

SPIRITUALITY AND HEALTHCARE

Evidence Bulletin

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NEW EVIDENCE

Balboni, T. A. (2024) ['Spirituality in Advanced Cancer: Implications for Care in Oncologic Emergencies.'](#) *Annals of Palliative Medicine* 13(3), 568–574.

Spirituality-defined as "the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred"- plays important roles in the setting of serious illnesses such as cancer. The nature of oncologic emergencies, with their attendant imminent threat to life and urgent medical decision-making, renders more salient the frequent role of spirituality in the context of coping, spiritual needs, and medical decisions. Furthermore, these roles highlight the importance of spiritual care: recognition of and attention to patients' and their family's spirituality within medical care. Extant palliative care quality guidelines include spiritual care as a core domain of palliative care provision. Generalist spiritual care requires spiritual history-taking by clinicians and respect and integration of spirituality and spiritual values into medical care. Specialty spiritual care involves the integration of professionally trained spiritual care providers into the care of patients facing oncologic emergencies. Spiritual care is associated with better patient quality of life and greater transitions to more comfort-focused care; among family caregivers, it is associated with greater care satisfaction. Spiritual care is always patient-centered, and hence can be provided by clinicians regardless of their spiritual backgrounds. The integration of spiritual care into the care of patients and their families holds promise

to advance holistic care and improve well-being in this setting of oncologic emergencies.

Bublitz, S. K., et al. (2024) ['Meaning in Life in Late-Stage Parkinson's Disease: Results from the Care of Late-Stage Parkinsonism Study \(CLaSP\) in Six European Countries.'](#) *Journal of Religion & Health* 63(3), 2140–2154.

The Care of Late-Stage Parkinsonism (CLaSP) study is a longitudinal, multicentre, prospective cohort study to assess the needs and provision of care for people with late-stage Parkinson's disease and their caregivers in six European countries. As a cross-sectional study within the CLaSP study, 509 people with Parkinson's disease completed the "Schedule-for-Meaning-in-Life-Evaluation" (SMiLE) questionnaire. We compared the results to those of a representative sample of healthy participants (n = 856). People with late-stage Parkinson's disease reported family, partnership and spirituality as the greatest areas of importance. Overall, they had lower SMiLE indices compared to healthy participants. People with late-stage Parkinson's disease rated the importance of core meaning in life areas (namely family, social relations and health) as significantly lower than the representative cohort and they also rated satisfaction as significantly lower in most areas. In conclusion, people with late-stage Parkinson's disease do have areas where they can find meaning, such as family, partnership and spirituality. However, they indicate a lack of fulfilment of their individual MiL, reflected by low satisfaction rates in the majority of meaning in life categories. The need for spiritual support for people with Parkinson's disease indicates the important role of chaplains to help people with Parkinson's disease maintain meaning in life. Copyright © 2023. The Author(s).

Cavusoglu, E., and Avci, A. (2024) ['Spirituality and Influencing Factors in Parkinson's Disease: A Scoping Review.'](#) *Journal of Religion & Health* 63(3), 2091–2105.

Although the effect of spirituality in chronic disease has been discussed in recent years, little is known about spirituality and spiritual beliefs in Parkinson's disease. In this scoping review, the databases PubMed, Scopus and Web of Science were searched and initially identified 914 studies. A total of nine studies satisfied the inclusion criteria. It was found age, gender, education level, emotional changes, region of onset of Parkinson's disease, severity of symptoms, quality of life, religion affiliation and acceptance of Parkinson's disease influence spirituality in people with Parkinson's disease. In this context, future studies should focus on the

relationship between Parkinson's disease and spirituality. Copyright © 2023. The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.

Collier, K. M., et al. (2024) '[The Role of Spirituality, Religiosity, and Self-Care on Infection Preventionist Well-being: Results from a National Survey in the United States.](#)' *American Journal of Infection Control* 52(6), 726–730.

BACKGROUND: The degree to which religiosity, spirituality, and self-care practices can improve well-being among infection preventionists is not well understood. **METHODS:** We surveyed infection preventionists from a random sample of United States hospitals in 2021. Multivariable logistic regression models were used to examine the associations between measures of spirituality, religiosity, and self-care and well-being. **RESULTS:** Our response rate was 47% (415/881). A total of 49% of respondents reported burnout, 17% reported increased feelings of uncaring, and 69% would choose to become an infection preventionist again. Most respondents found importance in spiritual well-being (88%), religious beliefs (82%), and self-care practices (87%). Spiritual well-being was associated with increased odds of choosing to become an infection preventionist again (odds ratio = 2.32, 95% confidence interval = 1.19-4.53, P = .01). **DISCUSSION:** Our national survey provides evidence that spiritual importance is associated with career satisfaction among infection preventionists. Our findings contribute to a general body of evidence suggesting spiritual importance may translate to higher flourishing and well-being via serving a higher purpose. **CONCLUSIONS:** Promoting spiritual well-being may positively influence career satisfaction and overall well-being among infection preventionists. Copyright © 2024 Association for Professionals in Infection Control and Epidemiology, Inc. Published by Elsevier Inc. All rights reserved.

Cooreman-Guittin, T. (2024) '[Spiritual Care in the Dementia Ward during a Pandemic.](#)' *Theoretical Medicine and Bioethics*

The Covid-19 pandemic and the repeated lockdowns have caused substantial spiritual and existential suffering, not the least for persons with dementia who may have had more difficulties than others in grasping the reality of what was going on. Therefore, it is important to address spirituality within this sector of the population when considering global health and ethics and technology in a pandemic outbreak. This contribution starts firstly with a definition of spirituality and spiritual care. Secondly, based on the works of Elizabeth Mackinlay and Laura Dewitte, the article demonstrates how

spirituality can be nurtured in the dementia ward through "spiritual reminiscence." Finally, I briefly reflect on how spiritual care in the dementia ward was affected by the Covid-19 pandemic.

de Diego-Cordero, R., et al. (2024) '[Ecospirituality and Health: A Systematic Review.](#)' *Journal of Religion and Health* 63(2), 1285–1306.

Environmental changes are affecting human health. A renewal of the way we understand and relate to the planet is needed. Ecospirituality brings together the terms spirituality and environment and is born as a means of solution to this dilemma. This systematic review aimed to find out the influence of ecospirituality on global health. A search of scientific literature was carried out in the main health science databases. A review was conducted to critically evaluate the studies that identified relevant ecospiritual aspects regarding health care for communities. After a systematic search and screening, and following specified methodological criteria, a total of 14 articles were selected in the review. The findings of the review suggest that a new perspective in our worldview such as ecospirituality will provide us with the necessary keys to improve health. To understand ecospirituality, we must keep in mind the indigenous way of life, which is the clear example to follow to achieve environmental health and global health. Ecospirituality leads to a healthier environment, and as this is directly related to health, there is also an improvement in global health.

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.

BACKGROUND: 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. **OBJECTIVES:** 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. **DATA SOURCES, STUDY APPRAISAL, AND SYNTHESIS METHODS:** Illustrative studies available in the empirical literature are reviewed in order to characterize these three key domains. **RESULTS:** 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. **CONCLUSIONS:** 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.

Hordern, J. (2024) '[Religion, Culture, Conscience and Chaplaincy.](#)' *Medicine (United Kingdom)* (pagination), Date of Publication: 2024.

Religion, belief and culture should be recognized as potential sources of moral purpose and personal strength in healthcare, enhancing the welfare of both clinicians and patients amidst the experience of ill-health, healing, suffering and dying. Communication between doctors and patients and between healthcare staff should attend sensitively to the welfare benefits of religion, belief and culture. Doctors should respect personal religious and cultural commitments, taking account of their significance for treatment and care preferences. Good doctors understand their own beliefs and those of others. They hold that patient welfare is best served by understanding the importance of religion, belief and culture to patients and colleagues. The sensitive navigation of differences between people's religions, beliefs and cultures is part of doctors' civic obligations and in the UK should follow the guidance of the General Medical Council and Department of Health and Social Care. In particular, apparent conflict between clinical judgement or normal practices and a patient's culture, religion and belief should be considered carefully. Doctors' own religion or culture may play an important role in promoting adherence to this good practice, complementing the role of chaplaincy. In all matters, doctors' conduct should be governed by the law and arrangements for conscientious objection that are in effect. The strongest ethical arguments in favour of conscientious objection provisions concern the moral integrity of professionals, the objectives and values of the medical profession, the nature of healthcare in liberal democracy and the welfare of patients. In practice, arguments mounted against conscientious objection have not been found persuasive.

Ilmi, A. A., et al. (2024) '[Spiritual Care for Older People Living in the Community: A Scoping Review.](#)' *Contemporary Nurse* 60(1), 67–81.

BACKGROUND: The population of older people should be supported to enjoy optimal quality of life. Health professionals should consider a range of interventions that support the older population to maintain their quality of life. One such interventional approach involves spiritual care. **OBJECTIVE:** To explore what is known about spiritual care approaches for older people living in the community. **METHODS:** Scoping review informed by Joanna Briggs Institute guidelines. Eight electronic databases were searched: CINAHL, Ageline, PubMed, ProQuest Nursing & Allied Health, PsycINFO, Scopus, Garuda, and Neliti. The review included quantitative and qualitative primary peer-reviewed research studies focusing on spiritual care interventions for older people living in the community published between 2011 and 2021 in English or Bahasa Indonesia. The search was uploaded into an electronic citation manager and imported into Covidence for screening. **RESULTS:** A total of 29 studies were included in the review. While the studies were conducted in five continents, most were reported from the Asian continent. Five key issues based on the outcome of interventions were found namely psychological, physical, spiritual, multidisciplinary approach, and social connection. **CONCLUSION:** This scoping review identifies spiritual interventions conducted across many countries have been implemented for older people living in the community. Although there are review limitations and further research is needed, these spiritual interventions, both faith-based and non-faith-based, are identified as useful to support the well-being of older people.

Kuhnke, J. L. (2024) '[A Call to Journal: Grief Work and Poetry-A Reflection.](#)' *The Journal of Pastoral Care & Counseling: JPCC* 78(1-2), 51–54.

In this poetic work, journaling is shared as a means to navigate grief. The call is to spiritual leaders to encourage those grieving to be creative in their journey. This is a tool to support understanding the experience of grief as a healthcare provider.

La, I. S., et al. (2024) '[Spirituality Moderates the Relationship between Cancer Caregiver Burden and Depression.](#)' *Palliative & Supportive Care* 22(3), 470–481.

OBJECTIVES: Cancer has become a chronic disease that requires a considerable amount of informal caregiving, often quite burdensome to family caregivers. However, the influence of spirituality on the

caregivers' burden and mental health outcomes has been understudied. This study was to examine how caregiver burden, spirituality, and depression change during cancer treatment and investigate the moderating role of spirituality in the relationship between caregiver burden and depression for a sample of caregivers of persons with cancer. **METHODS:** This secondary analysis used a longitudinal design employing 3 waves of data collection (at baseline, 3 months, and 6 months). Family caregivers completed the Caregiver Reaction Assessment, Spiritual Perspective Scale, and the PROMIS R depression measure. Linear mixed model analyses were used, controlling for pertinent covariates. **RESULTS:** Spirituality, total caregiver burden, and depression remained stable over 6 months. More than 30% of the caregivers had mild to severe depressive symptoms at 3 time points. There was evidence of overall burden influencing depression. Of note was a protective effect of caregivers' spirituality on the relationship between depression and caregiver burden over time ($b = -1.35$, $p = .015$). The lower the spirituality, the stronger the relationship between depression and burden, especially regarding subscales of schedule burden, financial burden, and lack of family support. **SIGNIFICANCE OF RESULTS:** Spirituality was a significant resource for coping with caregiving challenges. This study suggests that comprehensive screening and spiritual care for cancer caregivers may improve their cancer caregiving experience and possibly influence the care recipients' health.

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

CONTEXT: Although spiritual intervention is crucial in the care of childhood cancer patients (CCPs), its effectiveness has not yet been systematically evaluated. **OBJECTIVES:** To determine the effectiveness of existing spiritual interventions on psychological, spiritual outcomes, and quality of life (QoL) in CCPs. **METHODS:** 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). **RESULTS:** 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: $I^2 = 58\%$). **CONCLUSION:** 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. Copyright © 2024 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

Long, K. N. G., et al. (2024) '[Spirituality as A Determinant of Health: Emerging Policies, Practices, and Systems.](#)' *Health Affairs* 43(6), 783–790.

Reimagining public health's future should include explicitly considering spirituality as a social determinant of health that is linked to human goods and is deeply valued by people and their communities. Spirituality includes a sense of ultimate meaning, purpose, transcendence, and connectedness. With that end in mind, we assessed how recommendations recently issued by an expert panel for integrating spiritual factors into public health and medicine are being adopted in current practice in the United States. These recommendations emerged from a systematic review of empirical evidence on spirituality, serious illness, and population health published between 2000 and 2022. For each recommendation, we reviewed current federal, state, and local policies and practices recognizing spiritual factors, and we considered the ways in which they reflected the panel's recommendations. In this article, we highlight opportunities for broader application and scale while also noting the potential harms and benefits associated with incorporating these recommendations in various contexts. This analysis, while respecting the spiritual and religious diversity of the US population, identifies promising approaches for strengthening US public health by integrating spiritual considerations to inform person- and community-centered policy and practice.

Lycett, D., et al. (2024) '[A Survey regarding the Role of UK Dietitians in Spiritual Care.](#)' *Journal of Human Nutrition & Dietetics* 37(3), 749–761.

BACKGROUND: Users of dietetic services have unmet spiritual needs, although no study has yet explored dietitians' opinion,

perceptions or experience of assessing spiritual needs and delivering spiritual care in clinical practice. **METHODS:** A cross-sectional survey assessed the role of UK dietitians in spiritual care. **RESULTS:** Thirty-seven practicing dietitians, with experience ranging from newly qualified to over 21 years of practice, took part in the survey containing open and closed questions. Almost half (49%) of dietitians said they always conducted spiritual assessments and most (57%) said they sometimes made a referral for spiritual concerns. When spiritual issues arose, dietitians were highly likely to listen well (score 4.6 out of 5) and encourage service users in their own (the service user) spiritual or religious practices (score 4 out of 5). However, the likelihood of taking the initiative and enquiring about religious and spiritual issues was lower (score 3.5 out of 5) and there was a strong desire to receive training (>4 out of 5). Qualitative responses expanded further on these results suggesting that there was positive "intention" to provide spiritual care, but lack of training was a significant barrier (qualitative theme: "inadequacies"). The recognition of necessity but uncertainty of how to meet spiritual needs was also shown through qualitative findings to be a source of "emotional labour", particularly where there were conflicting beliefs between a dietitian and service user. **CONCLUSIONS:** Although limited by a small sample size, these results provide new knowledge that spiritual care is considered an important part of the dietitians' role and that this is the case regardless of the dietitians own spiritual identity or religion. Dietitians would value training in spiritual care so that they can support service user needs more readily and confidently. Copyright © 2024 The Authors. Journal of Human Nutrition and Dietetics published by John Wiley & Sons Ltd on behalf of British Dietetic Association.

Martins, H., et al. (2024) ['Insights on Spirituality and Bereavement: A Systematic Review of Qualitative Studies.'](#) *Journal of Clinical Nursing* 33(5), 1593–1603.

AIM: To describe a synthesis of the experience related to the spirituality of those living a bereavement journey in primary qualitative studies. **DESIGN:** A systematic review of qualitative studies. **DATA SOURCE:** A systematic review was carried out in March 2019 and was updated in January 2023. Searching was accomplished by an online database, such as CINAHL, MEDLINE, PsycINFO, MedicLatina, LILACS, SciELO and Academic Search Complete. The search strategy did not consider a timeline as an eligibility criterion. The quality of the studies was assessed, and a thematic synthesis was performed in this review. **METHODS:** A systematic review of

qualitative studies was conducted according to Saini and Shlonsky's methodology. **REPORTING METHOD:** PRISMA checklist. **RESULTS:** The review included 33 articles. Most of the studies were phenomenological and focused on parents' and family experiences of bereavement. Seven significant categories emerged, which match unmet spiritual needs during the grieving process. Two major categories were identified regarding the role of spirituality in bereavement: Spirituality as a process and spirituality as an outcome. **CONCLUSION:** In clinical practice, attention to spirituality and providing spiritual care is critical to guarantee a holistic approach for those experiencing bereavement. **IMPLICATIONS:** The findings of our study could foster awareness that healthcare professionals should include the spiritual dimension in their clinical practice to provide holistic care to individuals, enhancing the healing process in bereavement. **NO PATIENT OR PUBLIC CONTRIBUTION:** This is a systematic review. Copyright © 2024 John Wiley & Sons Ltd.

Modis, L. V., et al. (2024) '[Spirituality is Associated with Immune Parameters and Disease Activity in Primary Sjogren's Syndrome: A Cross-Sectional Study.](#)' *Scientific Reports* 14(1), 12473.

The role of spirituality in health and disease is a complex and emerging area of research. Incorporating spirituality into the bio-psycho-social model of health and disease leading to the bio-psycho-social-spiritual model provides a more comprehensive framework. In this context, chronic disorders like primary Sjogren's syndrome (pSS) are of interest due to their intricate interactions between biological, psychological, and spiritual factors. This study explored the relationship between spirituality, immune parameters, and disease activity in pSS patients. Data from 108 patients were analyzed, including self-assessed spirituality (answering to direct questions and completing the Spiritual Transcendence Scale), immunological parameters and disease activity scores. The findings revealed several associations. Individuals with spiritual attitudes or engaged in regular prayer/meditation showed lower serum levels of autoantibodies specific to pSS and lower disease activity scores. Spiritual engagement was also linked to decreased perceived skin and tracheal dryness, suggesting potential benefits for physical symptoms. These findings suggest that spirituality may play a significant role in modulating immune responses and disease activity in pSS patients. The study underscores the importance of considering spirituality as an integral part of the holistic approach to health and disease, further expanding the understanding of the

interconnectedness of biological, psychological, and spiritual dimensions. Copyright © 2024. The Author(s).

Nagata, K., and Tanaka, K. (2024) '[Components of Spirituality in Older Adults: A Phenomenological Study through Interviews Based on Dignity Therapy.](#)' *Scandinavian Journal of Caring Sciences* 38(2), 476–486.

AIM: A key perspective in examining dignity, which is important for older adults, is spirituality. Therefore, this study aimed to identify the components of spirituality in older adults through interviews based on dignity therapy (DT). **METHODOLOGICAL DESIGN AND**

JUSTIFICATION: Colaizzi's descriptive phenomenology was applied to understand experiences rooted in the life world of older adults from their own perspective. **ETHICAL ISSUES AND APPROVAL:** This study was approved by the ethical review committee of the author's university. All participants provided consent to

participate. **RESEARCH METHODS:** Semi-structured interviews based on DT were conducted with 11 community-dwelling adults aged 65 years or older who were using some form of medical or social services. The interviews were transcribed, and the text was analysed based on Colaizzi's phenomenological method. **RESULTS:** Four themes were identified as components of spirituality in older adults: trauma, being silent about hard experiences, forming connections and taking on challenges and discovering one's own spirit. The participants felt a sense of helplessness and frustration as they dealt with traumatic events. Feelings of shame, guilt and/or resignation prevented them from talking about the distress they were experiencing, but they were able to move forward after receiving emotional support and having opportunities to share with others. These processes led to the discovery of a new self. **STUDY**

LIMITATIONS: This study assessed the experiences of older adults in Japan and may therefore have been influenced by the social background and culture of Japan. Future research should target older adults from a variety of social backgrounds as well as those with specific health conditions. **CONCLUSION:** The findings suggest the importance of creating opportunities for healthcare professionals as well as family, friends and community members to help older adults reflect on their lives and talk about their accomplishments and unresolved issues. Doing so should help older adults maintain their dignity while remaining aware of their mortality. Copyright © 2024

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Nassehi, A., et al. (2024) ["Do You really Believe that there is Something More?" - the Offer of Transcendental Communication by Pastoral Care Workers in German Hospices and Palliative Care Units: A Qualitative Study.'](#) *American Journal of Hospice & Palliative Medicine* 41(7), 730–738.

BACKGROUND: Palliative Care also encompasses the dimension of spiritual pain. Pastoral care workers and chaplains are specialists in the provision of spiritual care. Decreasing religious affiliation and increasing spiritual diversification in modern societies raise the question of the function of pastoral care. **AIM:** The goal of this study is to answer the question of what pastoral care workers can offer to dying residents in hospices and palliative care units. **DESIGN:** A qualitative interview study was designed to explore the specific perspective of pastoral care workers in a multidisciplinary environment. The study is based on differentiation theory which is particularly well adjusted to reveal differences in perspectives in so called 'holistic' care settings. The reporting follows the COREQ guidelines. **SETTING:** Problem centered interviews were conducted at five hospices and two palliative care units. **RESULTS:** Eight pastoral care workers were interviewed (5 Catholic, 3 Protestant, mean age of 58 years). The analysis of the interviews revealed three major themes: (A) Self-positioning in relation to the organization, (B) Offering conversations to patients and relatives, (C) Performing religious rituals. Minor themes were: mediating conflicts between patients, relatives and staff, sensing moods in silence with patients and organizing workshops for staff. **CONCLUSION:** In modern hospice care, pastoral care workers routinely address the problem of making death more tangible and of answering the unanswerable question of what comes afterwards. Through this, they support dying residents in hospices and palliative care units in dealing with the inexplicability of death.

Neves, N. M., et al. (2024) ['Prostate Cancer and Spirituality: A Systematic Review.'](#) *Journal of Religion and Health* 63(2), 1360–1372.

The diagnosis, treatment, and sequels of cancer are relevant sources of stress, conflicts, and suffering, but spirituality may be a positive coping element. However, studies involving the correlation between prostate cancer patients and spirituality are few and heterogeneous. MEDLINE (PUBMED), SCOPUS, and EMBASE were the databases used for this review with the keywords “spirituality,” “religion,” and “prostate cancer.” The review was performed using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses. About

250 articles were found, and 30 were eligible. Most studies (N = 26; 86.6%) reported the relationship between spirituality and better health findings such as 80% being positively associated with more screening for prostate cancer and better patients' quality of life. More interventional, randomized, and multicentric trials are needed to clarify this relationship.

Paley, C. A., et al. (2024) ['Narrative Review: What Constitutes Contemporary, High-Quality End-of-Life Care and can Lessons be Learned from Medieval History?'](#) *Annals of Palliative Medicine* 13(3), 607–619.

BACKGROUND AND OBJECTIVE: In modern Britain, palliative and end-of-life care is governed by quality standards and guidance, which should consider spiritual and psychological needs. However, there are significant gaps in provision of services which was highlighted during the coronavirus disease 2019 (COVID-19) pandemic where many individuals and families suffered profound spiritual and existential distress. Significant gaps remain in the provision of services to support patients with spiritual and psychological needs which can affect the management of physical symptoms. During the medieval period in Western Europe, it was important to prepare well for death throughout life. It has been suggested that lessons may be learned from medieval preparations for death which might benefit those approaching end-of-life in contemporary society. It is therefore timely to consider medieval attitudes to death and reflect on how these might inform modern end-of-life care. The objective of this review is to synthesise literature addressing modern end-of-life care in the UK and contrast this with literature on preparations for death during the medieval period in Western Europe. Our aim is to determine whether there is wisdom to be gained from history which could inform our approaches to end-of-life care today. **METHODS:** Using online databases and broad keyword searches along with experts in the field of medieval history, we identified literature and translations of texts with a focus on preparations for death during both periods. These were narratively synthesised and discussed. **KEY CONTENT AND FINDINGS:** A key finding is that the medieval attitude to death was as an integral part of life, whereas in modern society death is not usually considered until the situation arises. The review highlights a need for a better understanding of the individuality of spiritual and existential needs during end-of-life care in modern society, which will vary according to individual choice, culture, societal group, religion, and belief. **CONCLUSIONS:** The lessons we can learn from our medieval counterparts include the

need for lifelong and individual preparations for the end of life, with emphasis on spiritual needs. Alongside palliative interventions, we need to take time to appreciate what gives individuals spiritual support and provide the resources to facilitate this.

Rangel, T., et al. (2024) '[Spiritual Support Staff Influence Stress among Hospital-Based Health Care Personnel: A Cross-Sectional Study.](#)' *Western Journal of Nursing Research* 46(7), 509–516.

BACKGROUND: Stress negatively affects well-being, relating to poor physical, emotional, and occupational outcomes for health care personnel. Health care professionals faced extreme stressors in the context of the COVID-19 pandemic, making occupational stress relief a top priority for hospital administrators. Many health systems employ specially trained spiritual support staff as one strategy to alleviate work-related stressors. It is unclear whether health care personnel's perceptions of the availability of spiritual care staff influence self-reported stress. **OBJECTIVE:** The purpose of this study was to explore relationships between perceived stress and perceptions of availability of spiritual support among acute care health care personnel. **METHODS:** This study analyzed cross-sectional, survey-based data collected between February and April 2022 from 1352 interdisciplinary health care staff working in a large, nonprofit Catholic health system in the Western United States. Bivariate tests and multivariate linear regression models were conducted to test for factors influencing perceived stress. **RESULTS:** Results support that high stress was prevalent in the sample. Perceived availability of spiritual support staff in the hospital and seeking coworker and professional support for work-related stress all independently influence stress in this population when controlling for confounders. **CONCLUSIONS:** Stress of health care personnel may be influenced by the perceived availability of specially trained spiritual support staff. Hospital administrators should advocate for spiritual support staff availability in all health care settings as one strategy to mitigate occupational stress that health care professionals may experience through providing high-stakes patient care. Further research is warranted to uncover targeted spirituality-related strategies to reduce stress and preserve well-being of health care personnel.

Reimer-Kirkham, S., and Sharma, S. (2024) ['The Social Relations of Prayer in Healthcare: Adding to Nursing's Equity-Oriented Professional Practice and Disciplinary Knowledge.'](#) *Nursing Inquiry* 31(2), e12608.

Although spiritual practices such as prayer are engaged by many to support well-being and coping, little research has addressed nurses and prayer, whether for themselves or facilitating patients' use of prayer. We conducted a qualitative study to explore how prayer (as a proxy for spirituality and religion) is manifest-whether embraced, tolerated, or resisted-in healthcare, and how institutional and social contexts shape how prayer is understood and enacted. This paper analyzes interviews with 21 nurses in Vancouver and London as a subset of the larger study. Findings show that nurses' kindness can buffer the loneliness and exclusion of ill health and in this way support the "spirit" of those in their care. Spiritual support for patients rarely incorporated prayer, in part because of ambiguities about permission and professional boundaries. Nurses' engagement with prayer and spiritual support could become a politicized site of religious accommodation, where imposition, religious illiteracy, and racism could derail person-centered care and consequently enact social exclusion. Spiritual support (including prayer) sustained nurses themselves. We propose that nursing's equity-oriented knowledge encompass spirituality and religion as sites of exclusion and inclusion. Nurses must be supported to move past religious illiteracy to provide culturally and spiritually sensitive care with clarity about professional boundaries and collaborative models of spiritual care. Copyright © The Authors. Nursing Inquiry published by John Wiley & Sons Ltd.

Safarabadi, M., et al. (2024) ['The Relationship between Spiritual Health and Quality of Life among COVID-19 Patients with Long-Term Complications in the Post-Coronavirus Era.'](#) *Frontiers in Public Health* 12, 1371110.

Objective: COVID-19 has varied manifestations and can cause complications that affect quality of life. Spiritual health may be a source of adaptation for these patients. This study investigated the relationship between spiritual health and quality of life among COVID-19 patients with long-term complications in the post-coronavirus era. **Participants/methods:** This study enrolled 475 COVID-19 patients through convenience sampling from medical facilities located in the Central Province of Iran. Data collection occurred between November 2022 and July 2023. A demographic checklist was utilized to ascertain the presence of potential COVID-19 complications.

Patients exhibiting at least one long-term complication of COVID-19 were classified into the group with complications, while those without such complications were categorized into the group without complications. Subsequently, spiritual health and quality of life were assessed utilizing Paloutzian and Ellison's Spiritual Well-Being Scale and the 36-item Short Form Health Survey (SF-36), respectively. Statistical analysis was conducted using SPSS-20. **Results:** The mean scores of spiritual well-being and quality of life for participants without COVID-19 complications were 70.87 +/- 22.44 and 61.30 +/- 18.33, respectively. In contrast, the mean spiritual health scores and quality of life for participants with COVID-19 complications were 41.20 +/- 12.49 and 33.66 +/- 1.46, respectively. Moreover, spiritual well-being was positively associated with quality of life among COVID-19 patients (p : The mean scores of spiritual well-being and quality of life for participants without COVID-19 complications were 70.87 +/- 22.44 and 61.30 +/- 18.33, respectively. In contrast, the mean spiritual health scores and quality of life for participants with COVID-19 complications were 41.20 +/- 12.49 and 33.66 +/- 1.46, respectively. Moreover, spiritual well-being was positively associated with quality of life among COVID-19 patients (p **Conclusion:** This study indicates that COVID-19 complications can impair patients' spiritual health and quality of life, leaving them vulnerable and distressed. However, patients with higher spiritual health can cope better and enjoy a higher quality of life, despite challenges. Therefore, this study highlights the importance of addressing the spiritual needs of patients with COVID-19 complications and providing them with adequate support and care. Copyright © 2024 Safarabadi, Yousofvand, Jadidi, Dehghani and Ghaffari.

Shaban, M., et al. (2024) '[Divine Resilience: Unveiling the Impact of Religious Coping Mechanisms on Pain Endurance in Arab Older Adults Battling Chronic Pain.](#)' *Geriatric Nursing* 57, 199–207.

BACKGROUND: Chronic pain diminishes the quality of life for many Older Adults individuals. Identifying effective coping methods to enhance pain resilience is imperative as populations age. Older Adults commonly use religious faith and spiritual practices to endure pain, yet little research has explored their impact on pain tolerance. **METHODS:** This cross-sectional study examined relationships between positive/negative religious coping styles and pain endurance in 200 Arab elders with chronic pain. Participants completed the Brief Arab Religious Coping Scale, Numeric Pain Rating Scale, WHOQOL-BREF, and demographic/medical history questionnaires. **RESULTS:** Quantitative analysis demonstrated

significant positive associations between positive religious reappraisal and active spiritual coping with higher self-reported pain endurance (p: Quantitative analysis demonstrated significant positive associations between positive religious reappraisal and active spiritual coping with higher self-reported pain endurance (p**CONCLUSIONS:** Outcomes align with perspectives highlighting multidimensional neurocognitive, emotional, and psychosocial pain relief from religious coping. Findings underscore integrating positive faith-based resources in biopsychosocial paradigms for Older Adult's pain management. Additional research should investigate causal pathways and contextual factors influencing religious coping effects on diverse Older Adult subgroups. Copyright © 2024 Elsevier Inc. All rights reserved.

Sode, R., and Chenji, K. (2024) '[The Mediating Role of Workplace Spirituality: Exploring the Relationship between, Self-Transcendence, Spiritual Transcendence, and Innovative Work Behavior.](#)' *Acta Psychologica* 245, 104228.

This study aims to investigate the intricate interplay between self-transcendence, spiritual transcendence, innovative work behavior, and the mediating role of workplace spirituality. Utilizing structural equation modeling, it examines the associations among these variables. Mediation analysis explores the extent to which workplace spirituality mediates these relationships. The findings reveal positive connections between self-transcendence, spiritual transcendence, workplace spirituality, and innovative work behavior. Specifically, workplace spirituality partially mediates the relationship between self-transcendence and innovative work behavior while fully mediating the connection between spiritual transcendence and innovative work behavior. These results underscore the pivotal role of spirituality in the workplace in nurturing innovative behavior among employees. The practical implication emphasizes cultivating workplace spirituality to foster innovative work behavior. This study contributes to existing literature by elucidating the underlying mechanisms linking self-transcendence, spiritual transcendence, workplace spirituality, and innovative work behavior, underscoring the significance of workplace spirituality as a catalyst for enhancing innovative work behavior. Copyright © 2024 The Authors. Published by Elsevier B.V. All rights reserved.

Sulmasy, D. P. (2024) '[Physicians, Spirituality, and Compassionate Patient Care.](#)' *New England Journal of Medicine* 390(12), 1061–1063.

The ethical principles of beneficence and respect for patients as whole persons may require doctors to inquire about patients' spiritual and religious needs and refer them to a chaplain as appropriate.

Tanzi, S., et al. (2024) '[A Qualitative Study with Italian Patients Exploring the Spiritual Dimension during a Chronic Disease.](#)' *Chronic Illness* 20(2), 335–348.

BACKGROUND: Spirituality is a vast dimension influenced by cultural and personal differences. Little is known about the spirituality of patients suffering from a chronic disease in Italy from palliative care hospital settings. **AIM:** To investigate patients' perspectives about their spirituality during their illness. **METHOD:** The research question was: 'How does living with chronic disease inform/shape the spiritual dimension of patients?'. To address it, we conducted a qualitative interview study with thematic analysis. **RESULTS:** We enrolled 21 participants among patients suffering from rheumatic, haematologic, neurodegenerative and respiratory chronic diseases. Participants generally had great difficulty answering the questions researchers posed and often could not define 'spirituality'. We found different topics grouped under four main themes: definition of spirituality, internal dialogue, expression of spirituality in everyday life and take stock. Religion is not reported as an answer to spiritual suffering, even in a country that is felt religious-driven like Italy. **DISCUSSION:** Patients are generally not cognizant of this dimension even living with a chronic disease; consequently, they cannot express spiritual needs because they can't recognise them. Health professionals should identify this dimension and its characteristics to recognise potential spiritual suffering.

Taylor, E. J., and Pangan, J. C. (2024) '[Should Healthcare Organizations Promote a Spiritually Healthy Work Environment?.](#)' *Holistic Nursing Practice* 38(3), 148–150.

Both personal spirituality/religiosity and perception of a spiritually respectful work climate are inversely related to burnout among nurses. In addition to briefly reviewing the empirical evidence that consistently supports these assertions, this essay offers some practical suggestions for how nurses can promote a spiritually healthy work environment. Copyright © 2024 Wolters Kluwer Health, Inc. All rights reserved.

Timmins, F., et al. (2024) ['A National Cohort Study of Spiritual and Religious Practices of Older People with Intellectual Disability.'](#) *Journal of Intellectual Disabilities* 28(2), 533–548.

Background: Spirituality and spiritual support for older people with intellectual disability are deemed important, however little is known about their specific needs. This paper reports for the first time on the religious and spiritual practices of older adults with intellectual disability. **Methods:** A national longitudinal study examined the prevalence of spiritual practices among older people with intellectual disability in the Republic of Ireland. **Results:** Older people with intellectual disability seek and receive solace from religious and spiritual practices, especially if they are lonely, in poor health, distressed or bereaved. There is likely a social benefit to spiritual and religious aspects of life that would be beneficial to explore further. **Conclusions:** Globally more research is required and efforts should be made to ensure greater opportunities for inclusion in societal spiritual and religious activities and to more clearly determine the spiritual needs of this population.

Turkben Polat, H., and Burucu, R. (2024) ['The Effect of Spiritual Well-being on the Self-Efficacy Level of Individuals with an Intestinal Stoma.'](#) *Advances in Skin & Wound Care* 37(6), 298–303.

OBJECTIVE: To investigate the spiritual well-being and self-efficacy levels in patients with intestinal stomas. **METHODS:** For this descriptive study, researchers conducted face-to-face interviews with 51 participants. Data were analyzed using a descriptive characteristics questionnaire, the Stoma Self-efficacy Scale (SSES), and the Three-Factor Spiritual Well-being Scale (TF-SWBS). **RESULTS:** Participants had a mean SSES score of 56.98 +/- 21.24. Education level and stoma type affected the SSES scores. Income level affected TF-SWBS scores. There was no correlation between SSES and TF-SWBS total scores. There was a positive correlation between TF-SWBS scores and stoma duration and age. **CONCLUSIONS:** Nurses should provide trainings to develop self-efficacy among and enhance psychosocial and spiritual support for patients with a stoma. Copyright © 2024 Wolters Kluwer Health, Inc. All rights reserved.

Upenieks, L., et al. (2024) '[Masculine Discrepancy Stress, Subjective Well-being, and the Buffering Role of Religiosity.](#)' *American Journal of Mens Health* 18(3), 15579883241255187.

Although several studies have reported an inverse association between masculine discrepancy stress-the perceived failure to conform to internalized normative expectations of masculinity-and well-being, researchers have yet to consider the potential moderating or buffering role of religiosity. Regression analyses of data collected from a national sample of men (n = 2,018), the 2023 Masculinity, Sexual Health, and Politics survey indicated that masculine discrepancy stress was consistently associated with lower levels of subjective well-being, including poorer self-reported mental health, less happiness, and lower life satisfaction. We also observed that these associations were attenuated or buffered among men who reported regular religious attendance and greater religious salience. Taken together, our findings suggest that different expressions of religiosity may help to alleviate the psychological consequences of masculine discrepancy stress. More research is needed to incorporate dimensions of religion and spirituality into studies of gender identity and subjective well-being.

van den Brink, B., et al. (2024) '[Experience Sampling of Suicidality, Religiosity and Spirituality in Depression: Network Analyses using Dynamic Time Warping.](#)' *Journal of Affective Disorders* 360, 354–363.

BACKGROUND: Suicidality is a clinically important and multifaceted phenomenon, frequently present in depressed subjects. Religiosity and spirituality (R/S) can have an attenuating as well as a reinforcing effect on suicidality. **METHODS:** From two Dutch mental health care settings, a sample of 31 depressed and in- and outpatients with suicidal ideation, self-identifying as being religious or spiritual, was selected by convenience sampling. Using an experience sampling method (ESM) mobile application, during six days (mean of 42 assessments per subject), the association between symptoms of depression, suicidality, and specific positive-supportive affective R/S and positive psychology variables. For 28 participants symptom network plots on a group level, and on an individual level, were analyzed using dynamic time warping (DTW). **RESULTS:** Participants were on average 35.7 years old, and 65 % were women. In the group-level undirected network, R/S variables were linked to positive psychology variables via a bridge function of inner peace. Changes in the experience of inner peace and enjoying a physical activity

preceded changes of several other symptoms. A network dynamic appeared with a dense cluster of 'positive psychology' items. **LIMITATIONS:** Only a limited number of R/S variables were included. **CONCLUSION:** The results of this study suggest that religiosity and spirituality function as meaningful factors in depression and suicidality in religiously or spiritually engaged persons. Experienced inner peace has a positive association with reasons to live. Experience sampling method data can be effectively analyzed using dynamic time warping. Exploring individual religious or spiritual engagement can prove important in treating suicidality and depression. Copyright © 2024 Elsevier B.V. All rights reserved.

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