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# The Importance of Spirituality Therapy and its Elements; Prayer, Religious Worship, and Prayer with God in Nursing Care

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### **Abstract**

Spirituality is one of the aspects of human existence that manifests itself significantly in times of crisis and stress; it creates meaning in life and inspires one to face problems. The aim of this study is to investigate the importance of spirituality in nursing care.

**Data source**: related articles were searched from internal scientific databases and external databases of Web of 'Scopus 'Cochrane 'Pubmed, Science Direct 'Ovid, and Google scholar.

Eligibility criteria included keywords of spirituality, religion, spirituality therapy, spiritual health and nursing care searched from 2000 to 2019. The study exclusion criteria were inadequate information in the study, lack of access to full text articles and reports. The study inclusion criteria were case-control studies, review articles, cohort articles, pilot studies, and clinical trials. At the end of the search, 74 articles out of a total of 143 articles were reviewed.

Findings of this study showed that there was a statistically significant relationship between spirituality therapy and reduction of anxiety, depression and pain. It was also found that spirituality therapy improves psychological health and quality of life in cancer, hemodialysis and diabetic patients and improves the quality of life of infertile women.

Spiritual nursing therapeutic intervention means taking into account the cultural and religious beliefs and spiritual care of patients in the therapy process and it is taking into account the transcendent dimension of those referred to hospital which leads them to the transcendent source. It is effective in reducing stress, depression, anxiety and pain in patients and enhancing the quality of life of patients with cancer and chronic diseases. The inclusion of spirituality in treatment and the inclusion of spiritual care in the training program of those trained to provide health care services are essential and should be addressed by educational planners and educational authorities.

Keywords: Spirituality; Therapy; Prayer; Religious Worship; God; Nursing; Care

### Introduction

The concepts of spirituality and spiritual care in nursing are not new; they can be followed throughout the history of the world (1). Therefore, all care professionals in the past decade are familiar with the term "holistic care" or general care plans in the past decade. Researchers argued that spirituality is directly implicated in so-called human needs in nursing models such as Newman, Ragers, Trawelbee, and Watson (2). From the Royal College of Nursing's perspective, spirituality includes hope and power, trust, meaning and purpose, forgiveness, belief in oneself and others and for some people it is belief in God or a higher power, people's values, love and relationships, ethics, creativity and self-expression. Spiritual care, on the other hand, is a dynamic and subjective concept that exhibits the unique character of care and encompasses all other aspects (4). Sawatzky and Pesut (5) argued that "Spiritual nursing care is an intuitive, interpersonal, altruistic and integrated expression dependent on the nurse's awareness of the transcendent dimension of life (4). Today, many therapists recognize faith and spirituality as an important source of physical health and quality of life that is the source of support, strength, and recovery (6). Basically, life events are unique events that trigger a spiritual response. Nurses and therapists are present at events such as illness, birth and death, and these events can be opportunities for nurses to provide spiritual care (7). Today, cultural, religious, and social differences in different communities are a significant challenge for the health care system. Understanding the unique perspectives and beliefs of each patient is an essential component of providing proper health care (8). According to the scholars of the heavenly religions (Islam, Christianity) man has an immaterial structure called the spirit (divine spirit) , besides his material dimension, which constitutes his noble dimension. This structure is divine in nature and inclined to God. This fact indicates that from the perspective of Islamic scholars, nursing and patient care can include considerations of material and non-material structures. If any of these physical, psychological, social, and spiritual aspects of human beings to be ignored, the vital part of one's humanity would be damaged as well as the significant consequences that it would have on one's whole life (9). Spiritual care is a health care program that enhances the quality of life and promotes well-being resulting in reduced hopelessness and increased well-being (10). It also increases cancer patients' satisfaction with care and improves their well-being (11). The results of a study showed that the impact of spiritual therapy on finding meaning in life in the disease process was greater than the time of the disease diagnosis (12). The domain of spiritual care is one that is frequently overlooked or in some countries delegated to a religious leader. Addressing spiritual needs is recognized as an essential component of holistic nursing care. In the research sources, holistic and general care plans are described as the care of body, mind and soul (2). Therefore, the practice of spiritual care is recognized as a legitimate activity in the field of nursing (1). For this reason, the nursing system must adopt new theories to meet the religious and spiritual needs of patients. Practicing religious care such as prayer, religious vows and attending sacred places helps patients endure pain and manage their pain and stress more effectively. Therefore, encouraging patients who need to perform the practice of praying and religious practices is an effective method of treatment (13). Therefore, in spite of the importance of spirituality in the field of health care and especially spiritual care in recent years, which is one of the mandatory duties of nurses, insufficient empirical studies have been conducted in our country (14) and other countries (15). There has been also little talk about its application to organizational practices or its obtained results (15). In this regard, due to the importance of spirituality and religion in different cultures and its effect on mental and physical health of patients, which has been proven in various studies, the present study aimed to investigate the impact of the importance of spirituality therapy in nursing care.

#### Methods

Review protocol: For better evaluation, we reviewed articles published from 1987 to 2019 on the role of spirituality in nursing care based on the PRISMA flow chart (16).

**Information sources:** In this review study, related articles were searched from internal scientific databases and external databases of Web of 'Scopus 'Cochrane 'Pubmed, , Science Direct, EBSCO , medline 'Ovid, sid, and Google scholar etc

## Eligibility Criteria

Eligibility criteria included keywords of spirituality, religion, spirituality therapy, spiritual health and nursing care searched from 2000 to 2019. The articles were classified according to the type of study and clinical applications. The study inclusion criteria were case-control studies, review articles, cohort articles, pilot studies, and clinical trials published in English and Farsi. The study exclusion criteria were inadequate information in the study, lack of access to full text articles and reports.

If there were several reports from one study, the most complete study was considered. The STROBE checklist with 22 items was used to evaluate the quality of the observation articles. The main items of the checklist were title, summary, introduction, method, findings, and discussion. Of the 22 total scores, at least 16 were considered for acceptance of the paper in the analysis. Finally, the information about each article was extracted based on the present study. The study exclusion criterion was assessment of the quality of articles by CONSORT scale (17). Besides, other Exclusion criteria were included irrelevant research studies, inadequate data in the study, lack of access to full text of articles, editorial studies, and reports.

### **Study selection & Data collection process**

Articles were evaluated in two stages; The process of reviewing articles was that the first researcher read the articles individually and the information for each article was recorded in the table. The same reassessment was done by the second researcher. In the second step, the full text of the criterion-based articles was selected and if the researcher disagreed during the joint meeting, the final table was completed. The articles were then categorized by study type and clinical applications. Finally, information about each article was extracted based on the present study.

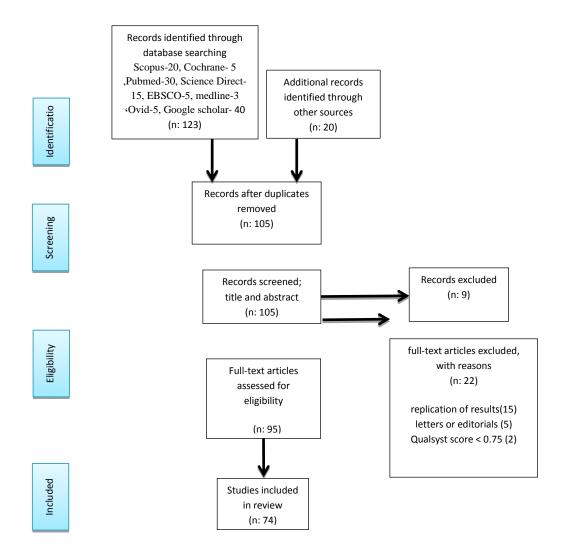


Fig. 1. Flowchart of the inclusion of studies in the review

# Results

Based on the search strategy, 143 articles were found in the first stage, 38 articles because of repeatability and 31 articles because of the lack of inclusion criteria were deleted, then from which 74 met the criteria for entry into the present review (Fig. 1).

# 1. Evidence of the importance of spirituality therapy in nursing care on quality of life, psychological health, depression and anxiety

Spirituality, religious beliefs and spiritual practice can be considered as an important factor in reducing the crisis caused by the disease and enhance patient compliance and tolerance (18). Experimental studies showed a significant impact of spirituality on physical and psychological health (19, 20). A study by Bouhranian et al. was conducted on 24 randomly selected breast cancer patients with the aim of evaluating the effectiveness of spiritual therapy group on improving quality of life and

psychological health in women with breast cancer. The results of this study showed that spirituality considered as an effective source of coping with physical and psychological responses (21). Another study showed that performing spiritual care in mothers of children with cancer can improve their psychological health (22). Spiritual care was also one of the variables identified as an effective factor in anxiety and depression (23). A study by Bodaghi et al., and Dehestani et al., found that anxiety, depression, and stress in pregnant women were inversely related to spirituality (24, 25). In the study of Tajbakhsh et al., aimed at investigating the effect of spiritual care on depression in patients undergoing coronary artery bypass surgery, the results showed a decrease in depression in the intervention group (26). Housseini et al. findings suggested that spiritual care could reduce anxiety in Shia Muslim patients undergoing CABG¹. Other studies also showed that training and attention to spirituality were important factors in promoting maternal health and fetal and neonatal development (28-30). On the other hand, a study by Gharehboghlou et al., aimed to investigate the relationship between spiritual health and depression in nursing students, found that there was no relationship between spiritual health and its dimensions with depression among nursing students (31).

# 2. Evidence of the importance of spirituality therapy in nursing care for pain management

Patients' responses to pain or suffering may be strongly influenced by their religious and cultural backgrounds (32). This highlights the importance of religious and spiritual care (33, 34). According to Booker's studies, man needs spiritual interventions to control and deal with his pain (35). Basically, using positive spiritual coping techniques such as asking God for help and receiving God's support will help to cope better with pain and provides better psychological health (36). Nabolsi and Carson found that patients' spiritual beliefs and faith may facilitate coping with illness and may enhance their inner strength, hope, acceptance, and care, and may help them to understand that life is meaningful (37). The results of a study by Keivan et al, aimed to investigate the effect of religious and spiritual care program on pain intensity and satisfaction with pain control during replacement of dressing in burn patients showed that religious and spiritual care can help reduce the pain intensity of dressing replacement and it can increase patient satisfaction with pain control (38).

### 3. Evidence of the importance of spirituality therapy in the quality of care for cancer patients

The World Health Organization announced that spiritual health is an important component of health (39). Spirituality plays an increasingly important role for patients both before the diagnosis and during the 10 years after diagnosis. It is an important factor in the health of individuals (40). After cancer diagnosis, cancer patients often experience physical, psychological, social, and spiritual changes that may be related to anxiety, depression and meaninglessness, and even attempt suicide (41). Existing studies confirmed that spirituality is an important power and a source for patients to cope with cancer and adapt their disease (42-44). Torabi et al. conducted a study aimed at exploring the impact of spirituality therapy on coping adolescent cancer using the Lazarus and Folkman's Ways of Coping Questionnaire. Based on these results, spirituality-based care programs provided by nurses can affect adolescents' cancer and improve their overall coping (45).

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<sup>&</sup>lt;sup>1</sup> Coronary artery bypass grafting

# 4- The impact of the importance of spirituality therapy in nursing care on the quality of care for dialysis patients

Paying attention to spirituality, as a factor for mental relaxation and stress reduction, along with other physical, mental and emotional needs is important for hemodialysis patients (46, 47). One study by Islami et al. on 190 hemodialysis patients showed a significant relationship between sleep quality and spiritual well-being (47). Some studies show that the impact of hemodialysis in patients is related to health, quality of life and satisfaction with treatment. Therefore, regular monitoring and empowerment of patients undergoing hemodialysis should be considered and some interventions are needed to improve their effectiveness so that they can manage their health problems (48, 49). A study by Darvishi et al. aimed to determine the effectiveness of spirituality therapy on spiritual health, self-esteem and self-efficacy of patients undergoing hemodialysis. In this study, spiritual well-being scale of Paloutzian and Ellison, Self Esteem Inventory of Cooper Smith and Self-Efficacy Scale of Sherer were used. The results showed that spirituality therapy can be used as an effective intervention to improve the spiritual health, self-esteem and self-efficacy of hemodialysis patients (46).

## 5. The impact of spirituality therapy in nursing on the quality of caring of patients with diabetes

Diabetes is one of the most important psychiatric disorders and is often associated with several psychiatric disorders. People with diabetes are twice as likely to have anxiety, depression, and serious psychological problems compared with people without diabetes (50). The importance of addressing spirituality in diabetes management has been shown in several studies. Studies in the African American population showed a positive relationship between spiritual well-being and coping with diabetes and glycemic control (51-53). In a study aimed at investigating the effect of group spirituality therapy on anxiety and quality of life in women with gestational diabetes, the experimental group was trained about group spirituality therapy in eight sessions of 80-minutes. The study measurement tools included Cattell Anxiety Questionnaire and World Health Organization's Quality of Life Questionnaire (WHOQOL). The findings showed that group spirituality therapy significantly reduced anxiety and increased quality of life in women with gestational diabetes (54).

### 6. The impact of spirituality therapy in nursing on the quality of life of infertile women

Infertility in women is one of the causes of some of the most significant problems in marital life and also affects the quality of life. Infertile women are among those in the community who are subject to psychological and personality trauma (55). The results of the study of the impact of infertility on the quality of life of Italian infertile couples showed that the effect of infertility on the quality of life of women was significantly more than that of men (56). Also, the results of Domar et al. study showed that there was a significant relationship between symptoms of depression and stress in women undergoing infertility treatment and spiritual health. Therefore, high levels of spiritual health were associated with less stress and depression symptoms (57). A study conducted by Moazedi et al. aimed at examining the effectiveness of spiritual-religious psychotherapy based on the teachings of Islam on the quality of life of infertile women. The results showed that the effectiveness of spiritual-religious psychotherapy based on the teachings of Islam influenced and improved the quality of life of infertile women (58).

**Table1: Characteristics of the reviewed articles** 

Source	Sample size	Study Design	Aims of the study	Measuring tool	Conclusions
Bahreinia n et al.(2017) (21)	24 patients (women with breast cancer)	Randomized , clinical trial, in a per – post design	The Effectiveness of the Spiritual Treatment Groupon Improving the Quality of Life and Mental Health in Women with Breast Cancer	Symptom Chek List – 90 – Revised (SCL- 90 – R) and Quality of life questionnaire (QLQ)	spiritual therapy, is known effective source for dealing with physical and psychological response
Nikseresht et al.(2016) (22)	25 mothers	Purposively sampling, clinical trial, quasi- experimental	The Effect of Spiritual Care on Mental Health in Mothers of Children With Cancer	General Health Questionnaire	implementation of spiritual care in mothers of children with cancer can improve their mental health.
Bodaghi et al.(2017) (59)	155 pregnant women	convenient sampling,predictive correlation design	The Role of Spirituality and Social Support in Pregnant Women's Anxiety, Depression and Stress Symptoms	spiritual health questionnaire, depression, anxiety and stress scale (DASS 42)	anxiety, depression and stress in pregnant women have an inverse relationship with spirituality
Tajbakhsh et al.(2018) (26)	64 patients	Randomized , clinical trial , semi- experimental	The Effect of Spiritual Care on Depression in Patients Following Coronary Artery Bypass Surgery	Depression Anxiety Stress Scale (DASS- 21)	nurses could use spiritual care to improve psychological care
Keivan et al.(2019) (38)	68 burn patients	Randomized , clinical trial	Effects of religious and spiritual care on burn patients' pain intensity and satisfaction with pain control during dressing changes	Visual Analogue Scale (VAS) and Numerical Rating Scale (NRS)	A religious and spiritual care can help decrease the pain intensity caused by the dressing change and can increase the satisfaction of these patients with pain control
Torabi et al.(2018) (45)	32 adolescents	clinical trial , single- group, quasi- experimental, pre- /poststudy	The Effect of Spiritual Care on Adolescents Coping With Cancer	Ways of Coping Questionnaire by Lazarus and Folkman	spirituality-based care programs offered by nurses can positively affect adolescents' coping with cancer and improve their overall coping
Darvishi et al.(2019) (46)	25 patients	Randomized, clinical trial, The quasi-experimental research design was pre-posttest with the control group.	The Effectiveness of Spiritual Therapy on Spiritual Well-Being, Self- Esteem and Self-Efficacy in Patients on Hemodialysis	spiritual well-being scale of Paloutzian and Ellison and Self Esteem Inventory of Cooper Smith and Self-Efficacy Scale of Sherer	Spiritual therapy can be used as an effective intervention to improve spiritual well-being, self-esteem and self-efficacy in patients on hemodialysis
Niaz azari et al.(2017) (54)	40 women	Randomized,clinical trial, quasi experimental study, pretest-posttest design with a control group,	Effect of Spiritual Group Therapy on Anxiety and Quality of Life among Gestational Diabetic Females	World Health Organization's quality of life and the Cattell'sanxiety questionnaires	the spiritual group therapy method had a significant role in the reduction of anxiety and improvement of the quality of life.

Moazedi	36 women	Available by	The Effectiveness of Islamic	quality of life	effectiveness of
et		sampling, clinical	Teaching Based Religious-	questionnaire (short	spiritual-religious
al.(2019)		trial	Spiritual Psychotherapy on	form 36 questions, 36-	psychotherapy based on
(58)			Quality of Life, in Infertile	SF)	the teachings of Islam
		quasi-experimental	Women		had an impact on the
		design was pretest-			quality of life of
		posttest with a			infertile women and
		control group			improved them.
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### **Discussion**

Spiritual care activities include a wide range of interventions that may be unique to each patient (60). In recent years, much attention has been paid to the human mind, body, soul, and psyche to develop a holistic treatment (61). Recent evidence also suggests that the use of spirituality and religiosity can be seen as an active and positive coping method with beneficial effects (62). Despite the interrelationship between religion, spirituality, and medical practice throughout history, only in recent decades the research literature reviews has shown the important role of religiosity and spirituality in patients' physical and psychological health (63). The findings of the present review study showed the impact of spiritual therapy on reducing anxiety, depression and stress. Basically, religious practices such as performing the religious duties often help individuals with their own spirituality. The results of the present study are in line with the findings of Halligan study stating communication with God is a spiritual need in American Christian cancer patients (64). These consistent results indicate that theology is the basis of all religions and cultural differences have little effect. Muslims believe that prayer is the best of worships and if the prayer is accepted by the God Almighty, other acts of worship will be accepted (65). Therefore, spirituality and religion, sometimes interpreted by individuals as spiritual health and religious practices (66), both provide frameworks through which one can understand the meaning, purpose, and transcendent values of one's life (67) and less likely to suffer from anxiety and depression. The findings of the present study showed the impact of spirituality therapy on reducing pain. Thus, the performed studies showed that religion and spirituality, as coping strategies, had positive effects on the treatment process (68). Among the religious sources, the most frequently used sources were prayer and recommended religious praying (69). From one physiologist's point of view, prayer is the most complete hope and the highest meaning in life because prayer gives life to the hope to future and gives meaning to life (70). Much research showed that praying, prayer, and recommended religious praying have a beneficial effect on the soul. They enhance physical health and, on the other hand, promote adaptation to critical and painful situations (71). Resorting to God and Imams led to increased threshold of pain, increased consistency, better relaxation, reduced pain and improved psychological health in patients. Therefore, it is recommended that nurses provide patients with preoperative surgery facilities for worship of God and their own religious praying. The findings of the present review study showed the impact of spirituality therapy on improving the quality of life of cancer patients and other chronic diseases. Spirituality can foster more psychological adjustment directly by providing supportive resources to the individual and also indirectly by affecting hope. According to authors, religion and spirituality are important resources of making individuals adaptable to stressful life events, and spiritual health is one of the important aspects of health that can affect quality of life (72). In explaining it we can say that spiritual interventions in the treatment of cancer patients and chronic illnesses are in fact the ability to utilize their spiritual resources to deal with physical and psychological problems in order to live in a better way. This is made possible by controlling the environment, the purpose and direction of life, self-acceptance and filling the empty place of meaninglessness in the life. Meaning and purpose in life help to adapt to the chronic stages of illness and consequences of treatment (73). Evidence suggests that spiritual interventions can be effective in preventing or ameliorating a wide range of physical problems and coping with acute pain, illness, and death (74). In this treatment, it is believed that if the divine and spiritual teachings, especially the essential component of monotheism and a

deep and sincere relationship with God Almighty are combined with the findings of psychotherapy, the efficacy and sustainability of treatment will be significantly increased. Spiritual interventions seem to work through changing patients' attitudes to life or illness. In other words, in cognitive assessments, first the individual's beliefs and values affecting the patient such as self-control, religious beliefs and stressors are identified and then appropriate treatment strategies are applied. Increased resilience, hope and consequently psychological and physical strength are the results of giving meaning to life by the support of spirituality. People who have experienced the existential benefits of a spiritual approach achieve a high quality of life (75). Mac Dore considered spiritual care as the center and heart of human existence. Therefore, nurses who provide spiritual care are in the heart and center of the people they care for. This level of desire creates meanings and memories that are life-giving and health-giving for both the nurse and the patient (60). This result is in line with the results of other studies on the impact of religious and spiritual beliefs on improving the quality of life of patients (12, 76, 77). Ultimately, there is an extraordinary power of faith in God and it gives a person spiritual strength and helps him to endure the hardships of life and reduces his anxiety and worry. Researchers believe that faith is undoubtedly the most effective treatment of anxiety and force that must be there to help one's life. Lack of faith is the alarm that announces the inability of man to face the hardships of life. Religion can also create meaning. Therefore, religion gives meaning to living and dying, gives hope and raises optimism, gives religious people a sense of control and efficiency. One of the limitations of this study was the lack of studies on spirituality in non-religious patients and the reliance of the results of studies on one's personal beliefs. To better understand the impact of spirituality interventions on different patients, more systematic review studies and Meta analyzes for clinical trial evaluations should be performed.

#### **Conclusion**

This study suggests that spirituality therapy can be considered as an effective nursing intervention that reduces pain, increases satisfaction with pain control, increases psychological health and reduces stress, depression and anxiety. Spiritual therapy improves the quality of life of different patients. This care plan should be considered as an appropriate complement for the treatment of patients due to its efficiency, safety and simplicity. So if a person believes in spiritual therapy but has not experienced it, he or she will lose many of the physical and psychological benefits of spirituality. So it is through spiritual experiences that one can transmit spirituality to others, and spirituality has elements such as prayer, prayer, and religious worship and prayer with God, and recommended religious praying that must be experienced. It is suggested that the mechanism of spiritual education be included in the training program of the medical team, especially nurses, so that they can easily transfer experiences to patients. Therefore, given the results of this study on the one hand and its limitations on the other hand, further clinical studies in different communities and religions are recommended.

# References

- 1. Ozbasaran F, Ergul S, Temel AB, Gurol Aslan G, Coban A. Turkish nurses' perceptions of spirituality and spiritual care. Journal of clinical nursing. 2011;20(21-22):3102-10.
- 2. Narayanasamy A. Spiritual coping mechanisms in chronically ill patients. British journal of Nursing. 2002;11(22):1461-70.
- 3.Ross L, Van Leeuwen R, Baldacchino D, Giske T, McSherry W, Narayanasamy A, et al. Student nurses perceptions of spirituality and competence in delivering spiritual care: a European pilot study. Nurse Education Today. 2014;34(5):697-702.
- 4. Cruz JP, Alshammari F, Alotaibi KA, Colet PC. Spirituality and spiritual care perspectives among baccalaureate nursing students in Saudi Arabia: A cross-sectional study. Nurse Education Today. 2017;49:156-62.
- 5. Sawatzky R, Pesut B. Attributes of spiritual care in nursing practice. Journal of Holistic Nursing. 2005;23(1):19-33.
- 6. KHORRAMI MA. Spiritual experience of nurses in oncology: an Qualitative Study. 2014.
- 7. Cavendish R, Konecny L, Mitzeliotis C, Russo D, Luise BK, Medeíindt J, et al. Spiritual care activities of nurses using nursing interventions classification (NIC) labels. International Journal of Nursing Terminologies and Classifications. 2003;14(4):113-24.
- 8. Alimohammadi N, Taleghani F. Health and healthy human being in Islamic thought: reflection on application for the nursing concept—a philosophical inquiry. Journal of education and health promotion. 2015;4.
- 9. Taleghani F, Alimohammadi N, Mohammadi E, Akbarian R. Nursing in Islamic thought: Reflection on application nursing metaparadigm concept: A philosophical inquiry. Iranian journal of nursing and midwifery research. 2013;18(4):272.
- 10. Ettun R, Schultz M, Bar-Sela G. Transforming pain into beauty: On art, healing, and care for the spirit. Evidence-Based Complementary and Alternative Medicine. 2014;2014.
- 11. Ellington L, Billitteri J, Reblin M, Clayton MF. Spiritual Care Communication in Cancer Patients. Seminars in oncology nursing. 2017;33(5):517-25.
- 12. 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.
- 13. Zand S, Rafiei M. PATIENTS'RELIGIOUS CARE: A NEGLECTED NEED IN MEDICAL EDUCATION. 2016.
- 14. Vance DL. Nurses' attitudes towards spirituality and patient care. Medsurg Nursing. 2001;10(5):264.
- 15. Garcia-Zamor JC. Workplace spirituality and organizational performance. Public administration review. 2003;63(3):355-63.
- 16. Moher D, Liberati A, Tetzlaff J, Altman DG, The PG. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLOS Medicine. 2009;6(7):e1000097.

- 17. Sepehrirad M, Bahrami H, Noras M. The role of complementary medicine in control of premenstrual syndrome evidence based (Regular Review Study). The Iranian Journal of Obstetrics, Gynecology and Infertility. 2016;19(24):11-22.
- 18. Mohamad Karimi M, Shariatnia k. EFFECTIVENESS OF SPIRITUAL THERAPY ON THE LIFE QUALITY OF THE WOMEN WITH BREAST CANCER IN TEHRAN. Journal of Nursing and Midwifery Urmia University of Medical Sciences. 2017;15(2):107-18.
- 19. Saad M, Lucchetti G, Peres MFP, de Medeiros R. Toward the concept of 'Spiritist Chaplaincy'. Journal of religion and health. 2015;54(4):1460-9.
- 20. Chiu L, Emblen JD, Van Hofwegen L, Sawatzky R, Meyerhoff H. An integrative review of the concept of spirituality in the health sciences. Western journal of nursing research. 2004;26(4):405-28.
- 21. Bahreinian A, Radmehr H, Mohammadi H, Mousavi MR. The effectiveness of the spiritual treatment groupon improving the quality of life and mental health in women with breast cancer. Journal of Research on Religion & Health. 2017;3(1):64-78.
- 22. Nikseresht F, Rassouli M, Torabi F, Farzinfard F, Mansouri S, Ilkhani M. The effect of spiritual care on mental health in mothers of children with cancer. Holistic nursing practice. 2016;30(6):330-7.
- 23. Michael SY, Luckhaupt SE, Mrus JM, Mueller CV, Peterman AH, Puchalski CM, et al. Religion, spirituality, and depressive symptoms in primary care house officers. Ambulatory Pediatrics. 2006;6(2):84-90.
- 24. Bodaghi E, Alipour F, Bodaghi M, Nori R, Peiman N, Saeidpour S. The role of spirituality and social support in pregnant women's anxiety, depression and stress symptoms. Community Health Journal.72-82:(2)10;2017.
- 25. Dehestani H, Moshfeghy Z, Ghodrati F, Akbarzadeh M. The Relationship of Spiritual Health and Mother's Forgiveness With Her Anxiety in the Labor of the Pregnant Women. International Journal of Women's Health and Reproduction Sciences. 174-9:(2)7;2019.
- 26. Tajbakhsh F, Hosseini M, Fallahi-Khoshknab M, Rokofian A, Rahgozar M, Mary Davidson P. The Effect of Spiritual Care on Depression in Patients Following Coronary Artery Bypass Surgery: A Randomized Controlled Trial. Religions. 2018;9.159:(5).
- 27. Hosseini M, Davidson PM, Fallahi Khoshknab M, Green A. Spiritual and religious interventions in health care: An integrative review. Iranian Rehabilitation Journal. 2013;11(1):87-93.
- 28. Mokhtaryan T, Yazdanpanahi Z, Akbarzadeh M, Amooee S, Zare N. The impact of Islamic religious education on anxiety level in primipara mothers. Journal of family medicine and primary care. 2016;5(2):331-7.
- 29. Akbarzadeh M, Mokhtaryan T, Amooee S, Moshfeghy Z, Zare N. Investigation of the effect of religious doctrines on religious knowledge and attitude and postpartum blues in primiparous women. Iran J Nurs Midwifery Res. 2015;20(5):570-6.
- 30. Gilani TM, Ghodrati F, Yazdanpanahi Z, Amooee S, Akbarzadeh M. The effect of teaching religious principles on the infants' growth and development. J Educ Health Promot. 2019;8:135.

- 31. Gharehboghlou Z, Adib-Hajbaghery M, Hajimohammad Hoseini M. The Relationship between Spiritual Well-Being and Depression in Nursing Students. Iran Journal of Nursing. 2016;29(103):41-50.
- 32. Speck P. Culture and spirituality: essential components of palliative care. Postgraduate medical journal. 2016;92(1088):341-5.
- 33. Mueller PS, Plevak DJ, Rummans TA, editors. Religious involvement, spirituality, and medicine: implications for clinical practice. Mayo clinic proceedings; 2001: Elsevier.
- 34. Carpenito-Moyet LJ. Nursing care plans & documentation: nursing diagnoses and collaborative problems: Lippincott Williams & Wilkins; 2009.
- 35. Booker SQ. Older African Americans' beliefs about pain, biomedicine, and spiritual medicine. Journal of Christian Nursing. 2015;32(3):148-55.
- 36. Siddall PJ, Lovell M, MacLeod R. Spirituality: what is its role in pain medicine? Pain Medicine. 2015;16(1):51-60.
- 37. Nabolsi MM, Carson AM. Spirituality, illness and personal responsibility: the experience of Jordanian Muslim men with coronary artery disease. Scandinavian journal of caring sciences. 2011;25(4):716-24.
- 38. Keivan N, Daryabeigi R, Alimohammadi N. Effects of religious and spiritual care on burn patients ' pain intensity and satisfaction with pain control during dressing changes. Burns: journal of the International Society for Burn Injuries. 2019.
- 39. Dezutter J, Dewitte L, Thauvoye E, Vanhooren S. Meaningful coping with chronic pain: Exploring the interplay between goal violation, meaningful coping strategies and life satisfaction in chronic pain patients. Scandinavian journal of psychology. 2017;58(1):29-35.
- 40. Cheng Q, Liu X, Li X, Wang Y, Mao T, Chen Y. Improving spiritual well-being among cancer patients: implications for clinical care. Supportive Care in Cancer. 2019:1-7.
- 41. Roland KB, Rodriguez JL, Patterson JR, Trivers KF. A literature review of the social and psychological needs of ovarian cancer survivors. Psycho-Oncology. 2013;22(11):2408-18.
- 42. Jimenez-Fonseca P, Lorenzo-Seva U, Ferrando PJ, Carmona-Bayonas A, Beato C, García T, et al. The mediating role of spirituality (meaning, peace, faith) between psychological distress and mental adjustment in cancer patients. Supportive Care in Cancer. 2018;26(5):1411-8.
- 43. Gonzalez P, Castañeda SF, Dale J, Medeiros EA, Buelna C, Nuñez A, et al. Spiritual well-being and depressive symptoms among cancer survivors. Supportive Care in Cancer. 2014;22(9):2393-400.
- 44. Paredes AC, Pereira MG. Spirituality, distress and posttraumatic growth in breast cancer patients. Journal of religion and health. 2018;57(5):1606-17.
- 45. Torabi F, Rassouli M, Nourian M, Borumandnia N, Shirinabadi Farahani A, Nikseresht F. The Effect of Spiritual Care on Adolescents Coping With Cancer. Holist Nurs Pract. 2018;32(3):149-59.
- 46. Darvishi A, Otaghi M, Mami S. The Effectiveness of Spiritual Therapy on Spiritual Well-Being, Self-Esteem and Self-Efficacy in Patients on Hemodialysis. Journal of Religion and Health. 2019.

- 47. Eslami AA, Rabiei L, Khayri F, Rashidi Nooshabadi MR, Masoudi R. Sleep quality and spiritual well-being in hemodialysis patients. Iran Red Crescent Med J. 2014;16(7):e17155.
- 48. Kim J-Y, Kim B, Park K-S, Choi J-Y, Seo J-J, Park S-H, et al. Health-related quality of life with KDQOL-36 and its association with self-efficacy and treatment satisfaction in Korean dialysis patients. Quality of Life Research. 2013;22(4):753-8.
- 49. Moattari M, Ebrahimi M, Sharifi N, Rouzbeh J. The effect of empowerment on the self-efficacy, quality of life and clinical and laboratory indicators of patients treated with hemodialysis: a randomized controlled trial. Health and quality of life outcomes. 2012;10(1):115.
- 50. Jafari N, Farajzadegan Z, Loghmani A, Majlesi M, Jafari N. Spiritual well-being and quality of life of Iranian adults with type 2 diabetes. Evidence-Based Complementary and alternative medicine. 2014;2014.
- 51. Parsian N, Dunning T. Spirituality and coping in young adults with diabetes: a cross-sectional study. European diabetes nursing. 2009;6(3):100-4.
- 52. Polzer RL, Miles MS. Spirituality in African Americans with diabetes: Self-management through a relationship with God. Qualitative Health Research. 2007;17(2):176-88.
- 53. Newlin K, Melkus GD, Tappen R, Chyun D, Koenig HG. Relationships of religion and spirituality to glycemic control in Black women with type 2 diabetes. Nursing research. 2008;57(5):331-9.
- 54. NIAZ AZARI M, Abdollahi M, ZABIHI HNK, Ashoori J. Effect of Spiritual Group Therapy on Anxiety and Quality of Life among Gestational Diabetic Females. RELIGION AND HEALTH. 2017;5(1):11-20.
- 55. Obi SN, Onah HE, Okafor II. Depression among Nigerian women following pregnancy loss. International Journal of Gynecology & Obstetrics. 2009;105(1):60-2.
- 56. Fekkes M, Buitendijk S, Verrips G, Braat D, Brewaeys A, Dolfing J, et al. Health-related quality of life in relation to gender and age in couples planning IVF treatment. Human Reproduction. 2003;18(7):1536-43.
- 57. Domar AD, Penzias A, Dusek JA, Magna A, Merarim D, Nielsen B, et al. The stress and distress of infertility: Does religion help women cope? Sexuality, Reproduction and Menopause. 2005;3(2):45-51.
- 58. Moazedi K, Porzoor P, Pirani Z, Adl H, Ahmadi H. The Effectiveness of Islamic Teaching Based Religious-Spiritual Psychotherapy on Quality of Life, in Infertile Women. Journal of Health. 2019;9(5):589-98.
- 59. E Bodaghi, F Alipour, M Bodaghi, R Nori, N Peiman, Saeidpour S. the Role of Spirituality and Social Support in Pregnant Women's Anxiety, Depression and Stress Symptoms. Community Health. 2017;10(2):72-82.
- 60. Matthew D. Can every nurse give spiritual care? Kansas Nurse. 2000;75(10):4.
- 61. O'Neill MT, Mako C. Addressing spiritual pain. Health Progress. 2011;92(1):42.

- 62. Büssing A, Michalsen A, Balzat H-J, Grünther R-A, Ostermann T, Neugebauer EA, et al. Are spirituality and religiosity resources for patients with chronic pain conditions? Pain medicine. 2009;10(2):327-39.
- 63. Koenig H, Koenig HG, King D, Carson VB. Handbook of religion and health: Oup Usa; 2012.
- 64. Halligan P. Caring for patients of Islamic denomination: critical care nurses' experiences in Saudi Arabia. Journal of clinical nursing. 2006;15(12):1565-73.
- 65. SEYED FN, Rezaei M, Givari A, Hosseini F. Prayer and spiritual well-being in cancer patients. PAYESH. 2006;5(4):295-303.
- 66. Balboni TA, Vanderwerker LC, Block SD, Paulk ME, Lathan CS, Peteet JR, et al. Religiousness and spiritual support among advanced cancer patients and associations with end-of-life treatment preferences and quality of life. Journal of clinical oncology: official journal of the American Society of Clinical Oncology. 2007;25(5):555.
- 67. Rippentrop AE, Altmaier EM, Burns CP. The relationship of religiosity and spirituality to quality of life among cancer patients .Journal of Clinical Psychology in Medical Settings. 2006;13(1):29.
- 68. Rippentrop AE, Altmaier EM, Chen JJ, Found EM, Keffala VJ. The relationship between religion/spirituality and physical health, mental health, and pain in a chronic pain population. Pain. 2005;116(3):311-21.
- 69. Hojjati H, Taheri N, Akhundzade G, Heydari B, Sharifnia S. Resorting to pray rate in hemodialysis patients of Golestan province. IRANIAN JOURNAL OF CRITICAL CARE NURSING (IJCCN). 2010;3(2):75-9.
- 70. Yu Y, Zhou C. Ischemic postconditioning for acute myocardial infarction: standardized end points to reduce the potential selection bias. American heart journal. 2015;169(1):e1.
- 71. Cheraghi M, Molavi H. The relationship between different dimensions of religiosity and general health in students of Isfahan University. Journal of Educational and Psychological Research of Isfahan University. 2007;2(2):1-22.
- 72. Ebrahimi H, Ashrafi Z, Eslampanah G, Noruzpur F. Relationship between spiritual well-being and quality of life in hemodialysis patients. J Nurs Midwifery Sci. 2014;1(3):41-8.
- 73. Purnell JQ, Andersen BL. Religious practice and spirituality in the psychological adjustment of survivors of breast cancer. Counseling and values. 2009;53(3):165-82.
- 74. Bergin AE, Richards PS. A spiritual strategy for counseling and psychotherapy: American Psychological Assoc.; 2005.
- 75. Jafari N, Farajzadegan Z, Zamani A, Bahrami F, Emami H, Loghmani A, et al. Spiritual Therapy to Improve the Spiritual Well-Being of Iranian Women with Breast Cancer: A Randomized Controlled Trial. Evidence-Based Complementary and Alternative Medicine. 2013;2013:9.
- 76. Canada AL, Parker PA, de Moor JS, Basen-Engquist K, Ramondetta LM, Cohen L. Active coping mediates the association between religion/spirituality and quality of life in ovarian cancer. Gynecologic oncology. 2006;101(1):102-7.

77. Lim J-w, Yi J, editors. The effects of religiosity, spirituality, and social support on quality of life: a comparison between Korean American and Korean breast and gynecologic cancer survivors. Oncology Nursing Forum; 2009.

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