

SPIRITUALITY AND HEALTHCARE

Evidence Bulletin

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NEW EVIDENCE

Du, S., et al. (2024) 'Spiritual Needs of Women with Breast Cancer: A Structural Equation Model.' *European Journal of Oncology Nursing : The Official Journal of European Oncology Nursing Society* 71, 102647.

The purpose of this study was to develop a structural equation model (SEM) to explore the factors influencing the spiritual needs of breast cancer patients. A cross-sectional study was conducted in the breast surgery department of a tertiary hospital in China from September 2020 to December 2020; convenience sampling and questionnaires were used to facilitate sampling and data collection. A total of 220 female breast cancer patients were included in the study. The data were analysed using multiple linear regression and structural equation modelling. Compared with patients with other diseases, patients with breast cancer have greater spiritual needs (76.16 ± 13.19). Multivariate analysis revealed that religious beliefs, education level, social support, and resilience are important factors affecting the mental health of women with cancer ($p < 0.05$). The structural equation model fit well (RMSEA = 0.056, $\chi^2 p = 0.002$). Social support directly affected spiritual needs ($\beta = 0.607$, $p < 0.001$) and indirectly affected spiritual needs through resilience ($\beta = 0.353$, $p < 0.001$). Resilience directly affected spiritual needs ($\beta = 0.386$, $p < 0.05$). Education level indirectly affected spiritual needs through social support ($\beta = 0.307$, $p < 0.001$). This study provides a theoretical basis for intervention measures to improve the spiritual needs of female breast cancer patients. Paying more attention to social support and resilience may help solve the problem of meeting

the high spiritual needs of breast cancer patients. Further research is needed to develop interventions. •Breast cancer patients have high and unmet spiritual needs. •Social support and resilience directly or indirectly affect the level of it.

Galanter, M., et al. (2024) 'A Scoping Review of Spirituality in Relation to Substance use Disorders: Psychological, Biological, and Cultural Issues.' *Journal of Addictive Diseases* 42(3), 210–218.

Spirituality is a construct encompassing a diversity of strongly held beliefs and pursuits related to life's meaning and purpose. Empirical studies in key domains of spirituality related to substance use disorder (SUD) can be valuable in guiding research, and potentially clinical care. To conduct a scoping review of research on the psychological, biological, and cultural dimensions of spirituality and their role in relation to SUD. To identify limitations in empirical findings within these domains and identify promising areas for related research. Illustrative studies available in the empirical literature are reviewed in order to characterize these three key domains.

Certain areas of importance stand out: On Psychology, attribution of SUD to a spiritual outlook; spiritual awakening; the relation of spirituality to drug craving; and spirituality in the context of psychedelic-assisted psychotherapy. On Biology, heritability of traits related to shared spiritual experience; neurophysiologic correlates of spiritually related experiences; and correlates in brain imaging; On Culture, spiritual aspects of SUD in different cultural settings; distinctions between spiritual and religious phenomena; roles that international organizations play; and context of acquiring recovery capital. The need for further research in each area is defined.

There is utility in examining the diversity of findings in the roles of psychology, biology, and culture in the SUD field. Further research, particularly applying randomization and clinical controls, would be useful in improving the effective application of the construct of spirituality in clinical care.

Haufe, M., et al. (2024) 'How can Existential Or Spiritual Strengths be Fostered in Palliative Care? an Interpretative Synthesis of Recent Literature.' *BMJ Supportive & Palliative Care* 14(3), 279–289.

Background Patients receiving palliative care may benefit greatly when their existential or spiritual strengths are fostered. To date however, there has not been a comprehensive literature review of patient and care professional approaches that are available. Aims To describe and synthesise existential or spiritual strength-based

approaches within the context of palliative care. Methods Literature search of 2436 articles between January 1999 and March 2019 in Scopus, Web of Science, CINAHL and PsycINFO. Articles were included if they deal with a palliative care situation, focus on the patient, specific existential/spiritual strength, discernible strength approach and an analysis of the workings of that approach. The interpretative synthesis consisted of a thematic analysis of the included articles and an integration of themes. Results In the 14 included articles, 5 different strengths were found to be fostered by 16 approaches: (1) Meaning was fostered by: maintaining normalcy, experiencing sanctuaries, reassessing importance and reconstructing positive self; (2) Connection by: opening up, giving/receiving care and envisioning continuation; (3) Agency by: maintaining control, refocusing goals and continuous adaptation; (4) Hope through: setting special targets, imagining alternate outcomes, building a collection and extending wishes; (5) Faith through: living the tradition and relating to a benevolent force. Strengths and approaches are visualised in an overarching analytical framework: 'the Propeller'. Conclusions The constructed Propeller framework can be used to become aware of, apply and further develop approaches to foster existential or spiritual strengths among patients receiving palliative care.

Hochstetler, E., and Hill, K. (2024) 'Mobilizing Meaning.' *Child and Adolescent Psychiatric Clinics of North America* 33(3), 411–421.

Religion and spirituality have long been known to impact both physical and mental health. Considering religion and spirituality as possible additions to social determinants of health, this article examines the current state of religion and spirituality in the United States and also discusses the ways in which they can contribute to the mental health of children and adolescents. Further, this article also discusses new approaches within religion and spirituality to address the changing needs of future generations.

Izgu, N., et al. (2024) 'Impact of Spiritual Interventions in Individuals with Cancer: A Systematic Review and Meta-Analysis.' *European Journal of Oncology Nursing : The Official Journal of European Oncology Nursing Society* 71, 102646.

This meta-analysis aimed to determine how spiritual interventions affect cancer patients' physical, emotional, and spiritual outcomes and quality of life. Between 2012 and May 2024, the Cochrane Library, Scopus, PubMed, and Web of Science were searched considering the Preferred Reporting Items for Systematic Reviews and Meta-Analyses checklist. Twenty-six randomized controlled trials

were included, and 16 were synthesized in the meta-analysis. Bias risk was evaluated using the Cochrane risk-of-bias methodology for randomized studies. The Grading of Recommendations, Assessment, Development, and Evaluations tool was employed for evidence certainty. Heterogeneity was expressed through I² and Q statistics. Hedge's g was calculated for effect sizes. Egger's and Kendall's Tau were used for publication bias. Spiritual interventions yielded beneficial effects on fatigue (Hedges's g = 0.900, p < 0.001) and pain (Hedges's g = 0.670, p < 0.001) but not for overall symptom burden (Hedges's g = 0.208, p = 0.176). Significant effects were found for anxiety (Hedges's g = 0.301, p < 0.001), depression (Hedges's g = 0.175, p = 0.016), and psychological distress (Hedges's g = 0.178, p = 0.024), except for hopelessness (Hedges's g = 0.144, p = 0.091). Spiritual interventions enhanced faith (Hedges's g = 0.232, p = 0.035), the meaning of life (Hedges's g = 0.259, p = 0.002), spiritual well-being (Hedges's g = 0.268, p < 0.001), and quality of life (Hedges's g = 0.245, p < 0.001). Moderator analysis pointed out that cancer stage, total duration, delivery format, providers' qualification, content, and conceptual base of spiritual interventions significantly affect physical, emotional, and spiritual outcomes and quality of life. This meta-analysis highlighted the benefits of spiritual interventions with varying effect sizes on patients' outcomes, as well as quality of life in cancer, and shed on how to incorporate these approaches into clinical practice. •This study first yielded the effects of spiritual interventions on the faith, fatigue, and overall symptom burden in cancer. •Spiritual interventions decrease fatigue, pain, anxiety, depression, and psychological distress, but are limited for symptom burden and hopelessness. •Spiritual interventions improved faith, meaning of life, spiritual well-being, and quality of life. •Cancer stage, total duration, delivery format, providers' qualification, content and conceptual bases of spiritual interventions were significant moderators.

Liu, Q., et al. (2024) '[Spiritual Interventions among Pediatric Patients with Cancer: A Systematic Review and Meta-Analysis.](#)' *Journal of Pain and Symptom Management* 68(1), e8–e20.

Although spiritual intervention is crucial in the care of childhood cancer patients (CCPs), its effectiveness has not yet been systematically evaluated. To determine the effectiveness of existing spiritual interventions on psychological, spiritual outcomes, and quality of life (QoL) in CCPs. We searched eight databases to identify relevant randomized controlled trials and quasi-experimental studies.

Risk of bias was assessed using the Cochrane risk-of-bias tool for randomized trials. Results were either synthesized in a systematic narrative synthesis or a meta-analysis using a random effects model, where appropriate. The pooled treatment effect was estimated using the standardized mean difference (SMD) and 95% confidence interval (CI). Twelve studies with 576 CCPs were included. Eight studies showed a high risk of bias. The overall effect of existing spiritual interventions on QoL ($Z = 1.05$, $SMD = 0.64$, $95\%CI = -0.15$ to 1.83 , $P = 0.29$), anxiety ($Z = 1.11$, $SMD = -0.83$, $95\%CI = -2.30$ to 0.64 , $P = 0.28$) and depressive symptoms ($Z = 1.06$, $SMD = -0.49$, $95\%CI = -1.40$ to 0.42 , $P = 0.12$) were statistically nonsignificant. The nonsignificant findings could be attributed to the high heterogeneity among the included studies (QoL: $I^2 = 85\%$; anxiety: $I^2 = 90\%$; depressive symptoms: $I^2 = 58\%$). Evidence to support the positive effects of existing spiritual interventions on psychological and spiritual outcomes and QoL in CCPs is insufficient. Future studies should adopt a more rigorous design and unify the outcome measures to reduce the risk of bias and heterogeneity, respectively.

Memaryan, N., and Rezaei Khodadadi, F. (2024) 'A Spiritual Care Department: Practical Experience.' *BMJ Supportive & Palliative Care* 14(3), 365–366.

After the successful experience of administering spiritual care during the COVID-19 pandemic at Rasoul Akram Hospital in Tehran (one of the main hospitals affiliated with this university and among the largest teaching hospitals in Iran), the provision of spiritual care services began on a permanent basis, and not just as a research project. The activities of the Spiritual Care Department focused on planning for service provision and referrals to receive these services, defining the characteristics of the workforce providing this service in a precise manner, the selection of this workforce and offering the necessary training to them, evaluating the effectiveness of the service and developing it in different hospital departments, and group supervision meetings for monitoring purposes. First-line spiritual caregivers include psychologists trained in spirituality; second-line spiritual caregivers, who deal with referrals from the first line, are members of the clergy trained in health.

Rowley, C. (2024) 'Supporting Spiritual Care with the Saline Process.' *Journal of Christian Nursing* 41(3), 174–177.

Living one's Christian faith and providing appropriate spiritual care in professional nursing practice can seem challenging. The IHS Global® Saline Process™ course equips Christian healthcare workers with knowledge and tools to provide appropriate spiritual support and

consider how God is calling them to share his truth and love. After participating in a Saline Process™ course, ongoing engagement helps clinicians grow in practicing what they have learned. Nurses Christian Fellowship International (NCFI) partners with IHS Global® to bring the Saline Process™ to Christian nurses and other clinicians around the world, building the community of providers offering whole-person care.

Ruppe, N. M., et al. (2024) 'Longitudinal Associations between Depression and Religiosity/Spirituality among Individuals with Asthma in the United States.' *Journal of Religion and Health* 63(4), 2963–2980.

There is limited literature examining the longitudinal stability of depressive symptoms for individuals with asthma, or how religiosity/spirituality relates to depressive symptoms across time. The present study aimed to identify the stability of and the longitudinal associations between depressive symptoms and R/S across multiple developmental periods for adolescents with asthma (N = 998) within the United States. Depressive symptoms (β range 0.33 – 0.60) and R/S (β range 0.26 – 0.73) were stable across time, with some variability. A cross-lagged association demonstrated that use of R/S in young adulthood (Wave 3) was associated with decreased depressive symptoms in adulthood ($\beta = -0.17$, $p < .001$, CI $-0.25 - -0.09$, SE = 0.04). Use of R/S in adolescence (Wave 2) was predictive of increased depression in adulthood ($\beta = 0.13$, $p < .001$, CI 0.05 – 0.20, SE = 0.04). Results demonstrated differential relations between R/S and depressive symptoms across development, and highlight the potential importance of integrating conversations focused on R/S within healthcare settings, especially as R/S during young adulthood may buffer against or reduce depressive symptoms in adulthood.

Santos-Silva, A. R., and Bernabé, D. G. (2024) 'The Emerging Meanings of Spirituality in Oral Medicine Practice.' *Oral Diseases* 30(6), 4043–4044.

Spirituality plays an important role for patients, patient's families, caregivers, and healthcare providers in a myriad of clinical settings. Although difficult to measure, it recognizes that medically complex patients suffer not only the physical disease but are also affected at emotional, psychological, and spiritual levels, which is in line with the current concept of health in the multidimensional vision of the World Health Organization: “A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (World Health Organization, [2023](#)).

Sonbol, H. M., et al. (2024) 'Effectiveness of a Spiritual Adaptation of Cognitive Behavioural Therapy in Improving Resilience, Self-Esteem and Spirituality among Clients with Opioid use Disorder: A Quasi-Experimental Study.' *Journal of Psychiatric and Mental Health Nursing*

WHAT IS KNOWN ON THE SUBJECT?: Opioid use disorder (OUD) is a prevalent problem among Egyptian youth, and achieving recovery and abstinence is challenging. Cognitive behavioural therapy (CBT), a well-known approach, can be particularly beneficial when it addresses psychological aspects such as resilience and self-esteem. **WHAT DOES THE PAPER ADD TO EXISTING**

KNOWLEDGE?: Our research is recognized as a trailblazer in integrating a spiritual adaptation of CBT with spiritual elements for treating patients with OUD in the Egyptian context. This innovative approach marks a significant advancement in the field. The study found a statistically significant increase in the mean scores of resilience, self-esteem, and spirituality ($p < .001$ each) following the spiritual adaptation of CBT sessions compared to the control group.

WHAT ARE THE IMPLICATIONS FOR PRACTICE?: The findings can guide psychiatrists and nurses in providing more comprehensive and effective care to patients with OUD by incorporating a spiritual adaptation of CBT with spiritual components into treatment plans.

INTRODUCTION: Opioid use disorder (OUD) is a prevalent problem among Egyptian youth, and achieving recovery and abstinence is challenging. Cognitive behavioural therapy (CBT), a well-known approach, can be particularly beneficial when it addresses psychological aspects such as resilience, self-esteem and spirituality. This study aimed to evaluate the effectiveness of a spiritual adaptation of CBT in enhancing these factors among clients with OUD. A quasi-experimental study with a control group was conducted using a pretest-posttest design. The study included 49 clients with OUD and 46 clients in the control group. The Rosenberg Self-Esteem Scale-Modified Arabic Version, Daily Spiritual Experience Scale, and the Connor-Davidson Resilience Scale were used as measurement tools. CBT was delivered in 60-min group sessions. After 3 months, the questionnaires were re-administered to evaluate the effectiveness of a spiritual adaptation of CBT sessions. The study found a statistically significant increase in the mean scores of resilience, self-esteem and spirituality ($p < .001$ each) following a spiritual adaptation of CBT sessions compared to the control group. A spiritual adaptation of CBT effectively enhanced resilience, self-esteem and spirituality in clients with OUD. Understanding the effectiveness of a spiritual adaptation of CBT in enhancing resilience, self-esteem and

spirituality can enable psychiatrists and nurses to provide more comprehensive and effective care to patients with OUD.

Stephen, T. L. (2024) 'Integrating Faith Via Role Modeling.' *Journal of Christian Nursing* 41(3), 193.

Integrating faith at work can be overwhelming for many Christians. We live in a world that seeks to draw our attention away from our creator, which is a fundamental struggle. How, then, can we gain a footing?

Taylor, E. J. (2024) 'How can I Integrate Music into Spiritual Care?' *Journal of Christian Nursing* 41(3), 192.

New Testament evangelists Paul and Silas had been publicly assaulted and flogged that infamous evening when they were released from their prison shackles by an earthquake (Acts 16:16-40). What is astounding to most of us is that they were praying and singing under such bad circumstances. It should not surprise, then, that Paul admonished Jesus' followers to "speak to one another with psalms, hymns, and songs from the Spirit; sing and make music from your heart to the Lord" (Ephesians 5:19, NIRV). Can such a simple "intervention" as making music from the heart to the Source of Life help recipients of nursing care? If so, how can nurses integrate music making into their care?

Vagnini, K. M., et al. (2024) 'Multidimensional Religiousness and Spirituality are Associated with Lower Interleukin-6 and C-Reactive Protein at Midlife: Findings from the Midlife in the United States Study.' *Annals of Behavioral Medicine* 58(8), 552–562.

Religiousness and spirituality (R/S) are associated with lower morbidity and mortality, yet the physiological mechanisms underlying these associations are under-studied. Chronic inflammation is a plausible biological mechanism linking R/S to downstream health given the sensitivity of the immune system to the social environment and the role of inflammation in many chronic diseases.

The purpose of the present study was to examine associations between multiple R/S dimensions and two markers of chronic inflammation, interleukin-6 (IL-6) and C-reactive protein (CRP). In this cross-sectional study, data came from biological subsamples of two cohorts from the Midlife in the United States (MIDUS) Study (combined N = 2,118). Predictors include six R/S measures (service attendance, spirituality, private religious practices, daily spiritual experiences, religious coping, and R/S-based mindfulness).

Outcomes include log-transformed IL-6 and CRP. Covariates include age, gender, cohort, race, educational attainment, body mass index (BMI), smoking status, and physical activity. Older adults, women (vs. men), non-White (vs. White) adults, those with higher BMIs, current smokers, and those not meeting physical activity guidelines had significantly higher IL-6 and CRP. In fully adjusted models, greater spirituality, daily spiritual experiences, religious coping, and R/S-based mindfulness were associated with lower IL-6. Higher spirituality was also associated with lower CRP. Many dimensions of R/S may be health protective for adults given their associations with lower levels of chronic inflammation. Findings underscore the importance of examining multiple dimensions of R/S to understand mechanistic pathways.

Willett, T. S. L., et al. (2024) 'Spiritual Care in Undergraduate Nursing Education: An Integrative Review.' *Nurse Educator* 49(4), E180–E186.

The growth of international migration and globalization has increasingly diversified patient populations, emphasizing the need for nursing students to provide competent spiritual care.

To understand the teaching and learning strategies used to prepare undergraduate nursing students for spiritual care. An integrative review with deductive data analysis was used to evaluate, analyze, and synthesize diverse research methodologies. Three educational approaches were identified, including passive, reflective, and combinatory approaches. The combinatory approach appears most appropriate for diverse learning styles within a student group. No one strategy is best, but any combination of educational strategies can positively impact spiritual care competency within clinical practice.

Additional Resources

- More resources in Dynamed [Search here](#)
- Search The Knowledge Network [Search here](#)
- Health Chaplain Careers [Learn more](#)
- TURAS Spiritual care and healthcare chaplaincy [Learn more](#)

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