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ORIGINAL PAPER

Identification of Concepts of Spiritual Care in Iranian Peoples with Multiple Sclerosis: A Qualitative Study

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Abstract Living with multiple sclerosis (MS) often needs attention combined with receiving the holistic care. Attention to spiritual care dimension is one of the most important aspects of care for these patients. This study aims at exploring and explaining dimensions of spiritual care for MS patients in care system of Iran. This study is conducted to explore the concept of spiritual care in care system of Iran during 2015–2016. Purposive sampling is done on 25 participants through unstructured interviews and observation of obtained data through conventional content analysis approach. Four themes of participants' experiences in spiritual care include restoration of identity essence and nature; disease as a factor for nearness to God; giving meaning to life; and disease as a facilitator for self-

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purification. Clear understanding of spiritual care dimensions and promoting knowledge in MS nurses as the caregivers play important roles in achieving the goals of health among patients in different cultures and religions. Given the results of this study, the themes such as the restoration of identity essence and nature, the disease as a factor for nearness to God, giving meaning to life and the disease as a facilitator for self-purification play important roles in explaining the concept of spiritual care in patients with MS. Therefore, the MS nurses and other health professionals need to effectively and successfully integrate the concept of spiritual care with their professional performance by deep understanding of this concept and try to provide holistic care to respond to MS patients' intertwined needs.

Keywords Spiritual care · Multiple sclerosis (MS) · Content analysis · Iran

Introduction

Multiple sclerosis (MS) is considered a progressive, chronic and prevalent disease which demyelinates the central nervous system (CNS) in younger groups of adults. This disease is more common in the youth and leads to decline in individual and social functions (Masoudi et al. 2013). Multiple sclerosis usually occurs in people at 20–40 years of age. The USA has reported in as the third leading cause of disability (Masoudi et al. 2015), and nearly 50,000 people are suffering from MS in Iran, especially in Isfahan City with highest prevalence (70/100,000 people) (Masoudi et al. 2014).

Living with MS often requires comprehensive care and attention; and its conditions are usually progressive; and patients' individual experiences are different and unpredictable. These conditions are very complex and include various problems such as physical, psychological and emotional problems, and there is not any certain cure for this disease so far; and the problems of this disease can be managed only by comprehensive care. These patients continue to live with these conditions for multiple years and are always exposed to actual and potential damages for continuation of life (Khayeri et al. 2016). The patients' needs and challenges should be known in order to provide holistic care for patients with chronic disabilities as well as providing more effective care (Abendroth et al. 2012).

The holistic care requires holistic view on human nature which consists of various physical, mental, social and spiritual aspects, and thus, the neglect of any dimension will make difficulties in achieving the health goals. In this regard, the spiritual care is known as the most important factor in helping to achieve a balance in providing health and disease resistance, so that the spiritual care will increase the patients' abilities to cope with acute disease and speed up the recovery process (Khayeri et al. 2016; Masoudi et al. 2015).

In recent years, the spiritual care has been increasingly taken into account as the foundation of human existence and its effect is studied on healing the human (Edwards et al. 2010). Spirituality is a multidimensional and complex concept which has cognitive, experiential and behavioral aspects. The cognitive or philosophical aspects of spirituality include meaning and purpose in life. The emotional aspect of spirituality is integrated with hope, love and attachment, inner peace, comfort, support and individual experiences; and the inner spirituality and personal beliefs are its behavioral aspects which are integrated with the outside world (Mok et al. 2010).

Nursing theorists have defined the spirituality in different ways such as targeted life, communication with a superior force and energy balance. Nightingale and Travel B have considered the attention to patients' spiritual needs as the nurses' roles in their theories. Newman considers the spirituality as an inherent variable which is the individual basic

structure and facilitates well-being, health and optimal stability (Fawcett and Desanto-Madeya 2012). Nursing theorists have emphasized on holistic and integrated human nature in describing the individual concept and considered the spiritual care as the activity and way which promotes the patient's quality of spiritual life, spiritual well-being and practice (Gunter 2014).

According to studies, most of the patients believe that the spirituality plays an important role in their lives; and there is a positive relationship between their religious and spiritual beliefs with recovery process; and they expect the physician and medical team to pay attention to these factors in their health care. Accordingly, 77% of patients think that the spirituality should be considered as a part of their medical care; however, only 10–20% of physicians pay attention to spirituality in caring their patients; and just a few educational centers provide training courses on spirituality and its impact on healthcare team and improving the patient care (Alcorn et al. 2010; Puchalski 2012).

On the other hand, the planners and officials' perspective view on considering the spirituality equivalent to religion is one of the main reasons for lack of attention to spirituality and spiritual care in nursing, while the spirituality is a concept broader of religion in nursing and it is not equivalent to religion. The foundation of spirituality concept is based on seeking meaning in life and its strange events such as illness. On the other hand, the lack of attention to accurate understanding of spiritual care meaning in patients widens the gap between theory and practice (O'brien 2013; Swinton and Pattison 2010). This challenge leads to a decline in quality of care and reduced satisfaction in patient and family.

Discovering and explaining the concept of spiritual care in different cultures and religions can provide important information for care team about the individual ability to fight against disease and appropriate interventions to help a person to cope with crisis. Since the purposes of MS nursing include the remission of disease problems and health promotion, prevention of potential problems and treatment of patient's current illness, the spiritual care plays a significant role in achieving this goal, but according to literature review on nursing context of Iran, this aspect of care is less taken into account by MS nurses; and the lack of a clear understanding of this concept in multiple sclerosis is one of its main causes. Therefore, this research aims at exploring and explaining the patients' perception of spiritual care concept in MS, and it can have significant impact on provision of high-quality care and contribute toward providing effective care for these patients in care system of Iran.

Methods

Design

This research utilizes a qualitative design with a content analytical approach for data collection and analysis of Iranian MS patients' views and experiences. According to objective of qualitative studies, they describe the complex phenomena for consumers, healthcare providers, policy-makers and clinicians in healthcare system (Rabiei et al. 2015). The qualitative studies aim at enhancing the understanding and describing the emotions and experiences, while this type of study can develop the educational and health policies (Eslami et al. 2016; Holloway 2005). The care concept is often ambiguous, abstract and intangible. Therefore, the studies can contribute to fine tuning of conceptual

caring definitions by utilizing the findings of qualitative caring (Chiovitti 2008; Rabiei et al. 2015). The qualitative methodology is usually used to capture the complexities of psychological, social and physical aspects of caring. Using the content analysis, a systematic coding and categorizing approach, the findings which are near to data called the "near data findings" are produced (Sandelowski 2010). This analysis is used to describe a large amount of textual data to determine the procedures and models of communication (Cope 2014).

Data Collection and Participants

The qualitative studies emphasize on quality of data which is obtained from sample individuals, situation, or event instead of focus on the sample size. Numerous qualitative studies have utilized the purposive sampling plans in order to choose certain subjects, situations or events, or/and this will provide rich data necessary to gain insights and discover new meaning in study. When information is saturated in study, a number of participants are adequate in a qualitative research. When additional sampling does not provide any new information, but just a redundancy of previous collected data, the data become saturated (Sandelowski 2010). Twenty-five participants (patients and caregivers) are chosen by a purposive sampling strategy in order to achieve the objective of study.

A sufficient number of subjects are sampled during 13 months. Inclusion criteria are as follows: MS people with disease experiences in last 2 months; the motivation to participate in research; minimum age of 20 years; and literate patients. The research candidates, who had mental and cognitive disorders and a past history of drug addiction and other neurologic disorders, were excluded from research. They are considered as alert and oriented men and women with medical records in MS society of Shahr-e Kord. The sample included 12 males and 13 females. Eligible participants were included from neurology department, neurologist clinics and MS society. The selection of MS patients from various organizations and also the highly varied sampling helped authors to receive a wide range of perspectives and experiences.

The unstructured face-to-face interviews and observations (participants' care behavior in clinical organization such as internal neurology sector and the MS society) were performed on 25 MS patients and caregivers admitted at educational and medical centers of Shahr-e Kord University and MS society in Shahr-e Kord of Iran. The interviews were performed in a quiet and private space. Each interview lasted for 45–100 min on average based on participants' physical and mental status and their tolerance. The interviews started by asking the following main question: "how would you spend a typical 24-hour day since being diagnosed with this disease?" The following explorative questions could be asked based on the participants' responses to achieve the enriched information. For instance: Would you mind telling me what did it happen when you encountered with disease problems? The following questions were asked for clarification such as "please tell me" and "what do you mean." The interviews were in Persian and done by the first author and then recorded and transcribed and translated verbatim into English (Elo and Kyngäs 2008; Graneheim and Landman 2004). The second and third authors, as the bilingual translators, were responsible for supervision of translation and then retranslated the text and confirmed it. For precise data collection, field note was also done in addition to recording the interviews.

Data Analysis

We used the qualitative content analysis as the research method. The following steps were taken for data analysis (Graneheim and Landman 2004).

1. Transcribing the interviews verbatim and reading them for several times to give meaning to the whole transcription.
2. Classifying the text into condensed meaning units.
3. Abstracting the condensed meaning units and labeling them with codes.
4. Sorting codes into sub-categories based on the constant comparative analysis in order to investigate their similarities and differences.
5. Theme formulating for expression of latent text content.

Trustworthiness

The trustworthiness assessment was done through peer and member checking and prolonged engagement in this study in order to ensure the reliability. The second and third authors (as the expert supervisors) performed the peer checking. Member checking was carried out through asking the respondents to verify the preliminary findings obtained from the earlier interviews. Maximum sampling variation enhanced the research confirmability. The researchers independently performed the data analysis in order to identify and classify the initial codes, and then the themes and codes were compared to each other. Definitions were clarified and discussion continued until obtaining a consensus in areas where two ones did not agree on it (Graneheim and Landman 2004; Rejeh and Vaismoradi 2010). Furthermore, the interviews were summarized and returned to interviewees as member checks, and then the confirmations were certified as the researchers were representing the interviewees' views and experiences (Graneheim and Landman 2004). The participants' trust was attracted and in-depth data collected in a prolonged engagement in the field of data collection. (A period of more than 13 months was spent for good relationship with participants in this study, and the researcher was an expert Ms Nurse.)

Ethical Consideration

This study is confirmed by the Ethics Committee of Shahr-e Kord University of Medical Sciences (Ethic Code: 93-7-9). The purposes of this study were clarified for all participants, and they knew that the participation in this study is voluntary and they were able to refuse to participate at any time without any risk on delivered services. A quiet, privacy and comfort place was considered as the location of interview. Participants gave their approval by signing a written consent to participate in this study. The permission to type records was gain from participants before interviews.

Findings

Fourteen out of 25 participants were patients, and the other 11 ones had a history of care for disease in this study. Twelve participants were males, and the rest were females. The patients' mean age was 30.71 ± 8.20 with age ranging from 20 to 50 years. The mean duration of disease was 6.57 ± 6.03, and the caregivers' history of caring was 8.77 ± 3.66 (Table 1).

Table 1 Demographic characteristics of the study participants

Demographic characteristics	N (percentage)
Age (Mean ± SD): 30.71 ± 8.20	
20–29	10 (40)
30–39	4 (16)
40–49	8 (32)
50–60	3 (12)
Sex	
Female	13 (52)
Male	12 (48)
Marriage	
Single	11 (44)
Married	14 (56)
Educational status	
Primary	3 (12)
Guidance	5 (20)
High School	6 (24)
Collegiate	11 (44)
Employment	
Housekeeping	10 (40)
Having a job	10 (40)
Unemployed	3 (12)
Retired	2 (8)
Economic status	
Poor	8 (32)
Moderate	9 (36)
Good	8 (32)
Length of disease (Mean±SD): 6.57±6.03	Caregivers' history of caring (Mean ± SD): 8.77 ± 3.66

Four themes were created from the experiences related to the concept of spiritual care in Iranian MS patients and their caregivers who played roles in caring these patients. These themes included restoration of identity essence and nature with two classes of self-realization and spiritual health and self-knowledge; the factor disease for nearness to God with three classes of strong emotional connection with God; interaction with God and strength due to the hope; giving meaning to life with three classes of beautiful living; disease as a divine test; and self-value; and disease as self-purification facilitator with three classes of more sensual control; disease as a factor for forgiving the sins; and integrity and being farseeing (Table 2). The relevant themes are explained and supported by participants' statements as follows.

Table 2 Themes and sub-themes about spiritual care concept of Iranian multiple sclerosis patients' perspectives and experiences

Themes	Sub-categories
Restoration of identity essence and nature	Self-construction and soul health
	Patient's self-knowledge
Disease as a factor for nearness to God	Strong emotional relationship with God
	Interaction with God
	Strength due to hope
Giving meaning to life	Beautiful living
	Disease as a divine test
	Self-value
Disease as a facilitator for self-purification	More sensual control
	Disease as a factor for forgiving the sins
	Integrity and being farseeing

Restoration of Identity Essence and Nature

The restoration of patient's identity essence and nature was one of the main concepts of spiritual care in patient. The elements of this theme had 2 subclasses including the patient's self-realization, spiritual health and self-knowledge.

Self-Realization and Spiritual Health

The disease experience leads to the patient's more attention to principle of existence, self-realization and self-improvement. According to one of the patients' experience with 10 years of disease:

> … After several years of illness, I have returned to myself, have better self-knowledge. In fact, this problem and disease is made by someone who has created me and it is better to bear this situation, and thus I think more about my existence, build myself as this disease is a tool for my self-realization… (Patient 6).

Another participant had such experience in this regard:

> … When we have strong and agile body, we neglect everything, but we have hurt soul and spirit behind a healthy body. However, my sick body leads to a healthy psyche, soul and spirit, and I have strengthened my soul. Therefore, my whole health has become better, and this process has made my illness much better and controlled. (Patient 5)

Self-Knowledge

Furthermore, the participants commented that they reached a better understanding of themselves and better self-knowledge after dealing with disease and believed that disease made such event according to this habit under which the self-knowledge is among the best understanding factors:

… At the early disease stages, I permanently said that why It happened for me? After I thought, I found that they were mechanisms for me to know who I was and why I was created. "I would realize that there is a highly rational reason behind my creation. This could lead to better understanding of my life's aim. Based on my belief every body has their own entity that will not be able to get away from it." (Patient 3)

A nurse, who had a 15-year history of care of these patients, said:

… These patients become so spiritual, because its nature is chronic and they are day and night dealing with disease problems. They go towards the spirituality and become much better. Some of them have been able to overcome this process and development of their disease, and control most of the problems…. (Nurse 2)

Nearness to God

The concept of nearness to God was another aspect of spiritual care in MS patients due to the illness. This subject included three sub-categories, namely the strong emotional connection with God, interaction with God and strength due to the hope.

Strong Emotional Connection with God

The experience of disease by patients and dealing with ups and downs of disease not only did not make the patients disappointed, but also made them more aware of existence of an Almighty and led to the emergence of a stronger emotional connection with God. One of these patients' experiences is as follows:

… I believe that we belong to God and shall return to him. When I am struggling with a chronic illness, the life is like a window from which you should watch the world and pass, so my disease is in fact a sign of nearness to creator… (Patient 4).

Another care worker told about his experience in this regard:

… I take care of patients who became day to day nearer to God. I asked them what happened to you as you became so closer to God since you did not be before. They said this disease gave us understanding and we found that we were unaware of ourselves and should return to our God who created everything… (Nurse 2).

Interaction with God

It expresses the patients' feeling about an interaction with God, so that the illness experience was like an interaction between god and patient. The difficulties tolerated by patient in this world would their reward in another world, and God would give them the outcome of patience by pleasant gifts.

One of the participants believed that:

… Nothing is without philosophy in this world; anything you plant in this world, you will harvest in the next world. We have dealt with our God who is so valuable, so the disease has become a part of our existence… (Patient 5).

One of the patients' family caregiver also said:

… The early years of disease are very difficult for them because they are young and it is hard to deal with it, but then the divine spirit reveals and they will easily believe in divine destiny. Even when we ask them what happened to you, they say that there is a God and he has a more special attention to MS patients…. (Caregiver 1)

Strength Due to the Hope

On the other hand, according to participants' experiences, the spirit and hope are the most important factors for sustainability against disease. The hope for hereafter as the outcome of this world and belief that this world is a mortal world, but the hereafter is lasting and eternal. Such promising spirit leads to the greater and better strength in patients against the ups and downs of disease:

… The human will be dead without hope; hope for future, hope for God and fate. When you see everything has plans, you will get the spirit of fighting against the disease and even become happier and stronger to overcome… (Patient 1).

According to care nurses' experiences, the spiritual dimension was an effective lever for patient's sustainability during disease:

… We always consider the spiritual dimension such as praying and appealing to God. It is very helpful and inspiring for patients and leads to hope and raised spirit… (Nurse 2).

Giving Meaning to Life

Giving meaning to life was another experience related to the concept of spiritual care in these patients. The elements of this theme were as follows: beautiful living; disease as a divine test; and self-value.

Beautiful Living

The experience of MS and contemplation in the meaning and concept of illness and tolerance of difficulty provided the beauty, passion and love indicating the patient and attention to him in the presence of God. Participants believed that the draw was held on the names of those who were closer to God and their feeling indicated the sense of God beauty and passion:

… What drowns the man is not falling in water, but remaining under water. Draw has selected my name, but this disease has made my life more beautiful and my love for God higher and deeper…. (Patient 1)

Another participant expressed his experience of caring by God during MS disease:

… We have a proverb saying that: be brave despite the dark night as the dawn is near. When you see that the consequence of this disease is just like a white night after the black one why the sadness and grief? But the illness experience leads to the beauty and loving God and appreciation of God… (Patient 3).

Disease as a Divine Test

According to participants' experiences, they considered disease as a divine test and prayed to God even when they were ill, and this was a sign for better understanding of God and appealing to the creator for help:

> … God tests every human by a type of method, and all of these things are common in creation. A person is healthy and sees me as the patient and thanks and praises God for his health, and I am patient and see the healthy one and appeal to God and wait and try to get well in test in order to gain good reward by God… (Patient 5).

Another participant expressed his experience as follows:

> … "In my opinion, the living in this world is not associated with joyness and comfort. But it is full of difficulties and is a place for peoples to be evaluated individually." (Patient 4)

In this regard, one of the caregivers believed:

"He has so pain every at nights, but when I ask do you want any pain killer, he answers: No this pain is sweet, and I am testing and want to pass my exams as God says that the pain is a divine gift." (Caregiver 2)

Self-Value

One of the interesting experiences in caring the MS patients was their patients' value for continuation of life with disease. These patients paid more attention to their values more than before, and their lives were combined with value and identity every moment:

> … The disease has changed my life, and to be honest, it has given me a new life. I know why I am born and why I am in this world and everything has become valuable for me. "To realize my entity, I would try to have spiritual relationship with my own creator (GOD)." (Patient 11)

According to one of the care nurses' experience in this regard,

> MS affects the young people and changes the patients. They think more about themselves and understand their existence, and give meaning to their hereafter world and live with a newer thinking… (Nurse 3).

Disease as a Factor for Self-Purification

According to one of the most important aspects of spiritual care in MS patients, this was a fact in life that the disease was considered as a factor for their self-refinement and purification. The elements of this theme included more control over passion; and disease as a factor for forgiving the sins; and integrity and being farseeing.

More Sensual Control

According to obtained data, due to the experience of disease and tolerating its complications, the patients were better able to cope with lascivious feelings, and take away from perversion and sin, and decisively overcome their sensual feelings. One of these patients had experienced that feeling:

… When my body is tired due to this disease, my soul becomes as a center of my feelings and love. It becomes renovated and I can better overcome my sensual feelings against the purity. Due to my illness, I am able to control my sensual feelings and renovate my soul…. (Caregiver 2)

One of the caregivers for these patients believed that:

… Their bodies are very weak, but their soul and spirit are very honest. They have become more spiritual after disease and been able to renovate their soul; they are more careful about their actions especially the type of thinking and look at life, other people, and their God… (Patient 9).

Disease as a Factor for Forgiving the Sins

Another aspect of self-refinement and purification in these patients was the consideration of disease as a factor for forgiving the sins in this world. They believed that this was an opportunity for them to reduce the burden of sin in this world and continue to live freely and safely. One of these patients who experienced serious problems said:

… The bitterness and sadness of the world will lead to the sweet hereafter. Due to the disease, I will become purified and go to visit my Lord with cleaner soul after eliminating and forgiving my sins… (Patient 1).

According to another patient's experience with this disease, he learned about one of the men of God and was inspired by his disease and emphasized that:

… Imam Sajjad (PBUH) was sick, but his prayer is now well known. Disease is a driving engine. In other words, they have cauterizes beneath our feet to understand here is not a place to stay and we should go. Tolerability and experience of disease purify the sins, and we will reach the satisfaction level… (Patient 10).

Integrity and Being Farseeing

The final outcome of spiritual experience in this disease led to the emergence of being farseeing in patients. These patients continued lives more honestly after experiencing the disease problems and its challenges:

"The disease washed my life and poured on my soul like the rain; and made a spring inside me. It strengthened my internal integrity and this was a gift of disease…." (Patient 6)

According to another patient:

… When God has planned for you to tolerate these harsh conditions, he will certainly destine your destiny. I am obedient, happy and satisfied with his will; and everything with bless will certainly end well…. (Patient 2)

Discussion

This qualitative study explores and describes the MS patient' experiences of spiritual care concept in care system of Iran.

The restoration of identity essence and nature is one of the obtained themes in which the self-construction and soul health are among its dimensions. The self-construction and promoted soul health by patient led to the strengthened power for coping with problems of disease; and this trend helped the patient to deal with his disease. Bowie et al. indicated that 64 percent of their studied patients talked with their physicians about their religious and spiritual beliefs. Furthermore, a half of physicians asked the patients about the role of spirituality in compatibility and promoting the soul health as they proved that the spirituality played a main role in improving the soul health and also accelerating the process of recovery in patients with cancer, and suggested that there was a need for more studies on this field to manifest the role of spirituality in improving and promoting the soul health and also dealing with disease (Corry et al. 2014; Mishra et al. 2017). Dunn et al. (2009) also define the spirituality as person search for sanctity and his ability to transcend, make a close relationship with themselves, others and environment (Dunn et al. 2009). In this regard, Unterrainer et al. (2011) believes that the spirituality as the promoter of health is the main way of other human dimensions and a practice by which the human builds his feelings about the life events and finds his purpose of existence in threatening diseases of life (Unterrainer et al. 2011). In care system of Iran, the spiritual dimension of caring in a chronic disease such as MS has been more taken into account by patients due to its numerous problems, and the attention to this dimension leads to the promotion of patient's soul health and also the ability to self-construction which is a powerful lever for controlling the problems and coping with ups and downs in disease. On the other hand, the patient's self-knowledge is another aspect of restoration of identity essence and nature. It should be noted that the spirituality is defined as the energy, meaning, purpose and awareness in life, so that the spirituality means the constant search for meaning and purpose of life, deep understanding of life value, a better self-construction and recognizing personal beliefs (Mok et al. 2010). From a psychological point of view, spirituality is considered as "an attempt to develop the sensitivity andself-understanding and trying to achieve holistic humanity.What has been explored from experiences ofpeoples with MS, It's the fact that MS disease is a bridge for connecting the material world to another world; and the attention to spiritual dimensions acts as the facilitator, so that the patients abandon the worldly-concerns and interact with their God as a support and safe stronghold for them" (Aten and Leach 2009). About the concept of spirituality in people with cancer, Gullatte et al. (2010) have concluded that the spirituality is a personal communication which contains the communication with superior world and leads to better understanding of the patients themselves and their God, so that the prayer and spirituality aim at fulfilling the human needs; and coping with disease leads to the strengthened other dimensions such as self-knowledge and better self-understanding and being strengthened to cope with fear and uncertainty about disease. According to results, the research on spirituality during the disease can lead the patients and medical team toward better application of this consistency strategy (Gullatte et al. 2010). According to MS patients' experience, the deep mental concerns about disease and also the severe physical problems need to strengthen the spiritual dimension. The self-construction for dealing with and tolerating and sometimes coping with problems is among the care necessities in these patients.

Another theme associated with spiritual care in patients was the disease consideration as a component for nearness to God which led to creation of classes, namely the strong emotional connection with God, the interaction with God and strength due to the hope. The Islamic insight and care context of Iran emphasize that the human obtains the ideal in an evolutionary mutation. In this ideal, he forgets himself and it is replaced by the belief in God and nearness to him. In fact the spiritual care of patients refers to the honest person's

attempt without any money expectations and just for humanity and returning to the self-identity and pure human nature. It is considered as an interaction with God; this insight is also dominant in care teal; and the efforts are taken to fulfill the patients' spiritual needs (Farsi et al. 2010). In this regard, Visser et al. (2010) argue that the belief in God and praying improve the spiritual well-being in patients. Generally, there is the desire for spiritual and physical healing either for patients themselves or others as well as appeal to God or a higher power in all people (Visser et al. 2010). The experiences in MS patients, most of whom were adults, approve the fact that they tolerated the complex problems of disease only for interaction with God and it had led to creation of a strong emotional and spiritual relationship between them and God, and they continued living with this spirit. It is very important to pay attention to facts in these patients. Weber and Pargament (2014) argue that the religious belief is an important factor in mental support for patients; and the patients should rely on divine power for more sense of comfort and gaining the power to move toward more consistency with disease and obtaining hope to cope with disease difficulties (Weber and Pargament 2014). In this regard, the studies on critically ill patients reveal there is an inverse relationship between spiritual health and despair, desire for early death and desire to commit suicide. According to findings, the numerous disease problems make difficulties in patients' life, and thus, the attention to spiritual health plays an important role in their strength during disease (Etemadifar et al. 2015).

Giving meaning to life is another theme of spiritual care in this research, and it includes beautiful living; disease as a divine test; and self-value. The spirituality is the heart and center of caring the patient as a whole. In fact, the core of each care program should include the spiritual aspect to provide complete patient satisfaction (Mok et al. 2010). There was a new atmosphere and phenomenon of beautiful living sense while tolerating the harsh physical and mental problems in MS patients. The health planners should pay attention to such care atmosphere of beautiful living sense and reliance on such need and spiritual attention to design and develop the care plans. It is worth noting that when the patient's health and sense of beauty are not taken into account, the patient will have the mental disorders such as feeling of loneliness, depression and lost meaning of life. According Palutzian and Ellison (1982), the spiritual health has two dimensions: vertical and horizontal. Vertical dimension includes the feeling of healthiness in a relationship with God (religious health), and its horizontal dimension includes the sense of satisfaction and purposefulness in life (existential health) (Eslami et al. 2014). On the other hand, studies have indicated that finding meaning in life is positively associated with physical and mental health; and meaning in life has a neutralizing effect on stress (Bahrami et al. 2014; Eslami et al. 2014; Khayeri et al. 2016; Rabiei et al. 2014). Therefore, the MS patients' meaning of life becomes strengthened by spiritual care and helps them to continue living with disease. Accordingly, the patient's soul becomes valuable even in difficult conditions; and the care team put the protection of soul and spirit in their first priorities. In general, the attention to spirituality and experience of different ways of connection with God always bring comfort for patients in care system of Iran; and thus, the prayer and spirituality help to give meaning and value to these patients' life. Furthermore, the spiritual attention will lead to compatibility with side effects caused by treatment, strengthened immune system, healed physical symptoms, improved physical and spiritual coordination and strengthened healthy behavior (Rezaei et al. 2008).

The disease as a facilitator for self-purification is another aspect of spiritual care in patients with MS, and it contain the classes, namely more control on sensual factors; the disease as a factor for forgiving the sins; and integrity and being farseeing. Shariati, the Iranian thinker, defined the spirituality as the major educational factor which permanently

subtilizes the human soul; and he introduce the disease as l lever for better self-understanding to control more on sensual behavior (Hassankhani et al. 2010). In MS patients, this disease led to more control on sensual behavior and this in turn led to their self-purification, and this they could easily cope with disease problems. According to another point in spiritual care for MS patients, the disease was considered as a factor for forgiving the sins. The appeal to God for forgiveness and purifying the effects of sin from their existence is one of the prayers by Muslims in Iranian culture. According to MS patients' views and experiences, the disease was a sign of God and as a test under which their sins were forgiven by tolerating the problems of disease and prayer. The prayer and appeal for forgiveness was a spiritual activity in Iranian MS patients and as a religious practice in most of them (Rabiei et al. 2017). The integrity and being farseeing are put in another class of self-purification in spiritual care process for MS patients. In these patients, the spiritual care dimension referred to connection to God, receiving the salvation, finding comfort, friendship with God and taking away from difficulties and discomfort, and helped the patients to change and become farseeing and grow. According to studies, most of the patients with chronic diseases believed that the prayer led to their inner purification and it was an appropriate solution for dealing with disease (Aten and Leach 2009; Nolte and McKee 2008). Cobb et al. (2012) found that the belief in God and prayer created the spiritual health and led to insight and promotion and inner integrity in people (Cobb et al. 2012).

Since the spiritual care affects the individuals' ways of compatibility when they experience major changes (Potter et al. 2009), it is important to identify its concepts and components in MS patients due to the certain conditions of this disease and its chronic nature at the youth age. On the other hand, the nurses have insufficient understanding of spiritual care, and thus, the spiritual needs are often neglected in healthcare, and there are too few nurses who provide and support the spiritual care (O'brien 2013). It is essential to pay attention to dimensions of spiritual care concept in nursing curriculum for MS nurses. Furthermore, the care programs for MS patients should become comprehensive in order to promote the effectiveness of caring. Understanding the dimensions and careful attention to the concept of spiritual care in adapting to the suffering of the disease as well as the transition from the crisis caused by it, especially in chronic illnesses such as MS, is essential. Also, one of the most important dimensions of care in the care of chronic patients provides spiritual care base on the caring context that comes from a special care needs, culture and values those affect the caring quality. Therefore, health and care planners should be mindful of the dimensions of spiritual care for providing necessary and special care in order to achieve the desired health. In this regard, the nurses as one of the important members of the care team have a privileged role by understanding the dimensions of spiritual care of MS patients; they can help patients in this important challenge.

Conclusion

According to results of this research, caring the MS patients needs paying attention to their spiritual needs and concepts such as the patient's identity essence and nature, helping them become near to God, give meaning to life and facilitate the self-purification because of the complex nature of disease; and the health planners should pay attention to these care strategies in designing the spiritual interventions.

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