Additional file 1

Study instruments (English versions)

Manuscript: Reflective Islamic Spiritual Care Education and Nursing Students' IMAN Competencies: A Quasi-Experimental Pilot Study of the IneRISE-IMAN Model in a Muslim-Majority Setting.

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This file contains the English versions of every instrument used in the study. All instruments were administered to participants in Bahasa Indonesia; the English versions presented here were produced for publication and were checked against the Indonesian originals by the research team. Where an instrument was adapted from, or built on, a published source, the source is identified in the provenance note that precedes it.

Provenance of the instruments

No.	Instrument	Origin	Published source drawn on
S1	Islamic Spiritual Care Competency Scale (IMAN-Scale), 46 items	Developed for this research programme	Item content informed by van Leeuwen (ref. 23) and the EPICC self-assessment tool (ref. 24); content validated in the Phase II e-Delphi study (ref. 21)
S2	Islamic spiritual care knowledge test, 30 multiple-choice items	Developed for this study	None (newly written items)
S3	Direct Observation of Procedural Skills (DOPS) rating form for Islamic spiritual care, 10 items	Rating form developed for this study	DOPS assessment method (ref. 25)
S4	Attitude observation sheets (case presentation, group discussion, role play)	Developed for this study	None
S5	Self-efficacy questionnaire, 20 items	Developed for this study	Bandura's three dimensions of self-efficacy — magnitude, strength, generality (ref. 44)
S6	Academic resilience questionnaire, 27 items	Developed for this study	None
S7	Reflective thinking questionnaire, 20 items	Developed for this study	Six reflective domains of Gibbs' reflective cycle (ref. 45)
S8	Learning-style questionnaire, 10 items	Developed for this study	VARK model of Fleming and Mills (ref. 46); this is not the proprietary VARK questionnaire

Reference numbers refer to the reference list of the main manuscript.

S1. Islamic Spiritual Care Competency Scale (IMAN-Scale)

Provenance

The IMAN-Scale was developed by the research team for this research programme. It has not been published elsewhere. Items were written from the sub-element definitions that reached expert consensus in the Phase II e-Delphi study, and item content was informed by the existing spiritual care competency literature, in particular the competency domains described by van Leeuwen and the EPICC Spiritual Care Competency Self-Assessment Tool. Content validity was established in the Phase II e-Delphi study with 22 experts (S-CVI/Ave = 0.94 in Round 1; S-CVI/UA = 1.00 in Round 2), and construct validity was established by PLS-SEM in 122 fifth-semester nursing students.

Instructions to respondents

Please indicate how far each statement describes you. There are no right or wrong answers. Response options: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree.

Scoring

All 46 items are scored positively; no item is reverse-scored. The total score is the sum of all item scores, with a theoretical range of 46–230, and is classified as: not competent (46–92), fairly competent (93–138), competent (139–184), highly competent (185–230). Internal consistency in the present sample was Cronbach's alpha = 0.963.

No.	Item	IMAN domain
1	I understand that spirituality in the Islamic context is the essence of the pillars of faith (arkan al-iman).	Internalization
2	I understand that religion in Islam is the essence of the pillars of Islam (arkan al-Islam).	Internalization
3	I understand that spirituality and religion in Islam are interrelated.	Internalization
4	I can explain the influence of the pillars of faith and of Islam on my own life and on the lives of others.	Internalization
5	I understand how my own values and beliefs influence the spiritual care I provide to others.	Internalization
6	I reflect meaningfully on my own values and beliefs and recognise that these may differ from those of other people.	Internalization
7	I maintain my own spiritual health by understanding my own spiritual values and beliefs.	Internalization
8	I maintain my own routine of worship.	Internalization
9	I am aware that my fiqh (juridical rulings) and manner of worship may differ from those of other people.	Internalization
10	I am willing to explore my own personal, religious and spiritual beliefs.	Internalization
11	I understand the ways in which other people express their spirituality and their religion.	Internalization
12	I recognise that diversity of religious and spiritual belief may affect how an individual responds to significant life events.	Internalization
13	I understand the concept of Islamic spiritual care.	Internalization
14	I am aware that there are different approaches to spiritual assessment.	Internalization
15	I understand the components of an Islamic spiritual care assessment.	Internalization

No.	Item	IMAN domain
16	I understand the role of other professionals in the delivery of Islamic spiritual care.	Internalization
17	I understand the concept of Islamic caring and its role in spiritual care.	Internalization
18	I know how to respond appropriately to a patient's identified spiritual needs and spiritual resources.	Internalization
19	I understand the range of nursing diagnoses used for spiritual problems.	Internalization
20	I know how to judge whether a spiritual need has been met.	Internalization
21	I am open, approachable and non-judgemental.	Active communication
22	I can use a range of communication techniques when assessing a patient's spirituality and religion.	Active communication
23	I can manage and regulate my own emotions while conducting a spiritual assessment.	Active communication
24	I can listen and respond actively in communication with patients.	Active communication
25	I can explain the purpose of a spiritual intervention to the patient.	Active communication
26	I can communicate with other health professionals in order to meet a patient's spiritual needs.	Active communication
27	I interact with, and respond sensitively to, the spirituality of other people.	Active communication
28	I can recognise the uniqueness of another person's spirituality.	Nurturing
29	I can carry out a spiritual assessment of a patient.	Nurturing
30	I can collaborate with other professionals in the provision of spiritual care.	Nurturing
31	I can document a spiritual assessment so that the patient's spiritual needs and resources are identified.	Nurturing
32	I assist patients in meeting their spiritual needs.	Nurturing
33	I assist patients in performing obligatory (fard) and recommended (sunnah) acts of worship.	Nurturing
34	I help to provide an Islamic environment for the patient.	Nurturing
35	I evaluate the spiritual care given to the patient.	Nurturing
36	I can document the spiritual care process in full.	Nurturing
37	I am open to, and respectful of, the diverse spiritual and religious expressions of other people.	Meaning
38	I respect differences in the fiqh and in the manner in which other people perform worship.	Meaning
39	I feel comfortable assessing another person's spirituality.	Meaning
40	I feel comfortable assessing another person's acts of worship.	Meaning
41	I recognise my personal limitations in providing spiritual care and refer to other professionals according to the patient's needs.	Meaning
42	I attend to what is prohibited and what is permitted under the religious law the patient adheres to.	Meaning
43	I demonstrate gentleness, compassion and full presence.	Meaning
44	I am willing to collaborate with, and refer to, other professional and non-professional personnel involved in spiritual services.	Meaning

No.	Item	IMAN domain
45	I welcome and accept the patient and demonstrate Islamic caring: empathy, openness, humility, and trust in seeking additional spiritual support.	Meaning
46	I draw wisdom (hikmah) from the spiritual care of patients for my own spiritual maturity.	Meaning

S2. Islamic spiritual care knowledge test

Provenance

This test was written by the research team for this study and has not been published elsewhere. It comprises 30 single-best-answer multiple-choice items at the C4 (analysis) level of the revised Bloom taxonomy, covering Islamic conceptions of the human being and of the soul, the stages of spiritual development, maqasid al-shari'ah, the fiqh of worship during illness, and the application of these to nursing care.

Instructions to respondents

Each item has one best answer. Choose one option only.

Scoring

One point is awarded for each correct answer and zero for each incorrect answer. Raw scores are converted to a 0–100 scale and classified as very good (80–100), good (70–79), adequate (60–69), poor (50–59), and very poor (0–49).

Note on the answer key

The answer key is not reproduced here so that the item bank can continue to be used for assessment. It is available from the corresponding author on reasonable request.

1. A Muslim begins to understand the importance of sincerity (ikhlas) in worship and connects each of his actions to spiritual values. He is not only outwardly obedient but has begun to feel inner tranquillity because of his worship. Which spiritual stage is he reaching?

A. Muslim
B. Mukmin
C. Muttaqin
D. Ash-Shakirin

2. Ibn Qayyim al-Jawziyyah explains that those who attain the highest maqam in tazkiyat al-nafs are those able to use Allah's blessings optimally in order to draw closer to Him. This refers to the maqam of:

A. Muttaqin
B. Mukmin
C. Muslim
D. Ash-Shakirin

3. A mental health nurse wishes to apply a spiritual approach in caring for a patient who has already shown acceptance of destiny and who interprets illness as a gift. Based on the spiritual stages, the nurse should facilitate the patient in the aspect of:

A. Strengthening the routine of obligatory worship
B. Introducing the meaning of gratitude as an act of worship of the heart
C. Improving emotional control over pain
D. Reminding the patient of the importance of increasing physical good deeds

4. In Madarij al-Salikin, Ibn Qayyim states that the maqam of ihsan is attained through the practice of:

A. Strictly avoiding major sins
B. Worshipping as though one sees Allah
C. Consistently performing all the pillars of Islam
D. Being God-fearing in matters of social transaction (muamalah)

5. When a Muslim is able to distinguish between worship performed out of obligation and worship performed out of love for Allah, he has reached:

A. The maqam of Muslim
B. The maqam of Muttaqin
C. The maqam of Muhsin
D. The maqam of Mukmin

6. In the Islamic spiritual context, a person who avoids doubtful matters (shubhat) and guards against the possibility of minor sins out of piety is at the stage of:

A. Muslim
B. Muttaqin
C. Ash-Shakirin
D. Muhsin

7. A patient states that he feels at peace with the illness he is suffering and is grateful to be able to draw closer to Allah. In the Islamic spiritual nursing approach, this condition indicates that the patient is at the stage of:

A. Passive acceptance
B. Reliance on God without effort (tawakkal without ikhtiyar)
C. The maqam of gratitude and gnosis (shukr and ma'rifah)
D. Spiritual despair

8. A Muslim who maintains the five daily prayers and is also active in helping neighbours in difficulty reflects the integration of the principle of:

A. Modern societal ethics
B. Emotional and spiritual relationship
C. Hablum minallah and hablum minannas
D. Submission to social law

9. What is the principal function of hadith in the development of a Muslim's religious disposition?

A. As a source of law for the Islamic state
B. As a supplement to Islamic history
C. As a concrete model for applying the teachings of the Qur'an
D. As a replacement for revelation once the Qur'an had been completed

10. How can zakat help an individual to experience emotional well-being and to reduce the pressures of life?

A. By cultivating empathy and a sense of sufficiency through sharing
B. By reducing the amount of wealth that must be managed
C. By increasing personal income
D. By limiting the consumption of luxury goods

11. Belief in the meaning of life through the shahadah can affect a person's psychological condition because it:

A. Leads to resignation in the face of suffering
B. Cultivates a sense of purpose and reduces existential anxiety
C. Increases the desire to isolate oneself
D. Prevents social conflict

12. A Muslim physician in hospital must decide between saving the life of a pregnant woman at the risk of losing the foetus, or preserving the foetus while the risk of maternal death is very high. On the principle of maqasid al-shari'ah, which decision is most appropriate?

A. Prioritise the foetus because it has not sinned
B. Leave the decision entirely to the patient's family
C. Save the mother, because preservation of life (hifz al-nafs) takes precedence
D. Postpone the decision until the condition is more stable

13. If a government prohibits online gambling sites in order to protect society from deviant behaviour, this measure reflects the application of maqasid al-shari'ah in respect of:

A. Preservation of lineage (hifz al-nasl)
B. Preservation of religion (hifz al-din)
C. Preservation of wealth and intellect (hifz al-mal and hifz al-'aql)
D. Preservation of state security (hifz al-daulah)

14. A Muslim woman in hospital wishes to continue performing her prayers, but the nurse advises her to focus only on recovery. Within the framework of maqasid al-shari'ah, the best action for the nurse is to:

A. Disregard the patient's request because prayer is not part of treatment
B. Facilitate the patient's prayer as a form of preserving religion (hifz al-din)
C. Forbid prayer so that the patient recovers quickly
D. Leave every decision to the physician

15. The policy of subsidising national health insurance for low-income citizens may be examined through maqasid al-shari'ah as a form of:

A. Fulfilment of tahsiniyyat (complementary) needs
B. Violation of the principle of economic self-reliance
C. Protection of life and wealth (hifz al-nafs and hifz al-mal)
D. Government dominance in religious affairs

16. What is the principal difference between the approach of Imam al-Shatibi and that of Abraham Maslow in understanding human needs?

A. Al-Shatibi focuses on the psychological aspect, Maslow on the spiritual aspect
B. Maslow emphasises the hereafter, al-Shatibi the present world
C. Al-Shatibi emphasises the objectives of the shari'ah (maqasid), Maslow emphasises psychological motivation
D. Maslow and al-Shatibi both order needs without any hierarchy

17. With regard to the ultimate purpose of human life, the difference between Maslow's theory and maqasid al-shari'ah is that:

A. Maslow focuses on preservation of life, maqasid on self-actualisation
B. Maslow is oriented to this world, whereas maqasid al-shari'ah encompasses both this world and the hereafter
C. Both are fully oriented towards material satisfaction
D. Maslow gives priority to worship, whereas maqasid al-shari'ah does not address it

18. If maqasid al-shari'ah distinguishes the levels of dharuriyyat, hajiyyat and tahsiniyyat, the corresponding levels in Maslow's hierarchy are:

A. Basic needs, belief and exemplarity
B. Physiological, social and self-actualisation needs
C. Primary, secondary and tertiary needs
D. Biological, financial and spiritual needs

19. What distinguishes the concept of need in maqasid al-shari'ah from Maslow's hierarchy in respect of spirituality?

A. Both equally acknowledge the importance of religion among basic needs
B. Maqasid integrates religion as a principal component, whereas Maslow is more secular and individualistic
C. Maslow places religion within self-actualisation, whereas maqasid rejects it

D. Maslow emphasises worship, whereas maqasid focuses on social life

20. A Muslim is uncomfortable in a well-paid job because the field conflicts with Islamic teaching. He then chooses lawful (halal) work even though it is less well paid. In this context:

A. Maslow would advise him to pursue the higher salary because of safety and esteem needs
B. Maqasid al-shari'ah would justify his choice because preserving religion outweighs wealth
C. Both would agree on choosing uncomfortable work for the sake of self-actualisation
D. Neither Maslow nor maqasid al-shari'ah addresses work ethics

21. A patient has physical impairment due to cancer and at the same time shows symptoms of depression and loss of motivation for worship. A Muslim nurse considers an approach that addresses the physical, psychological and spiritual dimensions. This indicates that the human being in Islam is regarded as:

A. A biological creature requiring regular medication
B. A material creature subject to the laws of physics
C. A holistic creature possessing body, intellect, heart and spirit
D. A social creature needing only human interaction

22. An elderly Muslim patient cannot pray standing because of weakness, yet still asks for help to perform worship. What should a nurse who understands the Islamic concept of the human being do?

A. Refuse, because a nurse is not a religious teacher
B. Provide facilities and assist in accordance with the patient's capacity
C. Advise the patient to postpone worship until recovery
D. Redirect the patient's attention to medical treatment alone

23. In Islam, safeguarding human dignity is part of honouring the nature (fitrah) of creation. In nursing practice, this principle is reflected in:

A. Acting quickly without any explanation
B. Carrying out a medical examination while exposing the patient's awrah without limit
C. Explaining procedures courteously and protecting the patient's privacy
D. Treating all patients identically without regard to sex

24. According to Islam, the purpose of the creation of the human being is to worship Allah (Qur'an, al-Dhariyat: 56). In patient care, this implies:

A. Restricting the patient to acts of worship only
B. Encouraging the nurse to concentrate solely on the spiritual
C. Recognising that health is also an act of worship when intended for the sake of Allah
D. Treating worship as an optional activity during treatment

25. A patient with severe illness often becomes angry with the nurses and with his family. After guidance from the hospital chaplain, he begins to realise that his anger only adds to his suffering. He then learns to calm his heart with dhikr and istighfar. Which spiritual process is the patient undergoing?

A. Outward jihad fi sabilillah
B. Medical treatment of depression
C. Jihad al-nafs as control over the lower self
D. Emotional care by health personnel

26. A nursing student cares well for a patient but privately hopes to be praised by the lecturer and the hospital team. He begins to reflect that his intention is not pure and tries to correct it. Which form of tazkiyat al-nafs is the student practising?

A. Avoiding physical illness caused by work pressure
B. Cleansing the heart of ostentation (riya') and rectifying the intention for the sake of Allah
C. Completing professional tasks according to procedure
D. Protecting his academic reputation as a future health professional

27. In Ihya' Ulum al-Din, al-Ghazali describes levels of the nafs that develop with a person's spiritual quality. If an individual begins to regret wrongdoing and wishes to change, he is at the level of:

A. Nafs al-Ammarah
B. Nafs al-Lawwamah
C. Nafs al-Muthma'innah
D. Nafs al-Radiyah

28. A nurse is faced with a very demanding and irritating patient. Despite fatigue, she restrains herself from behaving harshly and continues to serve with a smile. She recognises this as a test that trains her patience and sincerity. This behaviour is an example of:

A. Ordinary professionalism at work
B. Social adjustment in the workplace
C. Jihad al-nafs in subduing the ego
D. Service ethics based on hospital regulations

29. A patient who is calm, accepts the destiny of his illness sincerely, complains little and constantly performs dhikr reflects a soul at the level of:

A. Nafs al-Muthma'innah
B. Nafs al-Ammarah
C. Nafs al-Lawwamah
D. Nafs al-Ghadabiyah

30. During hospitalisation, a patient begins to recognise the sins of his past. He weeps, repents, and starts to repair his relationships with his family. He resolves to perform the five daily prayers, to increase istighfar, and to give alms. Which stage of tazkiyat al-nafs is reflected in this patient's attitude?

A. Emotional awakening caused by fear
B. Purification of the soul from sin and return to fitrah
C. Self-adjustment because of the medical condition
D. A passive reaction to environmental pressure

S3. Direct Observation of Procedural Skills (DOPS) rating form for Islamic spiritual care

Provenance

DOPS is an established workplace-based assessment method and is not original to this study; the method is referenced in the main manuscript. The content-specific rating form reproduced below was constructed by the research team for this study, so that the observed performance corresponded to the spiritual assessment and therapeutic communication tasks taught in the intervention. It has not been published elsewhere.

Administration

The form was completed by two assessors independently during the final practical examination with simulated patients. The examination used uniform tasks, timing and scoring for all participants and was therefore equivalent in principle to an Objective Structured Clinical Examination. Rubric calibration was carried out before the assessment; inter-rater agreement in the present study was ICC = 0.83.

Scoring

Each of the ten aspects is rated 1 = not adequate, 2 = adequate, 3 = good, 4 = very good. The raw total therefore ranges from 10 to 40. For analysis the raw total is converted to a 0–100 scale using the formula: converted score = (raw total ÷ 40) × 100. The mean of the two assessors' converted scores is used as the student's skills score.

A. Student identification

Student name: _____ Student number: _____

Programme / semester: _____ Date of assessment: _____

Assessor name: _____ Station / task: _____

B. Aspects assessed

No.	Aspect assessed	Score (1–4)	Assessor's notes
1	Preparation of self and environment (intention/niyyah, privacy, patient comfort, necessary materials)		
2	Opening the encounter: greeting (salam), self-introduction, explanation of purpose, consent, and establishment of trust		
3	Identification of the patient's spiritual and religious background and current practice of worship		
4	Conduct of a structured Islamic spiritual assessment (belief, practice of worship, meaning attributed to illness, sources of spiritual support)		
5	Therapeutic communication: active listening, sensitive and non-judgemental response, management of own emotions		
6	Formulation of a spiritual nursing diagnosis consistent with the assessment data		
7	Planning of spiritual interventions, with the Qur'anic or juridical (fiqh) basis stated for each intervention		

No.	Aspect assessed	Score (1–4)	Assessor's notes
8	Delivery of the intervention (facilitation of worship during illness, guidance on tayammum and prayer for the sick, dhikr, du'a, complementary therapy where indicated)		
9	Evaluation of the patient's spiritual response and of the outcome of care against the stated criteria		
10	Closure and documentation of the spiritual care episode, including referral where this is required		

Raw total: _____ / 40 Converted score: _____ / 100

C. Global rating

Level	Description
1	Not competent — requires full supervision
2	Adequate — still requires close supervision
3	Competent — able to perform with minimal supervision
4	Highly competent — able to perform independently

D. Formative feedback

Student's strengths: _____

Areas requiring improvement: _____

Plan for improvement / follow-up: _____

E. Assessor's declaration

I declare that this observation was carried out directly, in accordance with the DOPS standard.

Assessor's signature: _____ Date: _____

F. Student's declaration

I have received feedback from the assessor.

Student's signature: _____ Date: _____

S4. Attitude observation sheets

Provenance

These three observation sheets were developed by the research team for this study and have not been published elsewhere. Students' attitudes towards Islamic spiritual care were rated by two assessors independently during case discussions, case presentations and role-play activities, across both theoretical and practical sessions.

Scoring

Each aspect is rated on a five-point scale: 5 = very good (indicator fully and consistently met); 4 = good (most indicators well met); 3 = adequate (minimum indicators met, but with important shortcomings); 2 = poor (contribution or competence inadequate, many shortcomings); 1 = very poor (the competence assessed is not demonstrated). Each aspect score is multiplied by its weight and the weighted scores are summed, then converted to a 0–100 scale. The mean of the two assessors' converted scores is used as the student's attitude score.

S4.1 Case presentation observation sheet

Student name: _____ Course / placement: _____ Case topic: _____

Date: _____ Assessor: _____

Aspect	Indicator	Weight (%)	Score (1–5)
Structure and flow of the presentation	Clear and systematic sequence	15	
Accuracy of clinical content	Data complete and accurate	15	
Clinical analysis and reasoning	Logical clinical reasoning	20	
Evidence-based practice	Use of scholarly sources	10	
Presentation media	Slides tidy and legible	10	
Communication ability	Clear, professional articulation	15	
Time management	Duration within the limit set	5	
Response to questions	Accurate and logical answers	10	

S4.2 Group discussion observation sheet

Group name: _____ Discussion topic: _____

Date: _____ Assessor: _____

Aspect	Indicator	Weight (%)	Score (1–5)
Active participation	Contributes relevant ideas	20	
Cooperation and collaboration	Works effectively as a team	15	
Argumentation	Logical, data-based argument	15	
Command of the material	Masters the core concepts	15	

Aspect	Indicator	Weight (%)	Score (1–5)
Communication	Clear, orderly, professional	15	
Problem solving	Offers logical solutions	10	
Leadership	Manages the discussion and conflict	10	

S4.3 Role play and simulation observation sheet

Student name: _____ Group: _____ Role-play scenario: _____

Date: _____ Assessor: _____

No.	Aspect	Indicator	Weight (%)	Score (1–5)
1	Understanding of role and scenario	Masters the role and follows the sequence	15	
2	Verbal communication	Language clear, orderly, professional	15	
3	Non-verbal communication	Gesture, expression, eye contact	10	
4	Empathy and humanistic approach	Demonstrates empathy and caring	15	
5	Eliciting information	Relevant and exploratory questions	10	
6	Problem solving / clinical reasoning	Logical solutions appropriate to the scenario	15	
7	Collaboration and teamwork	Coordination and division of roles	10	
8	Professionalism	Ethics, conduct, appearance	10	

S5. Self-efficacy questionnaire

Provenance

This questionnaire was developed by the research team for this study and has not been published elsewhere. Items were written to cover the three dimensions of self-efficacy described by Bandura, magnitude, strength and generality, applied to the learning and practice of Islamic spiritual care.

Instructions and scoring

Respondents rate each statement on a five-point scale (1 = strongly disagree to 5 = strongly agree). All items are scored positively. The total score is the sum of the 20 item scores (range 20–100). In this study the total score was entered as a covariate in the analysis of covariance.

No.	Item	Dimension
1	I feel challenged to understand complex concepts of Islamic spiritual care.	Magnitude
2	I am confident that I can fulfil my role as a nurse when facing patients with varied spiritual needs.	Strength
3	Obstacles in understanding Islamic values in care do not prevent me from learning more effectively.	Generality
4	I continue to study even when I find the concepts of akhlaq and worship in the clinical context difficult.	Magnitude
5	I hold a firm belief that I am able to apply Islamic spiritual care in nursing practice.	Strength
6	I feel confident when discussing an Islamic approach to caring for patients.	Strength
7	I keep working hard at my studies even when peers hold differing views about spirituality.	Magnitude
8	I am committed to continuing to deepen my practice of Islamic spiritual care so as to become a holistic nurse.	Generality
9	I make an effort to understand the spiritual needs of patients from a range of backgrounds within an Islamic framework.	Strength
10	I am able to adapt the Islamic spiritual care approach to each patient's particular condition.	Strength
11	I am open to feedback from lecturers or patients in improving my practice of Islamic spiritual care.	Generality
12	I treat my interactions with patients as spiritual learning for myself.	Generality
13	I do not give up even when I feel I have not fully understood the fiqh aspects of spiritual care.	Magnitude
14	I am motivated to learn when confronted with critical questions about patients' faith and spirituality.	Magnitude
15	I am able to relate Islamic values to nursing practice across a range of courses.	Generality
16	I believe that through prayer and effort I can provide good Islamic spiritual care.	Magnitude
17	I remain enthusiastic in following Islamic spiritual care teaching even when the topic is unfamiliar to me.	Generality
18	I believe that my own life experience strengthens my understanding of how to give Islamic spiritual care.	Strength
19	I am confident that I can explain the importance of Islamic spiritual care to a patient or family in a difficult situation.	Strength

No.	Item	Dimension
20	I feel comfortable and confident when practising Islamic spiritual care in simulated learning.	Magnitude

S6. Academic resilience questionnaire

Provenance

This questionnaire was compiled by the research team for this study and has not been published elsewhere. It comprises 27 items across four domains: adaptation, tenacity, adversity intelligence, and problem solving. Internal consistency in the present sample was Cronbach's alpha = 0.784.

Instructions and scoring

Respondents rate each statement on a four-point scale (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree). All items are scored positively. The total score is the sum of the 27 item scores (range 27–108). In this study the total score was entered as a covariate in the analysis of covariance.

No.	Item	Domain
1	I am able to adapt to the many assignments that must be completed at the same time.	Adaptation
2	I am able to adapt to academic regulations.	Adaptation
3	When I receive an unsatisfactory grade, I am able to control myself so as not to be overwhelmed by disappointment.	Adaptation
4	I am able to persevere in completing the work set by lecturers, even when it is difficult.	Tenacity
5	I strengthen myself when a course grade does not meet the target I had set.	Tenacity
6	I am aware of the consequences of not completing an assignment.	Adversity intelligence
7	I am able to recognise my own weaknesses in carrying out assignments.	Adversity intelligence
8	I am able to find a solution when faced with a problem within my assignment group.	Problem solving
9	The difficulty of the material explained by lecturers makes me think of ways to understand it.	Problem solving
10	I am able to adapt to a heavy assignment load and am confident of completing the work.	Adaptation
11	I feel able to improve my academic results compared with the previous semester.	Adaptation
12	I am not disheartened when I fail to achieve an academic distinction.	Problem solving
13	I still complete assignments even when they are beyond my current ability.	Tenacity
14	I convince myself that I am able to complete difficult assignments.	Tenacity
15	I think of forming a good study group when the classroom situation is not conducive to learning.	Adversity intelligence
16	I am aware of the things that cause my grades to be unsatisfactory.	Adversity intelligence
17	I have particular strategies for completing assignments.	Problem solving
18	I feel able to complete coursework when working together with friends.	Problem solving
19	I am still able to maintain my health even when facing a heavy coursework load.	Adaptation
20	Receiving an unsatisfactory grade motivates me to obtain a better grade in the following semester.	Adaptation
21	I do not feel frustrated when I receive a low academic grade.	Adaptation

No.	Item	Domain
22	I feel able to complete group work on my own, without help from others, when the group deadline is close.	Tenacity
23	I am able to build my motivation to study even when the previous semester's results did not meet my target.	Tenacity
24	I always consider the effect on other people when taking a decision.	Adversity intelligence
25	When I receive an unsatisfactory grade I try to find the cause.	Adversity intelligence
26	When I encounter difficulty in an assignment I look for a solution immediately.	Problem solving
27	Even when the coursework set by lecturers is difficult, I still make an effort to understand it.	Problem solving

S7. Reflective thinking questionnaire

Provenance

This questionnaire was developed by the research team for this study and has not been published elsewhere. Items were written to cover the six reflective domains of Gibbs' reflective cycle, description, feelings, evaluation, analysis, conclusion, and action plan, as applied to the learning of Islamic spiritual care. It should be distinguished from the seven-stage TAFAKUR cycle described in the Methods: the TAFAKUR cycle is the reflective process that was taught, whereas this questionnaire is the instrument by which reflective thinking was scored.

Instructions and scoring

Respondents rate each statement on a five-point scale (1 = strongly disagree to 5 = strongly agree). All items are scored positively. The total score is the sum of the 20 item scores (range 20–100). Internal consistency in the present sample was Cronbach's alpha = 0.974.

No.	Item	Reflective domain
1	I can describe my experience of learning Islamic spiritual care in detail.	Description
2	I can recall specific situations in which I was involved in the practice or simulation of Islamic spiritual care.	Description
3	I am aware of my feelings (anxiety, enthusiasm, confusion) while learning Islamic spiritual care.	Feelings
4	I reflect on how my feelings influence the way I learn.	Feelings
5	I am able to judge which parts of the Islamic spiritual care teaching went well.	Evaluation
6	I am able to identify which aspects of the spiritual care teaching were less effective.	Evaluation
7	I analyse why some parts of the teaching were easier to understand.	Analysis
8	I evaluate the connection between Islamic values and my actions as a student nurse.	Analysis
9	I draw out the important lessons I have gained from the experience of learning Islamic spiritual care.	Conclusion
10	I am able to conclude how I should conduct myself in the practice of Islamic spiritual care.	Conclusion
11	I have a plan for developing my ability in Islamic spiritual care.	Action plan
12	I design concrete steps to improve my understanding and practice of spiritual care.	Action plan
13	I am accustomed to writing a reflection after a learning experience in Islamic spiritual care.	Description
14	I connect my learning experience with the spiritual values in my own life.	Conclusion
15	I find that reflection helps me to become a more spiritually aware person in the nursing context.	Analysis
16	I am helped by the lecturer's guidance in reflecting on my experience of learning Islamic spiritual care.	Evaluation
17	I feel safe expressing my personal reflections within an Islamic learning environment.	Feelings
18	I benefit from sharing my reflections with a friend or a study group.	Action plan

No.	Item	Reflective domain
19	Reflection helps me to integrate the cognitive, affective and spiritual aspects of learning.	Conclusion
20	I will continue to use reflection as a way of learning in the future.	Action plan

S8. Learning-style questionnaire

Provenance

This 10-item questionnaire was written by the research team for this study and has not been published elsewhere. It uses the four modality categories of the VARK model described by Fleming and Mills, visual, aural, read/write and kinaesthetic, but it is not the proprietary VARK questionnaire and no items were taken from it.

Instructions to respondents

Choose the one answer that best matches your habits when studying. If two or more options seem to fit, choose the one you do most often.

Scoring

Count how many times the respondent chose each modality: A = aural, V = visual, R = read/write, K = kinaesthetic. A respondent with a single highest count is classified as a unimodal learner; two equal highest counts, bimodal; three or more, multimodal.

1. When I study, I understand the material most easily when:

A. I listen to the lecturer's explanation (A)
B. I look at diagrams or charts (V)
C. I read the text in a book or handout (R)
D. I try it out or practise it directly (K)

2. When I am given group work, I prefer to:

A. Discuss it directly (A)
B. Construct a scheme or mind map of the ideas (V)
C. Write a summary (R)
D. Carry out a simulation or practical (K)

3. If I have to remember important information, I tend to:

A. Repeat the sounds or words in my head (A)
B. Picture images or colours from the material (V)
C. Rewrite my notes (R)
D. Relate it to a real experience (K)

4. When explaining an idea to someone else, I usually:

A. Say it directly (A)
B. Show a picture or diagram (V)
C. Give notes or write out an explanation (R)
D. Demonstrate it with movement or practice (K)

5. In taking in new information, I am more comfortable when it is:

A. Explained orally (A)
B. Presented as slides or video (V)
C. Read in an article or book (R)
D. Tried out directly as a task (K)

6. To understand a new piece of equipment, I prefer to:

A. Listen to instructions (A)
B. Look at a guide picture or video (V)

C. Read the user manual (R)
D. Try it myself until I understand (K)

7. Before an examination, I feel best prepared when I have:

A. Discussed or revised with friends (A)
B. Studied from schemes or pictures (V)
C. Read and summarised the material (R)
D. Practised questions or performed the skill (K)

8. Given the choice, I prefer a lecturer who:

A. Explains material clearly and tells stories (A)
B. Provides pictures, charts or videos (V)
C. Provides a great deal of reading material (R)
D. Provides laboratory or simulation activities (K)

9. I prefer to learn from:

A. Podcasts or lecture recordings (A)
B. Presentation slides or teaching videos (V)
C. Modules or lecture notes (R)
D. Direct practice in the field (K)

10. I learn most effectively when:

A. I can discuss or hear an explanation (A)
B. I can see visual material (V)
C. I can read and rewrite (R)
D. I can touch, move or try things directly (K)