

# Meaning of Spiritual Care

## Iranian Nurses' Experiences

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Spiritual care is an essential component in nursing practice and strongly influenced by the sociocultural context. This article aimed to elucidate the meaning of nurses' experiences of giving spiritual care in southeast of Iran. A phenomenological hermeneutic approach influenced by Ricoeur was used. Eleven staff nurses who were currently working in the 3 major hospitals under the umbrella of the Kerman University of Medical Sciences were interviewed. The meaning of spiritual care was comprehensively understood as meeting patient as a unique being. This can be divided into 3 themes: meeting patient as a being in relationship, meeting patient as a cultural being, and meeting patient as a religious being. The results in this study suggest that education about spirituality and spiritual care should be included in the continuous and in-service education of registered nurses. Spiritual and cultural assessment criteria should be included in this education to improve the provision of holistic care. **KEY WORDS:** *Iran, nurse, phenomenology, spiritual care* *Holist Nurs Pract* 2013;27(4):199–206

Nursing in the late 20th century reached a consensus that the best care of patients is realized through focusing on the “whole person,” not only body and mind.<sup>1</sup> More recently, the profession has begun to reintroduce the concept of spirituality as part of standard care.<sup>2</sup> There is evidence that recognition of an individual's spirituality should be considered an integral part of nursing care.<sup>3</sup> In a recent report, spiritual care was said to be an essential component of a holistic model of nursing.<sup>4</sup> The holistic nursing perspective requires nurses to view each person as a biopsychosocial being with spiritual core. Each component of the self (physical, mental, social, and spiritual) is integral to, and influences, the others.<sup>5</sup> However, research by Narayanasamy<sup>6</sup> indicates that neglecting a patient's spiritual needs can lead to feelings of isolation and spiritual distress.

Because spirituality is a broad, highly subjective, and multidimensional concept,<sup>7–9</sup> spiritual care is also difficult to define. There is consensus that the concept of spiritual care within nursing practice remains fairly underdeveloped in comparison with other elements of care.<sup>10–12</sup> This contradicts the basic nursing ethics, which state that every nurse is responsible for ensuring the provision of spiritual care to patients.<sup>13</sup> Several theorists have identified spiritual assessment and intervention components within nursing care.<sup>14–17</sup> Ross<sup>18,19</sup> and Greasley et al<sup>20</sup> claim that Spiritual care can be related to recognition of patients' dignity and manifested by showing love for patients and helping them attain inner peace and emotional well-being.

However, certain aspects of the topic, such as the conceptualization of spirituality and the nurses' role in providing spiritual care, are contested.<sup>21</sup>

Phenomenologically, Nursing care influenced by culture. According to Dunlop,<sup>22</sup> the science of caring is possible if one diverges from the method of natural science to the universal principles that articulate what caring means in a cultural context. Subsequently, hidden phenomenon in patient care could be identified from nurse experience. Studies in Iran have indicated that the nursing profession is strongly influenced within the sociocultural context.<sup>23</sup> A qualitative study

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with a narrative data collection was therefore conducted among Iranian nurses to explore the meaning this group give to spiritual care.

## CONTEXT

While Iranian people are believed to be religious, their world view is a combination of magic, religion, mysticism, and theology, reflected in their poets and arts.<sup>24</sup> Iranian Islam has been influenced by pre-Islamic philosophical, religious, and cultural traditions.<sup>25</sup> According to Cheraghi et al,<sup>11</sup> Islam is the dominant religion in Iran. Within Islam and the Quran and Hadiths (sayings, deeds, or agreements of the Holy prophet), there is no distinction between religion and spirituality. The concept of religion is embedded in spirituality. The definition of spirituality may vary in different cultural context. In the Iranian context, according to Quran and the teachings of Muhammad that form the essence of religious and cultural lives of Muslims, religious belief and practice is the core of spirituality. The Islamic religion plays an integral role in Muslim cultural perspectives concerning illness.<sup>26</sup> It could be true of the other religion. In the Islamic context, there is no spirituality without religious thoughts and practices, because religion provides the spiritual path for salvation and is regarded as a way of life. According to Rahman<sup>27</sup> (p253) the spiritual discipline “which educates and trains the inner self of man is the core of the Islamic system. It also frees man from the slavery of the ‘self,’ purges his soul from the lust of materialistic life, and instills in humans a passion of love for Allah (God). It is through the process of patience, perseverance, and gratitude that the door is opened for spiritual and physical well-being.”

## ISLAM

The word “Islam” simply means “submission” and derives from a word meaning “peace.” “Allah” is the Arabic name for God, which is used by Arab Muslims and Christians, and non-Arab Muslims alike. Islamic practices and behavior are not only related to divine revelations but, as a theology, generate particular social practices in culture, manners, food, and language. In this respect, Islam is also a sociology and a philosophy for life.<sup>28</sup> In the traditional sense, Islam connotes the one true divine religion, taught to mankind by a series of prophets, some of whom

brought a revealed book. Such were the Torah, the Psalms, and the Gospel, brought by the prophets Moses (Musa), David (Daood), and Jesus (Eesa). Prophet Muhammad (Peace Be Upon Him-PBUH) was the last and greatest of the prophets; and the Holy book, the Qur’an, completes and supersedes all previous revelations.<sup>29</sup> The most important fundamental teaching of Islam is belief in the oneness of God. This is termed Tawheed. In fact, there is no one worthy of worship except Allah. The model framework of Muslims’ lifestyle and practices are shahadah, prayer, self-purification (Zakat), fasting (Ramadhan), and pilgrimage (Hajj) to Makkah.

## THE STUDY

### Aim

This article is aimed at elucidating the meaning of nurses’ experiences of giving spiritual care in southeast of Iran. The participants were asked to narrate their experience of spiritual care. Clarifying and encouraging questions were used, such as “Please, explain more about . . . ?” or “Can you give an example?”

### Design

Phenomenology is one way of studying phenomena within a culture. This methodology seeks to focus on a person’s experience. It is based on that person’s previous understanding and knowledge, which are embedded in culture and history.<sup>29</sup> The overall aim of life-world research, according to Dahlberg et al,<sup>30</sup> (p37) is to describe and elucidate the lived world in a way that expands our understanding of human being and human experience. In this sense, phenomenology and hermeneutics are each other’s prerequisites.<sup>31</sup> Hermeneutics is the art and science of interpretation. It occurs through the use of language, which is a shared aspect of understanding.<sup>32</sup> According to Gadamer,<sup>33</sup> we understand others through interpretation of language, the fundamental mode of operation of our being-in-the-world, and the all-embracing form of communication in the world.

Thus, the phenomenological hermeneutic approach is essentially the interpretation of the phenomena as it appears in a text. According to phenomenological hermeneutic method inspired by Ricoeur, all transcribed interviews form a text. According to

Lindseth and Norberg, “narrative interviews are transcribed. A naïve understanding of the text is formulated from an initial reading.”<sup>34(p145)</sup> Because the nursing discipline is strongly influenced by the sociocultural beliefs and spirituality is interrelated with these beliefs having hidden layers of meaning to events, applying phenomenological hermeneutic approach to this study was deemed to be an appropriate method for the study of the meaning of spirituality among Iranian nurses.

## Sample

Purposeful sampling was used to create the initial cohort of participants with theoretical sampling used to further explore themes as they emerged. All staff nurses who were currently working in the 3 major hospitals of the Kerman University of Medical Sciences were considered as potential participants. The interview guide was initially developed with the help of supervisor (second author: S.I.). As the study progressed, theoretical sampling was used to guide further data collection. This involved collecting more data to examine initial themes and their relationships and to make sure representativeness in the categories existed by seeking additional informants for interview together with contextual data. Eleven registered nurses were interviewed. The interviewees’ ages were between 23 and 47 years, and all of them were women. All of participants were registered nurses with BSc degrees in nursing. Their mean years of experiences were 10. All of nurses were Muslims. All Muslims werethe same shia. They were not formally educated about spiritual care.

## Ethical consideration

Ethical issues in this study involved assurance of confidentiality and autonomy for the participants. The internal review board of Kerman University of Medical Sciences approved the study before data collection began. Permission, as written informed consent, was sought from the participants for the audiotape interviews and the nurses agreed to do interviews according to a formal letter of introduction from the Vice Dean for Research of Kerman Universities of Medical Sciences.

## Data collection

In-depth, individual, unstructured audiotaped interviews in the Farsi language, with a narrative

approach, were conducted with the participants at a place and time chosen by them. According to Van Manen,<sup>35</sup> the art of a hermeneutic interview is to keep the meaning of the phenomenon open and to go on asking questions. The participants were asked to narrate their experience of giving spiritual care to the patients. Clarifying and encouraging questions were used, such as “Please, explain more about . . . ?” Or “Can you give me an example?” During the interviews, the researchers tried to strike a balance between listening to the stories told by the participants and keeping the focus of the stories on the aim. The interviews lasted between 45 and 60 minutes. All interviews took 1 session, according to participants’ requests. The participants were asked to describe their experiences of giving spiritual care to the patients.

## Data analysis

The interviews were analyzed using the principles of phenomenological hermeneutics, influenced by Ricoeur and described by Lindseth and Norberg.<sup>34</sup> The analysis and interpretation of the text involved a dialectic movement between understandings of the whole and the parts of the text through 3 methodological phases.

Narrative interviews are transcribed. A naïve understanding of the text is formulated from an initial reading. The text is then divided into meaning units that are condensed and abstracted to form subthemes, themes, and possibly main themes, which are compared with the naïve understanding for validation. At last, the text is again read as a whole, the naïve understanding and the themes are reflected on in relation to the literature about the meaning of lived experience and a comprehensive understanding is formulated. The comprehensive understanding discloses new possibilities for being in the world. This world can be described as the prefigured life world of the interviewees as configured in the interview and refigured first in the researcher’s interpretation and second in the interpretation of the readers of the research report. This may help the readers refigure their own life.

In the first phase, the interviews were read by all authors with an open mind to gain a naïve understanding of the meaning of spiritual care for nurses as well as to initiate creation of an approach for further structural analysis. Next, a structural analysis was done, in which parts and structure of the text were decontextualized and systematically analyzed to

invalidate or validate the naive understanding. Finally, a comprehensive understanding was formulated. This was based on a dialectical movement between understanding and explanation, between the whole and the parts of the text, and was the final of several possible interpretations of the text that the authors unanimously agreed upon.<sup>34</sup> All authors as a team involved in all steps of analysis.

### Credibility

The credibility of the findings was established by prolonged contact over duration of 2 months with the participants and having other researchers independently analyze pieces of data. The coded data were then categorized and interpretations were compared. The objectivity of the data was enhanced by ensuring theoretical sensitivity whereby the researchers put aside any preconceived ideas about the topic during its analysis. The participants were also contacted after the analysis was completed to verify the interpretations of the researchers. The results were also checked with some of the staff nurses of oncology wards who did not participate in the research and they confirmed the fitness or applicability of the results as well.

## RESULT

### Naïve understanding

According to the interview text, nurses struggled to create the meaning of spiritual care as a balance between the holistic and medical perspectives. To create this balance nurses get involved in a reciprocal and dignity-protective relationship. For the participants, spiritual care demands a relationship characterized by mutuality, trust, ongoing dialogue (talking and listening), and enduring presence. The relationship is expressed as a mutual process between nurse and patient. Nurses not only care for the patients but also are touched by the relationship as an inspiring experience that provided them with new energy. The nurses defined this as a “being with” relationship. Dignity is protected through a close and mutual nurse-patient relationship. Nurses should trust patients, their feelings, and their ability. Nurses also need to feel that patients trust them, in both their professionalism and their attributes as persons.

**TABLE.** The Comprehensive Understanding and Subthemes Found in the Structural Analysis of the Meaning of Spiritual Care

| Comprehensive Understanding       | Themes  |
|-----------------------------------|---|
| Meeting patient as a unique being | Meeting patient as a being in relationship<br>Meeting patient as a cultural being<br>Meeting patient as a religious being |

### Structural analysis

In the structural analysis, the text was divided into meaning units that were further condensed, compared across the interviews, grouped, and labelled. Finally, the labelled groups of the meaning units were abstracted into 1 main theme and 3 subthemes (Table). The meaning of spiritual care was comprehensively understood as meeting patient as a unique being. This can be divided into 3 themes: meeting patient as a being in relationship, meeting patient as a cultural being, and meeting patient as a religious being.

### Meeting patient as a being in relationship

The text revealed that spiritual care means actively interacting with the patients. According to Kociszewski,<sup>36</sup> spiritual care decreased or was nonexistent if relationships were limited or absent. Relationships humanized patients and nurses, thereby allowing patients’ spiritual concerns and nursing spiritual care to emerge. Conversations could go along with nurses’ physical activities such as relieving patient’s pain, which was one major goal for comforting the patients and their relatives. They mentioned that creating communication is a basic foundation of giving spiritual care. Such interactions while the nurses were physically acting assisted in creating and maintaining a trustful relationship, where the person’s dignity could be maintained. Nurses emphasized the importance of active listening to the persons and their families rather than focusing on physical aspect of care. Active listening required nurses to be fully present especially when patients/family members showed feeling of being low or upset. Spending time with people in these situations, listening to them, and talking with them

improved the nurses' caring interactions to the extent of having a healing effect, that is, being with.

N1: one of the patients called me and takes my hands. I felt she needs to speak with me so, my presence there and listening to her speaks raised her pain tolerance. I think being there and just talking with patients and also being as an active listener for their feelings is a spiritual care.

The nurses' personal experiences contributed to the development of caring relationship. They described how their own experiences of having a family member with special disease had affected their approach to the patients. One nurse who had experienced a surgical operation explained how she preserves hope for a patient who was afraid of being in operating room:

N7: I dealt with patients who afraid of the operating room and anesthesia, I went to the operating room with him and defined my surgical experience, so close relationship created.

Nurses experienced that closeness in the relationship is also an important part of spiritual care. Touch was often used in situations characterized by anxiety and physical pain, and it was a way of comforting children and young patients. This closeness also made it possible for nurses to preserve hope among their patients and to build trust to a level where they could sometimes convince doubting patients to undergo difficult treatments.

N4: Over time I realized that touch is the most important thing in the spiritual care. I experienced touch as an effective mean of relieving patients' anxieties.

### **Meeting patient as a cultural being**

In the text, the meaning of spiritual care was meeting patient as a cultural being. This meant that nurses allowed patients and their family members to express their feelings. The nurses experienced how patients' cultural beliefs could relieve their anxiety and physical pain. They emphasized that some cultural beliefs and values distracted them from thoughts about the disease and made them feel alive. Listening to concerns without biased judgments and with respect was experienced by nurses as an important part of their spiritual care. They were involved in patients' and their family members' search for the meaning of illness in their lives. Each patient had an individual unique belief that was expressed in different ways, whether this was regarded as cultural or superstitious:

N6: Every patient should be considered as a person with his/her certain beliefs. We do not have the right to make judgment about their cultural traditions and make doubt on them. We love them as they are and they are reflecting on their livings.

Nurses explained that care should be based on trust emanating from honesty, clear information, and the rights of relatives. Being with the family member, providing them clear information about the real condition of the patient each time has assisted family members to be prepared to deal with the health of their loved ones. Most nurses felt frustrated because of the tension between telling the truth and the cultural code of always preserving hope. Some nurses were frustrated of not being allowed by the physicians to tell the truth to the patient and family. On the contrary, there were also nurses who felt that even if they would be allowed to inform the persons about their diagnosis or their real conditions, the persons would not be prepared to hear that they had an incurable disease. One argument for being open and tell the truth was that the person then could accept the disease and fight it instead of denying it. Truth telling could provide nurses an environment in which they would be able to educate the clients and their families. Such openness in the environment could facilitate the possibility to discuss how to reduce or even stop the cancer progression. Ultimately, nurses felt that disclosure could assist them to help persons to overcome to the fear and sadness.

N10: I believe that this is the patients' right to be aware of the diagnosis. This awareness could assist us to help patients to overcome to the fear and sadness, as these are natural responses to death. But always there is a challenge between telling the truth and the cultural code of always preserving hope. For instance, when I talk with the cancer patients, culturally I cannot tell the truth to them. I cannot say that your disease is not curable; you're alive for a few months more. As soon as telling the truth, they despaired and this hastens their death. What I've seen many times.

### **Meeting patient as a religious being**

Caring for patients as religious beings seemed to be an important turning point in the nurses' spiritual care for persons. Nurses found that religious beliefs were the main values that gave meaning to patients' life and assisted them dealing with disease and death. Nurses explained that talking with patients about beliefs on a life after death, a circular process of life, and death as a divine facilitate their caring for patients' spirit.

Nurses' spiritual foundation and religious beliefs assisted them in a positive way to cope with and provide meaning to the caring work. Participant nurses referred to specify their own religious beliefs that guided their practice or their approach to the persons. Nurses' personal religious views seemed to give insights into their spiritual care. One of them talked about her belief on a circular process of life that seems to facilitate her caring relationship with people at the end of their lives.

N8: During the care for the patient at the end of life, I told him, you must trust to the God and invoke and pray. You can ask the God help you to obtain your health. I read the Quran for him and patient become very calm.

The text revealed that nurses share their religious beliefs with patients and encourage them to get closed to the God through praying and reading the Quran. They believed that being closed to the God help patients to heal. According to their experiences, religious patients considered their disease as a means to become closer to God. Patients' religious beliefs and activities also positively affect nurses to be more relaxed and calm. Nurses felt that encouraging patients to perform their religious rituals helped them communicate with God and created a sense of blessing. Through the religious practices, nurses felt closer to their own religion, including prayer and reading the Quran, and asked the Lord to cure patients. Nurses believed that religious practice may cause relaxation of patients and their families as well. For instance, one of the nurses explained her experience of providing spiritual care.

N4: One of the patients told me for a while I was sick, I've got closer to the God. I feel mentally stronger than I was. When I hear the Azan sound [meaning call for starting praying in Islamic tradition] I pray. Ever since I am here, I have good sense because patients communicate with God.

### Comprehensive understanding

The nurses' spiritual care was described as an invitation to "meet patient as unique person." The caring context demanded nurses to create a close and trusting relationship with patients and the whole family. The alleviation of spiritual pain and suffering requires nurses to meet patient as a cultural and religious being and view patients as unique person. The nurses experienced relieving persons' anxieties and supported them in their search for meaning.

Spirituality entails the connection to self-selected and religious beliefs, values, and practices that give meaning to life. The existential matter of spiritual pain demands that nurses have a holistic view of care, including spiritual care. It seems that nurses attempt to give spiritual care by establishing and developing caring relationships based on patients' cultural and religious background instead of providing technical caring. In the other words, spiritual care means struggling to make a balance between holistic and medical perspective.

## DISCUSSION

The findings of this study support and expand current understandings of spiritual care in nursing. The study revealed that the nurses' spiritual care was described as an invitation to meet patient as a unique being. This is in line with Mowlana Jalaluddin Rumi's poem about the spirit where he says:

*And schism and polytheism and duality disappear,  
And unity abide in the real spiritual being,*

*When my spirit recognizes the spirit, we remember  
our essential union and origin.*

According to Kociszewski,<sup>34</sup> critical care nurses who participated in Kociszewski's study believed that all persons were spiritual beings, unique in his or her level of spiritual awareness. Deal<sup>37</sup> argued that spiritual care is a subjective, unique, and individualized matter for the patient and the nurse. Spiritual care is being receptive to learning about and supporting the unique spirit of another as he or she experiences spiritual concerns and seeks meaning or purpose during life-altering events.<sup>36</sup> Baldacchino<sup>38</sup> demonstrated the complexity of spiritual care, which requires nurses to increase their awareness of the uniqueness of each individual patient with regard to the connection between mind, body, and spirit. This is a founding value that honor the persons who were dying with dignity as unique persons; a value that guided the nurses' delivery of care to dying persons and their families.<sup>39</sup>

The study revealed that Iranian nurses experienced spiritual care as an attempt to create a balance between holistic and medical perspective. Narayanasamy and Owens<sup>40</sup> argued that there is a consensus in literature that the care of body, mind, and spirit is a hallmark of holistic care. They concluded that a harmonious balance between these 3 areas of care gives rise to a

state of well-being; conversely, a deficit in one of these domains affects the others.<sup>41</sup> It could be argued that until recently there has been a significantly greater emphasis on the scientific, more objective aspects of nursing.<sup>3</sup> Chung et al<sup>42</sup> reported that nurses may still reduce human beings to different parts by focusing on specific aspects and not giving adequate consideration to their interrelationships; consequently, the totality of care may be lost and spiritual care is not integrated.

Nurses experienced spiritual care as meeting patient as a being in relationship. The nurses recognized a trusting relationship between patient and nurse had to be present before a patient's spiritual concerns could be explored. This finding is in line with previous studies in which nurses identified spiritual care as building mutual relationship between nurse and patient.<sup>36,43,44</sup> According to Ellis and Narayanasamy<sup>3</sup> if a trusting relationship is built between nurse and patient, specific care plans may encourage the nurse to consider the patient's spirituality. Mesnikoff<sup>43</sup> reported some examples of spiritual care practices include building relationships, active listening, expressing love, or compassion. Nurses require trusting patients before revealing his or her spirit self through acts of spiritual care. A caring relationship with people with cancer enabled nurses to come close to and as a consequence also be compassionate to patients and their family members—a compassionate relationship characterized by mutual trust was formed.<sup>45</sup>

The meaning of spiritual care, as revealed in the text, was meeting patient as a cultural being. Nurse-patient and family relationships occur within environments influenced by social, cultural, and ethical norms.<sup>46</sup> According to Henely and Schott,<sup>47</sup> different culture share essential values including the fact that life has a spiritual dimension, man has a soul or spirit, life is sacred, and life has a higher purpose. They stated that different religions share similar values, such as truth telling, doing what is right, and fulfilling family duties.<sup>41</sup>

The meaning of spiritual care, as revealed in the text, was meeting patient as a religious being. The majority of patients in Iran chose to express their spirituality through religious practices. Spirituality is perceived to be synonymous with religious beliefs and practices. Although many people chose to express their spirituality through religious practices, some of them find that spirituality should be manifested as harmony, joy, peace, awareness, love, meaning, and being.<sup>41</sup> In addition, Iran is a country that is ruled by the authority's theocrats and is regarded as a religious

country. According to Gallup Religiosity Index,<sup>48</sup> in the Iranian context, religion and religious beliefs are important for almost 85% of people. Religious care helped people maintain their belief systems and worship practices.<sup>36</sup> Values and religious beliefs and practices gave new meaning to nurses' professional lives. Their spiritual foundation and religious beliefs assisted them in a positive way to cope with and provide meaning to the caregiving work on the oncology unit. They also referred to specific religious beliefs that guided their practice or their approach to patients.<sup>45</sup>

In Iran, the majority of physicians do not inform cancer patients about their true nature of illness, and most patients who know their diagnosis obtain information indirectly. This may cause a higher level of emotional distress among patients as they become aware of their diagnosis. Montazeri et al<sup>49</sup> concluded that Iranian patients who did not know their cancer diagnosis had a better physical, social, and emotional quality of life. It seems that due to cultural differences, cancer disclosure guidelines may be different. Beliefs about nondisclosure in this study could be related to the Iranian culture of kinship relationships, which is so strong that a cancer diagnosis may affect the whole family.<sup>50</sup>

## CONCLUSION

The results in this study suggest that education about spirituality and spiritual care should be included in the continuous and in-service education of registered nurses. In the Iranian nursing curriculum, spiritual care is neglected. There is no academic or clinical training about spiritual care. Therefore the authors suggest to include some educational programs in this topic to improve nurses' perception of spiritual care and to learn how to use it in clinical practice. Spiritual and cultural assessment criteria should be included in this education to improve the provision of holistic care. Nurses must be able to recognize the specific beliefs and values operating within a culture at the same time as they are able to employ culturally sensitive skills across the spectrum of ethnic and cultural groups.<sup>51</sup> Student nurses and nurses should be offered opportunities to reflect on their experiences, feelings, actions, and reactions to spirituality and spiritual care to enhance the possibilities to utilize personal experiences as a part of positive and constructive learning. This requires access to

professional supervision for reinterpreting their personal and professional experiences. Meeting patient as a unique being is important in providing good care for people who are suffering. This requires attention in all educational programmes and especially in programmes dealing with end-of-life care.

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