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THE RELATIONSHIP BETWEEN SPIRITUAL CONSISTENCY AND SPIRITUAL WELL-BEING IN THE PATIENTS WITH THALASSEMIA REFERRED TO SPECIAL DISEASES CLINICS IN ZAHEDAN IN 2014

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Abstract

Background and Objectives: Thalassemia is the most common genetic disorder in the world. Several intervention procedures are used to reduce the Thalassemia related symptoms. Spiritual health and coping strategies, including spiritual coping as important resources to cope with chronic diseases are considered. This study was aimed to investigate the relationship between spiritual health and spiritual coping in patients suffering from thalassemia in Zahedan in 2014-2015.

Materials and Methods: In this descriptive correlational study, study population included all patients with thalassemia referring to specific diseases clinic in Zahedan in 2014-2015. 150 available patients were evaluated by several questionnaires including demographic, spiritual health and spiritual coping. Data analysis was done with the SPSS software version 21 by using the Pearson correlation coefficient, independent and ANOVA.

Results: The mean score of spiritual health was 81/05, which is in the range of medium spiritual health and the majority of patients had a high level of spiritual health. The results showed a significant positive relationship between spiritual coping and spiritual health.

Conclusions: According to the research findings, treatment and care team should try to take measures for preserving the spiritual health in these patients.

Keywords: Spiritual health, spiritual coping, thalassemia

Background

Thalassemia is the most prevalent genetic disorder in the globe. Thalassemia syndrome is a hereditary disorder which is caused by faulty alpha- or beta-hemoglobin synthesis. The reduction in the Globin source cause a decline in the production of the globin tetramers and make the blood red globules to go pale and lose their color and also the mean volume of the globules is lowered. In such a disease, the deficiency in the production of protein in hemoglobin results in threatening and risky anemia and the individual's life essentially will be depended on the regular blood transfusion and constant medical care [1].

Every year about 60 thousand children are born with thalassemia worldwide [2]. The prevalence of the disease in Iran is about 3% to 4%, and there are about 26 thousand patient with thalassemia major (AzarKeyvan et al, 2010) and approximately 800 infants are born with thalassemia in Iran annually (Khaledi et al, 2013).

The highest frequency of the thalassemia in Iran (10%) is on the coastal borderline of the Caspian Sea and Persian Gulf (cities such as Mazandaran, Guilan, Khouzestan, Fars, Boushehr, Hormozgan, Sistan and Baluchestan and Kerman) and the highest frequency of the transferring gene has been seen in the north of the country [3]. Sistan and Baluchestan with a population of 2 million and 7 thousand people and 2000 patients with thalassemia major has accounted for the highest rate of thalassemia major in respect to the total country population among the provinces [4].

People with thalassemia major have to cope with a great deal of stress during their life span. Consecutive blood taking for performing experiments, frequent transfusions and also subcutaneous injection of the iron chealators irritates and annoys these patients both physically and psychologically, in a way that most of such patients are found to have psychological disorders [5].

Also in chronic diseases the patient's self-confidence and religious beliefs are endangered and some sort of spiritual crisis appears in the individual [6]. Spiritual confusions make the patient sad and grieved and this destroys the positive motivations to be cured (Karimollahi et al, 2008).

To eliminate such a problem there is a need for various methods, and fighting strategies are important sources of resisting the chronic diseases. Such strategies and unconscious processes used by the individual in counteracting the daily life tensions and stresses [7]. One such strategy is the spiritual consistency which can play a cushioning role against stress and

it has been indicated to exhibit a positive and significant relationship with psychological health, physical and somatic health, welfare and satisfaction and also vivacity and liveliness [8].

Spiritual consistency is a term applied to mean searching and seeking to find life meaning and acquire a sense of liveliness by the help of incorporeal methodologies when stress or tension show up [9]. World health organization (WHO) defines healthiness as a complete physical, psychological, spiritual and social welfare and comfort rather than the lack of diseases and absence of disability [10]. Spiritual well-being inness is one of the important and considerable aspect of health in human beings which paves the way for a coordinated and unified integrity and connection between the human internal forces and it is to be found in attributes such as stability in life, peace, fitness and coordination, feeling of close relationship with oneself, God, society and the environment and it is shown to be of great effect in advancing the health level [11]. Spiritual well-being in itself encompasses two aspects of existential and religious and the religious healthiness is a term which has been used to point to the satisfaction derived of being in connection with a supreme power and the existential health is used to incorporate the aspects related to striving for giving one's life meaning and objective [12].

There are numerous studies implying the relationship between spirituality and physical, psychological health and the enhancement of the consistency with the disease [13]. The results obtained by Litwinczuk and Groh on the patients with AIDS indicated that those who had found a meaning in life based on spirituality had a better quality of life in comparison to the time they had been diagnosed with AIDS [14]. In the study performed by McNulty et al on the patients with multiple sclerosis spiritual beliefs and faith were found as being useful in consistency with the disease [15]. O' Conner in his researches found out a positive effect exerted by spiritual well-being on the quality of the life in patients with leukemia [16].

Nelson et al indicated that the high levels of spiritual well-being is in relationship with the low levels of the variables related to psychological disorders such as depression, frustration and thoughts of suicide among the patients with cancer [17].

Furthermore, Cottonet et al showed in a study that constructs such as religious coping and generalization positively is connected to the health outcomes (Cottonet et al, 2006). In a study which was undertaken in Iran by Hassanak et al on the chemical weapons injured veterans during the imposed war the findings implied the religious strategies positive effect on enduring pains and agonies stemming from the chemical wounds (Hassanak et al, 2010).

Nelson et al (2009) and also Buskaglia et al (2005) in their studies found out that there is a significant and negative relationship between spiritual consistency and anxiety and depression [17, 18].

Also, Rogers et al (2010), Cohen et al (2009), Bates and Twis (2009), Johnstone et al (2008), McCowly et al (2008), Wang et al (2006), Mann et al (2007) in their studies found out that there is a significant relationship between religion and spirituality with psychological health. Despite the extant numerous evidences regarding the usefulness and effectiveness of the spirituality and religious behaviors on the patients' consistency and compatibility process in the patients with chronic diseases the spiritual and religious issues are not yet integrated as the main part of the routine health care services into the health care services comprehensive plans [19-24].

Spiritual well-being is the fundamental aspect and part of the nursing performance and it is most often determinant of the way the individuals respond to their diseases and its concomitant expectations [25].

Culture is one of the impressive factors influencing the beliefs, attitudes, spiritual well-being and hopefulness in the patients [26]. The patients have diverse abilities is applying their fighting and resisting styles and identification of such styles can be of great usefulness in enhancing the quality of life in the patients with Thalassemia. According to the fact that the effect of the resistance styles have not been studied in Iran on the patients with thalassemia and also due to the high frequency of such a disease in Sistan and Baluchestan province and the cultural discrepancies existing among the study sample volume especially from the perspective of the religious beliefs with the other regions the current study has been carried out with the objective of surveying the relationship between the spiritual well-being and spiritual consistency in the patients with thalassemia.

Materials and methods:

The current is a descriptive-correlation study in which the spiritual well-being and its relationship with the spiritual consistency and religious consistency were investigated in the patients with thalassemia in the city of Zahedan in 2014. The study environment is his Holiness Ali Asghar (peace is upon him) special diseases clinic to which the patients with thalassemia refer for blood transfusion. The patients who met the criteria for being inserted into the study comprised the study population. The entrance criteria were an age above 18 years of age, regular attendance for blood transfusion for the availability purposes, having the ability to read or write, and ability to communicate and also not having disabling symptoms in order for the patient(s) to be able to answer the questions.

In the present study we made use of 4 questionnaires which have been as stated below:

1. Demographic questionnaire:

In this questionnaire which has been designed by the researcher the participants' individual and personality characteristics have been questioned (including age, gender, psychological diseases history and so forth).

2. 20-item questionnaire proposed by Paloutzian and Ellison spiritual well-being scale, ten questions of which deal with the religious well-being and ten other questions pertain to the existential well-being. The questionnaires were to be answered based on a 6-point scale from completely disagree to completely agree. In negative questions scoring is carried out inversely. For the subgroups of the religious and existential well-beings there was not applied a leveling classification and the items were judged based on the scores obtained. The higher the score it will be an indicator of a higher religious and existential well-being. The spiritual well-being score is the total sum of these two subgroups which was scored in a range from 20-100. Spiritual well-being has been classified into three levels of low (scores 20-40), moderate (scores 41-99) and high (100-120). In the study performed by SeyyedFatemi et al entitled "the effect of prayer on the spiritual well-being in the patients with cancer" the spiritual well-being questionnaire validity was assessed according to its content validity and its reliability was calculated 0.82 by taking advantage of Cronbach's alpha method [6].

3. Spiritual consistency questionnaire:

The questionnaire has been comprised of 20 questions nine of which pertain to the individual's attitude towards religion and believing in God and eleven questions are related to the relationship between the consistency strategies evaluation in respect to the individual him or herself, the others and the environment and the peripheral environment. The patients answered to each of the questions based on a 4-point scale from 0 (have never used) to 3 (have often used). The scores for each sentence or phrase ranged from 0 to 6 and each of the patients answered to the 22 questions inserted in the questionnaires. The questionnaire validity and reliability was estimated in a study conducted by Safarpour et al in 2013 and it was shown that the questionnaire indicates an appropriate validity and the Cronbach's alpha coefficient was found to be 0.87 [27].

The study samples were selected based on a random method, the three questionnaires of spiritual well-being, spiritual consistency and the demographic questionnaire were administered to the patients and after the questionnaires were

completed they were collected. When all of the questionnaires were gathered the entire information was inputted to SPSS, ver.21. Data analysis was carried out by taking advantage of SPSS ver.21. The results obtained by the present study can be found respectively in two sections devised to indicate the descriptive and analytical statistics. There was made use of descriptive statistics to design the frequency distribution tables. At the section regarding the analytical statistics firstly the variables' scores distribution normality was confirmed based on Kolmogorov-Smirnov Test and then data analysis was handled by utilizing Pierson correlation coefficient test, independent t-test, and unidirectional variance analysis.

The ethical concerns which were observed in the present study included acquiring a letter of recommendation from the university officials and introducing it to the authorities of the study unit, assuring the patients regarding the confidentiality of their individual and personal information, the voluntary nature of the participation in the study, getting the patients familiar with the study objectives before starting to gather their information and letting the patients have access to the information in case a request was made.

Findings:

The findings of the present study indicated that the majority of the patients (55.33%) had an age ranging from 18 to 24. 85 patients (56.6%) were men and 65 patients (43.4%) were women, 118 patients (78.66%) were single and 32 patients (21.33%) were married, 81 patients (54%) were unemployed, 61 patients (40.66%) were self-employed and 8 patients (5.33%) had state jobs, 52 patients (34.66%) had an education in primary school level, 39 patients (26%) had secondary school education level, 27 patients (18%) had high school level education, 17 patients (11.3%) were illiterate and 15 patients (10%) had academic education. 103 individuals (66.8%) were Sunnis and 47 individuals (33.3%) were Shi'ites, 68 individuals (45.33%) expressed that they practiced religious related activities in an intermediate level , 48 individuals (32%) self-reported to practice a low level of religious activities and 18 individuals (12%) reported practicing a high level of religious activities and 16 individuals (10.66) individuals had no history of religious activities, 108 individuals (72%) had no past history of psychological disorders and 42 individuals (28%) reported a past record of psychological diseases.

The mean and standard deviation of the spiritual well-being score was 81.05 ± 30.79 , for existential well-being it was 39.44 ± 16.06 and for religious well-being it was found to be 41.61 ± 15.52 (table 1).

31 individuals (20.5%) showed a low level of spiritual health, 47 individuals (31.1%) exhibited an intermediate level of spiritual well-being and 72 individuals (47.7%) indicated a high level of spiritual well-being level (table 2).

The mean and the standard deviation for the spiritual consistency was 40.47 ± 11.81 , for the individual's attitude towards the religion and believing in God it was 17.59 ± 5.75 and of the adaptability strategies related to the individual him or herself, the others and the periphery was 22.88 ± 6.65 (table 3). According to the results of the independent t-test and unidirectional variance analysis, there was not found any significant relationship found between the spiritual consistency and also the spiritual well-being in the patients with thalassemia who had been referred to His Holiness Ali Asghar (peace be upon him) center for special diseases in the city of Zahedan with their demographic characteristics data.

The results of the study indicated that there is a significant relationship between the studied patients' spiritual consistency and its fields and aspects, and vice versa ($P=0.001$), in such a manner that with the increase in the patients' spiritual consistency score their spiritual well-being score and its fields also increase (table 4).

Table 1: the mean and the standard deviation of the spiritual well-being in the patients with thalassemia referred to his Highness Ali Asghar (peace be upon him) center for the special diseases.

Variable	Index	Mean	Standard deviation
Spiritual well-being		81.05	30.79
Existential well-being		39.44	16.06
Religious health		41.61	15.52

Table 2: absolute and relative frequency distribution of the spiritual well-being in the patients with thalassemia referred to his Highness Ali Asghar (peace be upon him) center for the special diseases.

Spiritual well-being level	Frequency	Percent
Low (20-40)	31	20.5
Moderate (41-99)	47	31.1
High (100-120)	72	47.7
Total	150	100

Table 3: the mean and the standard deviation of the spiritual consistency aspects total score among the patients with thalassemia referred to his Highness Ali Asghar (peace be upon him) center for the special diseases.

Spiritual consistency	Mean	Standard deviation
Consistency strategies related to the individual, others and the peripheral environment	22.88	6.65
Individual's attitude towards believing in God and religion	17.59	5.75
Spiritual consistency total score	40.47	11.81

Table 4: the relationship between spiritual well-being and its fields with the spiritual consistency in patients with thalassemia referred to his Highness Ali Asghar (peace be upon him) center for the special diseases in 2014.

Variable	Spiritual consistency	Test type
Spiritual well-being	P=0.001 R=0.76	Pierson correlation coefficient
Religious health	P=0.001 R=0.76	
Existential well-being	P=0.001 R=0.73	

Discussions:

The results obtained from the present study indicated that the spiritual well-being total score mean in the patients with thalassemia studied here was 81.05 which is in the intermediate spiritual well-being level. Most of the patients (47.7%) enjoy a high spiritual well-being level (100-120) and 31.1% of the patients had an intermediate level of spiritual well-being (41-99) and only 20.5% showed a low level of spiritual well-being (20-40). As it was mentioned, the majority of the patients enjoyed a spiritual well-being in a high or intermediate level. Zeyghami Mohammadi et al (2010) also in a study in parts of which the spiritual well-being of the youngsters with thalassemia had been evaluated came to this conclusion that the majority of these patients had a spiritual well-being in an intermediate level [28]. TaheriKharameh et al (2011) in a report on their study write that 52.6% of the hemo-dialysis patients studied by them indicated a spiritual well-being level of above average [29]. Jahani et al (2012) also in another study investigated the spiritual well-being in the patients with coronary disorders and they concluded that the majority of the patients studied by them had a spiritual well-being in an intermediate level [30].

Baljani et al (2009) in a study in which they have attempted to study the spiritual health of the patients with cancer found that most of the patients had an intermediate level of spiritual well-being [30].

In a study in which Hojjati et al investigated the spiritual health of the patients under hemo-dialysis came to this conclusion that most of the patients had a high level of spiritual well-being [32]. In the entire array of the studies mentioned here it was found that the patients have intermediate or high level of spiritual well-being which are consistent with the results obtained by the current study. According to the fact that all of the above-mentioned studies have been conducted on the patients with chronic diseases it seems that the chronic patients have gradually learned about methods for better living or in other words they have found out how to live well and this is suggestive of the idea that the chronic patients according to the nature of the disease somehow manage to not think about their disease and distract themselves to the other issues one of which is to attend to the spiritual aspect of the human existence.

The results obtained from the researches indicate that spiritual well-being plays a role in decreasing the amount of depression, anxiety and stress, enhancing the health status, increasing and elevating hopefulness and upgrading the life quality of the patients diagnosed with chronic diseases [30, 31, 35-37].

In the present study, of the two fields related to the spiritual well-being the mean score of the religious dimension was higher than that of the existential aspect which is corresponding to the study by Dehbashi performed on the Hemo-Dialysis patients and also the study by Mo'meni conducted on the patients with cancer and Jahani on the patients with coronary arteries disorders (Jahani et al, 2013) and this can be stemming from the religious culture in some of the regions that under stressful and critical conditions tend to be inclined more towards religion and God [30, 34, 38]. But, on the other extreme of the studies, the results obtained by the current research are different and do not conform to the results obtained by Allah Bakhshian in patients with multiple sclerosis [12]. It seems that economical, social and cultural conditions are influential on the spiritual well-being which needs to be further studied.

Spiritual consistency:

The results obtained by the current study indicate that the studied patients' spiritual consistency total mean score was found to be 40.47 and the standard deviation was found as being equal to 11.81. And according to the fact that the spiritual consistency scores are ranging from 0 to 60 it is suggestive of the spiritual consistency of a higher level than the mean in these patients.

In elucidating such a finding, as it was mentioned previously, we can point to the effect of the spiritual consistency on the adaptation and coping with the disease and its symptoms and the stressful conditions deriving from the disease and it can be stated that the patients with thalassemia corroborate their spiritual consistency to enable them to better cope with the great deal of the problems they are facing with in the course of their disease and to subsequently enhance their health status.

The results related to the determination of the relationship between spiritual consistency and patients' spiritual well-being for the patients studied in the current research paradigm it was reflected that there is a significant relationship between these two variables ($P=0.001$); and it is in such a manner that with the increase in the patients' spiritual consistency their spiritual well-being score also increases.

Tracy Anne et al in their study came to this conclusion that spiritual care of the patients who are in their last days of their lives cause and elevation in the quality of their lives in contrast to the patients who do not receive such cares [41].

The study conducted by Mounica et al on 69 patients with developed cancer subject to radiotherapy indicated that the spiritual consistency exerted positive effect on the life quality of the patients in developed cancer stages subject to radiotherapy [42].

Anna et al in their study on 101 out-patients who had been exposed to venous chemotherapy in a state hospital in the first half of 2011 came to this conclusion that religious-spiritual consistency is an important strategy for coping with cancer in patients with cancer subject to chemotherapy [43].

Marquisha et al conducted a study on 40 patients with emphysema who had been normalized from the perspective of age, gender, ethnicity and education and 40 healthy individual. Their results showed that more than 90 percent of the patients with emphysema knew themselves as at least religious to some extent and the religious and spiritual strength was higher in them respective to the healthy individuals and it was taken advantage of by them to reconcile with the disease [44].

Nina et al in part of their study concluded that diabetic patients used spiritual consistency and such a consistency influenced their adaptability to the disease [45].

Carolina et al in part of their study found out that a high percentage of the patients with chronic renal ailments under treatment with hemo-dialysis indicated a high score for taking advantage of spiritual matters for coping with the disease

(79.6%) and these patients deployed spiritual consistency as a strategy to resist the disease, especially the women who were better off financially and went every week to the church [46].

In the study performed by Jonathan et al it was indicated that the patients with prostate cancer were more spiritual and made a better use of the therapeutical measures for the purpose of tranquility [47].

In elaborating on this theory it can be said that nowadays one of the fundamental issues urged by the time exigencies and is therefore in need of a greater attention is the human success strategies regarding the issue of health which in itself has made the world health organization to posit the fourth aspect that is the spiritual aspect as an important topic in the human growth and evolution. Nowadays, spirituality is one of the essential topics and the individuals are seeking to find a meaning which makes sense in their lives, they are pursuing a path to link spirituality to their lives and it is the same very spirituality which allows them to stay connected to the God in every facet of their lives and achieve a comfort in the soul and a satisfaction in their ego and an everlasting happiness and provide for an environment to make the others enjoy the same happiness and felicity. In the current research we learned about spiritual the importance of spiritual consistency. In the general elaboration of the issue it can be asserted that spiritual consistency is considered as a collection of cognitive and behavioral techniques evolving from religious and spiritual beliefs which are being practiced in confrontation with life stressful conditions, thus the psychological aspect is very useful. Since it provides the human with solutions which cause the individual to gain access to the affective tranquility and individual empowerment and in fact it has to be confessed that spirituality is an important aspect of the people's life and it greatly influences satisfaction and health. Spiritual consistency is generally prosperous and fruitful in satisfying the human psychological needs which are considered as the essential element of its individual life and cause positive effects to emerge such as internal peace and self-consciousness. Therefore, it seems that the patients with thalassemia like many of the patients with chronic diseases exploit spiritual consistency to enhance their quality of life and to more readily and easily confront with the problems they are coping with and generally to achieve spiritual well-being and psychological health and more satisfaction of the life.

Conclusions:

In the present study it was made clear that there is a positive and significant relationship between spiritual consistency and spiritual well-being in the patients with thalassemia. Health care providers including nurses who spend most of their time at the patients' beds, especially patients with thalassemia, and according to the importance of the spiritual consistency and

its effect on integrating the health aspects and better correspondence with the disease, are responsible to take this aspect of the health into close consideration. Since in the present study it was proved that spiritual consistency positively influences the spiritual well-being and also according to the positive effect exerted by the spiritual consistency on the adaptability to the diseases' symptoms it is recommended that there should be envisaged strategies to elevate the spiritual consistency in such patients.

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Reference

1. Fauci AS. Harrison's principles of internal medicine: McGraw-Hill Medical New York; 2008.
2. Jain M, Bagul AS, Porwal A. Psychosocial problems in thalassemic adolescents and young adults. *Chronicles of young scientists*. 2013;4(1):21.
3. Latifi s, Zandian km. Survial analysis of b-thalassemia major patients in khouzeestan province referring to shafa hospital. *Scientific medical journal*. 2010;9(1):83-92.
4. Mirimogaddam E, Fadayi rayeni M, Izadi S. Lacc of knowledge of being minor thalassemic is the main cause of major thalassemia incidence in zahedan, the south-east of iran. *Hakim*. 2011;14(3):174-9.
5. Yahia S, El-Hadidy MA, El-Gilany A-H, Anwar R, Darwish A, Mansour AK. Predictors of anxiety and depression in Egyptian thalassemic patients: A single center study. *International journal of hematology*. 2013;97(5):604-9.
6. seydfatemi n, rezaee m, givari a, hoseyni f. The effect of prayer on spiritual health of cancer patients. 2007,5(4),295-304
7. Mapes DL, Lopes AA, Satayathum S, Mccullough KP, Goodkin DA, Locatelli F, et al. Health-related quality of life as a predictor of mortality and hospitalization: the Dialysis Outcomes and Practice Patterns Study (DOPPS). *Kidney international*. 2003;64(1):339-49.
8. Eckstein DG, Kern RM. Psychological fingerprints: Lifestyle assessments and interventions: Kendall/Hunt; 2000.
9. Pendleton SM, Cavalli KS, Pargament KI, Nasr SZ. Religious/spiritual coping in childhood cystic fibrosis: A qualitative study. *Pediatrics*. 2002;109(1):e8-e.

10. Sayers J. The world health report 2001-Mental health: new understanding, new hope. *Bulletin of the World Health Organization*. 2001;79(11):1085-.
11. Vader J-P. Spiritual health: the next frontier. *The European Journal of Public Health*. 2006;16(5):457-.
12. Allahbakhshian M, Jaffarpour M, Parvizy S, Haghani H. A Survey on relationship between spiritual wellbeing and quality of life in multiple sclerosis patients. *Zahedan Journal of Research in Medical Sciences*. 2010 Oct 1;12(3):29.
13. Büssing A, Matthiessen PF, Ostermann T. Engagement of patients in religious and spiritual practices: confirmatory results with the SpREUK-P 1.1 questionnaire as a tool of quality of life research. *Health and Quality of Life outcomes*. 2005;3(1):53.
14. Litwinczuk KM, Groh CJ. The relationship between spirituality, purpose in life, and well-being in HIV-positive persons. *Journal of the Association of Nurses in AIDS Care*. 2007;18(3):13-22.
15. McNulty K, Livneh H, Wilson LM. Perceived Uncertainty, Spiritual Well-Being, and Psychosocial Adaptation in Individuals With Multiple Sclerosis. *Rehabilitation Psychology*. 2004;49(2):91.
16. O'Connor M, Guilfoyle A, Breen L, Mukhardt F, Fisher C. Relationships between quality of life, spiritual well-being, and psychological adjustment styles for people living with leukaemia: An exploratory study. *Mental health, religion and culture*. 2007;10(6):631-47.
17. Nelson CJ, Rosenfeld B, Breitbart W, Galietta M. Spirituality, religion, and depression in the terminally ill. *Psychosomatics*. 2002;43(3):213-20.
18. Boscaglia N, Clarke D, Jobling T, Quinn M. The contribution of spirituality and spiritual coping to anxiety and depression in women with a recent diagnosis of gynecological cancer. *International Journal of Gynecological Cancer*. 2005;15(5):755-61.
19. Sulmasy DP. A biopsychosocial-spiritual model for the care of patients at the end of life. *The gerontologist*. 2002;42(suppl 3):24-33.
20. Cohen D, Yoon DP, Johnstone B. Differentiating the impact of spiritual experiences, religious practices, and congregational support on the mental health of individuals with heterogeneous medical disorders. *The International Journal for the Psychology of Religion*. 2009;19(2):121-38.

21. Baetz M, Toews J. Clinical implications of research on religion, spirituality, and mental health. *Canadian journal of psychiatry Revue canadienne de psychiatrie*. 2009;54(5):292-301.
22. Johnstone B, Franklin KL, Yoon DP, Burriss J, Shigaki C. Relationships among religiousness, spirituality, and health for individuals with stroke. *Journal of clinical psychology in medical settings*. 2008;15(4):308-13.
23. McCauley J, Tarpley MJ, Haaz S, Bartlett SJ. Daily spiritual experiences of older adults with and without arthritis and the relationship to health outcomes. *Arthritis Care & Research*. 2008;59(1):122-8.
24. Mann JR, McKeown RE, Bacon J, Vesselinov R, Bush F. Religiosity, spirituality, and depressive symptoms in pregnant women. *The International Journal of Psychiatry in Medicine*. 2007;37(3):301-13.
25. Mazaheri m, falahi khoshknab m, sadat madah s, Rahgozar m. Nursing attitude to spirituality and spiritual care. *Payesh*. 2009;8(1):31-7.
26. Béres L. Negotiating images: popular culture, imagination, and hope in clinical social work practice. *Affilia*. 2002;17(4):429-47.
27. Saffari M, Koenig HG, Ghanizadeh G, Pakpour AH, Baldacchino DR. Psychometric properties of the Persian spiritual coping strategies scale in hemodialysis patients. *Journal of religion and health*. 2013;1-11.
28. ZEIGHAMI MS, Tajvidi M, Ghazizadeh S. The relationship between spiritual well-being with quality of life and mental health of young adults with beta-thalassemia major. *THE SCIENTIFIC JOURNAL OF IRANIAN BLOOD TRANSFUSION ORGANIZATION (KHOON)*. 2014;11(2):154-14.
29. Taheri Kharam z, Asayesh H, Zamanian H, Mirgheisari A. Spiritual Well-being and religious coping strategies among hemodialysis patients. *Iranian Journal of Psychiatric Nursing*. 2013;1(1):48-54.
30. jahani a,et al. The relationship between spiritual health and quality of life in patients with coronary artery disease. *Islamic Lifestyle Centered on Health*. 2013 April; 1(2): 19-24
31. Baljani E, Kazemi M, Amanpour E, Tizfahm T. Survey on relationship between religion, spiritual wellbeing hope and quality of life in patients with cancer. *Medical Sciences Journal of Islamic Azad University, Uremia Medical Branch*2011. 2011;1(1):51-61.

32. Hojjati H, Ghorbani M, Nazari R, Sharifnia S, Akhondzadeh G. On the relationship between prayer frequency and spiritual health in patients under hemodialysis-therapy. *Journal of Fundamentals of Mental Health*. 2010;12(2):514-21.
36. bolhari j, naziri gh, zamaniyan s. Spiritual effectiveness of group therapy on reducing depression, anxiety and stress in women with breast cancer. 2011, 3(1), 85-115
37. The role of spiritual beliefs and prayer in health promotion, chronic patients: A qualitative study. *Journal of Quran and medicine*. 2011, 1 (1): 5-9.
38. Momeni Ghaleghasemi T; Musarezaie A; Karimian J, Ebrahimi A. The Relationship between Spiritual Well-Being and Depression in Iranian Breast Cancer Patients. *Health Information Management* 2012; 8(8): 1016.
41. Balboni TA, Paulk ME, Balboni MJ, Phelps AC, Loggers ET, Wright AA, et al. Provision of spiritual care to patients with advanced cancer: associations with medical care and quality of life near death. *Journal of Clinical Oncology*. 2010;28(3):445-52.
42. Vallurupalli MM, Lauderdale MK, Balboni MJ, Phelps AC, Block SD, Ng AK, et al. The role of spirituality and religious coping in the quality of life of patients with advanced cancer receiving palliative radiation therapy. *The journal of supportive oncology*. 2012;10(2):81.
43. Mesquita AC, Chaves ÉdCL, Avelino CCV, Nogueira DA, Panzini RG, Carvalho ECd. The use of religious/spiritual coping among patients with cancer undergoing chemotherapy treatment. *Revista latino-americana de enfermagem*. 2013;21(2):539-45.
44. Green MR, Emery CF, Kozora E, Diaz PT, Make BJ. Religious and spiritual coping and quality of life among patients with emphysema in the national emphysema treatment trial. *Respiratory care*. 2011;56(10):1514-21.
45. Reynolds N, Mrug S, Guion K. Spiritual coping and psychosocial adjustment of adolescents with chronic illness: the role of cognitive attributions, age, and disease group. *Journal of Adolescent Health*. 2013;52(5):559-65.

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