and stress of Chinese military recruits: A pilot study',

Psychiatry Research, 281, p. 112571. https://doi.org/10.1016/j.psychres.2019.112571

Haque, A. and Keshavarzi, H. (2014). 'Integrating indigenous healing methods in therapy: Muslim beliefs and practices', *International Journal of Culture and Mental Health, 7*(3), pp. 297–314. https://doi.org/10.1080/17542863.2013.794249

Hidayat, A. (2021a). Bab Akidah-Pondasi Iman [Chapter Aqidah-Foundation of Faith]. https://mira.quantumakhyar.com/santri/?halaman=chapter&id=32 (Accessed: 16 December 2021).

Hidayat, A. (2021b). Chapter on Aqeedah: Knowing Allah and Proving His Divinity, MIRA Institute. https://mira.quantumakhyar.com/santri/?halaman=chapter&id=37 (Accessed: 12 December 2021).

Hidayat, A. (2021c). Manusia Paripurna [Plenary Man]. 3rd edn. Edited by B. Amil. Bekasi: Bekasi: Quantum Akhyar Institute.

Holey, E.A. et al. (2007). 'An exploration of the use of simple statistics to measure consensus and stability in Delphi studies', *BMC Medical Research Methodology, 7,* pp. 1–10. https://doi.org/10.1186/1471-2288-7-52

Hughes, J.W. et al. (2022). 'Meta-analysis of antidepressant pharmacotherapy in Patients eligible for cardiac rehabilitation: Antidepressant ambivalence', *Journal of Cardiopulmonary Rehabilitation and Prevention, 42*(6), pp. 434–441. https://doi.org/10.1097/HCR.0000000000000699

Kabbani, M.H. (1999). The Ninety-Nine Names of Allah. Islamic Supreme Council of America. https://islamicsupremecouncil.org/understanding-islam/aspects-of-islamic-faith/58-the-99-names-of-allah.html

Keeney, S., Hasson, F. and Mckenna, H. (2010). The delphi technique in nursing and health research, the delphi technique in nursing and health research. https://doi.org/10.1002/9781444392029

Keshavarzi, H. and Haque, A. (2013). 'Outlining a psychotherapy model for enhancing muslim mental health within an islamic context', *International Journal for the Psychology of Religion, 23*(3), pp. 230–249. https://doi.org/10.1080/10508619.2012.712000

Koenig, H.G., Al, F. and Ahmed, D. (2012). 'Religion , spirituality and mental health in the West and the Middle East', *Asian Journal of Psychiatry, 5*(2), pp. 179–181. https://doi.org/10.1016/j.ajp.2012.04.004

Kuhlmann, S.L. et al. (2019). 'Prevalence, 12-Month prognosis, and clinical management need of depression in coronary heart disease patients: A prospective cohort study', *Psychotherapy and Psychosomatics, 88*(5), pp. 300–311. https://doi.org/10.1159/000501502

Lichtman, J.H. et al. (2014). 'Depression as a risk factor for poor prognosis among patients with acute coronary syndrome: Systematic review and recommendations: A scientific statement from the American Heart Association', *Circulation, 129*(12), pp. 1350–1369. https://doi.org/10.1161/CIR.0000000000000019

Lucchetti, G., Koenig, H.G. and Lucchetti, A.L.G. (2021). 'Spirituality, religiousness, and mental health: A review of the current scientific evidence', *World Journal of Clinical Cases, 9*(26), pp. 7620–7631. https://doi.org/10.12998/wjcc.v9.i26.7620

Marzband, R., Hosseini, S.H. and Hamzehgardeshi, Z. (2016). 'A concept analysis of spiritual care based on Islamic sources', *Religions, 7*(6), pp. 7–11. https://doi.org/10.3390/rel7060061

Marzband, R., & Zakavi, A. A. (2017). A Concept analysis of self-care based on islamic sources. *International Journal Of Nursing Knowledge, 28*(3), 153-158. https://doi.org/10.1111/2047-3095.12126

Masjedi-Arani, A. et al. (2020). 'The effect of hope therapy with an islamic approach in comparison with classical hope therapy on happiness and quality of life in patients with coronary heart disease', *Journal of Pizhūhish dar dīn va salāma, 7*(1), pp. 95–111. https://doi.org/10.30699/jambs.28.127.82

Mozaffarian, D. et al. (2016). 'Heart disease and stroke statistics—2016 update: A report from the American Heart Association', *Circulation, 133*(4), pp. e38–e360.

Nawawi. (2010). The Book of Remembrances (Kitab al-Adhkar). Islamic Texts Society.

Nur'aeni, A. et al. (2013). 'The meaning of spirituality for clients with acute coronary syndrome', *Jurnal Keperawatan Padjadjaran, 1*(2).

Nuraeni, A. et al. (2015). 'Spiritual needs of patients with cancer', *Jurnal Keperawatan Padjadjaran, 57*(3), pp. 57–66. https://doi.org/10.24198/jkp.v3i2.101

Nuraeni, A. et al. (2019). 'Determinant factors of depression in patients with coronary heart disease', *Jurnal Keperawatan Padjadjaran, 7*(3), pp. 246–254. https://doi.org/10.24198/jkp

Nuraeni, A., Suryani, S., Trisyani, Y. and Sofiatin, Y. (2023). 'Efficacy of cognitive behavior therapy in reducing depression among patients with coronary heart disease: An updated systematic review and meta-analysis of RCTs', *Healthcare (Switzerland), 11*(7). https://doi.org/10.3390/healthcare11070943

Nuraeni, A., Suryani, S., Trisyani, Y. and Anna, A. (2023). 'Islamic spiritual care, depression, and quality of life among patients with heart disease: A systematic review', *Journal of Holistic Nursing, 0*(0). https://doi.org/10.1177/08980101231180514

O'Brien, M.E. (2003). Parish nursing: Healthcare ministry within the church. Jones & Bartlett Learning.

O'Brien, M.E. (2021). 'A middle-range theory of spiritual well-being in illness', in spirituality

in nursing: Standing on holy ground. 4th ed. London: Jones & Bartlett Learning, pp. 75–86.

Okoli, C. and Pawlowski, S.D. (2004). 'The Delphi method as a research tool: An example, design considerations and applications', *Information & management, 42*(1), pp. 15–29. https://doi.org/10.1016/j.im.2003.11.002

Reavell, J. et al. (2018). 'Effectiveness of cognitive behavioral therapy for depression and anxiety in patients with cardiovascular disease: A systematic review and meta-analysis.', *Psychosomatic Medicine, 80*(8), pp. 742–753. https://doi.org/10.1097/PSY.0000000000000626

Setiawan, W., Tajab, M. and Chaer, M. (2019). 'Ruh, soul, heart, mind, and body in the perspective of islamic educational psychology'. https://doi.org/10.4108/eai.8-12-2018.2283959

Skulmoski, G. J., Hartman, F. T., & Krahn, J. (2007). The Delphi method for graduate research. *Journal of Information Technology Education: Research, 6*(1), 1-21. https://www.learntechlib.org/p/111405/

Tajbakhsh, F. et al. (2018). 'The effect of spiritual care on depression in patients following coronary artery bypass surgery: A randomized controlled trial'. *Religions, 9*(5). https://doi.org/10.3390/rel9050159

Utarini, A. (2020). Qualitative Research in Healthcare. Edited by Galih. Gadjah Mada University Press.

Vaccarino, V. et al. (2020). 'Depression and coronary heart disease : 2018 position paper of the ESC working group on coronary pathophysiology and microcirculation'. *European Journal of Cardiovascular Nursing, 41*, pp. 1687–1696. https://doi.org/10.1093/eurheartj/ehy913

Warsah, I. (2020). 'Dimensions Of Soul In The Quran: An Islamic Psychological Perspective'. *AKADEMIKA: Jurnal Pemikiran Islam, 25*(2), pp. 295–319. https://doi.org/10.32332/akademika.v25i2.2029

World Population Review. (2022). Muslim Population by Country 2022. Available at: https://worldpopulationreview.com/country-rankings/muslim-population-by-country (Accessed: 12 July 2022).

Yusuf, H. (2012). Purification of the heart: Signs, symptoms and cures of the spiritual diseases of the heart. eBooks2go, Inc.