

Exploring Perspectives of Disaster Survivors on Islamic-Based Nurses' Disaster Response Competencies: A Study from Disaster Front Area

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ABSTRACT

OBJECTIVE: The study aims to explore the perspective of disaster survivors on Islamic-based nurses' competencies in response to disasters, principally in handling psychological, psychosocial, and spiritual conditions.

METHODOLOGY: A qualitative study with a descriptive phenomenology design was conducted. The data collection using a focus group discussion with five interview guides for nine disaster survivors was involved in this study. The data was evaluated through thematic analysis using sub-themes and themes, followed by qualitative steps.

RESULTS: The study identified three themes related to disaster survivors' perspective: 1) Perception of disaster: tests and punishments, 2) Nurses' competencies: skills and attitude, and 3) Integrating Islamic values: spiritual support and motivation.

CONCLUSION: The study indicated that the Islamic-based nurses' disaster response competencies identified an essential role in dealing with psychological, psychosocial, and spiritual problems among disaster survivors from the Islamic perspective.

KEYWORDS: Disaster, response, survivor, nurses, Islamic-based, competency

INTRODUCTION

Geographically, Aceh is a province in Indonesia located on three plates of the earth (Indo-Australian Plate, Eurasian, and Pacific). It has a high risk of earthquakes and tsunamis and was severely affected by the 2004 tsunami¹. It was reported that there are several frequent natural disasters, including landslides, floods, tornadoes and fires. Earthquakes and tsunami disasters have a higher frequency and vulnerability, with a detrimental impact on the environment, economy, community lives, and Psychological problems². Besides physical impacts, disasters also affect the exposed individuals' psychological, psychosocial, and spiritual problems³. Psychological impacts could be manifested in anxiety, depression, and post-traumatic syndrome disorder (PTSD). They are characterized by loss of property, income, support systems, and spiritual problems, indicated by the loss of motivation, despair, and

blaming oneself, others and God⁴. Psychosocial issues in disaster survivors resulted in various psychological problems such as loss of self-confidence, anxiety, phobias, decreased physical and mental abilities, and reduced adaptability⁵. At the same time, spiritual issues are characterized by a desire to die, loss of hope, loss of power, guilt, blaming God, blaming others, disturbances in the practice of belief/worship, feelings of grief, and feelings of powerlessness⁶.

Disaster survivors are people who have direct experience with disasters. Experience in obtaining services in the disaster response phase from health workers, especially nurses, to handle those problems. Nurses are the frontline healthcare workers in disaster response due to the number of personnel and their competencies, which are very much needed in handling disaster survivors⁷. Disaster response is an effort to reduce and minimize the disaster impacts. The nurses are the largest health care providers and need adequate competencies to ensure the effectiveness of response⁸. Nurses are the largest group of frontline health workers with skills and competencies required during disasters to save lives and protect survivors⁹.

Nurses' competencies in disaster response for handling psychological, psychosocial, and spiritual problems have been supported by several literatures^{6,10}. However, studies concerning Islamic-based nurses' competencies for handling these problems due to disasters have not been reported. The efforts to support nurses' competency and Islamic

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-based services are strongly supported by the Aceh province, which implements Islamic law in the vital public services and is also supported by 98.2% of the Muslim population in this province. Then, the conceptual framework of this study was developed regarding standards and instruments for Sharia hospital certification based on the Al-Qur'an and hadith¹¹.

Islamic-based nurses' disaster response competencies refer to the competencies needed according to the perspective of disaster survivors based on Islamic values that could be implemented in handling psychological, psychosocial, and spiritual problems¹². Thus, the experiences of disaster survivors, particularly for earthquake and tsunami disasters, through a needs assessment could be used in developing nurses' competencies, especially in handling those problems according to Islamic-based values approaches. This study focuses on identifying the competencies of Islamic nurses needed to handle disaster survivors' conditions due to earthquakes and tsunamis.

METHODOLOGY

Research design

This study is qualitative with a descriptive phenomenological design using the principles of qualitative research. This design was chosen to explore disaster survivors' experiences and perspectives about the Islamic-based nurses' disaster response competencies needed based on their direct experiences for dealing with the psychological, psychosocial and spiritual conditions in disaster.

Participants and settings

All the participants were disaster survivors of the earthquake and tsunami disaster in Aceh Province, Indonesia. The sample was selected by purposive sampling with the following inclusion criteria: 1) directly experiencing disasters, 2) age 18-60 years, 3) literate, 4) physically and mentally healthy, 5) able to communicate and have good listening, and 6) all the participants are Muslim. Based on these criteria, nine participants were selected.

Instrument

The instrument of this study was five interview guides developed based on literature reviews explaining Sharia hospital certification standards and instruments¹¹, psychological, psychosocial, and spiritual conditions due to the disaster that consisted of five questions related to the perspective of disaster survivors on Islamic-based nurses' disaster response competencies^{6,10}. Data was collected in January-February 2021 involving nine disaster survivors for two cycles to obtain data saturation. A trusting relationship between participants and researchers was built before the focus group discussion (FGD) was conducted. The FGD guide used five open-ended questions led by a researcher and assisted by two research assistants serving as facilitators and data recorders.

Data collection

Before conducting the FGD, the researchers informed the study purpose, FGD duration, and the advantages and disadvantages. The researchers also said that all participants had a similar opportunity to express their opinions concerning the competencies of nurses in disaster response in overcoming psychological, psychosocial, and spiritual problems, which consisted of five discussion guides. All the data and discussions during the FGD were recorded using a recorder and transcribed verbatim into Microsoft Word sheets. Then, a data transcript was manually analyzed to determine the meaning unit, code, sub-theme, and theme^{13,14}. The discussion guide passed the credibility test by the three expert colleagues in a qualitative study.

The FGDs undertakings were initiated with questions posed to participants on their perspective of Islamic-based nurses' competencies in the response phase for 50-60 minutes. Audio recorders and verbatim transcription of the data were employed by researchers and documented into the word sheet. Thematic analysis was used to determine sub-themes and themes. The member checking was established to maintain trustworthiness, and classified data was classified by involving the participants to improve the data's credibility. Then, the participants provided feedback on the data analysis, consisting of data review, categories, interpretations, and conclusions before data condensing. Professional colleagues from the Faculty of Nursing, Universitas Syiah Kuala, also assisted with data crosschecking. Experienced colleagues and researchers re-read the transcripts to gain a common understanding. Next, the data was split into meaning units and labeled with codes, sub-themes, and themes.

Data analysis

Thematic analysis is an independent qualitative descriptive approach to identify, analyze and report the patterns or themes within data¹⁵. Data analysis employed descriptive qualitative thematic analysis in this study. Before conducting the data collection, the ethical issues ensured participants that all the data were kept confidential. Data analysis was extracted manually after data saturation was obtained (point of theoretical saturation). FGDs were conducted for two cycles with five open-ended questions concerning Islamic-based nurses' disaster response competencies. The FGDs were analyzed with thematic analysis. The data saturation was found, and no new data appeared. The researchers rechecked the data transcripts to ensure overall understanding. During the analysis, the researchers explored the meaning of verbal and non-verbal words during the FGDs session and then interpreted them into code. The researchers identified the participants by their expressions, mimics, and gestures for the non-verbal meaning of words and then wrote the meaning into the field notes. The participants approved of the sub-themes and themes found. The three main themes

found in the data analysis were converted into English^{13,16}.

Ethical considerations

This qualitative study adheres to the principles of research in nursing. This study was required to conduct an ethical test involving humans and the participants. This study has been approved by the Ethics Committee. Written informed consent was sought and signed by the participants.

RESULTS

The participants in this study involved nine disaster survivors in Aceh Province, Indonesia, who resided in several villages that were seriously impacted by the tsunami disaster; all the participants were female, the average age of the participants was 33.9 years (33.9±5.56), and their highest education were bachelor (67%) and diploma (33%). All the participants were exposed to disasters, and one-third (33.3%) experienced being hospitalized due to disasters. The study results are presented in **Table I** as follows:

Table I shows the steps for analyzing the perception of disaster survivors on Islamic-based disaster response competencies in nurses, consisting of meaning units, determination of codes, sub-themes, and themes. The perceptions of disaster survivors about the Islamic-based disaster response competencies in nurses are classified into three main themes: 1) Perception of disaster: tests and punishments, 2) Nurses' competencies: skills and

attitude, and 3) Integrating Islamic values: spiritual support and motivation.

1. Perception of disaster: Test and punishments

Perception is acquiring, interpreting, selecting, and arranging information obtained by the senses. Perception receives an outside stimulus, and it is translated into the brain¹⁷. From an Islamic perspective, disaster survivors believe that a disaster is a test and a warning from Allah (God). When a person experiences a disaster, the test is the fortitude to overcome various life problems. If one can endure the circumstance, it is assumed that one will pass in accepting and overcoming the test from Allah. It is shown from the opinion of the participants (p) below:

"Disaster is a test of Allah for His servant so that he could rise to a higher level (p1)", and is followed by another participant's opinion.

"God gives disaster to rebuke His servant who makes many mistakes and commits sins ... so that we can realize ... (p5)".

2. Nurses' competencies: Skills and attitude

In disaster response, the nurses' competencies play essential roles in caring for patients. Nurses' competencies include knowledge, skills, and an attitude needed in disaster response. This study found that nurses must improve the necessary skills in caring for disaster survivors, such as communication skills and trauma healing for handling psychological, psychosocial, and spiritual problems. In addition, several participants stated that patience, sincerity, and caring behaviours are necessary in providing care.

Table I: Example of the analysis of the perception of disaster survivors on nurses' Islamic-based disaster response competencies (n = 9)

Meaning unit	Code	Sub-theme	Theme
Disaster is a test from Allah for his servant to rise to a higher level (higher) (p1) Allah gives disaster to rebuke his servants who make mistakes and sins (p5)	Disaster as a test and a rebuke from God	Reflection	Perception of disaster: Test and punishments
(Nurses need) adequate basic skills. There should be a follow-up on competencies, and (they) can implement trauma healing. (Nurses) must work patiently, sincerely, <i>tawakkul</i> (trusting in God's plan), nurses are show similar competencies in caring the patients (p1)	Nurses' skills and attitudes (patient, sincere, caring)	Communication skills, trauma healing and caring	Nurses' competencies: Skills and attitude
Nurses must teach <i>istighfar</i> (seeking forgiveness from Allah) to patients, explain that Allah gives trials because we can overcome it (nurses) should teach prayers and pray for patients (p7) <i>La yukalifullahu nafsan illa wush'aha...</i> Nurses able to give religious advice. "Behind difficulties, there must be ease" (<i>Al-Insyarah: 5</i>) (p8)	Intervention with Islamic values	Islamic values (<i>salat</i> , prayer, <i>dzikir</i> (remembrance of Allah), <i>istighfar</i>)	Integrating Islamic values: spiritual support and motivation
Storytelling of people who survived and rose from calamities, such as the history of the prophets (<i>Sirah nabawiyah</i>), for example, the prophet Aiyub, the prophet Yunus and the Pharaoh who were drowned because of their disobedience (p1) <i>Ikhtiar</i> (endeavour) nurses must understand Islamic (values) and the concept of endeavour in treating patients (p8)	The concept of endeavour and stories of the prophets and previous people in overcoming problems	Problem-solving: rising from calamity and endeavour	

The main attitudes of nurses are patience and sincerity in caring for patients as it could provide peace, as indicated by the following participant's (p) quotes:

"(Nurses need) adequate basic skills.... there should be a follow-up on their competencies, and (they) should be able to apply trauma healing services (p1)".
"... With sufficiency competencies (nurses) could be calm patients, friendly services, a nurse must be able to help (patients) (p7)..."

3. Integrating Islamic values: Spiritual support and motivation

In holistic nursing practices, paying attention to the patient's religion, values, and beliefs is very important. Islamic values are based on the life guidance of Muslims: the Quran and the *Sunnah* (practice) of the prophet Muhammad, Peace be Upon Him (PBUH). These Islamic values increase motivation, confidence, calmness, and healing for someone experiencing a disaster. Mental shock, thoughts, and feelings due to the disaster could affect the survivors' psychological, psychosocial, and spiritual conditions. However, these could be handled through the approach of Islamic values. Several studies show the effectiveness of prayer and *dzikir* in reducing stress and anxiety and improving physical and body resistance to various acute and chronic diseases.

The following are the expressions of the participants as follows:

"Nurses need to teach istighfar to the patients, Allah gives (trials) because we are able (to overcome) ... (nurses) teach Salat and prayer ... (p7)".

Another participant also said:

"La yukallifullahu nafsan illa wush'-aha (God gives a definite trial within the limits of his servant's ability)... God is the source of our solution.... we must pray to be given fortitude, patience, and strength by Allah ... there is religious advice.... "Behind difficulties, there must be ease" (Chapter Al-Insharah, verses 5-6)... (p8)".

Disaster survivors who experience psychological, psychosocial, and spiritual problems require not only medication therapy but also a support system from families, relatives and nurses to overcome the difficulties through an Islamic values approach. Supporting patients to strengthen their motivation and mental health is essential for nurses. Motivational support could be by teaching the concept of endeavor for people suffering psycho, social, and spiritual problems due to disasters. Endeavor is the obligation of Muslims to make various efforts, including endeavor in treatment and nursing care and in other efforts to overcome difficulties. In addition to the concept of endeavor, nurses are also expected to be able to explain the history of the prophets (*Sirah nabawiyah*) and previous people who succeeded in overcoming various life difficulties and rising from multiple problems with solid efforts. The participant expressed these findings as follows:

"The nurses should teach the story of people who

survived the disaster and managed to rise, the history of the prophets, such as the prophet Aiyub, the prophet Yunus (Sirah nabawiyah), Pharaoh was drowned, (those) could be used as experience and learning (p1)".

"Ikhtiar (endeavor)...nurses must understand Islamic (values) and the concept of endeavor, to help the treatment of patients..." (p8).

DISCUSSION

Natural, non-natural, and human disasters caused significant impacts on property, environmental damage, loss of human life and the emergence of psychological, psychosocial, and spiritual problems for the communities exposed¹⁸. Disaster survivors are directly exposed to the impact of disasters, and they require immediate care to manage their physical, psychological, psychosocial, and spiritual conditions. This study involved nine participants who were directly affected and survived the 2004 tsunami to gather information as a needs assessment about the Islamic-based disaster response competencies in nurses.

Indonesia is located at the latitude of the earth and the path of the volcanoes in the world, and it is highly vulnerable to earthquakes, tsunamis, and volcanic eruptions¹⁹. Likewise, Aceh Province's condition, which is also prone to disasters, such as earthquakes, tsunamis, landslides, and floods, has changed the community's perception, especially the disaster survivors believe disasters as a warning and a test from God. Disaster victims perceive that the increasing number of disasters is related to God's reprimand for all actions, crimes, and sins committed by humanity. Participants believe that the warning from Allah is a lesson for humans to return to the right path, improve themselves, leave sinful acts, and increase worship.

Religiosity, belief, and value significantly influence the individual's perception. It is reinforced by a study that mentioned that religiosity is influenced by spiritual practices related to beliefs, values, and applicable laws. From the Islamic perspective, disaster is a warning from Allah in return for human²⁰. It also reported that the 2004 earthquake and tsunami were believed to be a punishment from God. Religious-based relief is important in helping disaster survivors' social and psychosocial live¹⁷. The Qur'an also explains human life, death, and life after death by associating them with natural disasters; this is supported by a study which demonstrated that disasters are also evidence of God's love for mankind, by warnings for the sins committed due to ignorance, lack of belief, and acts against religious law²¹.

Nurses, frontline healthcare workers, need sufficient competencies to respond to disasters. The effectiveness of nurses' response depends on their capacities and competencies²². The results of the study on nine disaster survivors about Islamic-based nurses' disaster response competencies, using thematic analysis, found three main themes, namely:

1) Perception of disaster: tests and punishments, 2) Nurses' competencies: skills and attitude, and 3) Integrating Islamic values: spiritual support, and motivation.

Furthermore, from an Islamic perspective, disaster is a test from God for humans to exercise patience and always remember Him. If a person can pass the test from Allah, they will be able to face other tests in life. Some participants also said that disaster is a test for advancing to a higher level, so anyone who could endure the 'test' is classified as someone who passes the test.

"Disaster is God's will which is given to those whom He wills...if he succeeds in passing it then he is one of those who pass the test (p1)".

The study also supports these results findings, stating that from an Islamic perspective, disaster is also a test from God. Disasters are perceived as calamities, *bala* (catastrophe), and doom. Calamity is anything that happens to humans, whether pleasant or unpleasant; *Bala* is God's will without human involvement, while doom is a painful punishment given by God only to those who are wicked and do not believe in Him. Beliefs, religion, culture, values and norms in society influence participants' perceptions²³. Also, from an Islamic perspective, disasters are life experiences and lessons learned to improve moral behaviours¹⁷. The involvement of religious leaders (Islamic scholars) is associated with this perception. This is supported by a study that reported that religious leaders such as *ulema* (Islamic scholar) in the community played an essential role in shaping public perceptions of the disaster in the aftermath of the 2004 tsunami²⁴.

The second theme found in this study was the need for nurses' competencies: skills and attitude, including effective communication skills, patience, sincerity, and caring behaviors in dealing with disaster survivors, especially those experiencing psychological, psychosocial, and spiritual problems. Effective communication has a vital role in nurses' skills in disaster response. Management of disaster survivors requires an interdisciplinary team that places disaster survivors at the center of services. For this reason, effective and therapeutic communication skills are needed in caring for the survivors. The participant's statement during the FGD reinforced this, stating that the nurse's communication ability is the most critical skill for providing calm, comfort, and security for disaster survivors with various psycho-social-spiritual problems. This finding agrees with the report that several skills are necessary for effective communication and monitoring patients' psychological condition²⁵.

In addition to therapeutic communication skills, trauma healing skills are also crucial in dealing with disaster survivors. These competencies require specific knowledge and skills from nurses that could be obtained through training, education and experience.

The following participant's quotes support this.

"Nurses (need) adequate basic skills.... there should

be follow-up on competencies, and (nurses should) be able to do trauma healing on patients... (p1)".

It was strengthened by another participant's statements, as follows.

"...With sufficient competencies to calm patients, friendly services, nurses must be (able) to help (patients), be friendly, and (always) smile... (p7)".

Another essential disaster response competency for nurses is the therapeutic attitude, which includes patience, sincerity, and caring. Patience is the most critical attitude needed by disaster survivors. Patience could provide comfort and foster good relationships and mutual trust between nurses and patients to achieve treatment goals. Patience could be shown through the caring attitude of nurses. This finding aligns with a study arguing that caring behavior positively impacts physical, psychological, social and spiritual conditions. Caring is the core competency in nursing practice based on the values of kindness and mutual respect for the patient's spiritual beliefs²⁶.

These findings are in line with the following participants' quotes.

"(Nurses) working must be accompanied by an attitude of patience, sincerity, and trustworthiness ..., nurses should not look at any social status (at work) ... (p1)".

Furthermore, the nurse's sincerity reflects a caring attitude; a sincere attitude in providing services could create a patient and calm attitude. Nurses who work with sincerity will provide satisfaction for themselves and their patients. Therefore, being sincere in working with and serving patients and displaying caring behavior is very important. This aligns with the study that sincerity is recommended in Islam because it is worth worship and is commendable in Islam; God loves sincere people. Sincerity could be enforced in human life to obtain tranquility, harmony, peace, and trust in each other²⁷.

This finding also agrees with the study that sincerity is the clarity of heart in worshiping charity to Allah. Sincerity is a responsibility that reflects internal motivation and cleanses the body to do good deeds and wish for a reward from Allah. Therefore, nurses must have a sincere attitude and care for patients to promote caring attitudes as the primary behavior in nursing services²⁶. Next, the study pointed out that individual, organizational, and psychological factors could influence caring attitudes. Caring behavior could provide encouragement, empathy, interest, love, trust, support, and touch in nursing services. It shows readiness to help and serve clients²⁶. Indonesia has the largest Muslim population worldwide; implementing religious values is more significant than state values. Therefore, Islamic teachings must be integrated harmoniously with the care to overcome problems in patients²⁸.

Another finding on the third theme is integrating Islamic values into nursing practice, such as prayer, *istighfar*, and *dzikir*. Prayer is a self-approach to God; we can express gratitude, ask for help, and show

resignation and repentance to God through prayer. Prayer could calm you down and provide healing. Several participants said nurses should teach patients prayer and praying during treatment, especially for disaster survivors experiencing psychological, psychosocial, and spiritual problems, as indicated in the following participants' opinions.

"Nurses should be (provided with) better religious knowledge, (teaching) istighfar, dzikir and prayer (p1)".

It is also supported by the opinion of the participants, as follows.

"Al-Quran and hadith as evidence for nurses and patients, nurses must have basic religious education and teach patients to pray (p1)".

Participants further said:

"La yuqallifullahu nafsaan illa wush'ahaa (God gives trials, surely to the limits of the ability of his servants) ... God is the source of our solutions.... we pray, given fortitude, patience, and strength with Allah ... there is religious advice by nurses... "Behind difficulties there must be ease" (Al-Insyirah; 5-6)... (p8)".

Integrating Islamic values, such as *dzikir*, is a form of remembering Allah. *Dzikir* is Muslim worship with a reward from Allah. Nurses are expected to teach Islamic values to patients. Besides getting a reward, *dzikir* could provide calm and comfort, affect physical conditions and reduce anxiety. In addition to experiencing physical problems, such as wounds and fractures, disaster survivors could also experience anxiety, depression, and hopelessness and blame themselves, others, and God. Therefore, applying Islamic values, such as *dzikir* and *istighfar*, is highly recommended to overcome patient problems. The study supports this by mentioning that the relaxation of *dzikir* has a positive impact on reducing the anxiety level. Islamic values, such as *dzikir*, could be considered one of the nursing interventions to overcome anxiety in patients²⁹.

Moreover, the results of this study are also supported by the study, which mentions that anxiety could be reduced through the *dzikir* approach. A person who regularly practices *dzikir* has peace of mind and mentality, reducing stress hormones when anxious³⁰. Further study found that *dzikir* could improve body quality because this activity centers on the mind, where energy could operate more optimally, ultimately impacting the quality of health³¹. The results of this study are also in line with the study stating that *dzikir* remembers, motivates, controls, and worships Allah. *Dzikir* provides awareness of the importance of getting closer to God, gaining awareness that individuals are always monitored for their good and bad behavior. Therefore, this religious therapy is a relevant solution for patients with psycho-social-spiritual disorders³².

The last theme in this study was motivating patients to learn from "*Sirah nabawiyah*" and endeavor. *Sirah nabawiyah* is the life of the prophets, which could be used as guidelines and life lessons about fortitude,

sincerity, patience, strength, problem solving, and life tests that could be used as experiences in overcoming problems. This finding agrees with the study stated that "*Sirah nabawiyah*" includes prophetic morals in the context of social care, norms, cooperation, leadership, and the life experiences of the prophets that could be used as guidelines in overcoming the problems³³.

Nurses are expected to provide lessons from the prophets and apostles. The Qur'an mentions that Allah tests His servants following their level of piety. The experiences of the prophets and apostles, such as Prophet Yunus, Prophet Aiyub, and Prophet Mohammad PBUH, can be used as materials for discussion of learning and solutions to problems. The nurses could explain to patients that our difficulties and problems are not comparable to those of the prophets and apostles who have undergone various severe trials. This is in accordance with the Quran, Surah Al-Baqarah, verse 286, as follows.

"Allah does not burden a person but according to his ability..."

In addition, in the Qur'an, Allah also explains that trials or calamities are for raising the degree of one's piety to Allah, as mentioned in the Quran, Surah Al-Baqarah, verse 155.

"And indeed, We will give you a trial, with a little fear, hunger, lack of wealth, soul, and fruits. And give glad tidings to those who are patient".

In addition to religiosity, spirituality is vital in individual resilience from disasters. Individuals with positive spirituality have better adaptation and resilience to disasters. This study is in accordance with the previous study, which reported that disaster survivors' spiritual needs play an essential role in balancing the intellectual and emotional of individuals. Positive spirituality might recover the spiritual individual by providing energy regarding values and beliefs. The spirit of life also provides the power to motivate individuals with desire and hope. It also has a significant relationship between spirituality and health³⁴.

Spirituality and religiosity are necessary in dealing with problems in life, including the disaster. A spiritual understanding is essential in the overall health and well-being of the community. Effects of spiritual and religious beliefs may help the understanding of human adaptation and resilience to trauma³⁵. Another study mentioned that disaster survivors' resilience is associated with sociocultural spirituality as the main factors³⁶. The individuals significantly recovered from the impact of disasters by using a positive experience spirituality and received social support³⁷.

Finally, the application of other Islamic values in disaster response is the capacity of nurses to explain to the patients the concept of *tawakkal* (endeavor) in facing problems. Endeavor is the effort or freedom to choose and determine actions that lead in a better direction in overcoming various issues, and it is a Muslim's obligation to overcome various problems in

accordance with Sharia (Islamic law). The obligation of disaster survivors to take action and therapy during the treatment and care process is part of the principle of endeavor. After practising endeavor, Muslims are obligated to pray and trust Allah for the calamity or disaster that be fell them. *Tawakkal* is an attitude of resignation after endeavor and prayers to God to face life's problems³⁸.

Clinical Implications

The study's results significantly contribute to developing program interventions to improve Islamic-based nurses' disaster response competencies in handling psychological, psychosocial, and spiritual problems. Also, it is important to perform regulations related to several Islamic-based standard operating procedures in hospital and community settings, particularly in hospitals that have provided Sharia or Islamic services worldwide. The results of this study indicated the importance of integrated Islamic values in nursing practices to develop nurses' competencies in caring for disaster survivors in the response and recovery phases of the disaster.

CONCLUSION

Disasters significantly impact physical, psychological, psychosocial, and spiritual conditions among disaster survivors. Nurses are frontline healthcare workers during disaster response, and they are needed to assess and identify their competencies in dealing with their problems according to disaster survivors' perspectives. Religiosity, beliefs and values significantly influence individuals' perceptions by spiritual practices related to beliefs, values and applicable laws.

The results of this study found three themes of Islamic-based nurses' disaster response competencies that are required in dealing with psychological, psychosocial, and spiritual conditions. The three themes consist of 1) Perception of disaster as a test and punishment of God (disaster is a warning from God in return for humans needed to educate nurses to the survivors), 2) Nurses' competencies: needs sufficiency skills and attitude in handling the problems such as therapeutic attitude: patience, sincerity, caring behaviors, communication and trauma healing skills are also crucial in dealing with the disaster, and 3) Nurses need to integrating Islamic values into the nursing practices: spiritual supports and motivations such as prayer, *istighfar* (forgive to God) and *dzikir* (remembering of God), and remember that God gives a definite trial within the limits of his servant's ability in dealing with the problems and other motivation words related to Islamic values and belief.

The results of this study recommend the development of Islamic-based health services, training plans, and programs for nurses related to Islamic values and beliefs, as well as specific competencies for nurses to handle problems due to disasters in our country.

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AUTHOR CONTRIBUTION

Husna C: Wrote the protocol, monitored the data collection, performed the data analysis, and wrote the initial manuscript.

Kamil H: Wrote the protocol and monitored the data collection, contributing to the manuscript's critical review.

Yahya M: Conducted the data collection and contributed to the data analysis and the critical review of the manuscript.

Tahlil T: Conducted the data collection and contributed to the data analysis, performed the data analysis and wrote the initial manuscript.

All authors have approved the final version of the article.

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