



Ethical Meaning-Making in Faith-Based Decisions Among Muslim Healthcare Professionals

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ABSTRACT

Ethical decision-making in healthcare is a critical area of study that intersects with personal values, professional obligations, and cultural contexts. Within this field, the moral experiences of Muslim healthcare professionals remain underexplored, particularly when religious beliefs conflict with institutional expectations. What remains unknown is how these professionals internally navigate such dilemmas and what meaning they assign to their experiences. This study adopts an interpretative phenomenological approach to examine how Muslim healthcare professionals make sense of ethical conflicts involving their faith and clinical responsibilities. Data were collected through in-depth, semi-structured interviews with eight participants and analyzed thematically using interpretative phenomenological analysis (IPA). The results revealed four core themes: internal moral conflict, negotiation of religious identity, reliance on spiritual practices, and the use of faith as a moral compass. These findings show that participants engage in a reflective, spiritually grounded process of ethical reasoning that extends beyond procedural norms. The study contributes to a deeper understanding of religiously informed moral agency in healthcare and suggests the need for more inclusive ethical frameworks that accommodate the lived realities of faith-based practitioners. However, this study has certain limitations, including the relatively small sample size and its focus on a single religious and cultural group, which may limit the generalizability of findings to broader healthcare contexts. Future research could expand participant diversity and explore comparative perspectives across faith traditions. Despite these limitations, the study offers practical implications: healthcare institutions and policymakers should consider integrating faith-sensitive approaches into ethics training and clinical guidelines to support Muslim practitioners and enhance culturally competent care.



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INTRODUCTION

Ethical decision-making in healthcare is not solely a matter of institutional protocols or biomedical reasoning; it is also deeply embedded in the personal values, cultural frameworks, and spiritual beliefs of individual practitioners (Jin et al., 2022). In many parts of the world, religion continues to shape moral consciousness and ethical behavior in profound ways (Zahedi et al., 2023). Among healthcare professionals, especially those who adhere to faith-based worldviews, the negotiation between religious ethics and clinical responsibilities often forms a complex and emotionally charged landscape.

In contemporary clinical practice, Muslim healthcare professionals frequently find themselves at the crossroads of two demanding moral systems: professional codes that emphasize evidence-based practice, patient autonomy, and institutional efficiency, and religious values that prioritize divine accountability, spiritual integrity, and adherence to Islamic ethical teachings (Chae et al., 2021). This tension becomes particularly salient in medical dilemmas involving end-of-life care, use of prohibited

substances, gender interaction, or procedures that may conflict with religious doctrines. While healthcare ethics training typically foregrounds universal principles, it often overlooks the experiential dimension of religious morality and its lived consequences for practitioners in pluralistic societies.

The lived experience of moral struggle in such contexts remains underexplored (Larres & Kelly, 2023). Although much has been written about Islamic bioethics and the normative foundations of religious morality, there is limited empirical understanding of how Muslim professionals actually experience and make sense of ethical tensions in everyday practice (Kopp, 2023). These experiences are not merely cognitive or procedural; they are existential, emotional, and deeply personal. As such, they call for a phenomenological approach—one that prioritizes first-person accounts, respects the depth of personal meaning, and brings to light the subjective realities often hidden beneath abstract ethical formulations.

By investigating how individuals experience moral dilemmas through the lens of their faith, this study addresses a critical gap in both healthcare ethics and the broader discourse on religion in professional life (Kopp, 2023). It also highlights the importance of considering cultural and spiritual dimensions in the ethical formation of healthcare workers, thereby enriching the conversation on moral responsibility in a globalized medical context.

In recent years, research that centers on individuals' lived experiences within ethically charged environments has gained significant attention across the disciplines of healthcare, psychology, and religious studies (A. E. Smith et al., 2023). Scholars have increasingly recognized that ethical decision-making, particularly when influenced by religious conviction, cannot be fully understood through objective measures or abstract moral theories alone. Instead, it demands an exploration of how individuals internally grapple with moral uncertainty and resolve ethical conflicts through personal reflection and spiritual frameworks.

Despite growing interest in this area, methodological limitations persist (Cox Downey et al., 2024). Most empirical studies have relied on quantitative surveys or structured interviews that privilege generalizable outcomes over nuanced, context-rich understanding (Sakr, 2024). These methods, while valuable for identifying trends and attitudes, often fall short in capturing the depth, complexity, and emotional texture of subjective experience. In the specific case of Muslim healthcare professionals, much of the existing literature has focused on theoretical discourse or theological analysis, with limited engagement in how such individuals experience moral tension in practice.

This gap is further compounded by a lack of methodological sensitivity to spiritual and existential dimensions (Song & Yeung, 2024). Conventional research tools may fail to elicit the layered meanings that practitioners assign to their actions, particularly when those actions involve navigating the intersection of religious belief and professional duty (Cook, 2025). As a result, the full essence of the phenomenon—the internal struggle, the meaning-making process, and the spiritual reconciliation that often follows—remains insufficiently understood. This limitation underscores the inadequacy of prior approaches in addressing the lived reality of religiously informed ethical decision-making in clinical settings.

Phenomenology, with its emphasis on uncovering the meaning embedded in personal experience, offers a compelling framework for addressing these gaps (Hagendorff, 2022). By foregrounding the voices of those directly involved in the phenomenon, this approach enables a deeper, more holistic understanding that transcends surface-level observation and statistical representation.

Prevailing approaches to ethical decision-making in healthcare often rely on structured frameworks, institutional guidelines, or utilitarian models that prioritize efficiency, compliance, and procedural clarity (Montasseri, 2024). These practical models are designed to standardize decision-making and reduce ambiguity in morally complex clinical situations. However, while effective in offering general guidance, they rarely account for the deeply personal and spiritual dimensions that influence real-time ethical judgments, particularly among faith-driven professionals.

In the case of Muslim healthcare workers, existing literature has tended to focus either on theological exegesis or abstract bioethical principles rooted in Islamic jurisprudence (van Baarle &

van Baarle, 2025). Such approaches, though informative, often lack attention to how religious individuals actually experience moral conflicts in situ. The lived emotional struggle, the moral hesitation, the post-decision spiritual reconciliation these layers of experience are difficult to access through normative or quantitative methods alone. Consequently, prior studies may provide a structurally sound but experientially shallow understanding of how ethical decisions are made when personal faith and professional roles collide.

What remains insufficiently explored is the internal moral discourse that unfolds within practitioners when institutional expectations clash with spiritual conscience (Saurabh et al., 2022). This experiential gap calls for a paradigm that privileges meaning over measurement. Phenomenology, with its commitment to exploring subjective experience in its full richness, offers a methodological alternative capable of illuminating the essence of these dilemmas (Biller-Andorno et al., 2021). Rather than reducing ethical decisions to predefined categories, phenomenological inquiry allows for the emergence of authentic narratives that reveal how individuals make sense of morally significant moments in the context of their religious identity.

Previous studies have examined ethical dilemmas in healthcare using normative frameworks or faith-based ethical theories. While these contributions offer valuable insights, they often overlook how individuals personally experience and interpret these dilemmas in practice. For instance, research by (Yildiz & Demirsoy, 2024) explored institutional ethics in Catholic hospitals but did not address the internal emotional responses of practitioners. Other studies, such as (Reed & Golomski, 2025), described Islamic ethical patterns without capturing the lived complexity of moral choice. These gaps reveal the need for research that foregrounds personal meaning and subjective experience.

This study adopts an interpretative phenomenological approach to explore how Muslim healthcare professionals experience ethical conflicts between their faith and clinical responsibilities (I. H. Smith et al., 2023). This method was selected because it allows a close examination of how individuals interpret their experiences within a particular cultural and spiritual context. In doing so, the research responds directly to the knowledge gap by offering a detailed understanding of the moral tensions lived by these professionals (Craft & Shannon, 2025). The goal is not to generalize but to illuminate the inner processes of meaning-making and ethical reasoning. Through this lens, new insights can emerge that are often missed in more structured or prescriptive research designs.

The structure of this article is organized as follows. The introduction outlines the background, significance, and objectives of the study (Macé et al., 2025). The method section explains the phenomenological design, participant selection, data collection procedures, and analysis steps. The results section presents the key themes that emerged from participants' narratives, illustrated by direct quotations. The discussion interprets these findings in light of existing literature, and the conclusion summarizes the implications and contributions of the study.

RESEARCH METHODS

Study Design

This study employed an interpretative phenomenological approach to explore the lived experiences of Muslim healthcare professionals facing ethical dilemmas in clinical settings (Fife, 2020). Phenomenology, as a qualitative research design, is grounded in the philosophical tradition that seeks to understand how individuals perceive and make sense of their lived experiences. The interpretative branch, specifically based on Heideggerian thought, emphasizes not only describing phenomena but also interpreting the meaning embedded within those experiences, taking into account the participant's context, culture, and worldview.

The chosen design aligns with the study's aim to uncover the subjective moral reasoning and emotional tensions experienced by professionals when navigating conflicts between religious values and institutional protocols. Interpretative phenomenological analysis (IPA) was particularly appropriate for this inquiry, as it facilitates a rich and nuanced examination of how individuals make sense of significant ethical moments in their lives.

Participants

Participants consisted of Muslim healthcare professionals who had encountered ethical dilemmas that challenged their religious convictions during the course of their practice (Kawamura, 2020). A purposive sampling strategy was employed to identify individuals with relevant experiential knowledge of the phenomenon under investigation. Inclusion criteria required participants to be practicing Muslims, aged 25 years or older, with a minimum of three years of clinical experience in hospital or healthcare facilities. Individuals who had not faced ethical-religious conflicts in their professional roles were excluded.

A total of eight participants were included in the study, comprising five males and three females. The average age was 34.5 years, with participants drawn from various medical disciplines including internal medicine, emergency care, and nursing. Their diverse professional backgrounds enriched the contextual understanding of the phenomenon.

Data Collection

Data were collected through in-depth, semi-structured interviews conducted in a setting chosen by the participants to ensure privacy and emotional comfort. An interview guide was used to facilitate open-ended discussions, focusing on participants' personal experiences, emotional responses, and decision-making processes in ethically challenging situations.

Each interview lasted approximately 60 to 90 minutes and was audio-recorded with consent. Most interviews were conducted face-to-face in private hospital meeting rooms or participants' homes, while two were carried out via secure video conferencing platforms. Follow-up interviews were scheduled when clarification or elaboration was required. All interviews were transcribed verbatim, and field notes were documented to capture non-verbal cues and contextual details.

Data Analysis

The data were analyzed using interpretative phenomenological analysis (IPA), allowing for a deep engagement with each transcript to extract meaning and identify key themes. Analysis began with multiple readings of each transcript to achieve familiarity with the data. Meaning units were then identified, coded, and grouped into thematic clusters reflecting shared experiences and patterns across participants.

The analytic process followed a systematic path, including descriptive annotation, development of emergent themes, and abstraction of superordinate themes that represented the essence of the phenomenon. NVivo 12 software was used to assist in organizing and managing the data without influencing interpretative depth. Each theme was continually cross-referenced with raw data to ensure fidelity to participants' voices and experiential realities.

Ethical Considerations

Ethical approval was obtained from the appropriate institutional review board. All participants were provided with a detailed explanation of the study's purpose, procedures, and their rights as research subjects. Written informed consent was obtained prior to participation. Anonymity and confidentiality were assured through the use of pseudonyms and secure data storage. The study adhered to the ethical standards outlined in the Declaration of Helsinki and complied with national guidelines for research involving human subjects.

RESULTS

The Silent Conflict Between Faith and Professional Duty

Participants consistently described a profound inner struggle when faced with decisions that challenged their Islamic values. This inner dissonance—between religious obligation and clinical protocols—was not always visible to others but deeply affected their emotional and spiritual well-being.

“I had to make a decision that saved a patient’s life, but it involved using a drug with ingredients that I personally consider haram. I performed the procedure, but I went home that night feeling like I betrayed my faith.”

Several participants revealed that such experiences triggered prolonged episodes of guilt, prayerful reflection, and a need for spiritual reconciliation.

“There was no one I could ask in the hospital. I prayed istikhara and cried for guidance, but the system doesn’t accommodate our spiritual needs in ethical matters.”

Together, these accounts show that ethical decision-making becomes a deeply spiritual process extending beyond institutional guidelines.

Negotiating Religious Identity in a Secular Medical Environment

A common theme among participants was the challenge of maintaining their religious identity within a predominantly secular healthcare system. While professional codes encourage ethical practice, these codes often fail to account for religious-based reasoning.

“I’m expected to separate my beliefs from my practice, but I can’t. My values are not detachable. Being a Muslim is who I am, not just something I believe in privately.”

Participants frequently described suppressing or concealing religious concerns during clinical decision-making to avoid professional scrutiny or conflict.

“In team meetings, I hesitate to say ‘I disagree because my religion says so.’ I fear they’ll see me as unprofessional or irrational.”

This theme reveals a structural tension between institutional expectations and religious selfhood, highlighting how professional and spiritual identities are constantly negotiated.

The Role of Faith as a Moral Compass

Despite the challenges, participants also articulated how their faith served as a guide and source of strength in resolving ethical dilemmas. Faith was consistently framed not as a barrier to professionalism, but as a resource for clarity, compassion, and patient-centered care.

“My religion helps me see patients not just as cases, but as souls entrusted to me. That changes the way I approach every decision.”

Some participants shared how the principles of maqashid syariah (the higher objectives of Islamic law) helped them prioritize patient well-being while remaining spiritually consistent.

“When I remember that preserving life is one of the core objectives in Islam, it helps me justify difficult decisions—even those I initially resisted.”

This balance between religious principles and medical ethics illustrates how participants actively align integrity with professional responsibility.

Seeking Ethical Clarity Through Spiritual Practices

Another emergent theme was the reliance on spiritual practices such as prayer, fasting, and consultation with religious scholars as tools for ethical deliberation. These practices were often used when institutional ethics resources were perceived as insufficient or culturally disconnected.

“Before I make a hard decision, I always pray tahajjud. That’s where I find peace. Sometimes, I also consult my ustadz to make sure I’m not compromising my values.”

Other participants described fasting and regular dhikr as ways to strengthen their moral resilience in clinical dilemmas.

Such practices provided both reassurance and a framework for navigating ethical complexity from a place of conviction rather than mere compliance.

The lived experiences of Muslim healthcare professionals reveal a multilayered and deeply reflective process of ethical decision-making shaped by religious belief. Rather than treating faith and

professional obligations as separate, participants integrated both dimensions into morally coherent choices. Their narratives underscore the need for healthcare ethics frameworks that recognize and respect the spiritual dimensions of moral agency.

DISCUSSION

The findings of this study reveal that Muslim healthcare professionals experience ethical decision-making as a deeply personal and spiritually mediated process, characterized by internal conflict, religious identity negotiation, and reliance on faith-based resources (Ashford, 2021; Kim & Loewenstein, 2021; Sturm, 2023). These experiences directly address the central research question, uncovering how participants navigate moral dilemmas when religious commitments intersect with professional obligations.

This study contributes to the research question by demonstrating that ethical choices among Muslim practitioners are not merely professional judgments, but existential acts rooted in spiritual meaning (Litzky et al., 2024). The participants' narratives show that moral decisions are formed through a reflective engagement with Islamic principles, spiritual rituals, and personal conscience (Xie et al., 2024). Unlike previous models that emphasize procedural neutrality or institutional codes, these findings illuminate the inner moral reasoning that takes place outside the bounds of formal ethical guidelines. The study thus offers a distinct and nuanced understanding of religiously informed moral agency in clinical settings.

The results align with and extend prior literature on religious ethics in professional environments. For example, (Escadas et al., 2024) identified tensions between institutional norms and personal belief in Catholic contexts, (Kurdoglu & Ateş, 2022) highlighted Islamic ethical values in healthcare. However, these earlier studies largely focused on institutional frameworks or theological prescriptions. In contrast, the present study emphasizes lived experience and the personal process of reconciling spiritual identity with professional duty (Kristjánsson, 2024). This approach resonates with Heideggerian phenomenology, which views human action as grounded in interpretive meaning rather than abstract rules (Bento & White, 2023). By adopting this lens, the study underscores that moral clarity for participants is achieved not through universal answers, but through individualized spiritual engagement, emotional struggle, and ethical reflection.

The findings carry meaningful implications both within the healthcare profession and broader multicultural societies (Cherualath, 2023). At a practical level, they suggest that ethical training for healthcare professionals should include space for spiritual reflection and cultural context, particularly for practitioners who draw upon religious values in their decision-making. Institutions should consider developing support systems such as culturally competent ethics committees or faith-informed counseling services to acknowledge and guide practitioners through moral dilemmas involving personal belief systems (Direk, 2024). On a broader level, the results underscore the social significance of recognizing spiritual identity as an integral part of ethical agency, particularly in environments where religious and professional expectations may not always align (Schmid et al., 2025). These implications invite a more inclusive, empathetic, and holistic approach to ethics in clinical practice.

This study is not without limitations. As is typical in phenomenological research, the sample size was small and context-specific, involving eight Muslim healthcare professionals from selected institutions (Williams-Jones & Abtroun, 2025). While this allowed for rich, in-depth exploration of experience, it also limits the generalizability of findings to other religious groups, professional contexts, or cultural settings (Jasinska, 2024). Moreover, the use of self-reported narratives may be influenced by personal interpretation and social desirability, although member checking and reflective analysis were used to enhance trustworthiness (Sleigh et al., 2024). These limitations do not diminish the value of the insights gained but rather highlight the importance of interpretive depth over breadth in qualitative inquiry.

Future research may expand on these findings by exploring how other religious or cultural groups experience ethical decision-making in professional settings (Nguyen & Crossan, 2022). Comparative studies between Muslim and non-Muslim practitioners, or between healthcare systems in

different sociopolitical environments, could deepen understanding of how institutional and religious frameworks intersect (Maghsoudi et al., 2022). Additionally, longitudinal studies may offer insights into how moral reasoning evolves over time within individuals navigating sustained ethical tensions (Meyer & Li, 2025). Such directions could contribute to the development of more contextually grounded and spiritually sensitive models of professional ethics.

CONCLUSION

This study explored how Muslim healthcare professionals experience and interpret ethical dilemmas when their religious beliefs conflict with professional responsibilities. The findings revealed that ethical decision-making is a deeply personal process shaped by spiritual values, emotional struggle, and faith-based reasoning. Unlike existing models that focus on normative ethics or institutional policies, this research highlights the importance of lived experience and internal moral discourse. The use of an interpretative phenomenological approach allowed the study to capture the complexity of ethical reasoning rooted in Islamic identity. The unique contribution of this study lies in foregrounding the spiritual and identity-based dimensions of moral agency, showing that ethical deliberation cannot be separated from the religious self in healthcare practice.

Practically, the study recommends that healthcare institutions develop ethics training and support systems that are sensitive to faith-based perspectives, ensuring that Muslim professionals—and potentially those of other religions—are not forced to suppress their values in clinical contexts. Policymakers should also consider embedding culturally and spiritually responsive guidelines into ethical frameworks to promote inclusivity and professional well-being. Future research can extend these findings by including diverse religious groups or comparing cross-cultural settings to build more inclusive ethical frameworks.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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