



APPLICATION OF THE SPIRITUAL CARE MODEL TO THE NURSING PROCESS IN HEALTH SERVICES: LITERATURE REVIEW

Aris Citra Wisuda¹, Tukimin Bin Sansuwitio², Citra Suraya³, Kardewi⁴, Yusnilasari⁵

^{1,2,3}Faculty of Nursing, Lincoln University College, 47301 Petaling Jaya, Selangor Darul Ehsan, Malaysia.

⁴Program Pendidikan Profesi Ners, Sekolah Tinggi Ilmu Kesehatan Bina Husada, Jl. Syech A Somad No.28, 22 Ilir, Kec. Bukit Kecil, Kota Palembang, Sumatera Selatan 30131.

⁵Program Studi Kesehatan Masyarakat, Sekolah Tinggi Ilmu Kesehatan Bina Husada, Jl. Syech A Somad No.28, 22 Ilir, Kec. Bukit Kecil, Kota Palembang, Sumatera Selatan 30131.

*Correspondence e-mail: ariscitrawisuda.edu@gmail.com

ABSTRACT

Spiritual care is one part of the holistic needs nurses must provide patients in the health service process. Patients who are sick will generally experience distress, as indicated by crying, anxiety about their illness, and sleep disturbances. This study aims to determine various types of spiritual needs in health services and how effective standard interventions are to fulfill spiritual needs used by nurses. The method used is a literature review that focuses on spiritual interventions by nurses sourced from databases in the form of PubMed, Science Direct, and Google Scholar, published in 2018-2023. A review of the seven selected articles found that an effective spiritual intervention model is an intervention model that is provided by paying attention to intra-, inter-, and transpersonal aspects, which are fulfilled by a religious approach carried out in stages. These results conclude that the application of spiritual care to patients in health services is an important part of nursing intervention that must be carried out; this is very effective in building optimism and health well-being in patients.

Keywords: Nursing Intervention Standards, Spiritual Care Model, Distress, Patients.

Introduction

Health services in the optimal nursing process are stages of nurse action carried out based on nursing care standards with the accuracy of nurse analysis in providing services to improve the quality of patient health. (1). Fulfillment of service needs in communion for patients must be carried out holistically, one of which is spiritual needs. So that improving the quality and well-being of patient health is obtained optimally.(2). Fulfilling the patient's spiritual needs is carried out using a spiritual dimension approach which can increase a person's sense of belief and approach towards the Creator. So, someone who is sick or weak will feel more confident and resigned to the process of healing their illness.(3).

Spiritual needs are the basic needs needed by every human being. The patient's basic needs are biological, psychological, social, and spiritual. These aspects must be met properly to achieve a complete degree of health. If there is a deviation in fulfilling needs, it will certainly affect a person's response and health in the hospital.(4). According to (5) If one or more dimensions are disturbed it

will affect the other dimensions. Holistic is related to welfare, where to achieve prosperity there are five dimensions that influence each other, namely: physical, emotional, intellectual, social and spiritual so that the patient's health welfare can be achieved optimally. Holistic needs are basically a complex component of goals in a systematic nursing process that nurses must implement professionally in order to achieve patient well-being in health in accordance with the goals of nursing care providers. (6).

The fulfillment of spiritual needs is something that cannot be ignored. The need for spirituality has been proven to give strength to patients when facing their illnesses (7). Patients who are sick certainly need spiritual reinforcement and assistance while being treated. It takes the active role of nurses in fulfilling the patient's spiritual needs while in the hospital (8). In implementing this to achieve prosperity, one of the aspects that individuals must have is the ability to adapt and communicate with stimuli that must be applied in nursing care. (9).

When someone suffers from a chronic illness, the spiritual aspect is one of the circumstances that will be affected. Nurses, as professional health workers with intellectual, interpersonal, moral, and responsible abilities, help solve patient health problems 24 hours a day continuously. (10). Every nurse must know the standard spiritual care procedures for interventional care. So that in practice nurses are able to determine spiritual needs and modes that can be implemented according to the patient's condition.(11). Same statement by (12) that nurses have been able to master the concept of spiritual care which can be obtained through special training or similar so that it can be applied to patients appropriately and correctly.

In nursing care, nurses often feel pushed to focus on the physical care of patients at the expense of emotional and spiritual care. Various factors cause nurses to avoid providing spiritual care. Reasons include nurses feeling uncomfortable with their spiritual life, not attaching importance to spiritual needs, not getting an education on spiritual aspects of nursing, or feeling that meeting the patient's spiritual needs is not their duty but the responsibility of religious leaders. (13). The limited ability of nurses and spiritual experts is one of the reasons why spiritual care is not implemented optimally in health services. (14). In line (15) with the inability of nurses to implement spiritual care can occur due to an imbalance in the number of nurses and patients who must be served. So some nurses focus more on the physical assessment of the patient.

According to (16) States that in crisis or chronic situations, nurses need to play a role in implementing optimal holistic care, especially in the spiritual dimension. A spiritual dimension approach can increase a person's sense of belief and approach towards the Creator. So, someone who is sick or weak will feel more confident and resigned to the process of healing their illness. Simple interventions such as sitting with the patient while communicating, listening to complaints, encouraging, providing information and physical needs, helping determine the meaning of life, and making appropriate referrals are examples of fulfilling the patient's spiritual needs in the healing

process. (17). Spiritual implementation can be carried out based on the patient's belief in God. Simple things, for example, for Muslim patients, one spiritual model that can be done is always praying and doing dhikr when they feel anxious about their illness in the healing process.(18).

According to (11) In spiritual care there are several spiritual concept models that can be applied including FICA, FAITH, SPIRIT, HOPE, ETHNIC(S), and Ars Morendi Model. Same statement by (9) that elements in spiritual care can be chosen based on the patient's needs and abilities. However, all of these models can be used on all patients, especially palliative and chronic patients. The model in spiritual care is a standard guide that nurses can choose in providing spiritual needs to patients. However, all models have the same goal of bringing patients closer to God in an adaptive manner. (19).

Health services related to spiritual needs will make a positive contribution to the patient's progress or recovery. Glowacki (2015) stated that fulfilling the spiritual needs of palliative patients, one of which is heart problems, can relax the work of the heart thereby preventing problems with decreased cardiac output, complications of blockage of blood flow to nature, and incidents of pain or patient discomfort. The results of regression analysis in the European Journal of Medical Research (21) show a strong relationship between patient satisfaction with chronic heart disease and spiritual needs. Patient satisfaction is something that absolutely must be fulfilled by every health service provider or hospital. Hospitals will survive if they are always oriented towards patient satisfaction. (22).

One indicator supporting patient satisfaction is optimal service in caring for needs. There is a tendency for nurse models to increase so that nurses are required to be more professional. One of them is holistic care, with spiritual soul care being one that is manifested from the involvement process.(23). In practice, nurses must play an active role in providing mental nursing care according to standards. The nurse's ability to apply psychiatric nursing care must be supported by optimal nurse knowledge. (24). The most important thing to pay attention to in its implementation is the operational standards in the spiritual care model regarding the patient's condition or disease status which nurses must understand, so that the quality of service and goals can be achieved as expected. (25).

However, in reality, most nurses in their service practices only focus on the physical needs of their patients. several reasons obtained from several research results include, nurses feel uncomfortable processing spiritual needs in the care process, there are many patients who must be treated quickly, nurses do not understand the concept of spiritual care and there are no procedures for meeting spiritual needs in care services.

In addition, three out of five patients analyzed based on several articles obtained revealed that some nurses behaved not as expected. Not all nurses explain the disease the patient is suffering from. When the patient asks about his health condition, the patient feels dissatisfied with the answer given by the nurse, which causes feelings of anxiety or worry as well as feelings of worthlessness in the

patient. The two patients interviewed also complained about feeling uncomfortable praying in the inpatient room because the atmosphere was not conducive. Nurses aim to provide comprehensive and holistic care to patients to achieve optimal health. The aim of this study was to describe the spiritual needs of chronic disease patients during hospitalization.

Methods

The method used in this writing is Literature Review, which is a method of thinking critically and systematically based on reviewing various research articles by analyzing them using logical and argument methods. The guideline in this writing uses the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-analyses) method. The aim is to help the author analyze some of the literature obtained. Articles were screened using the Critical Appraisal Skills Program (CASP) to assess eligibility for inclusion originating from journal searches from 2017 to 2022.. They are using Duffy's Research Appraisal Checklist Approach. Literature searches were conducted in four databases: PubMed, NCBI, Science Direct, and Google Scholar. Structured research questions using the electronic method of PICO (patient, intervention, comparison, and outcome). The PICO in this article are P: spiritual patient, I: spiritual intervention, C: no comparison or control group, and O: effective intervention. The search keywords used were nurses, spiritual, and intervention. So that the research questions can be formulated: What is the standard of effective intervention to meet the spiritual needs of patients in health services.

Based on the results of a literature search from Pubmed, Science Direct, and Google Scholar, 171 articles were obtained. Then, filtering criteria such as full text, 2017-2022, and so on resulted in 86 articles being found. After reviewing each database, 32 articles related to this research topic were found. Furthermore, a duplication check was carried out on the 32 articles that had been collected, and based on the examination results, 7 of the same articles were obtained so that the articles were excluded. Based on the analysis results with the inclusion and exclusion criteria, 18 articles did not meet the criteria. The remaining seven articles will then be presented on the research results and analyzed in the discussion, drawing conclusions and suggestions. The results of data extraction are shown in Figure 1.

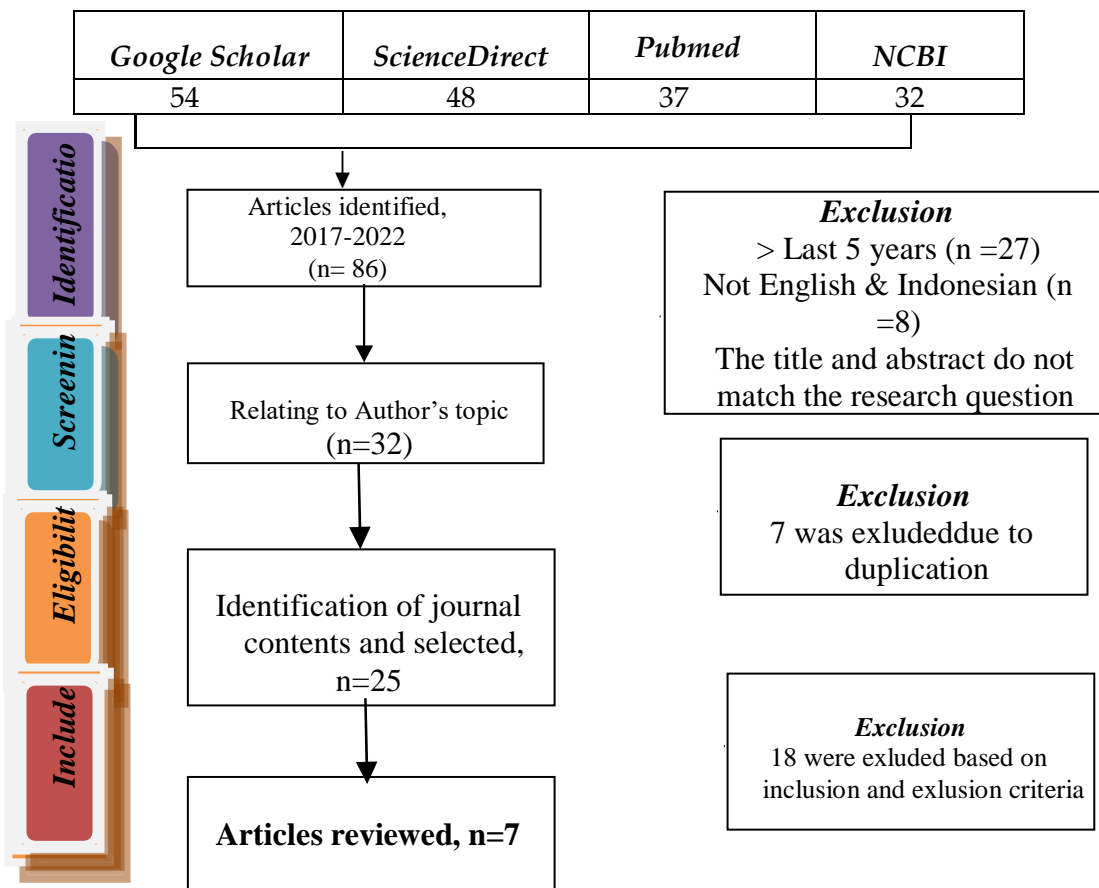


Figure 1. Flowcharts for The results of data extraction are shown in Figure

Results

Table 1. Data Extraction Of Research Articles

Author (Year)	Name	Country	Title	Method (Population/ Sample)	Research result
(26)	Bangkok, Thailand		Effect of an intervention based on basic Buddhist principles on the spiritual well-being of patients with terminal cancer	quasi-experiment, group control before and after the test. intervention based on basic Buddhist principles (48 respondents).	Based on intervention basic principles, Buddha can increase patient spirituality with cancer terminal.

(27)	Hamed an Iran	Effect of Spiritual counseling on spiritual well-being in Iranian women with cancer: A randomized clinical trial	Quasi-experiment, group control before and after the test. Instrumennya berupa uji klinis. (42 respondents)	After the intervention, there are significant average there are differences in SWB (P ¼. 001), RWB (P ¼. 013), and EWB (P ¼. 001). In two groups - effects after being given an SC intervention with a spiritual approach to the FAIHT model.
(28)	Isfahan, Iran	Effects of religious and spiritual care on burn patients.' pain intensity and satisfaction with pain control during dressing changes	Quasi-experiment, group control before and after the test. Samples were randomly divided into experimental and group control—clinical trials, measured by VAS 1 and NRS. (68 respondents).	After treatment based on the intervention of the standard FICA model, there are significant differences (p <0.001): yes, the reduction of pain intensity in the experimental group. Religious and spiritual care can be given effective nursing interventions, reduce the sense of pain and increase pain control satisfaction.
(29)	GmbH , Jerman.	Using patient-reported religious/spiritual concerns to identify patients who accept chaplain interventions in an outpatient oncology setting	Analysis retrospective. Chaplain interventions via phone or come in person (44 respondents)	Exploratory study with applying the HOPE model in the spiritual needs method. This suggests that screening for struggle to find meaning/hope in life, fear of death, and anxiety will help chaplains identify patients with R/S concerns most likely to receive R/S interventions. Such discussion of effective telehealth practices is an important direction in this field.
(30)	Kerma shah, Iran	The Impact of Spiritual Care Education on Anxiety in Family Caregivers of Patients with Heart Failure.	Study semi-experimental. in Spiritual care education. Group experiment (n = 34) and control (n = 37) Group.	The results of this study indicate that the spiritual battle model intervention can reduce the anxiety level in nurses of HF disorder patients.
(31)	Bandar Abbas, Iran	Effectiveness of Combination Cognitive-Behav Oral Therapy and Resilience-based Training Spirituality Islamic and cognitive flexibility on depression post-labor, Afraid	semi-experimental design pretest-posttest and group control. Combination Cognitive-Behavioral Therapy And Based Endurance Training Islamic Spirituality And cognitive flexibility (90 respondents).	The effect of the combination therapy cognitive-behavioral and endurance training based on instructions Islamic spirituality and cognitive flexibility on depression postpartum (P <0.01), fear of pain delivery (P<0.01), and quality of life (P <0.01) is significant, and in ff the difference between the

				two that group.
(32)	Mashhad, IRAN	The Effect of Spiritual Support Caregiver's Stress of Children Aged 8-12 with leukemia Hospitalized in Doctor Sheikh Hospital in Mashhad	Clinical trials method convenience sampling (60 respondents).	Based on the results with paired t-test for comparison before and after intervention (spiritual based on SPIRIT), stress in group intervention significantly experiences more difficult difficulties than the control group (p = 0.067)

Discussion

Many models/standard strategies can be used to meet the spiritual needs of patients in hospitals and health services. In research by (26) in Bangkok, Thailand, regarding spiritual intervention based on basic Buddhist principles. The intervention was carried out for three consecutive days, including seven activities based on teaching activities, concentration activities, and wisdom activities. After being given the intervention, the results were significantly higher than participants in the control group in both post-test scores ($p < 0.05$). So, the results obtained are that interventions based on basic Buddhist principles can improve the spiritual well-being of hospital patients.

This research was conducted by (27) in Hamedan, Iran, regarding the effect of spiritual counseling on the level of spiritual well-being of patients by applying the FAITH model, which includes Faith/spiritual beliefs, Application, Influence/importance of faith in life, in this illness, and healthcare decisions, Talk/terminal events planning and Help. The intervention was conducted individually in person to respect the participants' privacy. The intervention consisted of eight SC sessions conducted once a week. Counseling sessions were held after hospital visiting hours to avoid conflicts with patient care. Each session will include Islamic teaching material as part of the type of intervention and religious/spiritual intervention model used in the research. Sessions are conducted by trained counselors who are experienced as spiritual healers. Then, all sessions were conducted under the supervision of a clinical psychologist who helped develop the intervention. Each session lasts approximately 45 to 60 minutes and includes periods of question and answer, sharing, reflection, providing feedback, relaxation exercises, and meditation. Participants are given homework, including reading the Koran and other religious books, along with relaxation exercises, which they report on during the next session. After the intervention, there is significance. After eight weeks of SC, mean SWB, religious, and existential scores were

significantly higher in the intervention group than in the control group. Thus, SC appears to be an effective strategy for increasing SWB and its religious and existential components.

Another study by (28) in Isfahan, Iran, regarding spiritual care therapy by applying the FICA model (F Refers to Faith, belief, and Meaning, namely belief, trust, and the meaning of life; I Refers to Importance and Influence, which means the most important thing or influencing; C Refers to Community which means a community or group of people who have almost the same characteristics; and A Refers to Addressing spiritual concerns, which means how to overcome spiritual issues experienced by patients) about achieving a person's quality of life. The experiment consisted of three spiritual care sessions carried out with the help of nurses, priests, and friends of the patient. There was a significant difference after the spiritual care program ($p < 0.001$). There was a substantial reduction in pain intensity in the experimental group, and satisfaction with pain control in this group also increased. Thus, spiritual care therapy divided into 3 sessions involving nurses, priests, and patient friends effectively reduces pain and increases satisfaction with pain control.

In research conducted by (29) at GmbH, Germany, regarding spiritual intervention by involving clergy with telehealth/tele-chaplaincy using mobile phones by contacting patients by conducting prior assessments and offering guidance given via telephone or direct, spiritual. Tele-chaplaincy is effective for oncology care, which is increasingly becoming an outpatient practice. This research is important in treating patients with limited opportunities to request the religious or spiritual services they need within the limited time frame of an outpatient appointment. This study was screened by applying the HOPE model in the spiritual needs method. The struggle to find meaning/hope in life, fear of death, and anxiety will help chaplains identify patients with R/S concerns who will likely receive R/S interventions.

In research conducted by (30) in Kermanshah, Iran, regarding the impact of spiritual education on the anxiety level of patient nurses. The experimental group received spiritual intervention for six 45-minute sessions over two weeks (14 days; three times a week, every other day). The results showed differences in anxiety levels in the two groups after the intervention ($P = 0.001$). The level of anxiety in the experimental group three weeks after the intervention was significant compared to before. As a result, spiritual intervention reduced anxiety levels in patient caregivers. This study shows that spiritual intervention reduces anxiety levels in patient caregivers.

Research conducted by (31) in Bandar Abbas, Iran, on the Effectiveness of a Combination of Cognitive-Behavioral Therapy. The intervention was conducted during 90 to

110-minute training sessions twice weekly for six weeks at an educational institution in Bandar Abbas. The intervention is an integrated program introduced by Richards' faith-based cognitive behavioral therapy and Bergin's study and resilience based on Islamic teachings described by Bakhshi Zadeh et al. The effect of the combination of cognitive-behavioral therapy and resilience training based on the teachings of Islamic spirituality and cognitive flexibility on depression, fear of pain, and quality of life was significant, and the differences between the Islamic Spirituality Training Based on Resistance and Cognitive Flexibility two groups were also significant. Training based on Islamic guidelines is effective in reducing traumatic symptoms.

In research conducted by (32) in Mashhad, IRAN regarding the Effect of Spiritual Support on Patient Caregiver Stress. The intervention instructed five sessions based on spiritual intervention by applying the SPIRIT system model, which includes Spiritual belief system, Personal spirituality, Integration with a spiritual community, Ritualized practices and restrictions, Implications for medical care, and Terminal events planning. The intervention group was divided into five sessions based on the spiritual intervention pattern of Richards and Bergin, focused on Islamic rituals and included psycho-spiritual components: prayer, trust and supplication, patience, gratitude, and forgiveness, 60 minutes daily. After the intervention, the stress experienced by the intervention group was significantly lower than the control group ($P < 0.04$). Comparing the differences in stress between the two groups before and after the intervention with analysis of covariance showed that the intervention group had a significantly lower stress score than the control group ($P < 0.001$). The intervention group had lower stress than the control group. As a result, spiritual support sessions reduced stress for patient caregivers. This intervention is effective for caregivers because it is low-cost, safe, and effective.

Conclusion

The standard intervention is given in stages by dividing it into several sessions involving various professions, such as clergy, in providing spiritual services to patients and nurses. This is proven by several studies supported by data that there has been a significant change in the spiritual level of patients for the better in several health services and hospitals worldwide. So, in this research, based on several studies on the application of several intervention models to fulfill the spiritual needs of these patients, it can be concluded that spiritual intervention with a religious approach is effective and is recommended to be implemented optimally. However, several factors support the

implementation of spiritual services, the most important of which is the awareness of health workers, facilities, and infrastructure supporting health services.

Acknowledgments

The researcher would like to express his gratitude to the Honourable::

1. Dr Tukimin bin Sansuwito, as a supervisor I, has provided guidance and advice to make this research dissertation proposal perfect.
2. Dr. Hj. Asdaria Tenri, Sp. OG, as the Director of Siti Khadijah Palembang Islamic Hospital, Indonesia, has provided the place and time as the author's research site.

References

1. Hickey J V., Giardino ER. The Role of the Nurse in Quality Improvement and Patient Safety. *J Neurol Neurosurg Nurs*. 2019;8(1):30–6.
2. Thakur P. *The Art Of Spirituality Volume II The Modern Concept*. II. Chennai, Tamil Nadu: Nation Press Media Pvt Ltd; 2022. 363 p.
3. Keegan's D&. *Holistic Nursing: A Handbook for Practice*. Eight. Mary, Deborah, Karen, William, editors. Jones & Bartlett Learning. USA: Jones & Bartlett Learning; 2022. 571 p.
4. Dwidiyanti M, Fitriana RN, Listiowati D, Murtoyo E, Prasetyaningtyas VH. *Holistic Nursing*. 1st ed. Prasetyaningtyas VH, Arya G, editors. Kepel Press. Semarang; 2017. 150 p.
5. Wattis J. *Spiritually Competent Practice In Health Care*. Curran, Stephen, editors. Boca Raton: CRC Press Taylor & Francis Group; 2017. 188 p.
6. de Diego-Cordero R, Suárez-Reina P, Badanta B, Lucchetti G, Vega-Escañó J. The efficacy of religious and spiritual interventions in nursing care to promote mental, physical and spiritual health: A systematic review and meta-analysis. *Appl Nurs Res*. 2022;67(January).
7. Blasdell ND. The Evolution of Spirituality in the Nursing Literature. 2015;8(3):756–64.
8. Azak A. Nurses Perceptions Of Spirituality And Spiritual Care. 2015;31(1):5–10.
9. Cone P, Giske T. *The Nurse's Handbook Of Spiritual Care*. First. Hoboken, USA: 2022 John Wiley & Sons Ltd; 2022. 199 p.
10. Carneiro ÉM, Barbosa LP, Marson JM, Terra JA, Martins CJP, Modesto D, et al. Effectiveness of Spiritist "Passe" (Spiritual healing) for Anxiety Levels, Depression, Pain, Muscle Tension, Well-being, and Physiological Parameters in Cardiovascular Inpatients: A Randomized Controlled Trial. *Complement Ther Med*. 2017;30:73–8.
11. Potter And Perry. *Fundamentals Of Nursing: Second South Asia Edition*. Third Sout. Sharma SK, editor. India: Elsevier, RELX India Pvt. Ltd; 2021. 1036 p.
12. Khasha M, Permana I. Fulfillment of Spiritual Care by Nurses in Hospitals: A Structured Review. *J Ilmu Keperawatan Jiwa*. 2021;53(9):1689–99.

13. Sadiq K, Wahid A, Hafifah I. Description of the Implementation of Holistic Nursing Assessment. *Dunia Keperawatan*. 2019;7(2):82.
14. Azizah N, Purnomo M, Wigati A. Application of Islamic Values Through Caring for Fulfilling Spiritual Needs of Inpatient Prayers. *J Ilmu Keperawatan dan Kebidanan*. 2021;12(1):109.
15. Arwin SK. Effectiveness Of Spiritual Care On Reducing Stress Levels in Preoperative Patients. *J Keperawatan Abdurrab*. 2018;Vol 1 No 2:73–81.
16. Yusuf A, Nihayati HE, Iswari MF, Okviasanti F. *Kebutuhan Spritual : Konsep dan Aplikasi dalam Asuhan Keperawatan*. 1st ed. Nihayati HE, Iswari MF, editors. Mitra wacana media. Jakarta: Mitra Wacana Media; 2016. 1–30 p.
17. Rahmayanti T. *A Spiritual Approach To Islamic Spiritual Guidance In Inspired Patients*. Islamic University Of Raden Intan Lampung; 2021.
18. Afif Hidayatul Arham, Kusbaryanto ER. The Influence of the Application of the Spiritual Care Module on Nurses' Actions in Performing Spiritual Nursing Care. *J Keperawatan*. 2019;10(1–5).
19. Kozier & Erb's. *Kozier & Erb's Fundamentals Of Nursing ; Concepts, Process and Practice*. Tenth. Snyder SJ, Frandsen G, editors. Oakland, California: Julie Levin Alexander; 2016. 455 p.
20. Glowacki D. Management And Improvements In Patients Outcomes And Satisfaction. 2015;35(3):33–42.
21. Heidenreich PA, Bozkurt B, Aguilar D, Allen LA, Byun JJ, Colvin MM, et al. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure. *J Card Fail*. 2022;28(5):e1–167.
22. Ramadhanti, Destiani Rahma R. Description of Quality of Life in Patients Coronary Heart Disease. *J Keperawatan Indonensia Florence Nightingale*. 2022;2(1):7–17.
23. Nursalam. *Manajemen Keperawatan Aplikasi dalam Praktek Keperawatan Profesional*, Edisi 3. Jakarta: Salemba Medika; 2011.
24. Ku Y. *Spiritual Care in Nursing Concept Analysis Of Interesting Patient*. 2017;1–4.
25. Alemoush RA, Al-Dweik G, AbuRuz ME. The Effect Of Persistent Anxiety and Depressive Symptoms On Quality Of Life Among Patients With Heart Failure. *Appl Nurs Res*. 2021;62(August):151503.
26. Chimluang J, Thanasilp S, Akkayagorn L, Upasen R, Pudtong N, Tantitrakul W. Effect of an intervention based on basic Buddhist principles on the spiritual well-being of patients with terminal cancer. *Eur J Oncol Nurs*. 2017;31:46–51.
27. Sajadi M, Niazi N, Khosravi S, Yaghobi A, Rezaei M, Koenig HG. Effect of spiritual counseling on spiritual well-being in Iranian women with cancer: A randomized clinical trial. *Complement Ther Clin Pract*. 2018;30(February):79–84.

28. 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*. 2019;45(7):1605–13.
29. Sprik PJ, Walsh K, Boselli DM, Meadors P. Using patient-reported religious/spiritual concerns to identify patients who accept chaplain interventions in an outpatient oncology setting. *Support Care Cancer*. 2019;27(5):1861–9.
30. Milad Borji, Seyed Rahmatollah Mousavimoghadam, Ebrahim Salimi, Masoumeh Otaghi YA. The Impact of Spiritual Care Education on Anxiety in Family Caregivers of Patients with Heart Failure. *Proc Inst Mech Eng Part J J Eng Tribol*. 2019;224(11):122–30.
31. Zamani SN, Zarei E, Haji Alizadeh K, Naami AZ. Effectiveness of Combination of Cognitive-Behavioral Therapy and Resilience Training Based on Islamic Spirituality and Cognitive Flexibility on Postpartum Depression, Fear of Labor Pain and Quality of Life. *Hormozgan Med J*. 2018;22(4):e86489.
32. Elham Zafarian Moghaddam, Hamidreza Behnam, Tayebeh Reihani SN. The Effect of Spiritual Support on Caregiver's Stress Patients Hospitalized in Doctor Sheikh Hospital in Mashhad. *Futur Med Educ J*. 2022;2(January):119–23.