SPIRITUALITY AND HEALTHCARE

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NEW EVIDENCE

Abu Khait, A., et al. (2024) ['The Mediating Role of Religion and Loneliness on the Association between Reminiscence Functions and Depression: A Call to Advance Older Adults' Mental Health.'](#) *Psychogeriatrics 24*(1), 58–71.

Background Current literature lacks evidence about the relationship between reminiscence functions and depression and the mediating role of clinical constructs such as loneliness and religion. The study aimed to examine the mediating effects of loneliness and religion on the association between reminiscence functions and depression in a sample of older Jordanian adults. Methods An anonymous online cross-sectional survey was employed to collect data from 365 older Jordanian adults. Convenience and snowball sampling methods were used to recruit participants through social media. Results In the depression model, Bitterness Revival and Intimacy Maintenance factors, educational level, and Intrinsic Religiosity were statistically significant predictors of depression. Bitterness Revival and Intimacy Maintenance factors, work sector, and Intrinsic Religiosity were statistically significant predictors of loneliness. Loneliness has a negative, partial mediating effect on Intimacy Maintenance and depression. Conclusion Depression caused by significant losses in the Arab Jordanian environment might be mitigated by Intimacy Maintenance by reducing feelings of loneliness. Understanding how Intimacy Maintenance correlates with depression through loneliness could help psychiatric nurses develop psychosocial interventions that reduce depression among older adults.

Abusafia, A. H., et al. (2024) ['The Impact of a Nursing Spiritual Care Module on Nursing Competence: An Experimental Design.'](#) *BMC Palliative Care 23*(1), 1–9.

Purpose: This study aimed to assess the impact of the Nursing Spiritual Care Module on the competence of nurses in providing spiritual care in the context of Malaysia. Method: This study employed an experimental design and involved a total of 122 nurses, with 59 in the experimental group and 63 in the control group. Participants were selected from palliative care wards associated with Hospital Universiti Sains Malaysia. Nurses in the experimental group underwent a two-week educational module on nursing spiritual care, while nurses in the control group attended a single lecture on spiritual care provided by the hospital. Results: The results indicated no significant differences in sociodemographic characteristics between the two groups. A significant difference in spiritual care competence within the intervention group and the control group over time (p-value = 0.001), between the two groups (p-value = 0.038), and in the interaction between time and group (p-value = 0.001). Conclusion: The Nursing Spiritual Care Module is crucial in aiding nurses and healthcare professionals in cultivating the appropriate and wholesome attitudes and practices necessary to address the spiritual needs of patients.

Bovero, A., et al. (2024) ['Loss of Personal Autonomy and Dignity-Related Distress in End-of-Life Cancer Patients.'](#) *American Journal of Hospice & Palliative Medicine 41*(2), 179–186.

The objective of this cross-sectional study is to investigate Dignity-Related Loss of Personal Autonomy (DR-LPA) intended as loss of relational independence causing dignity-related distress. Moreover, it analyzes its possible relationships with demoralization, spirituality, quality of life, hope, and coping styles in a sample composed of 207 end-of-life cancer patients. These variables have been assessed through the following rating scales: Patient Dignity Inventory - Italian version, Demoralization Scale - Italian version, Functional Assessment of Cancer Therapy Scale – General Measure, Functional Assessment of Chronic Illness Therapy – Spiritual Well-Being, Brief Coping Orientation to Problem Experienced, and Herth Hope Index. The results have shown that most of the DR-LPA items were considered a problem by most patients. Functional, social, emotional, and spiritual wellbeing, disheartenment, age, and sex emerged as significant predictors of DR-LPA. In conclusion, this study showed that DR-LPA can be a relevant concern for patients at the end-of-life

and for this reason it becomes necessary for psychosocial provides to consider it to deliver better dignity conserving care.

Courtney, R. E., et al. (2024) **['Using a Whole Health Approach to Build Biopsychosocial-Spiritual Personal Health Plans for Veterans with Chronic Pain.'](#)** *Pain Management Nursing 25*(1), 69–74.

Chronic pain affects over 50 million Americans per year and costs society billions of dollars annually. It is widely accepted that the biomedical model is outdated and research on the biopsychosocial model of chronic pain has increased in recent years, concurrent with investigations into self-management of chronic pain. The Veterans Health Administration (VHA) has incorporated both of these approaches into their Whole Health System. This work describes the VHA Whole Health System, reviews the literature on alignment between the Whole Health System's Circle of Health and chronic pain, and explains how the VHA Whole Health model may be used as a method for organizing self-management strategies within a personal health plan in the context of chronic pain. Given the infusion of nurses throughout the healthcare system, nurses are in a unique position to champion this biopsychosocial-spiritual approach to care.

Froidevaux, A. (2024) **['Spirituality for Sustainable Careers and Successful Aging at Work Over the Lifespan.'](#)** *Journal of Management, Spirituality & Religion*

As the aging of the population puts at risk retirement pension systems worldwide, the aim of this conceptual paper is to shift scholarly attention from workers "growing old" to "growing whole over the lifespan," answering a provocative research question: What if spirituality allowed workers to remain in the labor market with more sustainable careers so that full retirement would become necessary only due to cognitive and/or physical declines in older age? The model posits that spirituality can foster sustainable careers over the lifespan at three levels: consciousness (individual, transcending identity), connectedness with all beings on Earth (interpersonal, transcending mattering), and wholeness with the Universe or a higher power (transpersonal, transcending meaning). These levels ultimately contribute to successful aging at work from a younger age by allowing individuals to enjoy retirement's traditionally associated psychological benefits over the lifespan. Boundary conditions at the broader societal, organizational, and individual levels are discussed. By uniting the careers and spirituality at work literatures, this paper contributes to expand the definition of successful aging currently limited to older workers into a lifelong continuous effort, in an

invitation to reframe individuals' psychological need for retirement beyond that of a compensation or escape from an unsustainable career.

Jiang, Y., et al. (2024) ['Factors Associated with the Core Dimensions of Spiritual Health among Older Adults with Chronic Obstructive Pulmonary Disease: A Cross-Sectional Study.'](#) *Journal of Advanced Nursing 80*(2), 692–706.

AIMS: To investigate the level of spiritual health in older patients with chronic obstructive pulmonary disease (COPD) from the core dimensions and to explore its associated factors. DESIGN: A cross-sectional study. METHODS: Participants were recruited from four hospitals between September 2020 and June 2021, using a convenience sampling. Older patients with COPD (n = 162) completed the demographic and disease-related information questionnaires, Function Assessment of Chronic Illness Therapy Spiritual Scale, 10-item Connor-Davidson Resilience Scale, General Self-efficacy Scale, Social Support Rating Scale, COPD Assessment Test, 15-item Geriatric Depression Scale and modified Medical Research Council Dyspnea Scale. Descriptive statistics, Pearson and Spearman correlation analyses, t-tests, one-way ANOVA and multiple linear regression models were used. RESULTS: Older patients with COPD have a moderate level of spiritual health. The multiple linear regression analysis showed that psychological resilience, general self-efficacy, social support, symptom burden and monthly income were associated with the core dimensions of spiritual health. CONCLUSION: Chinese older patients with COPD have a moderate level of spiritual health. Psychological resilience, general self-efficacy, social support, monthly income and symptom burden were associated with the core dimensions of spiritual health. IMPACT: This study is the first to investigate the level of spiritual health in older patients with COPD from the core dimensions and to explore its associated factors, providing a basis for developing spiritual intervention programs. Our findings can help us realize that intervention strategies of psychological resilience, general self-efficacy and social support can all be used to enhance spiritual health. Nurses should focus on the spiritual health of older COPD patients with high symptom burden and low monthly income. PATIENT OR PUBLIC CONTRIBUTION: Although we did not directly involve patients and the public because of the COVID-19 pandemic, the results of the study will be disseminated to patients and the public through WeChat and seminars.

Laures-Gore, J., and Griffey, H. (2024) **'Religiosity, Spirituality, Healthcare, and Aphasia Rehabilitation.'** *Seminars in Speech & Language 45*(1), 24–45.
Awareness of the intersectionality of a person's religious and spiritual belief system with their mental and physical health is slowly being elevated within the Western healthcare system. There are many opportunities for better understanding and incorporation of religious and spiritual beliefs into aphasia rehabilitation. To extend the recognition of religion and spirituality's importance in healthcare to persons living with post-stroke aphasia while emphasizing the diversity of beliefs, the current article seeks to provide a brief overview of the global religions; explain the intersection of religion, spirituality, and health; review the existing literature in the area of aphasia and religion, spirituality, and spiritual care; discuss the clinical importance and implications of religion and spirituality; and finally, lay out a forward view of the direction this area of exploration may take within aphasiology.

McMenemy, C. (2024) **'Writing it in: The Role of Social Workers in Responding to Unmet Spiritual Need in Hospital Settings.'** *Journal of Religion & Spirituality in Social Work 43*(1), 91–109.
Complex care patients who spend extended time in hospital often have unmet spiritual care needs, including exploring questions of meaning and purpose, and benefiting from deep, humanizing connections. This study explored how social workers and Allied Health professionals identify and respond to the unmet spiritual care needs of these patients. It highlights the opportunities and limitations of providing spiritually-focused care within the managerial approaches that are dominant in hospital settings and provides recommendations including increased recognition of patients' spiritual care needs and training for the workers who journey with them.

Metzger, G. U. (2023) **'Dreaming on: Dying Behaviour and the Romantic-Individualist Ethos.'** *Secularism & Nonreligion 12*, 1.
Over the last two decades and, most recently because of the COVID-19 pandemic, there has been a growing interest in studying topics related to dying and death in various fields of research. Research has started to explore, in more detail, death and bereavement among nonreligious people in contemporary Western societies. It is now well established that this large social group finds its own meaningful ways to come to terms with grief, loss and finitude. However, these studies typically do not include the perspectives of those living with life-threatening illness and facing death. Drawing on one and a half years

of ethnographic research conducted among patients receiving palliative care in Switzerland, this study explores how a nonreligious orientation and other facets of human existence influence emotions and meaning making while dying. This is exemplified by the case of an atheist who I picked from the totality of fieldwork encounters in order to illuminate the nuances and complexities of living with terminal illness. The study found that secular and individualist values make it difficult to find closure and accept death. At the same time, the results show that the identification with the secular features of a worldview can increase well-being by ensuring a sense of permanence in actions and meaning-making habits in dying. Furthermore, this article makes the case for studying attitudes towards dying and death in relation to time and life situation. Keywords: dying and death, atheism, nonreligion, individualism, worldviews, palliative care

Oyedele, O. O., et al. (2024) ['Spirituality in Adolescents and Young Adults with Cancer: An Evolutionary Concept Analysis.'](#) *Journal of Pediatric Hematology/Oncology Nursing 41*(1), 16–31. Background: Despite an increased focus on the importance of spirituality to human health, including adolescent health outcomes there remains an absence of evidence-based programs to address the spiritual needs of patients and families. A critical barrier is the absence of a clear conceptual understanding and operational definitions of spirituality for adolescents/young adults (AYAs) with cancer. The purposes of this concept analysis were to (a) clarify the concept of spirituality in the context of the AYAs' cancer experience and (b) generate a definition based on a review of the literature examining spiritual development and the role of spirituality in AYAs' health and cancer treatment. Method: We used Roger's evolutionary concept analysis method to identify antecedents, attributes, and consequences of spirituality in the context of AYAs' cancer using thematic analysis and included identification of case exemplars. Results: Of the 86 articles identified, 21 met our inclusion criteria. Analysis revealed four attributes of spirituality in AYAs with cancer: meaning and purpose, connectedness, life-long universal experience, and independent of or related to religion and faith traditions. Identified antecedents included the presence of spiritual resources, chronic illness, belief, or wonder about a higher power, and existential questions. Identified consequences included hope, meaning, feelings of peace, and enhanced well-being and illness acceptance. Based on the findings, we generated a definition of spirituality in AYAs with cancer. Discussion: Findings inform the development of measures

and spiritual care interventions specific to AYAs with cancer. An important limitation to address in future research is the absence of AYAs' first-person accounts of their own spirituality.

Peneycad, C., et al. (2024) ['Medicine for the Soul: (Non)Religious Identity, Coping, and Mental Health during the COVID-19 Pandemic.'](#) *PLoS ONE [Electronic Resource] 19*(1), e0296436. Although the threat and uncertainty of the COVID-19 pandemic has become a significant source of distress, using religion to cope may be associated with more positive health. Given the severity and chronicity of the pandemic, religious individuals may also have relied on a variety of non-religious coping methods. Much of the existing COVID-19 research overlooks the role of religious group membership and beliefs in relation to coping responses and associated mental health, with an additional lack of such research within the Canadian context. Thus, this cross-sectional study investigated relations among religiosity, stressor appraisals, (both religious and non-religious) coping strategies, mental and physical health in a religiously-diverse Canadian community sample (N = 280) during the pandemic's 2nd wave from March to June 2021. Numerous differences were apparent in appraisal-coping methods and health across five (non)religious groups (i.e., Atheists, Agnostics, "Spiritual but not religious", Christians, and those considered to be religious "Minorities" in Canada). Religiosity was also associated with better mental health, appraisals of the pandemic as a challenge from which one might learn or grow, and a greater reliance on problem-focused, emotional-engagement, and religious coping. Moreover, both problem-focused and emotional-engagement coping mediated the relations between religiosity and health. Taken together, this research has implications for individual-level coping as well as informing culturally-sensitive public health messages promoting targeted self-care recommendations with integrated religious or spiritual elements during times of threat and uncertainty, such as the COVID-19 pandemic.

Renz, M., et al. (2024) ['Compassionate Presence in Seriously Ill Cancer Patients.'](#) *American Journal of Hospice & Palliative Medicine 10499091241226629*, 10499091241226629. Background: Compassion is a relational response to patients' suffering. Palliative care focuses not only on skills but also on compassion. Nevertheless, incorporated patient perspectives are largely missing from existing research. Aim: Our mixed-method exploratory study in a major Swiss cancer center sought to better understand compassionate presence, its benefits and challenges for

patients and providers (ie, close relatives, close friends, and professionals-all referred to here as providers). It also investigated providers' motivation. Method: Twelve multidisciplinary, specially trained professionals interviewed 50 patients who had received compassionate presence. All patients had advanced cancer with risk of death. Providers were also interviewed. Data on the positive and burdensome effects of compassionate presence on patients and providers were gathered using a specific protocol. This also served to record patients' characteristics and providers' motivations to give compassion and whether providers felt sustained (eg, by nature). Results: The study suggests a high impact of compassionate presence with benefits on patients (50/50) and on providers (49/50). Enhanced connectedness was evident not only in the patient-provider relationship (38/50) but also, for instance, in an increased ability to love (8/50) or in an intensified solidarity (29/50). A considerable number of patients and providers experienced mental-spiritual change but also burdensome effects (eg, ambivalences). Providers showed a range of motivations. Conclusion: Compassion is not only necessary in existential crises and near death, but also happens and takes considerable effects precisely in such situations.

Schuster, R. C., et al. (2024) ['"If You don't have the Heart to Help, You Cannot do this Job": The Multidimensional Wellbeing of Community Health Workers Serving Refugees during the COVID-19 Pandemic.'](#) *Qualitative Health Research* *34*(3), 183–194. Community health workers are members of two groups whose short- and long-term health has been uniquely shaped by the COVID-19 pandemic: health workers and the oft-marginalized populations that they serve. Yet, their wellbeing, particularly of those serving resettled refugees, before and during the pandemic has been largely overlooked. Drawing from a holistic conceptualization of wellness, this study examined the effects of the COVID-19 pandemic on a group of cultural health navigators (CHNs), who serve resettled refugees. We conducted semi-structured individual interviews with CHNs at a southwestern U.S. hospital system between July and August 2020, a critical time in the pandemic. Our analysis produced four themes that encapsulate the effects of the pandemic on CHN wellbeing: (1) "You fear for your life": Chronic risk of COVID-19 exposure takes a toll on physical, emotional, and environmental wellbeing; (2) "It is stressful because it is completely new": Uncertainty diminishes occupational, financial, and emotional wellbeing; (3) "If you don't have the heart to help, you cannot do this job": CHNs remain committed while facing challenges to their

occupational wellbeing on multiple fronts; and (4) "Now, you cannot release your stress": Loss of and shifts in outlets integral to social and spiritual wellbeing. The findings deepen empirical understanding of how the pandemic affected the holistic wellbeing of CHNs, as they continued to serve their communities in a time of crisis. We discuss the implications for addressing the multidimensionality of community health worker wellbeing in research, policy, and practice.

Soni, H., et al. (2023) **['Understanding Workplace Spirituality in Health Care Systems: Practice and Challenges.'](#)** *Asia Pacific Journal of Health Management 18*(2), 1–9.
PURPOSE OF THE STUDY: The purpose of this paper is to make an enquiry into workplace spirituality in health care systems. Based on a theoretical study of spirituality and its growing importance in health care systems; workplace spirituality is discussed with doctors and elements of spirituality which are applied in treating patients are identified. The study has also explored the individual level and system level challenges while practicing spirituality through the identified elements in the health care systems. METHODOLOGY ADOPTED: This is an inductive form of research which involved enquiry into the existing literature of spirituality and further records the focused discussions of doctors for capturing the idea of spirituality in health care systems, identification of elements of spirituality and implementation challenges of spiritual elements in health care systems. FINDINGS: The idea of spirituality in healthcare systems includes the trust and belief in supreme power, peace of mind, spiritual care and identifying spirituality as an asset. Gratitude and prayers, counseling, inclusion of the yogic techniques and investment of self in the work are identified as elements of spirituality in healthcare systems. Analysis of data also implied challenges in implementation of spirituality in health care systems. PRACTICAL IMPLICATIONS: The findings of the study have identified the elements of spirituality in health care systems not addressed in the previous research. The present study suggests to consider the emotional labor and stres s of the doctors developed in the treatment process as the role of doctors is crucial in maintaining the integral health of patients. The implementation challenges of spiritual practices in health care systems are also discussed.

Tanrıverdi, D., et al. (2024) **['The Relationship between Psychache and Suicide Risk with Spiritual Well-being Levels of Patients Diagnosed with Depression.'](#)** *Journal of the American Psychiatric Nurses Association 30*(1), 132–140.
BACKGROUND: Depression has long been accepted as a serious

disability and burden globally, while suicide is a misunderstood and complex cause of death. Psychache is the psychological variable most strongly associated with suicidality. Spirituality is considered an important buffer against stressful events and may help people overcome distress and difficulties. AIMS: This study aims to determine how psychache and suicide risk are related to levels of spiritual well-being in patients with depression. METHODS: Data were collected using the Suicide Probability Scale, the Psychache Scale, and the Spiritual Well-Being Scale. The sample study consisted of 150 Turkish patients diagnosed with depression and receiving psychiatric care. RESULTS: It was found that higher level of spiritual well-being led to decreased risk of suicide and lower level of psychache. Suicide risk increased in parallel to the increasing levels of psychache ($p < .001$). CONCLUSIONS: It was observed that higher levels of spiritual well-being may promote a significantly lower risk of suicide and lower levels of psychache. Likewise, increasing levels of psychache may lead to an increase in suicide risk.

Wang, W., et al. (2024) ['Nurses' Perceptions and Competencies about Spirituality and Spiritual Care: A Systematic Review and Meta-Analysis.'](#) *Nurse Education Today 132*, N.PAG.
To identify and synthesize nurses' perceptions of spirituality and spiritual care and their spiritual care competencies. A systematic review and meta-analysis of observational studies. The electronic databases PubMed, EMBASE, Web of Science, CINAHL, ProQuest, Scopus, CNKI, and WANFANG were systematically searched from the inception of each database to April 19, 2023. Two reviewers independently completed the selection of included studies and data extraction. The Agency for Healthcare Research and Quality (AHRQ) checklist was used to assess the methodological quality of the included studies. The study outcomes were meta-analyzed using STATA 15 software. Predefined subgroup analyses were conducted to explore differences in spiritual care competencies among nurses across religious affiliation and education levels. Thirty-five cross-sectional studies conducted in 11 countries and territories met the inclusion criteria, with 17,786 participants. The meta-analysis revealed that the pooled mean scores for spirituality and spiritual care perceptions and spiritual care competencies were 3.62 (95 % CI : 3.41–3.83) and 3.46 (95 % CI : 3.28–3.63), respectively. Nurses with no religious affiliation had inferior spiritual care competencies (3.24) than nurses with religious affiliation (3.31); nurses with a master's degree or above had the greatest spiritual care competencies (3.59), while nurses with an associate's degree had the least (3.31). Nurses'

perceptions and competencies about spirituality and spiritual care were moderate, and both needed to be improved, especially among nurses with no religious affiliation and low education levels. Nursing educators and leaders need to emphasize both theory education in the spiritual dimension and dedication to training in spiritual care practice, as well as provide nurses with targeted teaching and training to improve their competency in addressing the spiritual needs of their patients. • Nurses' perceptions and competencies in spirituality/spiritual care were moderate and need to be improved. • Nurses with no religious affiliation and low education levels have lower spiritual care competencies. • Nursing educators have to focus on both theoretical education in spirituality and training in spiritual care practices.

WEDGEWORTH, M., and CODY, S. L. (2023) ['Spirituality and Health Outcomes within the Context of Social Determinants of Health.'](#) *Nursing* **53**(11), 41–45.
Spirituality has a significant impact on patients' overall quality of life, however, it is often overlooked in the context of social determinants of health (SDOH). Nurses are well positioned to lead the expansion of SDOH models to include spirituality; however, routine nursing care does not emphasize spiritual assessment knowledge and skills. This article discusses spirituality and how it fits into the SDOH model, nursing education, and interdisciplinary healthcare. Spiritual care training may improve the confidence of nurses to integrate routine mental and spiritual assessments in clinical practice and serve as leaders in promoting spiritual care within interdisciplinary healthcare teams.

Weinberg, M., et al. (2024) ['PTSD and Public Stigma: Examining the Relationship between Public Stigmas Attached to PTSD and Self-Esteem, Spirituality, and Well-Being.'](#) *Psychological Trauma: Theory, Research, Practice, and Policy* **16**(1), 116–124.
Objective: The main goal of the present study was to examine the association between personal characteristics and public stigma toward posttraumatic stress disorder (PTSD) survivors.

Zagloul, M., et al. (2024) ['Review of Muslim Patient Needs and its Implications on Healthcare Delivery.'](#) *Journal of Primary Care & Community Health* **15**, 21501319241228740.
Background:
In the rapidly changing environment of healthcare, striving toward health equity and providing patient-centered care is imperative to the patient's experience. To achieve these goals, a comprehensive understanding of the diverse patient populations seeking these

services, their needs, and the multitude of religious, cultural, and structural elements that impact their well-being is required. Muslim patients represent a considerable demographic, both in number and complexity of religious and cultural beliefs and practices. This scoping review examines the intersection of religion and cultural values with healthcare delivery in the context of the Muslim patient experience.

Objectives:

The objective of this review is to identify key concepts and challenges that impact the Muslim patient experience.

Search Methods:

The research databases Cochrane Library, OVID Medline, and PubMED were used to conduct a comprehensive systemic review of original, empirical peer-reviewed publications with the following search terms: "Muslim healthcare," "Muslim patient," and "Muslim experience."

Selection Criteria:

Inclusion and exclusion criteria were used to narrow down articles to those that addressed Muslim patient needs and their healthcare experience.

Results:

A total of 21 articles met the criteria of this scoping review. Five central topics were identified during thematic analysis: Ramadan and Fasting, Barriers in the Patient-Physician Relationship, Trauma and Perceived Discrimination, Mental Health Awareness and Stigma, and Awareness of Advanced Care Planning.

Conclusion:

This scoping review demonstrates that in order to provide patient-centered care addressing the unique needs of Muslim patients, religious and cultural values need to be explored under the frameworks of cultural humility and structural competency.

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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