

Spiritual and religious interventions in health care: An integrative review

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The aim of this review article is describing a research on spiritual and religious interventions in Iran. An integrative review was conducted to determine the state of the science in Iran. Iranmedex, Scientific Information Database, Irandoc, Noormags, Magiran and Google scholar were searched to find articles published in peer-reviewed journals from August 2002 to August 2012. A qualitative approach utilizing content analysis was used in the review. Overall, 21 articles on spiritual and religious interventions in Iran's health care system which met the search criteria were included from 800,000 records in 438 journals. The review shows that there are at least four overarching themes of spiritual and religious interventions: spiritual and religious behaviours, spiritual care as part of a holistic caring approach, spiritual/religious therapy as an effective healing technique, and patients' spiritual needs. These themes are linked and interrelated. The main concern for caregivers was "hanging on to spirituality" in spite of the eroding effects on spiritual beliefs caused by different factors in the health care system. Spirituality plays an important role in the way people live and die. The majority of the research on spiritual and religious interventions in Iran's health care system focuses on patients' need toward spiritual care and health professionals' spiritual approach, as well as factors that influence their spirituality. More research is needed on the factors that influence patients' spiritual needs, spirituality among health care providers, and interventions to engender spiritual and religious interventions in the health care system .

Keywords: spirituality, spiritual care, religious intervention, Iran health system

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What is already known about this topic?

- Spiritual care is an important part of patient care when using a holistic approach.
- Spirituality helps people deal with their problems.
- Spiritual care may be neglected by caregivers and therapists in health systems.
- Spirituality is not a clear concept and most of the time it is equated with religiosity.

What this paper adds?

- Spirituality is a neglected patient need. Spiritual care can enhance and improve the healing process, well-being, quality of life, mental health and ability to cope with crisis situations.
- Spirituality and spiritual care can reduce stress, anxiety, depression and aggressive behaviours.
- Demonstrates a need for formal spiritual assessment included in a patient's health history. Recommends activities to define spiritual care and develop guidelines for health care professionals and organisations.

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Introduction

Spirituality and religiousness are two important constructs that have been receiving increasing attention (1) and that contribute to an individual's overall well-being and quality of life (2, 3). Highfield outlines the four basic spiritual needs of a person as "the need for meaning and purpose in life, the need to give love, the need to receive love, and the need for hope and creativity" (p, 188) (3). Although there are differences in the definitions and conceptualizations of spirituality, the same themes often recur, such as the search for meaning in one's life. Stressed persons often turn to spirituality for help, seeking support to cope with unforeseen and difficult events (4).

Spirituality is frequently confused with religion. It is important to understand they are two distinct but complementary concepts. On one hand, as Rousseau writes 'spirituality is concerned with universal issues of purpose and meaning of life and is the part of the human essence that strives for transcendental values' (5). On the other hand, in the dictionaries religion is described as: "religion is a set of beliefs concerning the cause, nature, and purpose of the universe, especially when considered as the creation of a superhuman agency or agencies, usually involving devotional and ritual observances, and often containing a moral code governing the conduct of human affairs" (6).

Although spirituality and religiosity are distinct concepts it can be difficult to differentiate between the two. Religion can provide the foundations for making sense of existence, and through rituals, creedal beliefs, participative community, and ceremonies, provide mechanisms for expressing spirituality (7). Unfortunately, religious ideologies may also evoke spiritual anguish and fear, particularly when pious doctrines promise eternal damnation for explicit behaviours and beliefs (8). Recent studies suggest that the spiritual dimension infiltrates all aspects of health care and shows a general positive correlation between patients' spirituality and health outcomes, as medical care starts to focus more on treatment of the "whole person" (9, 10).

Although existent evidence demonstrates the effect of spiritual interventions on health and well-being, it is difficult to find spiritual care protocols within clinical guidelines. Ignorance of spiritual issues persists in contemporary Western medicine, although spirituality is gradually achieving recognition by the mainstream medical establishment (11). While some

longitudinal studies assume that the relationship between religion and mental health is linear and non-recursive, an encompassing theory that explains the various relationships between mental health and religion is lacking from the literature (p, 110) (12).

Iran is an Islamic country with 99.4 percent of the population identifying as Muslims (13). Despite the importance of religion to the Iranian population, there is no clear protocol or guideline for undertaking spiritual or religious care within the health system. A review of the literature may help in the development of a guideline. The aim of this review was to describe the current status of research on spiritual and religious interventions in the context of the Iranian health care system.

Methods

As a methodological approach, the integrative review allows for the combination of diverse methodologies (14). Integrative review has been defined by Broome as "a summary of the literature on a specific concept or content area whereby the research is summarized analysed and overall conclusions are drawn" (p, 546) (15). In this review, the following steps were taken: 1) identification of the topic, 2) search of the literature, 3) reading and critique of the sources, 4) analysis of the sources, and 5) synthesis of the sources. A qualitative approach was used in the synthesis as the majority of the studies that focused on hope in palliative care were descriptive and exploratory in nature (16). Each study was systematically read and coded based on all variables (objective, methods, results, and conclusions). The results were compared across all studies and comprehensive themes and content were identified and synthesized (17). To enhance the rigour of the review, Cooper's (1998) strategy (a. Problem formulation stage, b. Literature search stage, c. Data evaluation stage, d. Data analysis stage, e. Presentation stage) was applied (18).

1. Problem formulation stage

Greater understanding of the concept of spirituality was proposed as a possible way to effectively identify stages of incorporating a comprehensive and inclusive approach to patient care. The purpose of this review was to assess the status of spiritual, religious treatment and caring and its impact on Iran's healthcare system.

The most relevant research questions were:

- What is the meaning of spirituality in the context of the health care system?

- What is the status of spiritual and religious care in the health care system?
- How does spiritual and religious care help patients with different problems?
- How can the health care system accommodate patients' spiritual needs?
- What is the importance and necessity of spiritual and religious treatment for patients?
- Data base of special journals (www.noormags.com)
- Scientific Information Database (www.sid.ir/fa/index.asp)
- Country information journals bank (www.magiran.com)

2. Literature search stage

The literature search focused on spiritual and religious concepts as related to health, illness, treatment, caring and the health care system. A comprehensive search of Iranian electronic databases was conducted using the keywords: Spirituality, Spiritual care, Spiritual therapy, Religiosity, spiritual health, Pray, Zikr, Do'aa, spiritual nursing, and Religion intervention.

The following Iranian databases were searched:

- Indexing articles published in Iran Biomedical Journal (www.iranmedex.com)
- Iranian Research Institute for Information Science and Technology (www.irandoc.ac.ir)

Additionally, Google scholar (<http://scholar.google.com>) was searched for the listed keywords as well as 'Iran'.

Selected articles were examined on twelve dimensions: purpose statements, sampling method, criteria for the inclusion of studies, characteristics of primary research identified, citation of previous reviews, critique of previous reviews, presentation of primary research findings, method of analysing results, discussion of methodological problems, search for systematic influences, interpretation of results, and tables used. There were also items designed to gather descriptive data such as study design, models and instruments, the number of samples, the date of publication, and the number of studies reviewed in the article. (Table 1)

Table 1. Findings based on interventions

Authors-Abstracted findings

Quasi experimental and random clinical trial (RCT) studies

- Bahrami, et al. 2010: Praying might improve cancer patients' Quality of Life⁽³⁸⁾.
- Moieni, et al. 2012: Spiritual care program promoted the spiritual well-being of ischemic patients in existence dimension of spiritual well-being and overall spiritual well-being⁽³⁹⁾.
- Akuchekian, et al. 2011: Spiritual group therapy is very effective on obsession and could reduce obsession in religious patients with obsession subscale⁽³³⁾.
- Shamsi, et al. 2011: Listening to the sounds of Holy Quran could reduce university staffs' stress⁽⁴⁰⁾.
- Bahrami dashti et al. 2006: Spiritual intervention including: Training of Prayer, forgiveness and transcendental meditation, could reduce university students' stress⁽⁴¹⁾.
- Ishaghi, et al. 2010: There were no significant differences between two types of physical activity training (regular and Spiritual based) in elderly physical activities⁽⁴²⁾.
- Fallahi_Khoshknab et al. 2007: Group recreational activities based on spiritual behaviour as a rehabilitative and inorganic intervention can promote self-care skills in schizophrenic patients⁽⁴³⁾.
- Fakhar et al. 2008: Logo-therapeutic approach group therapy led to enhanced mental health, reduced anxiety and mental strain and better social interaction of the institutionalized elderly women⁽⁴⁴⁾.
- Mohammadi et al. 2011: Psycho educational supportive group based programs lead to a decrease in Alzheimer caregivers' strain and improved their spiritual wellbeing⁽⁴⁵⁾.
- Mohammadi et al. 2011: Spiritual psychotherapy can reduce mental disorders such as anxiety and depression of opium addicted people and promote their quality of life⁽⁴⁶⁾.
- Gholami et al. 2011: Spiritual and meaning therapy affected divorced women's health and improved physical signs, anxiety and sleep disorders but it didn't have any effect on social functions and depression⁽⁴⁷⁾.
- RezaeiMoghaddam et al. 2003: There was an effective recovery trend by using spiritual healing on inflated Rats' Joints in the lab⁽⁴⁸⁾.
- SharifNia et al. 2012: Prayer is a suitable method for patients' adaptation to their illness. It not only mitigates stress, but it also improves health spirituality in patients undergoing haemodialysis⁽⁴⁹⁾.

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- Garfami et al. 2009: Meaning group therapy improved physical complaints, irritability in social interactions, depression, anxiety, aggression and panic in breast cancer women⁽⁵⁰⁾.
 - Gholami et al. 2009: Meaning group therapy promoted general health and life expectancy in major Thalassaemic girls⁽⁵¹⁾.
 - AfkhamRezaei et al. 2008: Meaning group therapy could reduce women's anxiety and depression. Also it could promote their general health⁽⁵²⁾.
 - Zadoosh et al. 2010: Cognitive group therapy with an emphasis on religious approach had a positive effect on women's marital satisfaction and enhanced the positive sense of life in married women⁽⁵³⁾.
 - Rasooli et al. 2010: Meaning group therapy could reduce anxiety in people who are suffering from Multiple Sclerosis. Moreover it could enhance their self-esteem score⁽⁵⁴⁾.
 - Hamdieh et al. 2008: Cognitive Spiritual Group Therapy could reduce depression of university female students⁽⁵⁵⁾.
 - AghaAli et al. 2011: There was a positive correlation between Cognitive group therapy with emphasis on a religious approach and mental health in women with Multiple Sclerosis⁽⁵⁶⁾.
 - Najeebullam 2008: Health promotion training with an emphasis on exercise and nutrition could enhance physical, mental and spiritual health of women workers⁽⁵⁷⁾.
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Sample

Of 800,000 records 438 articles were found based on the keywords and screened. 21 articles met the inclusion criteria. The journals were chosen because they were refereed, and focused on research articles.

Inclusion and exclusion criteria

Inclusion criteria: Primary sources from August 2002–August 2012; medical science context and psychiatry; meets operational definition of 'original article' in Persian language or English in Iran's context; peer-reviewed journal articles, spiritual and religious interventions discussed in terms of health care systems

Exclusion criteria: Articles in press; articles from non-medical Journals; conference proceedings abstracts, irrelevant to research key words; grey literature and unpublished manuscripts (abstracts or dissertations). Spiritual articles worked in countries other than Iran.

3. Data evaluation stage

The final sample for this integrative review included empirical and theoretical studies. The empirical studies included a wide variety of experimental methods. Due to this diverse representation of primary sources, studies were coded according to two criteria relevant to this review: methodological or theoretical rigour and data relevance on a 2-point scale (high or low). No study was excluded based on this data evaluation rating system; however, the score was included as a variable in the data analysis stage. In general, studies of low rigour and relevance contributed less to the analytic process.

Study design of included articles:

14: Quasi experimental studies

5: Random clinical studies

2: Random field trials

4. Data analysis stage

Data were extracted from primary sources on sample characteristics and methods (if empirical) as well as any reference to the concept of spiritual care. Categories that were extracted included the definition of spiritual care, aspects of the process of spiritual care interventions, antecedents, consequences, and facilitators of spirituality. Related terms were identified in addition to proposed relationships of integration to other variables. Data display matrices were developed to display all of the coded data from each report by category and were iteratively compared. As data were conceptualized at higher levels of abstraction, each primary source was reviewed to verify that the new conceptualization was congruent with primary sources.

Procedure

Each article was read and the survey instrument completed by the author. In large samples, a second researcher should review a random selection of articles to help establish reliability of coding procedures (Jackson, 1980). This sample was reviewed by three researchers.

5. Presentation stage:

There were positive correlations between spirituality and human variables as shown in Figure (1).

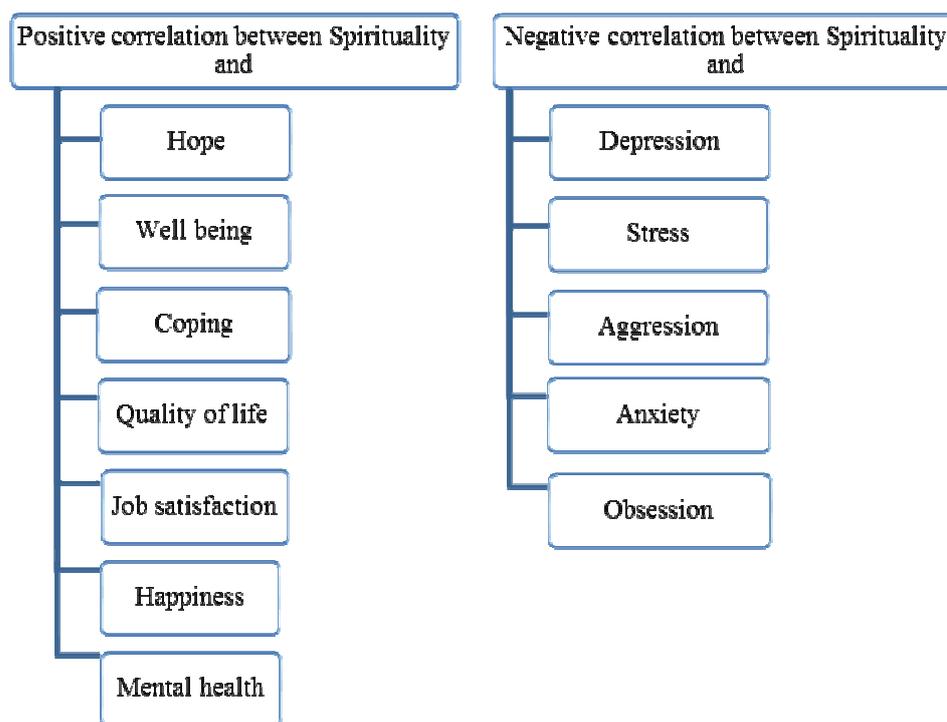


Figure 1. Positive and negative aspects of spirituality

Discussion

Current studies have suggested that spiritual care has been a neglected aspect of nursing (19). According to Lundmark, spiritual care is neglected in the present Swedish health care system (20). Findings of the review (Table 1) showed that there were positive correlations between spirituality and hope, happiness, mental health, health and well-being, quality of life, job satisfaction, coping and recovery in both patients and caregivers. Studies which supported these findings were Nolan et al. who reported a positive correlation between hope and spirituality (21); Moallemi et al. whose research findings showed there is positive correlation between spirituality and mental health (22), and Fehring's study which showed a consistent positive correlation between intrinsic religiosity, spiritual well-being and hope (23). Spiritual training has a positive effect on well-being (24). Studies on the relationship between spirituality and job satisfaction have shown that nurses' spirituality strongly contributed to job satisfaction (25). The findings by Holder et al. (2010) among school age students showed that "children's spirituality, but not their religious practices (e.g., attending church, praying, and meditating), was strongly linked to their happiness. Children who were more spiritual were happier (26). Substantial empirical evidence points

to links between spiritual religious factors and health in U.S. populations (27). Kim et al. (2000) found that there is a positive correlation between spirituality and spiritual well-being, emotional well-being, and life satisfaction (28).

Moreover, there were negative correlations between spiritual care and stress, anxiety, depression, aggression and obsession in both patients and caregivers.

Wasner et al. wrote that spiritual care helps to reduce stress and depression (29). The depressed person describes symptoms that typically include meaningless, emptiness, and hopelessness, as well as a sense of alienation from values and a narcissistic focus. Spiritual behaviours help to deal with depression (30). Spirituality and spiritual practices were predicted to be a means of coping with stress and anger (31). Bormann et al. stated that the use of spiritual interventions has been shown to relieve stress, anxiety, and depression, and to lead to enhancement of the quality of life and spiritual well-being of patients infected with human immunodeficiency virus (32).

The review also found conflicting findings between one study in which study spiritual group therapy reduced patients' obsessions (33), and another study where thinking about God's punishment negatively affected the intensity of scrupulosity in obsessive patients (34).

Many of the studies reported on the meaning of spirituality and the differentiation between religiosity and spirituality. Some researchers tried to define spirituality and believed that it could be distinguished from religiousness. Houskamp stated that spirituality refers to an inner belief system which a person relies on for strength and comfort whereas religiousness refers to institutional religious rituals, practices, and beliefs (35). Swinton and Pattison mentioned that spiritual meaning is evolving within the health care professions, but it is not defined by religious and cultural boundaries (36). Anandrajah states that the relationship between spirituality and health care are increasing (9). Spirituality is based on what people experience in reality, regardless of the specific religious preference containing that spirituality (37).

Limitations

One of the limitations inherent in this approach is that the review focused solely on electronic resources. Another limitation is the broad scope of phrases and keywords that are used to describe spiritual and religious interventions in Iran's health care system.

Implications and suggestions:

Review findings indicated that spiritual and religious behaviours, such as prayer, can reduce stress, anxiety, aggression, depression and even obsession, and enhance and improve hope, mental health, well-being, quality of life and the ability to cope. The

study has only provided a comprehensive understanding of the spiritual/religious contexts reviewed in Iran's health care system.

Further research is needed to differentiate between spiritual and religious interventions. Future research needs to seek the real meaning of spirituality and spiritual care and differentiate them from religiosity in both Iran's health care system and around the world.

Conclusion

Spiritual care is an important need of every patient when using a holistic approach to health care. Studies included in the review demonstrate a positive correlation between spiritual care and treatment with quality of life, health and well-being, mental health, job satisfaction, hope, happiness and ability to cope. In addition, studies found negative correlations between 'spiritual care and treatment' and stress, anxiety, depression, aggression and obsession behaviours.

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