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Abstract Background: The application of more humanized
approaches in the caring process of the Intensive Care Unit
(ICU) patients with the aim of improving the quality of care has
been given a growing attention However, there are limited
studies regarding the Islam-based caring for the Moslem
populations in Indonesia. Aim: This study aimed to explore and
describe the caring actions employed by nurses to enhance the
harmony of critically ill Muslim patients. Method: This study was
conducted on 24 nurses working in the ICU for a minimum of 2
years, as well as patients and their families and a physician. An
action research approach was used to develop an Islam-based
caring model for the ICU patients. The study population was
selected through purposive sampling technique. The data were
colected using in-depth interviews and three focus group
discussions. Results: The analysis of the obtained data resulted
in the emergence of two main themes, including outcomes of
the caring practice and harmony of the life of Moslem critically

ill patients. The caring actions aimed at promoting the harmony of life for the critically ill patients were presented and discussed. Implications for Practice: The findings of this study are valuable for nursing professionals in enhancing the harmony of life for critically ill patients. Keywords: Critically ill patients, Islam-based caring, Harmony, Moslem patients

1. PhD in Nursing, Department of Nursing, Faculty of Medicine, Diponegoro University, Semarang, Indonesia 2. Associate Professor, Department of Administrative Nursing, Faculty of Nursing, Prince of Songkla University, Hat Yai, Thailand * Corresponding author, Email: suhartini.ismail@fk.undip.ac.id Introduction The nature of the Intensive Care Units (ICUs) is commonly known as a closed environment with strict visiting hours. These units with equipment of high technological standards brings not only health benefits, but also an abundance of physiological and psychological problems for the patients. Other common difficulties that the ICU patient may encounter include making critical decisions about the treatment and being restrained or isolated to receive medical life support (1, 2). Therefore, the critical care environment is stressful for patients and their families and can affects them physically, psychologically, socially, and spiritually. The severity of the condition of the critically ill patients influences their health care processes and outcomes, such as the length of hospital stay and cost of health care (3, 4); moreover, it can result in disharmony in their life (5). In the ICU, the nurses provide nursing services that necessitate both focusing on the patients and managing the technological environment. The competency of the nurses in using the technology in the critical care setting is a matter of crucial importance (6). Even though technology provides valuable means of monitoring and treatment, it can also be dehumanising (7). Furthermore, patients' physical needs are often perceived by the nurses as having greater priority over their psychological needs (8). Regarding this, the psychological needs of the patients are usually overlooked. This indicates that the complexity of the ICU patient problems and care needs requires nurses who are capable of providing advanced clinical care balanced with humanised nursing practice (9). In a critical illness situation, health care providers should have a sense of caring for critically ill patients in order to avoid dehumanising their care. It was reported that nurses in an ICU demonstrated their caring practice by delivering both holistic and humanised care to the patients and their families (10). It is evident that a solution to the dehumanising practice involves the establishment of an effective interpersonal communication (9). This is because communication is a key factor in humanising the relationships between people and recognizing the individual's human characteristics with dignity and respect (10). Therefore, a caring nurse should truly understand the patients as whole beings comprised of body, mind, and spirit. Consequently, the ICU nurses must try to use their caring emotions, knowledge, and practices to meet the needs of the critically ill patients and their families. Caring in the Islamic view places emphasis on the whole human being, balancing the spirit (rouh), body (badan), and soul (naphs) (11). Hence, the Islamic faith of the patients and nurses is an antecedent to patients' harmony of life (12). It

is beneficial to integrate Islam-based caring into the nurses' caring practice. Islam-based caring covers the physical, spiritual, intellectual, ethical, and ideological aspects of patients (13). Islam-based caring also integrates the features of generic caring, including the love, kindness, compassion, and trust given to the patients and their families, into the foundational caring practices (14). Moslem nurses encourage the patients to establish connection with God; furthermore, they attempt to recognize the patients' needs to increase their faith (15). It is crucial to practice Islam-based caring for critically ill patients in order to enhance their harmony of life. With this background in mind, the present study aimed to explore and describe the caring practices employed by nurses to enhance the harmony of Muslim critically ill patients in the ICU. Methods This study reports a part of the research findings focusing on how critical care nurses enhance the harmony of life in critically ill patients. This study was performed using the action research approach developed by Kemmis and McTaggart (16). For the purpose of the study, a tentative caring model was developed based on the Islamic caring theory (13), and the findings of the pilot study highlighted the problematic situation of caring in the ICU. Therefore, it was required to develop an appropriate model based on the patients' needs and nurses' practices. The tentative model was implemented through the five phases of action research with the aim of developing Islam-based caring model for the enhancement of the harmony of life among the Muslim patients in the ICU. The process of model development was conducted over a period of one year, during which the data were collected from the nurses as the key participants, the patients and their families, as well as a physician. The collected data provided inputs for developing a model that would bring harmony to the lives of critically ill patients. Consequently, the final Islam-based caring model was developed, resulting in harmony as an expected health outcome after the implementation of two cycles of the action research. Each research cycle consisted of plan, strategies, and actions in form of five Rs (i.e., Response, Reflection, Relationship, Relatedness, and Role modelling) (13). Cycle one focused on capability building and consisted of increasing awareness and knowledge and improving the caring practice. Cycle two aimed at strengthening the caring practice by sustaining the use of the Islam- based caring model. Harmony was achieved for critically ill patients at the end of the second cycle. The study population was selected by using the purposive and convenience sampling methods. The key participants consisted of 24 Muslim critical care nurses. The inclusion criteria for the key participants were: 1) educational level of Diploma III or higher in Nursing, 2) ability to share the ICU-related experiences, and 3) a minimum of one year of working experience in the ICU. The other participants included 14 patients, 14 family caregivers, and a physician. The patients were recruited based on their health condition and decided upon by the nurses in the research team. The inclusion criteria for the patients were the ability to communicate and cooperate, as well as the lack of cognitive impairment. This study was conducted at the ICU of a referral hospital in Semarang, Indonesia. The ICU had 15 beds, including

six medical, four surgical, and five coronary care beds. The typical patients' diagnoses varied, such as stroke, acute myocardial infarction, postoperative status, and gynaecological problems. The patients were in a serious condition, or end-of-life phase, and often suffered from comorbidity. The data were collected during the action research cycles and reflected the nurses' caring practices. The data collection was conducted using individual interviews, group discussions/reflections, and observations. The length of the focus group discussions and individual interviews ranged from 45-60 min. Examples of the questions are as follows: How did the nurses promote harmony for the critically ill patients in the ICU? Which of the nurses' caring actions were beneficial in facilitating harmony for the patients? How do the nurses define harmony for the ICU patients? The data were analysed using content analysis following the guidelines of Elo and Kyngäs (17). The process of data analysis included open coding, creating categories, and abstraction. This approach was based on the inductive technique moving from the specific to the general. Accordingly, particular instances were observed and then combined into a larger whole or general statement. The credibility of the research findings was achieved by prolonged engagement, peer debriefing, and audit trails. Furthermore, confirmability was gained by asking the participants to verify the verbatim transcriptions and confirm whether a set of analysed data and themes made sense to them. Dependability was enhanced by performing dependability auditing and triangulation. Finally, transferability was ensured by providing adequate information regarding the participants, setting, and context of the study in order to allow others to assess how transferable the findings are. The rigour of the findings was maintained by the thesis advisor, who as a co-author of the study reviewed the coding framework and categories created by the researcher and ensured the appropriateness of the analysis process. This study was approved by the Institutional Research Board of the Faculty of Nursing, Prince of Songkla University in Thailand and the Ethics Committee of the hospital under study (No. 313/EC/FK-RSDK/2014). Informed consent was obtained from all participants. Anonymity and confidentiality were attained, and the participants' information was used only in this study. The participants were informed that they could withdraw from the study at any time if they felt uncomfortable without any consequences on the nursing care they received. Results Out of the 24 nurses participating in this study, 13 and 11 subjects had the age ranges of 23-28 and 29-44 years, respectively. The majority of the nurses were female (n=17). The nursing credentials were classified as clinical level I (n=12), level II (n=7), and level III (n=5) according to the nurses' educational degree and work experience. Nurses at the clinical level I (novice) had diploma III with 2 years of work experience or a Bachelor's degree with no work experience. The clinical level II was ascribed to the nurses who had earned baccalaureate with 5 years of work experience. Nurses at the clinical level III had baccalaureate with more than 5 years of work experience and an ICU nurse certificate. Most of the nurses (n=16) had Diploma III and less than 5 years of work experience. In addition to nurses,

14 ICU patients and 14 family caregivers were recruited to participate in this study. The inclusion criteria for these participants were the ability to communicate, cooperation, and lack of cognitive impairment. Out of 14 participants, 9 cases were male. The patients had the age range of 25-60 years. Almost 50% of the participants had a senior high school level of education. In terms of the relationship of the family caregivers with the patients, they were daughters (n=2), husbands (n=5), mothers (n=2), son (n=1), and wives (n=4). Theme 1: Health outcomes of caring practice The model of Islam-based caring for the harmony of life among Muslim critically ill patients was developed in the action research phase (18). This study highlighted only the Islam-based caring practices of the critical care nurses and the associated health outcomes (Table 1). Table 1. Islam-based caring practice and its outcomes Level of connectedness Islam-based caring practice Caring outcomes Connectedness with self - Giving care to promote and maintain health - Responding promptly to health problems/pain - Providing adequate information about patient's health situation, knowledge related to the disease, and treatment - Giving attention, compassion, and comfort - Reflecting/dialoguing to promote self-understanding - Understanding his or her health situation, purpose, and meaning of life - Sincerity Connectedness with social (family) Facilitating the family to: - Read Quran to the patient - Pray with/for the patient - Give a reminder to pray daily - Give complementary therapy - Promoting patient-family connectedness - Encouraging the family to visit and provide care to the patient - Including the family in the care and health decision-making process - Giving time and space for patient- family interaction - Secured - Loved - Confident - Family relationship Connectedness with the environment - Creating a comfortable, clean, and quiet environment - Providing time and space for religious practice - Comfort - Nurse–patient satisfaction Connectedness with God (spiritual connectedness) Facilitating the patient to: - Pray - Meditate - Be patient - Be sincere - Inner peace - Hopefulness - Acceptance - Surrender - Sincerity - Happiness - Inner energy - Faith in God HARMONY: Inner energy Inner peace Surrender/ acceptance Sincerity Happiness The Islamic caring practice in this study was described under three themes, namely providing Islam- based caring focusing on physical, spiritual, intellectual, ethical, and ideological aspects of patients, allowing families to provide spiritual care and traditional treatments based on Islam, and expressing Islam as a healing presence. The latter theme consists of three sub-themes, including showing empathy and compassion in an Islamic manner, greeting and showing respect in an Islamic manner, and using an Islamic way of touching to express attention, affection, and concern. Sub-theme 1: Providing Islam-based caring focusing on physical, spiritual, intellectual, ethical, and ideological aspects of patients The ultimate goal of the Islam-based caring practice is to promote harmony or wholeness through uniting all components of the human being (i.e., body, mind, and spirit) as interrelated parts of an individual. The environment and society are important external forces influencing the physical, mental, and spiritual health of individuals. In the present study, the nurses were

encouraged to provide the patients with direct and indirect care integrated with Islamic practices by facilitating the families to give Islamic-congruent care to the patient. In addition, the nurses' caring practices set the ground for the establishment and promotion of a healthy interaction between an individual and external forces (i.e., society and environment) (Table 1). As a result, the patients' connectedness was developed at all four levels of self, society, environment, and God (i.e., spiritual connectedness). This attempt is clearly stated in the following statement made by a nurse: "When a critically ill patient is admitted to the ICU, I provide him/her with nursing interventions based on the Islamic orders, such as considering the difference of the patient's gender according to Islamic ethics." (Nurse T) "We believe that Islamic teachings guide the Muslims in a good way to seek help from God. For example, Quran can heal the heart. When a patient is sick, it usually affects him or her not only physically, but also psychologically (heart). By encouraging the patients to listen or read Quran, they will be receiving direct energy from God for healing their illnesses." (Nurse M) The five aspects of Islam were integrated into the nursing care by facilitating the patients to pray daily and encouraging the family in giving patients Islamic-congruent care. The nurses were encouraged to pray with the patients and their families for the patients' healing as guided by Quran. Praying together was also a way of showing respect to God in an Islamic way. The other encouraging and facilitating caring practices implemented for the patients and their families in the ICU included reciting Quran, giving a reminder for daily prayers, allocating time and space for performing Islamic rituals, and providing a healing environment. In this regard, a family member and nurse made the following comments, respectively: "We are glad that the nurses here care for not only our body, but also our souls. They pray with us for our recovery. We assumed that in the ICU, it was inconvenient to perform prayer, read Quran, or do more at the patient's bedside due to the limited space and busy medical schedule. Some of the nurses are very thoughtful to give us a chance to fulfil our spiritual needs." (Family P) "….I was impressed. The environment in this unit has changed a bit. It looks comfortable for the patients and families. The social interaction among people here is warm, kind, and helpful. If we can maintain the environment like this, I am sure that it can improve the quality of nursing care here." (Nurse U) In the present study, the administration of Islam-based caring model resulted in the enhancement of social connectedness in particular with the family. The nurses encouraged the family by engaging them in the care process, providing them with a space and time for socialisation with the patient, and facilitating them with opportunities to pray and practice religious rituals with the patient. The connectedness created in the present study was focused on the creation of harmony between family members and the patient. One member of a patient's family stated as follows: "…..I stay at the hospital every night for my husband, mostly in a chair by his bedside. The nurse gave me a space to stay with my husband. I felt so happy and satisfied as I learned more about my husband's condition. Moreover, my husband also did not feel

alone." (Family E) Subtheme 2: <u>Allowing families to provide spiritual care and traditional treatments based on Islam</u> The patients' family members were the key persons who provided the patients with spiritual care, such as praying, reading Quran, and exercising their faith through being patient and sincere. Requests were also often made to use other traditional treatments congruent with Islamic recommendations to help heal the sickness of the patient. These traditional treatments were derived from Quran, Hadith (prophetic tradition), and Sunnah (way of life) of the Prophet Muhammad. Some of the traditional treatments used by the patients in the ICU were honey, Zamzam water (i.e., a holy water from Zamzam Well), and water prayed over by a Muslim cleric. In many cases, the patients and families needed a Muslim cleric to perform specific prayers to help the patients and their family in asking for recovery from God. The invited Muslim cleric usually encouraged the patients to express their faith through being patient as commanded by God in Quran and Hadith. The following statements reflect the nurses' caring behaviours in this regard: "We (nurses) allow the family members to provide a traditional treatment that is congruent with Islam, such as giving the patient Zamzam water. Muslims believe that the water brings the patients wellness." (Nurse T) "In crisis situations, the families always invite the patients toward sabr (i.e., patience), ikhlas (i.e., sincerity), and tawakkul (trust in God). They may perform a specific prayer to ask for patient's recovery from the illness." (Nurse M) Subtheme 3: Expressing Islam as a healing presence The healing presence is interpersonal, intrapersonal, and transpersonal to transcendent phenomenon that leads to positive health outcomes. This concept was integrated into caring practice to foster the expected nursing outcomes, including healing and harmony of life. There are various ways of expressing the healing presence depending on the beliefs and culture of the nurse and her/his patients. The present study explored a unique way of expressing greeting, respect, empathy, and compassion in Islamic culture. The Islamic healing presence was classified into three subthemes, namely greeting and showing respect in an Islamic manner, showing empathy and compassion in an Islamic manner, and using touch and other Islamic ways to show attention, affection, and concern. Greeting and showing respect in an Islamic manner The nurses greeted the patients and their families and showed them respect in an Islamic manner. They said "Assalamuaalaikum" as a form of greeting every time they met the patients and their family members. They politely called the patients by their names instead of their bed number in order to recognise them as human beings and show them their respect. In addition, the patients and their families were informed about the caring activities and medical procedures the patients received even though they were in crisis or unconscious. In crisis situations, the family and significant others were invited to participate in the health decision making process. As a result, the patients and families perceived that they received attention and respect from the nurses, and that they were not alone in the ICU. One nurse gave the following positive statement in this respect: "When greeting someone by saying "Assalamualaikum", we are praying

to God for health and wealth. It is kind of respecting each other as Moslems to greet (day salaam) and ask blessing from God when meeting each other." (Nurse S) Showing empathy and compassion in an Islamic manner The display of empathy and compassion through both verbal and nonverbal media is important to improve mutual understanding and strengthen relationships between the patients and nurses. The nurses paid genuine attention to the facial expressions, gestures, and even the comments of the patients and their family members. The nurses were also sensitive to the feelings of the patients and family members. These actions could clearly depict how the patient was really thinking and feeling and led the nurses to be more aware of the practicing care. One nurse gave the following example: "When I said, 'I know you have a lot of words to say. I would be happy to help you.' to the patients and families, I showed them my sincere intention. I persevere with patience in the path of God."(Nurse D) Using touch and other Islamic ways to show attention, affection, and concern Touch has been acknowledged as a powerful source of healing. However, nurses should be aware of any inappropriate use of touch in Islamic culture. Shaking hands, cuddling, and patting on the shoulder can be used with members of the same sex but are prohibited with the members of the opposite sex. The nurses should also maintain eye contact and outwardly display a happy mood during their interactions and communication with patients and their families. The following statement shows how one nurse was concerned about using touch as a caring expression. In this study, the researchers encouraged the nurses and the patients of the same gender to apply touching based on the Indonesian and Islamic culture. One nurse stated: "When the nurse was taking care of the patients, she used touching to express her attention to and concern about the patient's condition with sincerity." (Nurse T) Spending time with the patients during the visiting hours allowed the nurses to interact directly not only with the patients, but also with their relatives. This was an effective way of showing the nurse's attention, affection, and concern toward patients, building trust, and establishing caring relationships between the nurses, patients, and their family members. The nurses should establish a polite communication when interacting with their patients, as well as with the other health care team members. These simple techniques helped the nurses promote a friendly communication in order to express their caring practice. In this respect, one patient gave the following comment: "The nurses were attentive in taking care of us. I really appreciate the nurses who always communicate with us politely." (Patient 1) Theme 2: Harmony of Muslim Critically Ill Patients The Islamic caring-based interaction between the patients and nurses contributed to the patients' healing process by developing a sense of connectedness in patients as a person at all levels, namely individually, socially, spiritually, and environmentally. As a result, the Muslim critically ill patients in the study achieved harmony of life, which is known as a condition of peace, happiness, and health under any life condition (19). The harmony of the patients in the study was described as comfort (yusr), happiness (Sa'ada/farah), inner peace (Assalamalddkhili), and surrender/acceptance (Aitislam)

as reflected in the following statement: "The harmony of the critically ill patients in the ICU can be described as a situation where the patients are free from fear and anxiety. As a result, a feeling of comfort, calmness, peace, inner power, and surrender could be achieved." (Nurse Y) In the current study, the patients' connectedness was promoted at all four levels through the implementation of Islamic caring practice by nurses (Table 1). The caring nurses not only provided direct care, but also significantly facilitated the caring of others by allowing the patient's families to give care to their sick family member. The present Islamic caring practice incorporated general caring (e.g., compassion, empathy, and healing presence) and Islamic recommendations into medical care process. The nurses performing Islamic caring had an important role in providing care services and facilitating the families to deliver Islam-congruent care to the patients. The patient's connectedness with self was developed through dialogue and reflection leading to self-understanding about health condition and meaning of life based on Islamic teachings. The nurses also supported the patient's family in promoting the patient's social and spiritual connectedness. These caring actions could also fulfil the care providers' spiritual needs as stated in the following statements. "The trusted relationship between us (nurse-patient) that is gained through the care given to the patients with courteousness, kindness, love, and sincerity helps create harmony for the patients." (Nurse E) "… The nurses who deliver good services to the patients and their families, including others, can also receive charitable kindness from God." (Nurse G) It was obvious that the healing in the study was influenced by the power of caring and faith in God. Subtheme 1: Healing power of caring According to our results, Islam-based caring was very powerful in healing the critically ill patients in the ICU. The good caring practice of the nurses promoted the healing process of the patients through setting the ground for nurse-patient interactions. Such an interaction is targeted toward the provision of care and enhancement of patient's active participation in the caring process in order to facilitate personal growth and provide integrated care. It was revealed that the enhancement of patients' ability to gain a true understanding of their disease and the related crisis in a realistic way was helpful for the patients by enabling them to adapt and respond to their health condition in an appropriate way. The active participation of the patients' families in the care process was also crucial for the promotion of the patients' social and spiritual health. The findings of the individual in-depth interviews indicated the achievement of a state of harmony. This was described by the patients as a feeling of being free from fear and anxiety as reflected in the following statement: "Most of the patients in the ICU were agitated, fearful, and anxious about their condition. They even feared death. By implementing the Islam-based caring practices, my patients feel calmer and more peaceful in facing their problematic condition." (Nurse M) Subtheme 2: Healing power of faith in God Islamic faith plays a significant role in the caring and healing of Muslim patients. The nurses were encouraged to integrate Islam into caring practices and support the patients and their families in practicing their faith during the hospital stay

in accordance with the Islamic teachings. The patients were recommended to perform daily prayers five times a day, and recite Quran to maintain a balance among their body, mind, and spirit. Moreover, the patients and their families in this study were also encouraged to be patient and sincere with the illness and risk of death by praying and asking for blessing from God. Exercising faith helped the patients strengthen their inner power and hope in the crisis situation. In case of terminally ill patients, they were asked to accept the illness as an atonement for their sins and consider death as a part of a journey to meet God. The following statements reflect the benefits of these caring actions: "I try to get the best treatment to help me get well. I am sincere with my illness. And when God calls me to die, I will also surrender with sincerity." (Patient 5) "The faith of a person is dignified with his sincerity in facing psychological burdens. Sincerity in accepting God's will prove that the patients are in harmony both psychologically and spiritually." (Nurse Y) "A patient who can achieve a state of harmony usually appears as having calmness, acceptance, and hopefulness. He or she takes the illness as a test from God." (Nurse U) The harmony of life in Muslim patients was gained primarily through faith in God. As the Muslim patients perceived the illness and suffering as a test from God, the patients applied sincerity (Ikhlas) and acceptance in dealing with their crisis and were required to pray to God. "….. Exercising faith in God during the crisis situation helped the patients and families pass their critical situation smoothly. The nurses should help the patients to maintain their connectedness to God." (Nurse T) Discussion The Islamic caring concept is targeted toward relieving the state of disharmony experienced by the ICU patients caused by their critical illness, uncaring, and dehumanized caring. The results indicated that in Islam, caring is practiced not only for healing the patients, but also for serving the God (19). The findings revealed that Islam-based caring practice focused on five aspects of patients, together with the families' participation and the healing presence. In this study, five aspects of patients, including physical, spiritual, intellectual, ethical, and ideological, were integrated (13). The nurses should take care of the patient's physical state and disease while managing their spiritual needs because the patient cannot survive without the recovery of their physical strength. Therefore, as our results demonstrated, the patient's harmony of life was achieved through the promotion of connectedness with self, others, environment, and God. In Islam-based caring, nurses are expected to provide care integrated with Islamic recommendations and serve God. The nurses provided direct care and encouraged the patients' families to participate in the care process. All caring actions were guided by Quran (13, 15). Faith in Islam is crucial in the healing process as it is not only a religion of faith, but also a theology that generates a unique culture with defined practices that influence the way of life and guides the physical, psychological, social, moral, economic, political, and spiritual aspects of everyday activities. The faith in God also affects the patients' perceptions of the meaning of illness and health (20). It was evident that the healing effects resulted from the healing power of caring and faith in God. The power of Islam-based caring is the result of the good

relationships between patients, families, and others, including other health care providers. The nurses were responsible for maintaining good caring relationships, especially with patients, through the healing presence. The healing presence is defined as a state of being present in connection to one's self and other people (19). The nurses provided care with genuine attention using sincere communication with the patients and their families. In the current study, active listening, eye contact, and warm touches were reported as the ways the nurses used to convey their concern and affection about the patients. However, in the Islamic context, touch is performed only among members of the same sex and within families. Nonetheless, touching the patients' hand or shoulder of the opposite sex in order to support, comfort, or reassure them are well accepted gestures. Touch is a significant caring action that contributes to the promotion of nurse-patient relationship; however, it must be practiced with regard to the cultural context (20). The findings of this study are also congruent with those of several previous studies indicating that the nurse-patient relationship has a therapeutic power in the healing process (21, 22). In addition, a caring relationship is also essential in facilitating the families' participation in the care process under the coordination of and collaboration with the health care team, the consequence of which is the patients' health and well-being (21, 22). Families were usually allowed to be present in the ICU outside the regular visiting hours in order to provide support to the patients during their crisis situation. This was also beneficial to the families for ensuring that their loved one was receiving good care (20, 23). From the patients and families' views, a caring relationship can increase their trust in and respect to the nurses (23, 24). The therapeutic power of Islamic caring helped to facilitate and maintain connections between the componential parts of the patients as human beings, which led to well-being and harmony of life. This kind of caring also allowed the nurses to build a new, deep layer of connection and trust between themselves and the patients. The nurses' presence is materialized through showing a willingness to respond in an appropriate way (19). Consequently, the Islam-based caring is a bridge between the nurses and patients/families in maintaining their connectedness with society, environment, and God, which in turn contributes to the achievement of harmony. The integration of the power of faith in God with the Islam-based caring by the nurses created a successful balance between all components of a human being and a harmonious life for critically ill patients. The maintenance of the good connection with the self implies the existence of a physical and psychological balance. The maintenance of good connections between the nurses, families, and others implies the social balance. Meanwhile, the maintenance of good connections with environment implies that the patients are well settled in the healing environment. Nurses should provide a healing space to help the patient begin the "process of rebuilding one's life anew from chaos and disorder" (p.99) through silence, stillness, active receptivity (p. 137), and cleanliness (25). The maintenance of spiritual connectedness in Islam reflects the unity of body, mind, and spirit with God. There is no separation of any components

from God (26). The harmony in this study was achieved primarily through the adoption of a God-centred healing approach. The nurses' integration of Islamic concepts into their caring practice promoted the patients' healing process. Regarding this, the nurses in this study acted as a healer and facilitator by successfully facilitating patients' connection with God (11, 28, 29). When the patients and their families are in a state of harmony, they have the required energy and resources to deal with their critical situation (18). Faith in God plays a significant role in helping the patients to deal with their crisis (27). The nurses enhanced the Islamic faith of the patients and their families by integrating many religious activities, such as prayer, into the care process. Prayer could produce spiritual energy that might yield many psychological benefits by reducing stress and improving subjective well-being (12). Faith in God also gave rise to inner peace and hope in patients and helped them to resolve all kinds of difficulties, as faith is a way of gaining inner spirituality by connecting with God (28). Moreover, it offers a holistic direction enhancing the patient's health and harmony (29). Therefore, harmony is significantly related to balance, peace, cooperation, agreement, and meditation (30).

Implications for Practice As the findings indicated, the relief of the critically ill patients occurred as a result of the healing power of caring delivered by the nurses and patients' faith in God. The patients achieved the harmony of life through the nurses' assistance in caring practice and their support for the patients' religious practices. The findings of this study could add new knowledge to the existing literature on Islamic caring by providing explicit descriptions of Islam-based caring practice in the ICU. In the present study, the caring actions and their health outcomes were explored and described clearly. This research also explained how the caring nurses helped heal the patients by integrating Islam into their care practice. The power of faith in God was identified as a dominant source for healing. The nurses played an important role in integrating Islam into the care process. It is required to perform further studies to investigate the implementation of the Islam-based caring model in other settings and examine other culturally specific aspects.

Conflicts of Interest There was no conflict of interest among authors.

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