The Association Between Spiritual Care Intervention and Spiritual Well-Being

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DOI: 10.29322/IJSRP.9.02.2019.p8681
http://dx.doi.org/10.29322/IJSRP.9.02.2019.p8681

Abstract: The frequency of gaining spiritual care intervention and its connection with nurse's personal well-being will exposed in this study. A cross-sectional descriptive and co relational design will used to judge the knowledge about Spiritual Care Intervention and Spiritual Well-Being. Adopted version questionnaire was used from the article "Spiritual Care Intervention and Spiritual Well-Being" in Jordanian Muslim Nurses' Perspectives "written by(Musa, 2017)will be used to collect data from the participants. The contributor will have selected through simple random sampling method, the sample size for this study will be 110 that are deliberate from the **Slovin's formula** of sampling**.** SPSS version 21 will be used for this purpose. The results of this study indicate that now the Muslim nurses delivered spiritual care intervention frequently to their Muslim patients. The nurses' personal spiritual well-being will positively connect with spiritual care intervention. Both variables show that the results meet the standard requirements of reliability and both are reliable. For KMO and Bartle's test, all the criteria are fulfilled, and instruments of this study are valid. The results portrayed that the relationship between spiritual care intervention and spiritual well-being is positive and it is significant. It concluded from this examination that medical caretakers ought to know of their own otherworldliness and should upgrade their own profound prosperity to be more associated with giving profound care. It prescribed that Muslim nursing and human services organizations ought to intentionally on medical attendants' profound prosperity, instead of survey it as an individual issue with minimal authority thought.

Key words: spiritual care intervention; spiritual well-being; Muslim nurses

INTRODUCTION

According to Florence Nightingale (1859) she always admires for her own occupation, as Allah's valuable award of life is place in her hands.Spiritual care is total care and it provides a wonderful precaution against disease. There is nurses desire to provide

proper spiritual care to their patients. Nurses beat their mostlytime with patients and are responsible for achieving patient health. As health, means to achieve total care of patient, which are, related to body, cognitive, relationship and mystical. Some nurses happily deliver spiritual care(Wu, Tseng et al., 2016).

It is generally known that spiritual wishes appear when the patients are admitted in hospital and practitioners should deal with these wishes to access these condition(Hodge& Wolosin, 2013).

One of the great significant aspects in human health and healthy standard of living is spiritual well-being. The correlative and incorporated link among inner forces implemented by it .The environment, community, Divine, sentiment close link with himself, aspects of constancy in life, consonanceand calm is recognized by it. When spiritual wellbeing is damage in human life, human being will complain of serious mental confusion such as isolation, sadness, and pasting of denotation in life then spiritual wellbeing direct to the pleasure and denotation life and favor. Spiritual care should be measured by an significant element of total patient and advanced care(Abbasi, Farahani-Nia et al., 2014).

It observed that mostly nurses do not provide religion care and neglect it. However, origin of nursing is invisible in religion. Nurses provide all type of care to their patients based on religion. (Taylor, 2012).

In nursing spiritual care is important and it offer to progress the worth of life for many accommodators. There is a span for promoting the facet of care(Narayanasamy & Owens, 2001).Nurses provide total care to the patients based on spirituality. This care is patient-centered. Spirituality and spiritual care is contemplating a very significant part of care of nursing which is beneficial to the patients but nurses do not provide regularly spiritual care to patients. Those nurses who do not provide proper spiritual care they only provide care which has no value in patient's life.(Taylor, Gober-Park et al., 2017).

Many Muslim patients understand that their pain and troubles that came in their life can be mange easily if they have strong spiritual trust and beliefs. When patients suffering illness, they receive help and reinforce from ALLAH through prayer. Many patients believed that the disease which come in their life, is a test from Allah and they understand it is punishment for their mistakes in the world. Death is seeingas predictable and parts of total heavenly plan "Allah is one who generates you and takes your soul at death" (Qur'an16:70). If the patient receive spiritual care then their inner satisfaction show positive outcome. If the patient has trust on Allah they are free from depression and anxiety , mentally relax, thankful, have more power to manage, better care for himself , during illness the power of relaxation and satisfaction increased and have the feeling of no pain(Musa & Pevalin, 2016).

Spiritual care is very important part of nursing profession. Muslim nurses only provide traditional care according to patient tradition. Muslim nurses do not provide religious care. (Musa, 2017).

Many studies have done on Christian staff and patients but only limited study are develop on Muslim patients and staff. Even Muslim nurses do not provide proper spiritual care to their patients due to limited knowledge. There is a need to evaluate the nurses knowledge about spiritual care(Musa, 2017).

The aim of study is to assess point view about spirituality and spiritual care between nurses and patient. The nursing care aim is to avert from disease in order to support health, to release pain, distress and retain health. There is a need to recognize patient's needs and spiritual viewpoint that's why nurses require high levels of information and awareness of spirituality, combine personality in their nursing care system, and increase their connection among patients and their families(Babamohamadi, Ahmadpanah et al., 2017).

Nurses gain knowledge about total patient care containing spiritual. Nurses provide that care which is beneficial and essential to patients. Spirituality and religiosity of nurses have great impact on spiritual care of patients. Some nurses fail in providing spiritual care to patients. Nurses own spiritual values and principles touch patient care(Taylor, Gober-Park et al., 2017).

There is no comprehended connection of private practice the abstraction about spiritual. Occasionally nurses do not give the spiritual care to their patients. Gaining the knowledge of spiritual care is essential for all nursing teachers and students for future(Ramezani, Ahmadi et al., 2014).

The patients and nurses pleasure proliferate if they have positive thinking about spiritual care. Then spirituality practice of nurses in providing care to their patients. To provide complete nursing care to patients, spirituality care assetwith nursing care. It is very essential way of health to have courtesy on spiritual care. Spirituality is very essential not only in maintaining better life but also in very serious illness(Azarsa, Davoodi et al., 2015).

An objective of the study isto recognize the feature of spiritual care intervention given to Muslim patients by Muslim nurses. To investigate the relationship of spiritual care intervention and spiritual well-being amongst Muslim nurses.

Most of the previous literature are on the Western community and indicate only Christian custom. There is a need of the time to research the patient well-being issue through the spiritual interventional at the public hospitals of Pakistan as it is lacking in the system.

LITERATURE REVIEW

The spirituality and spiritual care in nursing is very essential and important. It affects the acuities and capability of nurses. Various studied represent that nurses have different views of spirituality and express it. Nurses views about spirituality and spiritual care are affected by their labor and their profession(Van Leeuwen & Schep-Akkerman, 2015).

There are many unreliable definition of spirituality and tainted by idea of emotional health. It is essential to define spirituality in relation to religion. More study show that spiritual care is given to patients with their beliefs and trust instead of nursing training. It is essential to make plan in clinical area for spiritual care(Ku, 2017).

"There is a difference between spirituality and many other things which are humanism, values, morals and well-being of mind by have a connection to the unequalled. Unequalled is outside and within the self. It is God, Allah, Hashem or a higher power in Western tradition and in Eastern tradition it is also called ultimate truth or reality, Vishnu, Krishna, or Buddha. Spirituality is attaching toreligion and extends beyond religion. Spirituality leads a transcendent search and also leads a right and true way and path(Koenig *et al*., 2012;Reinert &Koenig, 2013).

When the nurses are thinking about spirituality and spiritual care, it effects the patients' relation, working condition and clinical practice. Patients have peak level of trust on nurses. They think that nurses have knowledge of spirituality and they are able to provide better requirements to patients. That's why nurses have gain knowledge and have built abilities to fulfill patients spiritual needs(Zakaria Kiaei, Salehi et al., 2015).

Nurses only focused on providing total care to their patients, but they ignore the spiritual care. All the new studies enhance the patient spiritual need as an essential element. However, in medical field patients are deliver only symptomatic treatment instead of spirituality. However nurses are only the persons who are interested in providing spiritual care(Rassouli, Zamanzadeh et al., 2015).

Spiritual care is an essential part of patient care program. Evidence-based practice is stimulated in all feature of giving care. The National Research Council defines evidence-based practice as "the combination of best research evidence with clinical proficiency and patient morals". Drake defines it as "interventions for which there is consistent scientific evidence showing that they improve client outcomes"(Kalish, 2012).

Some nurses think that they not have enough knowledge about spiritual care, which are delivering to their patients. There are many reasons for this. Firstly, their knowledge is not sufficient for this purpose. Secondly, they have a lot of burden of patients

and work, and have a shortage of time and many other issues which are also involve in given that spiritual care to their patients(Azarsa, Davoodi et al., 2015).

All Muslims have strong belief and trust on spiritual well-being. Because the element of spirituality is totally, depend and related to religion and religion trust. But it is also think that spirituality is self-regulating. A number of experts have believe that views of spiritual is not different from religion(Jafari, Loghmani et al., 2014).

Nurses understand that to provide spiritual care to their patients is a part of their duty. In order to provide the spiritual care, nurses work with full devotion. Nurses must know the patient's spiritual requirements. Spiritual well-being and spirituality have impact positively on nurse's own life. In this way they provide better care to patients(Azarsa, Davoodi et al., 2015).

There is a positive connection found between nurse's views of spirituality and spiritual care. It is contemplating that spirituality is a part of nursing care but it is not closely connect with present nursing training. Nurses want to use spirituality in order to provide patient care(Van Leeuwen & Schep-Akkerman, 2015).

A literature review described that if we provide spiritual care to their patients then it shows positive effect on patients. Then this reduce and minimize the indicators of illness to Muslim patients(Cruz, Alshammari et al., 2017).

It is examining patient well-being and gain power through spiritual care. If we have spiritual care, it minimizes the worries and pain. Nurses communicate for patient's spiritual requirements with doctors and other expert persons. For providing spiritual care to their patients it is essential also look after patients traditional aspects(Wu, Tseng et al., 2016).

There is positive connection found between personal experience of spirituality, spiritual well-being, spiritual values, and rate of providing spiritual care(Musa,2017).

MATERIALS AND METHODS

3.1 Introduction: This study is handling to evaluate the knowledge and relationship about Spiritual Care Intervention and Spiritual Well-Being.

3.2Research framework:

Independent variable **Dependent variable**

3.3 Study design:

A cross-sectional descriptive and co relational design will used to judge the knowledge about Spiritual Care Intervention and Spiritual Well-Being

3.4 Setting:

Setting of the study was be the hospital.

3.5 Target population:

The target population was the staff of the Services Hospital Lahore. They are from different departments. The contributor will be belonging to different socioeconomic level and different demographical background; the contributor also was female.

3.6 Sample Size and sampling techniques:

Data wascollected from the contributor through adopted Questionnaire and the contributor was selected through simple random sampling method, the sample size for this study was 110 that are deliberate from the ***Slovenes formula of sampling*** which is indicate here.

3.7 Research tool:

Adopted version questionnaire was used from the article " Spiritual Care Intervention and Spiritual Well-Being in Jordanian Muslim Nurses' Perspectives "written by(Musa, 2017)will be used to collect data from the participants. Questionnaire is consisting of three sections, (Section A) composed of demographic data, (section B) composed of spiritual care intervention, (Section C) spiritual well-being. (Section A) include Name (optional) Age, Gender, organization, marital status, qualification about the participant. (Section B) include 17 questions(Musa & Pevalin,2016) regarding the assessment of Spiritual Care Intervention Provision. Spiritual Care Intervention-Provision consists of two subscales, religious and existential. Religious scale consists of eight items which measures the religious beliefs, relationship with God, and Islamic religious practices. The existential scale consists of nine items which measures aspects such as creating a feeling of kindness and love, being present, maintaining hope, maintaining meaning and purpose, respect, and active listening. The participants did answer these questions through 5point Likert scale from strongly disagree to strongly agree. (Section C) composed of the questions regarding the assessment of

knowledge which include 20 questions(Ellison & Smith, 1991). The participants can answer these questions through 6-point Likert scale from strongly agree to strongly disagree. The participants did answer to the questions according to 4-point Likert scale. A pilot study of the questionnaire will be done before floating the questionnaire in the participants.

3.8 Data Collection Plan:

For the collection of the data, data collection plan is one of the main sources. Adopted questionnaire will used to collect data from the study participants. There will be no boundaries and hurdles for filling the questionnaire and give a free hand to complete it and return it.

3.9 Data Analysis:

Data analysis will be done by SPSS version 20.Statistical computer software for data analysis. This is a descriptive study and all the descriptive statistics will be obtained through the SPSS software

3.10 Including Criteria:

- ✓ Nurses of Services Hospital Lahore.
- ✓ Who are willing to participate?
- ✓ Those who are educator.
- ✓ Those who are able to know English

3.11Excluding Criteria:

- ✓ Nurses who are outside from my target hospital.

3.12 Time Framework:

This study will approximately take 2-3 months.

3.13 Informed Consent:

It is very essential to taken consents from all the contributors and they will be stated free hand to contribute in the study or rejected to take part. Contributors will have also been the right to mentioned name or not.

3.14 Ethical consideration:

A consent form will be attaché with the questionnaire to take full of consent from the contributors to collect enough material of research. Contributors will be knowledgeable about the privacy. Nuremberg Code of Ethics will protect the right of participants.

RESULTS AND DISCUSSION

In this part we analysis 3 portions. Demographic analysis is first analysis. It provides information of five demographic questions that are gender, marital status, age group, qualification and stay in organization. This study use descriptive analysis in it. Correlation analysis is also used. Descriptive study bivariate examination was scrawling to examine the information utilizing SPSS Version 21. Trials of focal inclination were exploiting to examine reactions to everything in the SCIPS. Pearson's was used to analyze relationship between the SCIPS (spiritual care intervention provision scale) add up to score and SWBS (spiritual well-being) add up to score. One way, ANOVA were exploiting to inspect whether noteworthy contrasts existed between gatherings of the statistic factors. The significance level for all bivariate tests was set at $p < .05$. Effect size was measure for all significant results. On the off chance that a critical distinction was found in the general ANOVA among the different gatherings, Impact estimate is a target measure of the extent of a watched impact including the contrast between two means or on the other hand the connection between two factors. Because of connection coefficient, impact measure is a measure of the extent of change shared by the two factors and it is estimate by the coefficient of assurance. There was no missing data found in the data set. It is determining as the square of the Pearson connection it is admit that if just a little measure of information with an irregular example is absent from an expansive informational collection, any technique to deal with missing information can be organize.

4.1 Demographics presentation:

Table 1: Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	D	110	100.0	100.0	100.0

Table # 1 signifies the demographic statics with respect to gender of respondents in terms of frequency distribution, percentage, valid percentage and cumulative percentage. This table represents that total 110 respondents are from Services Hospital Lahore, which are 100% only females.

Table 2: marital status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	married	37	33.6	33.6	33.6
	unmarried	73	66.4	66.4	100.0
	Total	110	100.0	100.0	

Table and figure2 represent that total respondents are 110 and in which there are 37% married and 73% are unmarried. The result of this table is 100% valid.

Table 3: Age Group

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-25	27	24.5	24.5	24.5
	25-35	66	60.0	60.0	84.5
	35-50	17	15.5	15.5	100.0
	Total	110	100.0	100.0	

Table and figure 3 signify the respondents which have age level 18-25 are 27 which are 24.5%, age level 25-35 are 66 that are 60.0% and age group 35-50% are 17 respondents which have 15.5%.

Table 4: Qualification

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	nursing diploma	102	92.7	92.7	92.7
	surgical diploma	5	4.5	4.5	97.3
	Other	3	2.7	2.7	100.0
	Total	110	100.0	100.0	

This table and figure displays that the respondents who gain nursing diploma are 102 which are 92.7%, surgical diploma's respondents are 05 which are 4.5% and the respondents who gain other diplomas are only 3 which shows 2.7%.

Table 5: Stay in organization

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	less than 1 year	4	3.6	3.6	3.6
	1-5 year	48	43.6	43.6	47.3
	6-10 years	44	40.0	40.0	87.3
	above 10 years	14	12.7	12.7	100.0
	Total	110	100.0	100.0	

Table and figure5 demonstrate that the female who live in an organization less than one year are only 4 which shows 3.6%, respondents who stay about 1-5 years are 48 (43.6%), the respondents who work in an organization about 6-10 years are 44 (40.0%) and the female who do job in hospitals above 10 years are 14(12.7%).

4.2 Reliability analysis:

Every variable has been tested separately in reliability. Cronbach's alpha calculates two variables. This shows every variable reliability. This represents how much variables are reliable to use. Cronbach's alpha value is one it appears more reliable construct.

Table 6: Reliability Statistics (independent variable)

Cronbach's Alpha	N of Items
.960	17

The value of Cronbach's alpha for spiritual care intervention is 0.960 that is greater than 0.70percentage.Thus, results meet the standard requirements of reliability and this study variable is reliable.

Table 7: Reliability Statistics (spiritual well-being)

Cronbach's Alpha	N of Items
.833	20

The value of Cronbach's alpha for spiritual care well-being is greater than 0.70%. The value of this variable is0.833.Thus; this result meets the standard requirements of reliability. In this way, this variable is reliable.

4.3 Validity

Table 8: KMO and Bartlett's Test (independent variable)

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.941
Bartlett's Test of Sphericity	Approx. Chi-Square	1648.915
	Df	136
	Sig.	.000

In this table, an instrument is based on one independent variable, which is spiritual care intervention. This table represents that the KMO value is 0.941 which is above the .50 and Bartlett's test must be significant ($p<0.05$). That is why all the criteria are fulfilled and instruments of this study are valid.

Table 9: KMO and Bartlett's Test (dependent variable)

Kaiser-Meyer-Olkin Measure of Sampling Adequency		.826
Bartlett's Test of Sphericity	Approx. Chi-Square	1021.550
	Df	190
	Sig.	.000

An instrument is based on one dependent variable (spiritual well-being). The above table shows that KMO value is .826 which is above the .50 and Bartlett's test must be significant ($p<0.05$). That is why the all criteria are fulfilled and instruments of this study are valid.

4.4Correlation

Table 10: Correlations

		SCIQ	SWBQ
SCIQ	Pearson Correlation	1	.780**
	Sig. (2-tailed)		.000
	N	110	110
SWBQ	Pearson Correlation	.780**	1
	Sig. (2-tailed)	.000	
	N	110	110

**. Correlation is significant at the 0.01 level (2-tailed).

This table demonstrates the correlation between the variables that are spiritual care intervention and spiritual well-being. The results portrayed that the relationship between spiritual care intervention and spiritual well-being is positive with the value .780 and it is significant because p value is greater than .05.

4.5Model summary

Table 11: Model summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.780[a]	.608	.605	.39692	.608	167.745	1	108	.000

a. Predictors: (Constant), SCIQ

The table represent that the total variation in dependent variable is .608 (60.8%) caused by independent variable. Model is significant because p value is less than .05.

4.6Anova

Table 12: Anova[s]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	26.427	1	26.427	167.745	.000[b]
	Residual	17.015	108	.158		
	Total	43.442	109			

The table of the ANOVAs represents that ANOVAs is significant as p value is .000which is less than .05.

4.8 Coefficient

Table 13: Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	.612	.172		3.549	.001
	SCIQ	.657	.051	.780	12.952	.000

a. Dependent Variable: SWBQ

This table signifies that coefficient of spiritual care intervention is .657, which means that the increase in one unit of spiritual care intervention will increase the value of spiritual well-being with the value of .657. P value is significant as its value less than .05 and t value is positive 12.952. Therefore, the model is fit and significant.

DISCUSSION

This investigation is the first to explore the recurrence of giving parts of otherworldly care intervention and spiritually care and its relationship to attendants' own particular profound prosperity. It has subsequently extended the information of how the person's culture, ethnic, and additionally spiritual association, spoken to by the Muslim medical caretaker populace, shape reactions to the recurrence of arrangement of profound care mediations and to otherworldly prosperity. Also, the aftereffects of this examination we understand the nurses own spiritual well-being and facilitate the spiritual care to their patients.

Different investigations discovered that these fundamental and all-inclusive existential intercessions were among the most regular otherworldly mind intercessions gave by caregiver. The slightest successive of the existential profound mediations institute in this study, sustaining significance and motivation behind life" and "investing energy giving help," additionally had a premise in the writing. It is investigated that inadequate time is among the most widely recognized factors that obstruct the arrangement of profound care to patients with respect to minimum continual arrangement, "keeping up importance and reason forever," it would

give the idea that the reasons may be the failure and unwillingness of medical caretakers to give a part of otherworldly mind intercession that arrangements with the uniqueness of the patient's profound qualities and convictions in extremely individual way. As to profound care intercessions, the discoveries of this examination demonstrated that giving a reasonable put for religious practice and encouraging access to religious/profound assets had the most astounding arrangement recurrence among all things of the religious spiritual care intervention provision (RSCIP) subscale. On the other hand, the immediate association of medical attendants in giving profound care by offering to ask, read from the Qur'an, or ponder with patients was among the slightest visit inhuman mediations. This finding was once more reliable with other research thinks about, which found that this religious part of otherworldly care mediation the profound mind intercessions most much of the time gave by medical attendants were customary, regularly utilized, for the most part latent, speaking to major nursing care esteems, not requiring direct attendant association, and making a difference patients in their own profound improvement in an freeway. Interestingly, the minimum continuous mediations given by medical attendants were moving toward a patient in an extremely individual manner, requiring an immediate association by the medical attendant, specific, and with nontraditional techniques. A noteworthy positive relationship between the spiritual care intervention provision scale (SCIPS) and spiritual well-being scale (SWBS) was in the normal course, although little in greatness. Those medical caretakers who scored higher in their own particular profound prosperity moreover scored higher in their recurrence of giving profound mind intercession. A few ramifications can be drawn from the discoveries of this examination for nursing practice, training and look into. Distinguishing parts of religious and existential profound care intercession is imperative, since it gives data that empowers attendants, nursing supervisors, and nursing instructors to assess the medical attendants' arrangement of different parts of profound care to their Muslim patients, guides them in giving exhaustive and fitting society particular otherworldly care intercessions, and recognizes parts of otherworldly care mediation where medical attendants may get preparing to end up skilled in giving this care. What's more, the spiritual care intervention provision scale (SCIPS) can be utilized as a part of future investigations to look at the impact of profound care mediation on different parts of patients' wellbeing, prosperity, and personal satisfaction. This examination researched the recurrence of arrangement of otherworldly care mediation from the viewpoint just of medical attendants. Additionally, inquire about is required to research the viewpoints of Muslim patients themselves and to research how vital it is for them to get religious and existential parts of otherworldly care intercession from medical caretakers, utilizing the substance of the spiritual care intervention provision scale(SCIPS).

Acknowledgement:

First of all, I would like to express our gratitude to Almighty Allah for enabling me to complete this assessment report on “Project: Access knowledge of spiritual care intervention and spiritual well-being among nurses of a public tertiary care hospital at Lahore”. I am extremely gratified to Director, The Superior College(Nursing Campus) Madam Syeda Sidra Tasneem and Principal Madam Rubina Jabeen for providing us great platform for study, enhancing our abilities to do fruitful work and always being a source of inspiration for us.

My special thanks to my Subject Coordinator Sir Ali Waqas helping me to coordinate my project. Thanks to my family for their valuable support.

I would like to convey thanks to other supervisors and also to the nurses of Services Hospital who participated and fully cooperated in this process of research.

Omi kalsoom

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