

SPIRITUALITY AND HEALTHCARE

Evidence Bulletin

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NEW EVIDENCE

Alyahya, N. M., and Alanazi, S. (2024) ['Spiritual Care for Clients with Mental Illness from an Islamic Background: Nursing Students' Perspectives.'](#) *Journal of Psychiatric and Mental Health Nursing* 31(6), 998–1006.

Introduction

Spiritual care is essential to clients with mental illness.

Aim

To explore mental health nursing students' perspectives on spirituality and spiritual care and how this impacts clients with mental illness in an Islamic context (Saudi Arabia).

Method

Thematic analysis is used to analyse data from two focus groups of mental health nursing students (one comprising eight, the other six).

Results

Six themes emerged: factors affecting spirituality in mental illness, the impact of mental illness on spirituality, the use of spiritual healing in mental illness, nurses' use of spiritual healing; challenges in providing spiritual care and recommendations for improving spiritual care.

Discussion

Clients being blamed for having mental illness by health professionals and the community harmed their spirituality. The religious support of peers was a practical

approach to spiritual therapy, asserted as a beneficial element of nursing care. However, nurses found providing such therapy challenging because of the language barrier and the lack of any assessment of clients' spirituality. It was also challenging when dealing with specific symptoms of mental illness.

Implications for practice

The study asserts that spiritual therapy in nursing care will work if the client knows its importance. Nurses who have significant spirituality can apply it effectively.

Burucu, R., and Turkben Polat, H. (2024) '[Spiritual Well-being Levels and Self-Care Agency of Patients Receiving Chemotherapy with Port Catheter: A Correlational, Descriptive Study.](#)' *Holistic Nursing Practice* 38(6), 331–340.

This study was conducted to determine the levels of Patients' spiritual well-being (SWB) and self-care agency (SCA) of patients receiving chemotherapy with a port catheter. It was a correlational and observational study. Data were collected between December 2021 and March 2022. The sample was 88 people. Of the participants; 59.1% were women, 88.6% were married, 38.6% were primary school graduates, 47.7% were unemployed, and 51.1% had income equal to their expenses. Furthermore, 38.6% patients had breast cancer diagnosis and 52.3% did not have any chronic diseases. Both scale scores were affected by different variables and there was a positive correlation between SCA and SWB. Better SWB positively affected SCA. Patient age and duration after cancer diagnosis affected SCA and SWB. Notably, SCA and SWB levels of the patients may change with age and disease progression, and patients should also be monitored in this respect. Copyright © 2024 Wolters Kluwer Health, Inc. All rights reserved.

Carey, L. B., et al. (2024) '[Poland, Public Health, Chaplains, Clergy, Mindfulness and Prayer.](#)' *Journal of Religion and Health* 63(6), 4049–4054.

This issue commences with a bibliometric analysis of the top 100 most cited articles on religion. It then presents the first of a two-part series relating to research from Poland and progresses to examine the relevance of religion and spirituality to public health. Finally, this issue revisits the long-established and productive discipline of healthcare chaplaincy and various factors relating to parish clergy. A new theme of mindfulness and prayer is also introduced.

Ferrell, B., et al. (2024) '[Spirituality in Patients with Cancer: A Synthesis of a Program of Research.](#)' *Psycho-Oncology (Chichester, England)* 33(12), e70033.

Spiritual care is a key domain of quality palliative care as defined by national palliative care guidelines.

The aim of this project was to synthesize data and research experience by the authors over 30 years related to spirituality in patients with cancer. The research objectives for this analysis were to: Describe spirituality in patients with cancer. Determine the outcomes of palliative care interventions on spirituality and related variables in patients with cancer in these studies conducted by the authors. Summarize methodological issues in conducting research related to spirituality in oncology patients.

A synthesis of 15 prior studies conducted by the authors was completed and also compared to current literature regarding spirituality in cancer and other serious illness. Findings demonstrate the broad scope of spirituality, key spiritual concerns in cancer and methodological approaches to assessing spirituality.

Spirituality is a major concern for patients, yet limited training has been provided for clinicians who deliver this care. Additional studies are needed to advance this important aspect of palliative care.

Howe, E. G. (2024) '[Should Providers Engage in Religious Discussions, and if they should, then with Whom?](#)' *The Journal of Clinical Ethics* 35(4), 217–223.

Patients' spiritual views and, more generally, the meaning they feel in their lives is often, if not always, most important to them, especially when they have serious illness. Yet there are no standard requirements for providers to explore with patients their spiritual needs. Providers' views regarding their both taking initiatives to explore with patients needs and then to discuss with them their religious concerns if they want this vary widely. This piece explores, then, the extent to which providers should take these initiatives and, if they have this interest, whether as providers they should carry on these discussions or refer these patients, always, to clergy persons, as some providers adamantly advocate because they have expertise in this area that providers lack. This piece goes on to discuss whether providers believe they should have these discussions even when their patients' beliefs differ greatly from their own. In exploring this question, examples involving patients with Muslim, Hindu, and Christian beliefs are

considered. Beliefs reported by some people from Germany and Israel regarding physician-assisted dying also are reported and compared, illustrating that patients' and people's beliefs cannot be reliably just inferred. Practical approaches, finally, are suggested.

Hynnekleiv, I. I., et al. (2024) '[Traces of Spiritual Care in Nursing Records: A Qualitative Study of Cancer Care.](#)' *Scandinavian Journal of Caring Sciences* 38(4), 924–935.

BACKGROUND: Serious illnesses, such as cancer, bring the threat of loss of health and life closer. This may compromise spiritual well-being. Addressing patients' spirituality is essential in nursing care. Therefore, nursing records should reflect, clarify, and enable spiritual-care follow-up. **AIM:** The aim of this study is to explore how spiritual care is expressed in nursing records in cancer care. **METHOD:** This study adopted a hermeneutic approach, and a qualitative content analysis was used to explore the nursing records of 43 inpatients with cancer from Norway. Ethical approval was obtained, and the privacy of the patients and healthcare professionals was safeguarded in line with the applicable legislation. **RESULTS:** Spiritual care was rarely reported in the nursing records (i.e., the nursing care plans and the progress notes). However, traces of spiritual care appeared in the records of everyday nursing. Four themes emerged from the analysis: (1) relieving life pain and mitigating loss, (2) facilitating faith support, (3) welcoming family and friends, and (4) sustaining normality and sharing joy. **CONCLUSIONS:** This study showed that the nursing records of cancer care seldom expressed spiritual care concerning patients' life pain, loss, or faith support. Increasing nurses' competencies in mapping, documenting, and attending to spiritual care, as well as overcoming the limitations of documentation systems, could help address the spiritual needs of cancer patients. Copyright © 2024 The Author(s). Scandinavian Journal of Caring Sciences published by John Wiley & Sons Ltd on behalf of Nordic College of Caring Science.

Langevin, H. M. (2024) '[Health and Well-being: Distinct and Intertwined Concepts.](#)' *Medical Care* 62(12), S13–S14.

The concepts of health and well-being are deeply intertwined and interdependent. Situating both health and well-being within a unified framework is important to ensure their inclusion in the full spectrum of health research and to achieve the crucial task of

building a body of basic, translational, and clinical studies to guide the implementation of whole-person health care. This commentary proposes such a framework where an individual's own assessment of their physical, emotional, and spiritual well-being complements objective measures of their physical and psychological function and where social, environmental, economic, educational, and vocational well-being are located within positive determinants of health.

Levin, J. (2024) '[Meditation, Mindfulness, and Prayer: Three Spiritual Modalities Utilized for Healing.](#)' *Journal of Religion and Health* 63(6), 4726–4744.

This paper describes three spiritual practices utilized for healing. These modalities—meditation, mindfulness, and prayer—share a spiritual foundation and appear to operate, in part, through mind–body connections that can be accessed to ameliorate physical and psychological symptoms and to promote health. For each modality, this paper discusses pertinent conceptual issues, summarizes empirical evidence suggestive of a role in healing, and outlines theoretical support for such a relationship. Also discussed is a fourth modality, energy healing, and how it might be studied, as well as why further investigation of spiritual healing is merited and a worthwhile topic for medical research.

Lynn, C. D., and Schell, L. M. (2024) '[Why Religion and Spirituality are Important in Human Biological Research.](#)' *American Journal of Human Biology* 36(12), e24106–n/a.

The study of human biology includes exploration of all the genetic and environmental influences on human variation and life history, including impacts of sociocultural and physical environments. Religious practice and spirituality may be one of these influences. There are more than 5.8 billion religiously affiliated adults and children, accounting for 84% of the world's 6.9 billion people. Furthermore, 70% of Americans consider themselves spiritual in some way, including 22% who do not consider themselves religious, and the numbers for Europe are lower but proportionally similar. Such a high rate of religious affiliation and spiritual belief suggests that religion and spirituality could be sociocultural influences on human variation, but human biologists have scarcely attended to their impacts, as indicated by the limited numbers of relevant articles in the two flagship human biology journals. In this article, we discuss why human biologists may have overlooked this important force for human variability and highlight

foundational work from human biology and other disciplines that can give our colleagues directions forward. We review the impacts of religion and spirituality at population and individual levels and call for human biologists to attend to the many aspects of religion and spirituality that can impact human biology and are much more than simply influences of denominational affiliation.

Marks, Y., et al. (2024) '[A Blended Learning Approach to Teaching Medication use and Perspectives on Spirituality in Pharmacy Practice.](#)' *American Journal of Pharmaceutical Education* 88(12), 101324.

This study aimed to assess students' proficiency and perspectives regarding the role of spirituality in pharmacy practice using a blended learning approach.

Students viewed online preclass videos on general spirituality and 5 major religions in the United States. Next, students attended an interactive lecture followed by a simulated counseling session. Lastly, students completed an anonymous, 38-question, electronic perspective survey. The items were grouped into scales, and the results were compared using paired-sample t tests. Effect sizes were measured by Cohen's d. Additionally, students could opt to complete a reflection assignment on this activity as part of a concurrent course. A content analysis qualitative approach was utilized to assess these reflections.

All students (N = 125) completed the counseling session, and 113 (90.4%) completed the survey. The mean score on the counseling session rubric was 94.8%, demonstrating students' skills in recognizing spiritual concerns in simulated patient interactions. All perspective scale scores indicated a statistically significant change from pre to post, with the greatest change demonstrated in empathic perspective-taking (medium effect), followed by anxiety and lack of multicultural self-efficacy, religious/spiritual openness, and desire to learn (small effects). Students agreed that the instruction helped prepare them as a pharmacist (mean = 5.41) and that hearing from people with authentic experiences was valuable (mean = 5.40). Major learning themes included individualizing care, respect for beliefs, learning about diverse backgrounds, and prohibited medications.

Students performed well in counseling patients regarding medication-related spiritual

needs using a blended learning approach. In addition, the students perceived an increase in empathy while addressing spiritual considerations in patient care.

Okere, C. A., et al. (2024) '[Spiritual Interventions: Improving the Lives of Colorectal Cancer Survivors-A Systematic Literature Review.](#)' *Journal of Advanced Nursing* 80(12), 4758–4776.

AIM: To systematically review the types of spiritual interventions available for colorectal cancer survivors and determine if they improve their lives. **DESIGN:** Systematic review. **DATA SOURCE:** A thorough literature search was conducted in July 2023 using PRIMO, PubMed/Medline, Cochrane, CINAHL, Scopus, and EMBASE. **REVIEW METHODS:** As an extension of the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) checklist, the Synthesis Without Meta-Analysis reporting guideline was employed. A narrative synthesis was used to analyse the data. **RESULTS:** Thirty-five articles were analysed for this study. The findings suggest that psychoeducational intervention, cognitive behavioural therapy intervention, mindfulness intervention, social intervention, and spiritual counselling improved CRC survivor's coping skills, boosted self-esteem, lessened anxiety, instilled hope, enhanced daily functioning, improved survival rates, improved neurological functional status and quality of life (QoL). **CONCLUSION:** There is proof that spiritual interventions help CRC patients and improve their QoL. It has been discovered that spiritual intervention is helpful in the diagnosis, management, and treatment of CRC conditions. **IMPACT:** CRC survivors may have impairments in their physical ability and daily functioning as a result of many symptoms, such as pain, bowel dysfunction, and exhaustion. Furthermore, individuals may encounter difficulties in several aspects of their psychological, emotional, social, and role functioning due to the presence of dread symptoms. Therefore, these study will help CRC survivors To implement spiritual interventions in the management of their long-term care. To cultivate problem-solving abilities, foster self-assurance, and enhance self-awareness. To alleviate symptoms, enhance everyday functioning, and improve QoL. **NO INDUCEMENT:** No financial incentives were used to compensate patients or members of the public for this review. Copyright © 2024 The Authors. Journal of Advanced Nursing published by John Wiley & Sons Ltd.

Opatrný, M. (2024) '[Postsecular, Christian, Or Humanistic Spirituality in Social Work within Secular Europe.](#)' *Journal of Religion and Health* 63(6), 4424–4444.

The spirituality discourse within social work has been developing for several decades, albeit more in the USA than in the states of the EU. Europe or the countries of the EU were characterised as an exceptional case because of their secularity. Social work in Europe is also typically secular. Nevertheless, the spirituality discourse within social work is slowly developing also in Europe. In social services, chaplains, pastoral workers and assistants, and similar professions are often more responsible for spiritual care than social workers. Should social workers approach spiritual issues from the client's point of view or from a theological stance or rather just from the social work perspective? What reasons and arguments can we formulate and express? This text will discuss both these questions and their context as well as the possible answers.

Park, C. L., et al. (2024) '[Trajectories of Cancer Survivors' Spiritual Well-being through the Transition from Treatment to Early Survivorship.](#)' *Psycho-Oncology* 33(12), e70040.

BACKGROUND: Spirituality is an important domain of well-being for cancer survivors, yet we know little about the different trajectories of survivors' spiritual well-being across the transition from active treatment to survivorship. Further, the specific psychosocial resources and coping efforts that might predict distinct trajectories of spiritual well-being have yet to be identified. **AIMS:** In this study, we characterized trajectories of survivors' spiritual well-being (peace, meaning, faith) across the first year of survivorship and examined whether social support and coping strategies predicted these trajectories. **METHODS:** Participants (N = 482) completed five surveys over the course of a year following a diagnosis of breast (63.5%), prostate (25.7%), or colorectal cancer (10.8%). We used latent class linear mixed modeling to identify spiritual well-being trajectory classes (FACIT-Sp) and employed multinomial logistic regression models to examine whether social support and specific coping styles predicted class membership. **RESULTS:** While the majority of our sample had moderate levels of spiritual well-being, over one-third reported very low levels of peace. Distinct latent classes for peace (four classes), meaning (five classes), and faith (five classes) were identified among adult cancer survivors transitioning from treatment to survivorship. Higher social support and adaptive coping predicted greater likelihood of belonging to

classes that maintained higher levels of peace, meaning, and faith following cancer treatment. **CONCLUSIONS:** Cancer survivors show unique trajectories of spiritual well-being as they transition from active treatment to survivorship. Social support and coping may be important resources for maintaining spiritual well-being during this critical transition period. Copyright © 2024 John Wiley & Sons Ltd.

Prescott, S., et al. (2024) '[A Descriptive Study on Holistic Nursing Education: Student Perspectives on Integrating Mindfulness, Spirituality, and Professionalism.](#)' *Nurse Education Today* **143**, 106379.

Mindfulness has gained prominence in education as a method for enhancing student well-being and learning, yet its integration into nursing curricula remains underexplored. Student lived experiences are essential to understanding the potential benefits and challenges of mindful nursing practice.

To explore the lived experiences of undergraduate nursing students who practice mindfulness as it relates to nursing education.

This was a qualitative descriptive phenomenological study. Data was collected using semi-structured Zoom interviews. Recruitment used word of mouth and snowball sampling. Out of 80 applicants, 17 undergraduate nursing students were interviewed until data saturation was achieved. Data were analyzed using Edmund Husserl's approach to descriptive phenomenology, supported by Jean Watson's Theory of Human Caring and Abraham Maslow's hierarchy of needs.

Seven main themes emerged: Interpersonal and Transpersonal Connections, Spiritual Beliefs and Practices, Faith in the Future, Feelings of Peace, Barriers to Mindfulness in Nursing Education, Integrating Mindfulness Across the Curriculum, and Mindfulness Models in Building Professional Patterns.

Data indicate nursing educators have a significant role in guiding students to mindfulness practices for the well-being of the nursing profession.

- Mindfulness practices enrich nursing students' lives and enable them to engage more fully in the learning experience.
- Nursing students share suggestions for integrating mindfulness into nursing curricula, and methods to overcome potential barriers.
- Integrating mindfulness into nursing practice may benefit future nurses' professional practice and patient outcomes.

Santos-Silva, A. R., and Bernabe, 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".

There is a scientific agreement regarding the fact that spirituality offers meaning to a patient's existence through religion, family or friends' relationships, their community, contact with nature, and art, among others. Emerging concepts of spirituality connect to other intrinsic aspects of humanity, such as purpose in life, transcendence, life fulfillment, and psychological well-being. Spirituality can be expressed through personal or family values, beliefs, traditions, rituals, and practices

Selig, W. P. (2024) '[Personal Testimony about Dealing with Loss and Self-Care.](#)' *The Journal of Pastoral Care & Counseling* 78(4), 196–197.

As an interfaith hospital chaplain and a Christian, navigating the profound emotional terrain of grief and loss is both a professional duty and a deeply personal journey. Attending the funerals of two close friends has brought out the interplay between my role as a spiritual caregiver and my own vulnerability. In reflection, I realize the importance of self-care and the reminder that in offering comfort and empathy, I must first find it within myself.

Taylor, E. J. (2024) '[How do I Give Spiritual Care to Persons with Dementia?.](#)' *Journal of Christian Nursing* 41(4), 259.

Millions of people live with dementia. The costs of dementia are great: inability to earn income and contribute to society in usual ways, consumption of healthcare and family resources, and psychological and spiritual distress. Persons with dementia (PwD) often turn to their religion or spirituality for comfort and support. Furthermore, evidence indicates that private prayer and attending religious services are associated with less cognitive decline (even after controlling for social interaction) among PwD (Britt et al.,

2022). If nurses could provide spiritual support for PwD, might some of the costs related to dementia be reduced?

van den Brink, B., et al. (2024) '[Religiosity, Spirituality, Meaning-Making, and Suicidality in Psychiatric Patients and Suicide Attempters: A Systematic Review and Meta-Analysis.](#)' *Harvard Review of Psychiatry* 32(6), 195–206.

LEARNING OBJECTIVE: After participating in this CME activity, the psychiatrist should be better able to:

- * Explain current understanding of how religiosity, spirituality, and

meaning-making (R/S/M) affect patients with psychiatric diagnoses. **INTRODUCTION:**

R/S/M generally protect against suicidality and suicide. Thus far, reviews on the topic have largely been descriptive, and there are no meta-analyses focused on psychiatric patients. This study systematically evaluates all empirical evidence on R/S/M's potential influences on suicidality for psychiatric patients and recent suicide

attempters. **METHODS:** A systematic PROSPERO preregistered search following the

Preferred Reporting Items for Systematic Reviews and Meta-Analyses protocol was performed in MEDLINE and PsycInfo. Quantitative studies until 31 December 2022 on

R/S/M and suicidality in psychiatric populations and recent suicide attempters were

selected; psychological autopsy studies were excluded. **RESULTS:** The search identified

4,374 studies for screening. This resulted in 108 eligible studies for the systematic

review and 75 studies for the meta-analysis, including 231 effect sizes (ES) and 17,561

subjects. Research focused mainly on the emotional, moral, and ritual aspects of R/S/M.

Most research was cross-sectional; repeated R/S/M assessments were rarely reported. A

combined significant and negative ES (Fisher $Z = -0.13$, $p = .006$, equivalent to Cohen's $d = -0.26$) was found for all good- and fair-quality studies. **CONCLUSION:** Overall, R/S/M

was associated with lowering suicidality. Maladaptive-distressing dimensions of R/S/M

correlated with higher rates of suicidality (e.g., religious struggles). The explanatory

value was limited by the predominantly cross-sectional nature of ESs. **REGISTRATION**

AND FUNDING: PROSPERO registration 2023 CRD42023398692; there was no funding involved. Copyright © 2024 President and Fellows of Harvard College.

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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