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Spiritually-Based Health Intelligence: A New Paradigm in Realizing Optimal Degree of Public Health

Moh. Huda

*Dr., S.E., M.Pd., Graduate School, UIN Sayyid Ali Rahmatullah Tulungagung, East Java, Indonesia,
<https://orcid.org/0009-0007-1727-0268>*

Reni Dwi Puspitasari*

S.Sy., M.Sy., Faculty of Sharia and Legal Studies, UIN Sayyid Ali Rahmatullah Tulungagung, East Java, Indonesia, <https://orcid.org/0009-0001-7958-5149>

Asrovin Fuad Ahsan

S.H.I., M.H., Faculty of Sharia and Legal Studies, UIN Sayyid Ali Rahmatullah Tulungagung, East Java, Indonesia, <https://orcid.org/0009-0005-2475-5525>

***Correspondence email:** ReniDwiP@uinsatu.ac.id.

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Abstract: The increasing burden of infectious and non-communicable diseases highlights the need for a holistic approach to public health, integrating spirituality with physical and mental health. Traditional health models lack this crucial integration. This study aims to develop a Spiritually Based Health Intelligence model that integrates physical, mental, and spiritual health dimensions. It explores the role of spirituality in enhancing community health and proposes inclusive public health policies. A qualitative research approach was employed, using secondary data from peer-reviewed journals, books, and articles. Data were analyzed through content, comparative, and critical analysis to develop a conceptual framework for spiritually-based Health Intelligence. The Spiritually-Based Health Intelligence model promotes a comprehensive, holistic approach to health, integrating physical, mental, and spiritual dimensions. This model encourages community empowerment and self-sustaining health behaviours. The findings underscore the need for culturally sensitive and spiritually inclusive health policies, highlighting the role of spirituality in achieving optimal health. This study introduces a novel conceptual framework that expands current public health paradigms by integrating spirituality as a core determinant of health. It presents a transformative health promotion model, emphasizing the importance of integrating spirituality with health intelligence to enhance well-being at the individual and community levels.

Keywords: Health promotion, spirituality, Health Intelligence, holistic approach, public health, community empowerment, mental health, spiritual well-being.

Introduction

Over the past three years, Indonesia—like much of the world—has faced a triple burden of disease: emerging and re-emerging infectious diseases (e.g., COVID-19), persistent infectious diseases, and a rising incidence of non-communicable diseases (NCDs) (Windarto & Marfuah, 2020; Yarmaliza & Zakiyuddin, 2019). This evolving health landscape continues to push health expenditures toward curative rather than preventive care.

The COVID-19 pandemic, first reported in Indonesia on March 1, 2020 (Setiawaty et al., 2020) exposed the country's vulnerability to infectious threats and highlighted weaknesses in rapid response systems. The World Health Organization classified Indonesia's situation as "community transmission," indicating a widespread and uncontained outbreak. (Rina, 2020). Simultaneously, lifestyle-related NCDs—such as diabetes, heart disease, and hypertension—have grown significantly, leading to a heavier economic burden, especially in productive age groups (Kurniasih et al., 2022; Ridlo & Zein, 2018).

Despite technological and policy innovations in public health, current health promotion models remain fragmented, with an overemphasis on physical and psychological health (Alyafei & Easton-Carr, 2024). Notably absent is the integration of spirituality, despite its crucial role in the health practices of many cultures. Health technologies such as Public Health Intelligence systems

mostly focus on physiological and behavioral data, overlooking spiritual factors that affect health outcomes (Božek et al., 2020).

Research Gap

There is a significant gap in the integration of spiritual dimensions within existing Health Intelligence systems. Most current health models seldom recognize spiritual well-being as a key determinant of health, overlooking the importance of holistic healing traditions rooted in cultural and belief systems. Furthermore, these models fail to empower communities by leveraging the synergy between spirituality and technology, which limits their ability to address health in a comprehensive, culturally sensitive, and person-centered manner. This gap highlights the pressing need for a new approach. Spiritually-Based Health Intelligence, which incorporates spirituality as a fundamental element in promoting holistic health and well-being (Long et al., 2024; Patrick, 2024; Ungar-Sargon, 2025).

Research Objectives

This study aims to develop a framework for Spiritually-Based Health Intelligence to enhance community health holistically. Specifically, the study aims to:

1. Explore the role of spirituality in improving individual and community health.
2. Develop a Health Intelligence model that integrates physical, mental, and spiritual dimensions of health.
3. Propose inclusive public health policies that recognize and incorporate spiritual well-being.

Research Questions

To achieve these objectives, the study addresses the following questions:

1. How does spirituality influence health outcomes?
2. What framework can integrate spiritual dimensions into existing Health Intelligence systems?
3. How can public health policies be adapted to support holistic well-being, including spiritual aspects?

Significance and Novelty

This research offers a paradigm shift in health promotion by introducing a spiritually grounded and culturally relevant Health Intelligence model. Unlike existing approaches that rely heavily on clinical, behavioral, or technological metrics, this model advocates for holistic well-being, recognizing the interplay of body, mind, and spirit. By combining spiritual insight with smart technology and public policy, this model aims to empower communities and transform public health into a more inclusive, resilient, and human-centered domain.

Literature review

The elaboration of several studies that intersect with the keyword Health Intelligence development model yields the following results. These can be grouped under distinct thematic subheadings.

Spirituality and Health

Spirituality plays a vital role in overall health, encompassing physical, mental, and emotional well-being. Numerous studies have investigated the impact of spiritual practices on health outcomes, providing valuable insights into the integration of spirituality into health models.

Rosyanti et al. (2022) demonstrated that a holistic nursing perspective regards a person as a whole biopsychosocial being, with interconnectedness across physical, mental, social, and spiritual realms. Their research highlights that Al-Quran therapy can increase brain endorphins, improve disorders such as autism and stroke, and reduce anxiety, benefiting physical, mental, and spiritual health (Rosyanti et al., 2022).

Hadi (2020) concluded that the Qur'an offers a comprehensive view of health, encompassing principles for maintaining balance in physical, mental, spiritual, and social well-being. This framework emphasizes cleanliness, nutrition, exercise, and social therapy (Hadi, 2020).

These studies focus predominantly on the religious aspects of spirituality. However, they lack an interdisciplinary or holistic approach that integrates both spiritual practices and conventional medicine. The lack of a comprehensive understanding of how spiritual intelligence intersects with technology or broader public health management remains a significant gap in current research.

Health Intelligence Systems

Health Intelligence Systems (HIS) leverage technological innovations to monitor, analyze, and respond to health trends and emergencies. These systems have the potential to optimize healthcare delivery, particularly in maternal, child, and global health monitoring.

Lee and Piper (2021) emphasized the importance of effective surveillance and early warning systems in global disease prevention. They argued that epidemic intelligence is crucial for the quick and accurate identification of public health events. Yet, this study overlooks the social and cultural dimensions essential to managing and responding to health threats effectively (Lee & Piper, 2021).

While these studies highlight the technological sophistication of HIS, they fail to integrate spiritual or community aspects, which are crucial for a more holistic and effective response to public health issues. The emphasis on technological aspects without considering the role of spirituality or cultural relevance in health management creates a gap that this study aims to fill.

Holistic Health Approaches

Holistic health approaches consider the whole person, including physical, mental, social, and spiritual dimensions, when addressing health challenges. These studies highlight the significance of traditional medicine and community collaboration in enhancing health outcomes.

Wardah and Kuncari (2020) examined the use of pakundalang (*Blumea balsamifera*), a traditional herbal medicine in Central Sulawesi, and explored its potential for developing standardized herbal products. However, the study lacks a deeper understanding of how local spiritual beliefs influence the selection and use of these remedies, which is an important factor for integration with modern health systems (Wardah & Kuncari, 2020).

Stiliya et al (2024) found that improving Spiritual Quotient (SQ) in the workplace facilitated better staff engagement and fostered a deeper understanding of spirituality's role in organizational well-being. This research underscores the significance of SQ in creating a holistic approach to health, integrating spirituality with work life (Stiliya et al., 2024).

The studies in this category focus primarily on the physical and social aspects of health, without adequately addressing the role of spiritual health. The integration of spiritual practices into health and wellness models is underexplored, particularly in terms of its application in public health and disease management.

Critical Evaluation of Limitations of Previous Studies

These studies emphasize technological innovation in health intelligence but overlook the cultural and spiritual aspects of health management. Incorporating a spiritual dimension in health intelligence is crucial for more comprehensive and culturally sensitive public health responses (Lee & Piper, 2021).

Wardah and Kuncari (2020) highlight the potential health benefits of traditional herbal medicine; however, their study overlooks the role of spirituality in the selection and use of these remedies. A deeper understanding of how spiritual health influences health practices would enrich this area of research and improve the development of holistic health approaches (Wardah & Kuncari, 2020).

Rosyanti et al. (2022) focus on Al-Quran therapy, which limits the study's ability to explore a broader interdisciplinary approach to health. While the study offers valuable insights into spiritual healing, it does not explore the potential benefits of integrating spiritual practices with conventional medical approaches to improve health outcomes. This gap underscores the need for a more holistic framework that incorporates spirituality-based health intelligence—a new paradigm aimed at realizing optimal public health (Rosyanti et al., 2022). Spiritually-Based Health Intelligence: A New Paradigm in Realizing Optimal Public Health

This study is necessary to fill the gaps in existing research by integrating a spiritual dimension into Health Intelligence. While previous studies have focused on technology and social

aspects, they have not fully explored the intersection of spirituality, technology, and holistic health in improving public health. By developing a spiritually based Health Intelligence model, this research will offer a new, more comprehensive perspective on optimizing public health outcomes. This approach bridges the gap between technological innovation, public health, and spiritual practices, providing a more inclusive model for health management.

Research Methodology

Study Design

This research employs a qualitative approach, which is well-suited for understanding complex concepts, such as the integration of spirituality into health intelligence. The study relies on secondary data obtained from reputable books and scholarly articles published in national and international journals. The research is designed as a scientific narrative review that synthesizes existing knowledge into a conceptual framework for spirituality-based health intelligence.

Data Collection

Scientific Database Selection

To ensure the credibility and relevance of the literature, the following scholarly databases were selected:

- Medline
- Embase
- PsychINFO
- Scopus
- PubMed
- Google Scholar

These platforms were selected for their comprehensive coverage of health sciences, psychology, and spirituality, thereby providing a diverse and multidisciplinary pool of data sources.

Period of Analysis

The search focused on publications from 2015 to 2025 to capture contemporary discussions and recent developments in health intelligence and spirituality. However, seminal works published earlier were included when foundational to the theoretical development.

Keywords and Search Combinations

The following keywords and their combinations were used:

- "Health Intelligence"
- "Spiritual Health"

- "Spiritual Intelligence"
- "Well-being"
- "Mental Health"
- "Spirituality in Health"

Example combinations included "Spirituality and Health Intelligence" and "Spiritual Well-being and Emotional Intelligence". These combinations were designed to capture the intersection of physical, mental, and spiritual domains within the realm of health discourse.

Inclusion and Exclusion Criteria

Inclusion Criteria: Peer-reviewed articles in English or Indonesian that explore relationships between spirituality and health intelligence, including both empirical research and literature reviews.

Exclusion Criteria: Articles not directly relevant to the core theme, those lacking full-text access, and papers published in non-accredited or low-quality journals were excluded.

Data Analysis

Three analytical methods were applied to synthesize the selected literature:

1. Content Analysis (Nicmanis, 2024)

Used to identify and categorize core themes in the literature. This method allowed for the systematic coding of recurring concepts and patterns across diverse articles and disciplines. It helped in organizing fragmented insights into coherent categories related to spirituality-based health intelligence.

2. Comparative Analysis (Hanckel et al., 2021)

Employed to compare different perspectives, findings, and models across the literature. This approach highlighted similarities and differences in how spirituality and health intelligence are defined and operationalized. It also helped identify literature gaps and inconsistencies that may inform future research directions.

3. Critical Analysis (Michelen et al., 2024)

Conducted to assess the credibility, methodological rigor, and limitations of the included studies. This step enabled a deeper reflection on the applicability, context, and quality of the sources, ensuring that only the most relevant and high-quality evidence informed the development of the spirituality-based health intelligence model.

Examination of Spirituality in Literature

The concept of spirituality was examined through a multidimensional lens, including:

- Definition of Spirituality: Analyzing how various studies conceptualize spirituality, such as meaning and purpose in life, relationship with a higher power, or inner peace.
- Spiritual Dimensions in Health: Exploring how spiritual practices and beliefs affect physical, emotional, and mental well-being, particularly in community-based health contexts.
- Spiritual Intelligence: Investigating how individuals recognize, understand, and manage their spiritual faculties, and how this intelligence supports holistic health outcomes.

Through this multifaceted analysis, the study aimed to capture the depth, variability, and implications of spirituality in shaping health behavior and designing integrative models for public health improvement.

Results

1. Philosophy of Health Promotion

- Basic Principle: Health is a human right encompassing *physical, mental, spiritual, and social well-being*, as outlined in the Healthy People 2030 agenda and codified in Indonesia's Health Law No. 36/2009.
- Determinants of Health:
 - Quantitative (Objective): Includes genetics, medical services, and personal health behaviors.
 - Qualitative (Social and Environmental): As per WHO and the US Department of Health and Human Services (2021), these include:
 - Economic stability
 - Access to education
 - Quality healthcare access
 - Social and community context
 - Neighborhood and built environment
- Case Study: The United States' *Healthy People 2030* initiative targets health equity by addressing social disparities, including education and access to care.

Figure 1

The Social Determinants of Health for Healthy People 2030



Source: Author's development based on US Department of Health and Human Services, 2021

Health Promotion Models

Several theoretical frameworks guide modern health behavior strategies, but most underutilize spirituality:

- PRECEDE-PROCEED Model: Diagnoses health issues and guides intervention planning. Applied the PRECEDE-PROCEED model to design an educational program aimed at improving women's genital health behaviors (Eryilmaz, 2022).
- Health Belief Model: Emphasizes perceived risk and benefits in shaping behavior. The application of this model revealed significant correlations between the intention to quit smoking and perceived susceptibility, severity, benefits, barriers, and self-efficacy. These findings emphasize the importance of HBM factors in influencing smoking cessation intentions among young adult women (Zahari et al., 2022).
- Theory of Reasoned Action: Behavior is influenced by individual attitudes and social norms (Hagger, 2019).
- Theory of Planned Behavior: Adds perceived behavioral control to intention formation. Vaccination promotion using the Theory of Planned Behavior shows that both *attitudes toward vaccines* and *perceived accessibility* are key success factors (Khayyam et al., 2022).

Health Promotion Strategies

Spiritually-Based health intelligence can enhance these existing strategies:

- Advocacy: Engaging leaders to support spiritually inclusive health policies.
- Social Support: Cultivating community networks that reinforce shared spiritual values and health practices.

- Community Empowerment: Enabling communities to develop spiritually-informed, self-sustaining health behaviours.
- Case Example: In Canada, community-led diabetes management programs have demonstrated success by integrating health education with group discussions and support circles, which could be adapted in Indonesia to include spiritual practices such as communal prayer, zikir, or meditative reflection.

Table 1

Enhancing Health Promotion Strategies through Spiritually Based Health Intelligence

No	Health Promotion Strategy	How Spiritually-Based Health Intelligence Enhances It	Supporting Evidence
1	Advocacy	Engages faith and spiritual leaders to promote health policies that incorporate spiritual values, leveraging their influence to support holistic health initiatives.	Faith-based health promotion programs have effectively used church leadership and culturally tailored messaging to advocate for health behaviors and policies (Crystal, 2021; L'Engle et al., 2025).
2	Social Support	Builds community networks around shared spiritual values, fostering mutual encouragement for healthy behaviors and emotional well-being.	Spiritual health interventions, such as peer coaching and group sessions, increase social support, happiness, and well-being by connecting individuals with similar values and practices (Alinejad et al., 2025; Crystal, 2021; L'Engle et al., 2025).
3	Community Empowerment	Enables communities to co-create and sustain health behaviors rooted in spiritual traditions, making health promotion relevant and self-sustaining.	Programs that integrate spiritual health messaging and activities (e.g., prayer, meditation, group reflection) empower participants to take ownership of their health and share practices within their communities, thereby reinforcing long-term change (Alinejad et al., 2025; Bahrami et al., 2024; L'Engle et al., 2025).

Source: Author's development.

Spiritually-Based Health Intelligence Model

The Spiritually-Based Health Intelligence model is a holistic health promotion framework that:

"Empowers individuals and communities to manage health through the integration of physical care (e.g., hygiene, nutrition), mental well-being (e.g., emotional regulation, stress management), and spiritual practices (e.g., prayer, meditation, gratitude) rooted in Islamic values and universal ethical principles." (Hassan, 2023; Pinto et al., 2024; Sharifnia et al., 2022; Ushuluddin et al., 2019)

This model:

- Encourages health ownership through spiritual reflection and intentional living.
- Integrates smart technologies (e.g., apps tracking prayer, mood, and wellness).
- Is culturally adaptable for both urban and rural settings in Indonesia.

Research Gap Analysis

The findings in this article identify a gap in health promotion research that has typically focused on physical and social factors alone, while the importance of spiritual factors in health is often overlooked. A spiritually based approach offers a new perspective that has not been widely explored in the existing literature, with the potential to complement and enrich health promotion models. For example, in many communities, spiritual factors can play a significant role in driving more sustainable health behaviour changes.

In addition, although much research has focused on the social determinants of health, little has explained how the interaction between social determinants and spiritual factors may work together to influence health status. Therefore, further research is needed to integrate spiritual aspects into health promotion, complementing our understanding of new ways to optimally improve public health.

Discussion

Summary of Key Findings

This study introduces the concept of a spirituality-based Health Intelligence model, offering a holistic approach to public health promotion. The model proposes that communities should identify, plan, and evaluate health issues not only from physical perspectives but also from mental and spiritual viewpoints. It integrates various aspects of intelligence outlined in Islamic teachings, including health intelligence, which encompasses prevention (preventive), treatment (curative), and rehabilitation (rehabilitative) strategies. The findings highlight that the Spiritually-Based Health Intelligence model enables individuals and communities to maintain a balance of physical, mental, and spiritual health, thereby promoting a more comprehensive, sustainable, and healthier lifestyle.

Interpretation and Explanation

The concept of Health Intelligence developed in this study supports the idea that health is not merely the absence of disease, but a state of complete well-being encompassing physical, mental, and spiritual aspects. The integration of spiritual intelligence into health management is

consistent with traditional Islamic teachings, which emphasize a holistic view of health. This model goes beyond individual health to promote a collective approach within communities.

This approach aligns with existing literature that identifies various determinants of health, including social, environmental, behavioural, and genetic factors (WHO, 2025). Health status is influenced by various general factors, which are known as health determinants. The WHO states that healthy determinants consist of genetics, behaviour, environment, and health services. The CDC describes health determinants as consisting of social and economic environment, physical environment, individual characteristics (gender, education, income, and social status), individual behaviour, genetics, and health services (Hacker et al., 2022). However, it extends these traditional frameworks by incorporating the spiritual dimension of health, which is often underrepresented in conventional health models. By raising awareness of both physical and spiritual health, individuals are encouraged to adopt a sustainable, healthy lifestyle. This holistic health model offers a new dimension to health behaviour theories, including Blum's framework of health determinants (Wanananda, 2021) and the Social Determinants of Health (SDOH) model by the CDC (Hacker et al., 2022).

Of the four factors, the most influential is the environment, whether physical, biological, or social, which cumulatively contributes 40%, followed by health behaviour with 30%, availability of and access to health services with 20%, and genetics or heredity with 10% (Komalasari, 2022).

According to the WHO theory, there are 4 determinants of why a person behaves in a certain way, namely: first, thoughts and feelings. The results of a person's thoughts and feelings, or what can be called personal consideration of health objects, are the first step for a person to behave. Various factors, including knowledge, beliefs, and attitudes, can influence thoughts and feelings. Second, there is someone they trust from whom they can imitate. A person's behavior can be influenced by people whom they consider essential, such as community leaders. The third is available resources. The existence of resources such as facilities, money, time, and labour will influence the behaviour of a person or society. The fourth is the culture, customs, values, and traditions of society (Nurhayati & Fitriyana, 2020).

The first health belief model was developed in the 1950s by a group of social psychologists at the US Public Health Service to explain why people fail to participate in disease prevention or detection programs. The model was then expanded to apply to people's responses to symptoms and behaviours in response to disease diagnosis, particularly adherence to medical regimens. Although the model has gradually evolved in response to practical program issues, it is grounded in psychological theory to help understand its causes, strengths, and weaknesses (Laili & Tanoto, 2021).

The health intelligence model is designed to enable people to recognize their health issues and understand their potential. Early detection and rapid response to acute public health threats save lives, lessen the burden, and limit health system or country-wide disruptions (Saad Duque et al., 2024). Ultimately, individuals or community groups can resolve their problems. This is called community empowerment. This empowerment process can be assumed to create sustainability

in achieving optimal health. Health intelligence not only provides awareness, knowledge, education, and health outreach but also fosters an optimal level of health while simultaneously becoming a community within the health program itself.

The ideal is for the community to be able to identify health problems, then plan actions that lead to solving the health problems they face. By fostering health intelligence in a sustainable manner, it is hoped that the community will be able to evaluate their health in terms of prevention, cure, and rehabilitation (Prihatinta et al., 2021).

In the process of internalizing health intelligence, the community is expected to have the skills to supervise or control personal and environmental health issues. Thus, individuals and community groups can improve their own health. Through this process of health promotion, it is hoped that there will be a change in the behaviour of individuals or community groups towards health behaviours that can improve the health of individuals or communities.

The main finding of this study is that the spiritually based Health Intelligence model enables individuals and communities to manage not only their physical health but also maintain a balance of soul, mind, and spirit, which in turn improves holistic health levels. By raising awareness of the importance of health in physical and spiritual dimensions, individuals are expected to change their behaviour towards a more sustainable, healthy lifestyle.

Implications of the Study

Theoretically, this study advances the understanding of health intelligence by integrating spirituality as a core component of well-being, expanding beyond the purely physical or mental aspects. Practically, it provides a foundation for community health promotion strategies that incorporate cultural and spiritual elements, potentially improving the effectiveness of public health interventions in diverse settings, especially in regions where spirituality plays a significant role in daily life.

Policy-wise, integrating spirituality into health promotion could inform public health policies that encourage holistic approaches to health, considering the mental, physical, and spiritual dimensions of well-being. This could lead to more effective and culturally sensitive health interventions. The study also contributes to the ongoing discussion on the importance of community empowerment in achieving sustainable health outcomes, emphasizing a model that supports prevention, cure, and rehabilitation.

Limitations

While the spirituality-based Health Intelligence model presents a promising approach, several limitations in the methodology must be acknowledged. First, the model is based on a theoretical framework and has not been extensively tested in real-world settings, limiting its practical applicability. The sample size and data collection were limited to a specific region, which may not fully represent the diversity of health needs across different cultural or geographic contexts.

Moreover, the model's focus on spirituality may not resonate with all communities, particularly those with secular or non-religious orientations, which could affect the generalizability of the findings. Additionally, while the model provides a framework for holistic health, it does not address all the complexities of health system infrastructure or policy interventions that may be necessary for widespread implementation. These limitations suggest the need for further empirical research to validate and refine the spirituality-based Health Intelligence model in diverse populations and settings.

By considering these factors, future studies could explore how to effectively integrate the spiritual component within existing health promotion programs and measure its impact on overall health outcomes.

Conclusions

This study introduces the concept of spirituality-based Health Intelligence as an innovative approach to health promotion, which integrates the physical, mental, and spiritual dimensions of well-being. By moving beyond the traditional medical model, which focuses solely on the physical aspect, this holistic framework enables individuals and communities to achieve optimal health. It fosters a comprehensive, integrative approach to health that addresses the interconnectedness of body, mind, and spirit, thereby contributing significantly to the advancement of health sciences by promoting more inclusive and culturally sensitive health interventions.

Specific Recommendations for Integration:

- **Spiritual Education and Counseling:** Health programs should incorporate spiritual teachings that promote the balance between physical and spiritual well-being. This can include counseling on hygiene, nutrition, and emotional management informed by spiritual principles.
- **Holistic Health Training for Healthcare Providers:** Train medical professionals to recognize and apply a holistic health approach that includes spiritual well-being alongside physical and mental health, ensuring more comprehensive patient care.
- **Interdisciplinary Collaboration:** Foster teamwork among healthcare providers, spiritual counselors, and mental health experts to develop a comprehensive care model that addresses the full spectrum of human health.
- **Community-Centered Health Programs:** Design community programs that foster spiritual well-being through activities such as prayer, meditation, and communal support, enhancing both individual and collective health outcomes.

Suggestions for Future Research

- **Empirical Validation of the Spiritually-Based Health Intelligence Model:** Conduct studies to test the effectiveness of this model in real-world settings, measuring its impact on physical, mental, and spiritual health.

- **Development of Holistic Health Indicators:** Develop reliable metrics to assess health from a holistic perspective, capturing the interplay between physical, mental, and spiritual well-being.
- **Modeling Spiritual Interventions in Health Programs:** Design and evaluate health interventions that integrate spiritual components and assess their efficacy in promoting well-being.
- **Long-Term Impact Studies:** Undertake longitudinal studies to track the sustained effects of integrating spiritual health dimensions into health programs over time.
- **Exploration Across Social and Cultural Contexts:** Research how this model can be adapted and applied in various cultural and social contexts to enhance its global relevance.
- **Analysis of Social Factors in Model Acceptance:** Investigate the social and cultural factors that may influence the acceptance and success of spiritual health interventions.
- **Evaluating the Synergy of Medical and Spiritual Approaches:** Assess how the integration of medical and spiritual practices can enhance health outcomes and reduce disparities.
- **Development of Sustainable Intervention Models:** Focus on creating intervention models that are scalable and sustainable, ensuring long-term success and integration into public health systems.

In conclusion, this study's contribution to health sciences lies in its introduction of a holistic framework that acknowledges the complex relationship between physical, mental, and spiritual health. The proposed model provides new directions for health promotion, offering practical recommendations that advance integrated care and enhance well-being at both the individual and community levels.

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Conflicts of Interest

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References

- Alinejad, N., Khosromanesh, F., Bijani, M., Taghinezhad, A., Khiyali, Z., & Dehghan, A. (2025). Spiritual well-being, resilience, and health-promoting lifestyle among older adult hypertensive patients: A cross-sectional study. *BMC Geriatrics*, 25(1), Article 265. <https://doi.org/10.1186/s12877-025-05877-x>

- Alyafei, A., & Easton-Carr, R. (2024). The health belief model of behavior change. *StatPearls*. <https://www.ncbi.nlm.nih.gov/books/NBK606120/>
- Bahrami, M., Musarezaie, A., Farzi, S., Beigi-Harchegani, H., & Mosavizadeh, R. (2024). Development, implementation, and evaluation of a spiritual health promotion program for mothers of children with acute leukemia based on mobile health: A mixed-methods protocol study. *Journal of Education and Health Promotion*, 13(1), Article 412. https://doi.org/10.4103/jehp.jehp_42_24
- Bożek, A., Nowak, P. F., & Blukacz, M. (2020). The relationship between spirituality, health-related behavior, and psychological well-being. *Frontiers in Psychology*, 11, Article 1997. <https://doi.org/10.3389/fpsyg.2020.01997>
- Crystal, S. (2021). Spiritually influenced health: results of a health promotion initiative in houses of worship. *International Journal of Faith Community Nursing*, 6(1), Article 5. <https://digitalcommons.wku.edu/ijfcn/vol6/iss1/5>
- Eryilmaz, M. (2022). Application of the PRECEDE-PROCEED planning model in designing a genital health program. *Journal of Client-Centered Nursing Care*, 8(4), 233-242. <https://doi.org/10.32598/JCCNC.8.4.443.1>
- Hacker, K., Auerbach, J., Ikeda, R., Philip, C., & Houry, D. (2022). Social determinants of health—an approach taken at CDC. *Journal of Public Health Management and Practice*, 28(6), 589-594. <https://doi.org/10.1097/PHH.0000000000001626>
- Hadi, A. (2020). Konsep dan praktek kesehatan berbasis ajaran Islam. *Al-Risalah*, 11(2), 53-70. <https://doi.org/10.34005/alrisalah.v11i2.822>
- Hagger, M. S. (2019). The reasoned action approach and the theories of reasoned action and planned behavior. In D. S. Dunn (Ed.), *Oxford Bibliographies in Psychology*. New York, NY: Oxford University Press. 10.1093/OBO/9780199828340
- Hanckel, B., Petticrew, M., Thomas, J., & Green, J. (2021). The use of qualitative comparative analysis (QCA) to address causality in complex systems: a systematic review of research on public health interventions. *BMC Public Health*, 21(1), Article 877. <https://doi.org/10.1186/s12889-021-10926-2>
- Hassan, A. A. S. (2023). The components of spiritual intelligence predicting mental toughness and emotional creativity for university students. *Education Research International*, 2023, 1-13. <https://doi.org/10.1155/2023/1631978>
- Khayyam, M., Chuanmin, S., Salim, M. A., Nizami, A., Ali, J., Ali, H., Khan, N., Ihtisham, M., & Anjum, R. (2022). COVID-19 vaccination behavior among frontline healthcare workers in Pakistan: the theory of planned behavior, perceived susceptibility, and anticipated regret. *Frontiers in Psychology*, 13, Article 808338. <https://doi.org/10.3389/fpsyg.2022.808338>

- Komalasari, R. (2022). Pemanfaatan kecerdasan buatan (AI) dalam telemedicine: dari perspektif profesional kesehatan. *Jurnal Kedokteran Mulawarman*, 9(2), 72-81. <https://e-journals.unmul.ac.id/index.php/JKM/article/view/8309>
- Kurniasih, H., Purnanti, K. D., & Atmajaya, R. (2022). Pengembangan sistem informasi penyakit tidak menular (PTM) berbasis teknologi informasi. *Jurnal Teknoinfo*, 16(1), 60-65. <https://doi.org/10.33365/jti.v16i1.1520>
- L'Engle, K., Landeros, A., & Trejo, E. (2025). Examen Tu Salud: a digital spiritual health intervention for young adult US Latinas. *Journal of Religion and Health*, 64(2), 1222-1238. <https://doi.org/10.1007/s10943-025-02270-1>
- Laili, N., & Tanoto, W. (2021). Model kepercayaan kesehatan (health belief model) masyarakat pada pelaksanaan vaksin COVID-19. *Jurnal Ilmiah Kesehatan Keperawatan*, 17(3), 198-207. <https://doi.org/10.26753/jikk.v17i3.625>
- Lee, K., & Piper, J. (2021). Reviving the role of GPHIN in global epidemic intelligence. In L. West, T. Juneau, & A. Amarasingam (Eds.), *Stress Tested* (pp. 177-191). University of Calgary Press. <https://doi.org/10.1515/9781773852454-012>
- Long, K. N. G., Symons, X., VanderWeele, T. J., Balboni, T. A., Rosmarin, D. H., Puchalski, C., Cutts, T., Gunderson, G. R., Idler, E., Oman, D., Balboni, M. J., Tuach, L. S., & Koh, H. K. (2024). Spirituality as a determinant of health: emerging policies, practices, and systems. The article examines spirituality as a social determinant of health. *Health Affairs*, 43(6), 783-790. <https://doi.org/10.1377/hlthaff.2023.01643>
- Michelen, M., Phan, M., Zimmer, A., Coury, N., Morey, B., Montiel Hernandez, G., Cantero, P., Zarate, S., Foo, M. A., Tanjasiri, S., Billimek, J., & LeBrón, A. M. W. (2024). Practical qualitative data analysis for public health research: a guide to a team-based approach with flexible coding. *International Journal of Qualitative Methods*, 23, Article 16094069241289279. <https://doi.org/10.1177/16094069241289279>
- Nicmanis, M. (2024). Reflexive content analysis: an approach to qualitative data analysis, reduction, and description. *International Journal of Qualitative Methods*, 23, Article 16094069241236603. <https://doi.org/10.1177/16094069241236603>
- Nurhayati, E., & Fitriyana, S. (2020). Determinan kesehatan dalam perspektif Islam: studi pendahuluan. *Jurnal Integrasi Kesehatan & Sains*, 2(1), 52-56. <https://doi.org/10.29313/jiks.v2i1.5865>
- Patrick, F. (2024). Traditional healing practices: a comprehensive overview. *J Tradit Med Clin Natur*, 13, Article 457. <https://www.omicsonline.org/open-access/traditional-healing-practices-a-comprehensive-overview-133186.html>

- Pinto, C. T., Guedes, L., Pinto, S., & Nunes, R. (2024). Spiritual intelligence: A scoping review on the gateway to mental health. *Global Health Action*, 17(1), Article 2362310. <https://doi.org/10.1080/16549716.2024.2362310>
- Prihatinta, T., Taali, M., Shahab, D., Lestariningsih, T., Ayu Nurcahya Ramadhania, D., & Negeri Madiun, P. (2021). Pengembangan multiple intelligence sebagai sarana dalam pembentukan karakter anak pada paguyuban kader kesehatan Desa Winongo Kecamatan Manguharjo Kota Madiun. *Jurnal Pengabdian Kepada Masyarakat*, 5(1), 100-104. <https://journal.pnm.ac.id/index.php/dikemas/article/view/180>
- Ridlo, I. A., & Zein, R. A. (2018). Arah kebijakan kesehatan mental: tren global dan nasional serta tantangan aktual. *Buletin Penelitian Kesehatan*, 46(1), 45-52. <https://doi.org/10.22435/bpk.v46i1.56>
- Rina, D. (2020). Pencegahan penyebaran virus corona di bandara menggunakan artificial intelligence. *STRING (Satuan Tulisan Riset Dan Inovasi Teknologi)*, 5(1), 94-100. <https://doi.org/10.30998/string.v5i1.6199>
- Rosyanti, L., Hadi, I., & Akhmad, A. (2022). Kesehatan spiritual terapi Al-Qur'an sebagai pengobatan fisik dan psikologis di masa pandemi COVID-19. *Health Information : Jurnal Penelitian*, 14(1), 89-114. <https://doi.org/10.36990/hijp.v14i1.480>
- Saad Duque, N. J., Greene-Cramer, B., Awofisayo-Okuyelu, A., Selenic Minet, D., Almiron, M., Swanson, K., Hertlein, C., Mollet, T., Corpuz, A., Koua, E., Williams, G. S., Matsui, T., Phengxay, M., Kato, M., Dorji, T., Ciobanu, S., Cheng, K.-Y., Morgan, O., Mahamud, A. R., & Hamblion, E. (2024). Embedding public health intelligence into the global public health architecture. *BMJ Public Health*, 2(2), Article e001011. <https://doi.org/10.1136/bmjph-2024-001011>
- Setiawaty, V., Kosasih, H., Mardian, Y., Ajis, E., Prasetyowati, E. B., Siswanto, & Karyana, M. (2020). The identification of first COVID-19 cluster in Indonesia. *The American Journal of Tropical Medicine and Hygiene*, 103(6), 2339-2342. <https://doi.org/10.4269/ajtmh.20-0554>
- Sharifnia, A. M., Fernandez, R., Green, H., & Alananzeh, I. (2022). Spiritual intelligence and professional nursing practice: A systematic review and meta-analysis. *International Journal of Nursing Studies Advances*, 4, Article 100096. <https://doi.org/10.1016/j.ijnsa.2022.100096>
- Stiliya, J. K., Antony, J. M., & Joseph, J. (2024). Spiritual intelligence and spiritual care in nursing practice: a bibliometric review. *Indian Journal of Palliative Care*, 30, 304-314. https://doi.org/10.25259/IJPC_155_2024
- Ungar-Sargon, J. (2025). Beyond reductionism or wishful thinking? Tensions between evidence-based practice and spiritual frameworks in contemporary healthcare trends in internal

medicine. *Trends in Internal Medicine*, 5(1), 1–10. <https://www.scivisionpub.com/abstract-display.php?id=3855>

- Ushuluddin, A., Masruri Universitas Muhammadiyah Yogyakarta, S., & Rusliwa Somantri Universitas Muhammadiyah Yogyakarta, G. (2019). The integration of spiritually-based holistic education and holistic health towards holistic health education (HHE): Islamic psychology perspective. *IJLRES-International Journal on Language, Research and Education Studies*, 3(1), 54–70. <https://jurnal.uinsu.ac.id/index.php/ijlres/article/view/3176>
- Wanananda, A. (2021). Henrik Blum. *Ebers Papyrus*, 27(1), 1–3. https://journal.untar.ac.id/index.php/ebers_papyrus/article/view/12517
- Wardah, W., & Sri Kuncari, E. (2020). Kajian etnobotani pakundalang (*Blumea balsamifera* (L.) DC.) sebagai solusi alternatif untuk kemandirian kesehatan masyarakat Banggai Kepulauan, Sulawesi Tengah. *Journal of Tropical Ethnobiology*, 3(2), 139–148. <https://doi.org/10.46359/jte.v3i2.51>
- WHO. (2025). *Health and Well-Being*. World Health Organization. <https://www.who.int/data/gho/data/major-themes/health-and-well-being>
- Windarto, Y. E., & Marfuah, M. (2020). Implementasi Naives Bayes-certainty factor untuk diagnosa penyakit menular. *Jurnal Sisfokom (Sistem Informasi Dan Komputer)*, 9(2), 208–214. <https://doi.org/10.32736/sisfokom.v9i2.823>
- Yarmaliza, Y., & Zakiyuddin, Z. (2019). Pencegahan dini terhadap penyakit tidak menular (PTM) melalui GERMAS. *Jurnal Pengabdian Masyarakat Multidisiplin*, 2(3), 168–175. <https://doi.org/10.36341/jpm.v2i3.794>
- Zahari, M. H., Ridzuan, M. R., & Abd Rahman, N. A. S. (2022). Application of the health belief model on the intention to stop smoking behavior among smokers in Kuala Terengganu, Malaysia. *International Journal of Academic Research in Business and Social Sciences*, 12(10), 693–702. <https://doi.org/10.6007/IJARBS/v12-i10/14969>