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Identifying the key components of providing spiritual care in the hospital: a scoping review study

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Abstract

Background Spiritual health refers to activities and methods that improve the quality of life and the health of spiritual performance. This study was conducted to identify the key components necessary for providing spiritual care in hospitals.

Methods The Arksey & O'Malley's framework was employed to conduct this scoping review. In this regard, we examined five English databases: Scopus, Web of Science, Embase, PubMed, and Cochrane, using the search strategy. The study period was from 2000 to May 25, 2024.

Results After screening the studies, 76 studies were finally reviewed. The study's findings were classified into three categories: the goals and principles of spiritual care, the components of the spiritual care system, and the interventions of spiritual care. The goals of spiritual care emphasise patients' physical, psychological, and social well-being while enhancing their quality of life. It considers ethical principles, patient-centered values, and tailored programs. Key components include management and leadership, providing the required resources, and service delivery process. A diverse range of interventions for spiritual care is offered depending on the patient's needs and circumstances.

Conclusion This study underscores the critical role of spiritual care in enhancing patients' physical, psychological, and social well-being, fostering resilience, and improving quality of life. Integrating spiritual care into healthcare systems promotes holistic treatment, faster recovery, and patient satisfaction. Emphasizing ethical principles, tailored programs, and interdisciplinary collaboration ensures effective implementation. The findings guide healthcare professionals in embedding spiritual care for comprehensive, patient-centered, and practical outcomes.

Keywords Spirituality, Spiritual health, Spiritual care, Hospital, Interventions, Service delivery

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Introduction

Health is a dynamic state that provides complete physical, mental, social, and spiritual well-being [1]. Spiritual health is recognized as a key component in defining overall health and plays a determining and influential role in interacting with other dimensions. Some believe that without spiritual health, other dimensions cannot function at their best [2].

Spirituality is a dynamic aspect of human existence, encompassing the pursuit of meaning, purpose, and excellence. It involves personal reflection, interactions with life's moments, others, nature, and a higher power (God) [3]. Spiritual health involves activities and methods that enhance quality of life and spiritual well-being. This comprehensive approach influences how patients respond to illness and ensures continuous support for their spiritual needs alongside medical care [4, 5]. The main goal of spiritual care is to help individuals find meaning, cope with illness, and improve their condition [6]. Spiritual care contributes to spiritual health by balancing physical, mental, social, and spiritual aspects [7, 8] and addresses patients' spiritual needs, including communication, emotional support, respect for values and beliefs, and finding life's meaning [9].

Based on conducted studies, spiritual care in health-care systems worldwide, aiming to provide comprehensive care, are of interest and are considered necessary in the patient treatment process [10, 11]. In the past, the effectiveness of treatments carried out in the healthcare system was assessed based on factors like recovery, disability, and death, but, nowadays, the quality of life is also considered a crucial factor in determining the effectiveness of treatment for patients [4, 12, 13]. Therefore, in recent years, more attention has been paid to spiritual care as the main component of palliative medicine and an effective factor in improving patients' quality of life [14, 15]. Interventions related to spiritual care include a wide range of measures in outpatients and dealing with chronic diseases in inpatients [16]. Therefore, in hospitals where a wide range of patients with different diseases and levels of health are admitted, paying attention to spiritual health and spiritual care is considered an essential component in the care planning of patients [17]. Failure to pay attention to the provision of this type of service can lead to increased anxiety, decreased hope, and spiritual isolation and ultimately increase the duration of treatment for patients [18].

According to the opinion of the International Joint Commission, a non-profit organization that accredits healthcare organizations, hospitals provide care based on patients' values and spiritual beliefs. However, at the same time, they do not have a specific structure for this issue [19]. Therefore, it seems that the provision of spiritual care in hospitals requires an executive policy, based

on which it is possible to provide the necessary platforms for creating political support, structural and operational resources, clinical skills, and promoting stakeholders' culture [20].

Because the studies and evidence that have been conducted in the field of spiritual health (principles, elements, and interventions) are very extensive, so far, no systematic study has been conducted with the aim of categorizing and reviewing the results of this evidence. Therefore, this study was conducted using a scoping review method to review a wide range of studies and evidence in this field, regardless of the qualitative assessment of the studies [21]. The aim of the present study was to identify the key components necessary for providing spiritual health care in hospitals. The results of this study provide evidence for health system managers and policy-makers so that they can take the necessary measures to utilize this type of care effectively.

Methods

Type and steps of study

This scoping review study was conducted using the framework of Arksey & O'Malley [22] in five steps in 2024. This study focused on examining the components of spiritual care in hospitals worldwide and was not limited to a specific geography. The five steps of the study will be described below:

Identifying the research questions

The scoping review study questions included the following:

- What are the **goals and principles** of providing spiritual care in hospitals?
- What are the **components** of the spiritual care system in hospitals?
- What are the spiritual care **interventions** in hospitals?

Identifying the relevant studies

Keywords The keywords considered for the search included the following:

Spiritual*, spirituality*, "spiritual care", "spiritual health", "Spiritual Therapies", "Pastoral Care", "spiritual healing" and "hospital" and Type of spiritual care* "non pharmacological intervention", "religion", "meditation", "yoga", "music", "imagery", "Group Coherence", "Self-help group", "Massage", "Social support".

Search strategy After determining the main keywords, the search was performed in five databases including Scopus, Web of Science, Embase, PubMed, and Cochrane. Additionally, we searched Google Scholar to find grey lit-

erature. An example of the search strategy was attached (Appendix No. 1). The study period was from 2000 to May 25, 2024.

Eligibility criteria The Eligibility criteria included original articles published in English between 2000 and 2024 (end of May) related to the research's purpose and question. Exclusion criteria included review articles, letters to the editor, opinions, commentary, and conference articles.

Screening and selection of the studies

The screening process involved several stages. In the first stage, one of the researchers (PKK) entered the studies obtained from all databases into the Endnote X9 software. All duplicates were removed, and then the studies were reviewed in terms of inclusion and exclusion criteria. Then, two researchers (PKK and MHM) reviewed the eligible studies in terms of title and abstract. In the next stage, the full text of the studies that were relevant to the purpose of the present study was reviewed. Finally, the data required to answer the questions of the present study were extracted from the selected studies.

Charting the data

A form was created in Excel 2021 software to extract data from the studies. This form was used as a pilot to extract data from 5 articles to validate its effectiveness. Joint meetings were conducted between two research team members (MHM and PKK) to ensure the reliability of the data extraction process from the articles and to establish a consensus on the methods for reviewing studies and collecting data. In disagreement, a third person (RR) reviewed the data. Data extraction was performed blindly based on the author's name, institution, and journal. A part of this form that includes the bibliographic information of the studies is presented in Appendix 2.

Collating, summarizing, and reporting the result

This study used the conventional content analysis method [23] to organize and present the study's findings concerning scoping review questions. Two research team members (MHM and PKK) independently performed coding to conduct content analysis using MaxQDA 10.1 software. The articles' text was thoroughly read multiple times to ensure a comprehensive understanding. Subsequently, the analysis commenced based on this understanding, following the sequence of code keywords. Classification was done based on the similarities and differences of the content. According to the quality of the relationship between the content of the content, the codes were combined and organized, and the main themes that described the codes were extracted. In the next step, definitions were made for each main code and theme. Ultimately, the research team summarized

the definitions and categorized themes to the third person (RR) for review, classification, and finalization. After finalizing the themes, the results were interpreted and analyzed Figure 1.

Findings

76 studies were included in the research as selected studies and were examined. Their selection steps are illustrated in diagram 1 based on the PRISMA-ScR model. The Figs. 2 and 3 show the number of articles entered by scoping review by country and year. Of the 76 selected articles, the largest number of articles is from Iran (31 articles), followed by the United States (11 articles). Turkey and Australia are next with 4 articles. By year, the largest number of articles was in 2021 (15 articles), followed by 2014 with 9 articles.

Out of the 76 selected articles, 23 qualitative articles, 13 quantitative studies, 4 mixes studies, 23 clinical trial studies, 7 quasi-experimental studies, and 6 descriptive analytical studies were conducted. Most qualitative studies utilized semi-structured interviews, while researcher-made questionnaires were predominantly used in quantitative studies. A group of qualitative articles focused on the impact of spiritual care interventions on patients. The study's findings were presented according to the primary questions of the study in three categories: the goals and principles of spiritual care in the hospital, the components of the spiritual care system in the hospital, and the overall package of spiritual care interventions. Spiritual, qualitative, psychosocial, and physiological goals were the main codes for providing spiritual care. Paying attention to the patient's values and ethical principles was presented as the hospital's primary code for spiritual care. The components of the spiritual care system in the hospital were defined as management and leadership (including policy and planning, organizational structure, interdepartmental cooperation, monitoring, and supervision), provision of required resources (such as human, financial, physical, and informational resources), and the service delivery process (which involves assessing patient needs and providing specialized services). The main code of the intervention package includes trans-religious interventions (related to the physical, psychological, and social dimensions) and religious interventions in both individual and social dimensions. Figure 4 shows the conceptual model of the study, which represents the themes identified in the study.

Goals and principles of spiritual care in the hospital

The hospital's objectives and principles of providing spiritual care are categorized into two main themes and six sub-themes (Table 1).

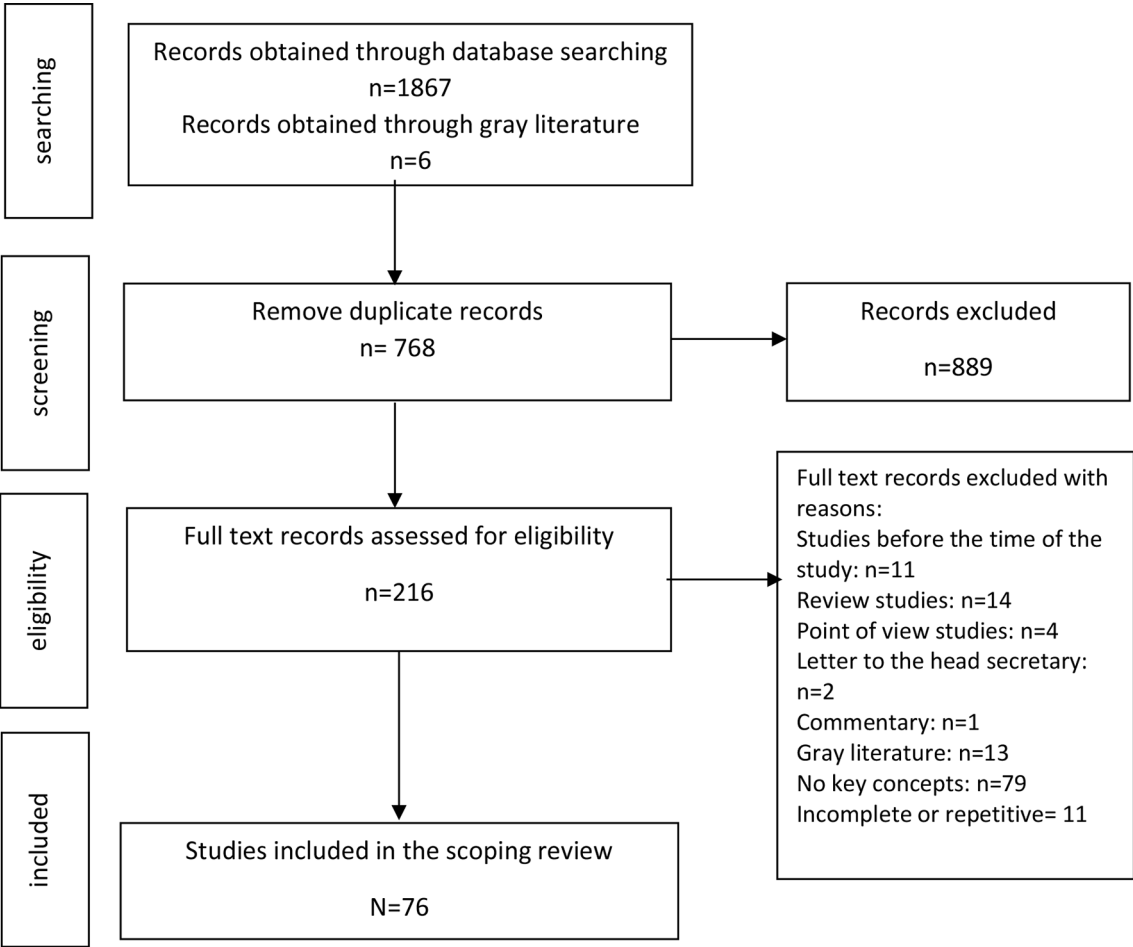


Fig. 1 Flow diagram of PRISMA-ScR

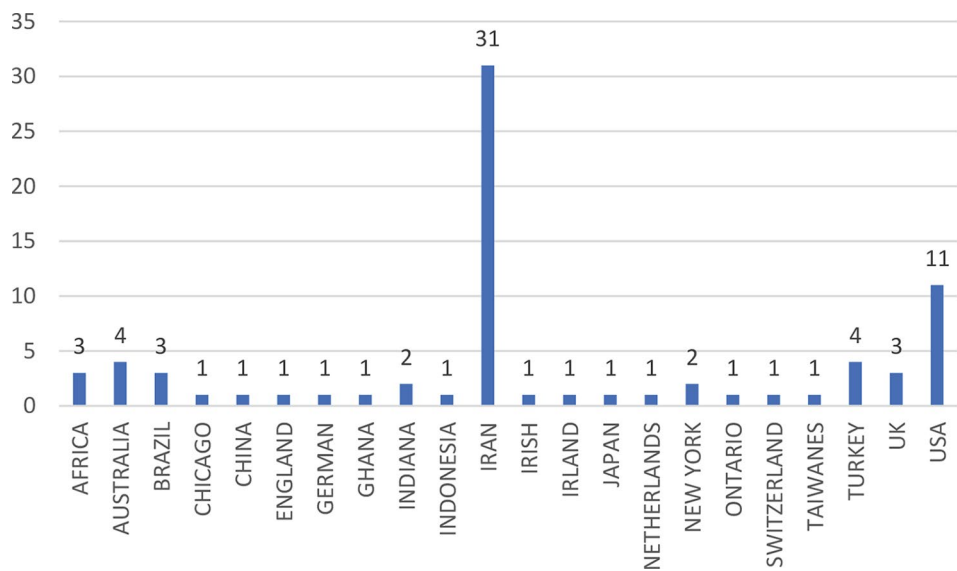


Fig. 2 Number of articles in different countries

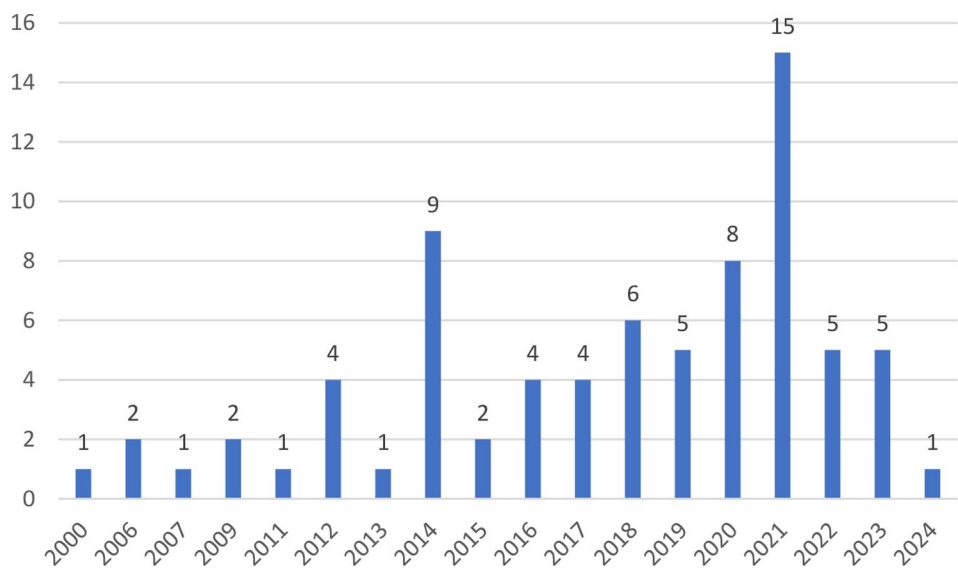


Fig. 3 Number of articles in different years

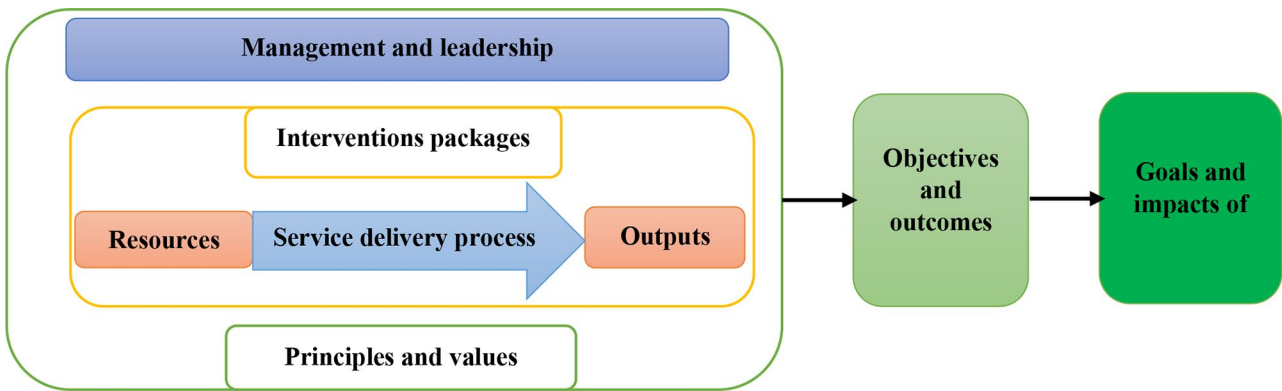


Fig. 4 Conceptual model of study themes

Main theme	Sub-themes
Goals and objectives of providing spiritual care in the hospital	Goals and impacts of Spiritual care
	Physiological objectives and outcomes
	Psychological and social objectives and outcomes
	Objectives and outcomes of quality-system care
The principles of providing spiritual care in the hospital	Attention to the patient's values
	Compliance with ethical principles

Main theme 1.1: Goals and objectives of providing spiritual care in the hospital

Some studies mentioned the goals and impacts, the objectives and outcomes of spiritual care in the hospital. Some referred to quality goals, some to physiological goals, and some to spiritual, psychological, and social goals, which are discussed in detail below. Some referred to Goals and impacts of Spiritual care, some to

Physiological objectives and outcomes, and some to psychological and social objectives and outcomes, and some to objectives and outcomes of quality-system care, which are discussed in detail below.

Sub-theme 1.1.1: Goals and impacts of spiritual care

Based on the results of studies, providing patients spiritual care brings them spiritual consequences. Spiritual care leads to uncovering the meaning of life [24, 25] in patients and is associated with increasing life expectancy [26], well-being and spiritual health [25, 27–30] spiritual well-being [31, 32], spiritual health [33], and promotion of spirituality [33]. It also improves the spiritual experiences of patients [34] and leads to maintaining faith and increasing peace [29, 35] and spirituality in patients [36]. After the patient is discharged from the hospital [24, 37], spiritual support is given to him, and the ground for an easier death experience [38] is provided to the patient. Providing spiritual care to hospitalized patients is accompanied by improving their spiritual condition (hope, trust

in God, purposefulness, and performing religious rituals), increasing spiritual skills, and adopting healthy behaviors [20], which ultimately leads to an increase in their quality of life [39–41]. Furthermore, nurses providing this care give them a sense of usefulness, job satisfaction, and spiritual peace [42].

Sub-theme 1.1.2: Physiological objectives and outcomes

Studies reveal that spiritual care by changing the amount of daily activity and increasing the physical capacity of patients [43], reducing physical pains [38, 44], and improving physical symptoms [36, 45, 46] leads to improving the physical and general health of patients [47].

Sub-theme 1.1.3: Psychological and social goals objectives and outcomes

Spiritual care is associated with increasing self-healing capacity [35], strengthening coping skills [37, 39, 48]. By giving patients an identity [48], calming the mind [39], and creating a positive attitude [29, 43, 49], it leads to resilience of patients in facing the disease [20]. Spiritual care helps the patient manage the disease [50], and by providing emotional, psychological, and social support, it provides the ability to adapt to the stressful conditions of the disease [51]. Furthermore, enabling the patient to accept the disease [24] and tolerate the treatment [37] makes the patient cope with his disease [26] and exhibit a reasonable reaction to the adversities and sufferings [29]. Spiritual care is also effective in reducing fear and anxiety caused by death [52, 53]. According to the results of studies, spiritual care improves the patient's mood by reducing anxiety, stress, and depression [28, 39, 45, 46, 54–61] and increases the self-confidence and self-esteem of patients [43, 49]. Furthermore, eliminating boredom and feelings of loneliness [39] and improving psychological symptoms [37] leads to improvement of mental, psychological, and social health in patients [36, 47, 62, 63].

Sub-theme 1.1.4: Objectives and outcomes of quality-system care

Based on the study's results, spiritual care positively affects the consequences of using health care services [64]. It also reduces the duration of hospitalization and accelerates recovery [42, 64, 65], the admission and re-hospitalization of the patient [20, 64, 66], hospitalization time, and costs [37]. It increases the level of consciousness even to a small extent [67], improving sleep quality [68] and reducing mortality [64]. In addition, it motivates patients to recover [65], increases patients' satisfaction with the treatment process [20, 37, 62, 64, 66, 69], and increases patients' trust in the treatment staff [42].

Main theme 1.2: The principles of providing spiritual care in the hospital

Seven studies demonstrated attention to patient's values, and 11 studies observed ethical principles as the basis for providing spiritual care.

Sub-theme 1.2.1: Attention to the patient's values

The spiritual care program should be tailored to meet the needs [26], values [35, 70, 71], and spiritual or religious beliefs of the patients [72, 73], considering the religious practices and rituals of the patient [44].

Sub-theme 1.2.2: Compliance with ethical principles

Obtaining consent and confidentiality of the patient's secrets in the process of providing spiritual care [20, 37, 74, 75], not imposing the religious beliefs of the treatment team on the patient [70], and avoiding giving advice or condemning the patient because of certain religious beliefs [29] are ethical principles of providing spiritual care in the hospital.

Components of the spiritual care system in the hospital

Components of the spiritual care system in the hospital are categorized into three main themes and nine sub-themes (Table 2).

Table 2 Components of the spiritual care system in the hospital

Main theme	Sub-themes
Management and leadership	Policy and spiritual care planning Structure, relations, and interdepartmental cooperation in the hospital Monitoring and supervision
Providing the required resources	Human resources (Competence and expertise required & education) Financial resources Providing the required physical space, equipment, and facilities Information technology and information sources
Service delivery process	Assessment of patients' needs Providing specialized services

Main theme 2.1: Management and leadership

In the reviewed studies, policy-making and planning, relationship structure and interdepartmental cooperation in the hospital, and monitoring and supervision were important components of spiritual care management and leadership.

Sub-theme 2.1.1: Policy and spiritual care planning

Spiritual care should be considered a part of the hospital's policies [62, 72], and the necessary changes should be made in the current policies and dominant culture of the hospital in order to accept spiritual care and provide the basis for providing this type of care [26]. It is necessary to develop appropriate policies for providing

spiritual care in the hospital [26] and to determine the target group and goals of spiritual health care [20]. The hospital manager should be aware of the principles and rules of spiritual care [74, 76] and provide the necessary environmental conditions for providing spiritual care [74, 76]. Providing this type of care in the hospital requires the participation and cooperation of the hospital's senior management, doctors, and nurses [20]. Spiritual care planning [74] is an important aspect of policy-making. A spiritual care program should be established in various hospital departments [74, 76], and a policy should involve the patient's family and friends. Additionally, the policy should address patient visits by nurses and spiritual caregivers [39]. Furthermore, by emphasizing spiritual care as an organizational value, evidence-based executive guidelines should be compiled considering patients' religious characteristics [20, 77]. In addition, it is necessary to design and adjust programs to change the attitude and actions of the care team and to follow certain standards [26] as a component of spiritual care policy and planning.

Sub-theme 2.1.2: Structure, relations, and interdepartmental cooperation in the hospital

Forming a spiritual health council and an executive committee for spiritual care in the hospital is necessary. The necessity of designing a comprehensive system of spiritual health services and its integration into the existing hospital service system is observed in the studies [20]. Improving communication and interdisciplinary collaboration [62], interprofessional collaboration in different specialties [26], and team collaboration of hospital staff [78] are requirements for providing spiritual health services in the hospital. Communication and cooperation between doctors and nurses with assistants, psychologists, spiritual counselors, and clergymen [24, 37, 44, 77] and the presence of clergymen and music therapists in the treatment team and referring patients to them [27, 30, 64, 71, 72, 78–85] are necessary to provide better spiritual care. The hospital manager must provide the necessary conditions for the participation of internal and external departments to provide the hospital's spiritual health services [74]. It is necessary to use the capacity of social associations, religious organizations, social workers, counselors, psychologists, and volunteers to provide religious care due to the limited number of specialized human resources [77]. The hospital's spiritual health council representative should communicate with volunteers, organizations, and institutions outside the hospital to arrange facilities for spiritual health services after discharge [20]. It is also important for nurses to refer discharged patients to these services [74, 76]. Spiritual care should be provided by trained and specialized people [43, 86]. The qualifications and expertise required for the team members providing spiritual care in the hospital

should be specified, including the person responsible for admission, history taking, and technical aspects [37].

Sub-theme 2.1.3: Monitoring and supervision

It is necessary to consider the provision of religious care and services as a requirement of government accreditation [77]. The need to develop appropriate standards for better evaluation of the patient's spiritual needs and the design of a spiritual program according to the patient's conditions [80] is marked in the studies. The hospital manager should evaluate the spiritual health services provided in the hospital [74]. In order to review processes, standards, and educational programs of spiritual care [20], there is a need for an annual evaluation of spiritual interventions. In evaluating the quality and impact of spiritual care services, it is crucial to establish an agreement between the members of the evaluation team and the spiritual care team [35] when compiling the outcome and key performance indicators [77]. Service quality assessment should consider the impact of the patient's room quality, the performance of medical staff, the discharge process, and the handling of the patient's spiritual needs [87].

Main theme 2.2: Providing the required resources

Providing the required resources was identified as one of the components of the spiritual care system in the hospital, which includes the qualification and expertise of human resources, training of human resources, provision of financial resources, provision of physical resources and equipment, and information technology and information resources.

Sub-theme 2.2.1: Human resources (competence and expertise required & education)

The human resources needed to provide hospital spiritual services include specialist doctors, nurses, consultants, and hospital managers [74]. Spiritual care should be provided in a general and specialized interdisciplinary manner [72]. The provision of spiritual care requires the special support of nurses [76, 88], and sometimes it is provided by doctors or nurses independently [65] and sometimes with the help of a spiritual consultant [20, 65], or by all medical staff regardless of their expertise [35]. The spiritual care team members must maintain continuous communication and cooperation and carry out their duties according to the established plan [26]. It is necessary to allocate specific personnel to follow the religious needs of patients in each department [78]. It is necessary to allocate specific personnel to follow the religious needs of patients in each department [78]. In the studies, spiritual care provided by clerics and clinical care is seen as beneficial for certain groups of mental patients [80]. The spiritual caring manpower needs training [88–90].

Conducting in-service training courses [73, 77], including educational content in primary curricula and training topics for nurses [76–78], as well as teaching practical skills to nurses [74] are effective in this field. In addition, an orientation and training program should be held for the families of patients and all hospital employees [20]. Conducting continuous training sessions for employees by clerics regarding how to provide available spiritual care services [79] and training on spiritual care needed during patient discharge by nurses [74] were among the other things mentioned in the studies.

Sub-theme 2.2.2: Financial resources

Financial resources needed to provide spiritual care in the hospital should be delivered. In this regard, a specific budget should be defined for implementing spiritual care programs in the hospital [20]. Annually, the financial resources needed to provide spiritual care services in the hospital should be estimated [20]. Attracting sufficient financial resources [20, 74] and obtaining permission and necessary resources to implement spiritual care programs [74, 76] can be done through seeking support in the hospital. Meanwhile, spiritual healthcare services should be covered by insurance [77].

Sub-theme 2.2.3: Providing the required physical space, equipment, and facilities

In order to provide standard spiritual care and interventions, there must be adequate physical space [37, 74, 75, 77]. In this regard, it may be necessary to make changes in the physical space of hospital departments [78, 88]. Some studies indicated the necessity of providing the equipment and facilities needed to perform spiritual care interventions [20, 37, 42, 55, 77, 78, 91]. This includes creating a peaceful space for the patient to meet with his family while receiving spiritual care [75], installing a board for the spiritual care unit [37], providing the necessary facilities to perform religious acts such as prayer rug, rosary, Quran, book of Quranic stories and the life of the imams, the audio file of prayer and the Quran [47, 91], installing a place for ablution in the rooms and creating a place for holding prayer meetings [78], preparing spiritual health brochures to be placed in the departments, creating a place of worship for individual and social groups with standard conditions, rooms, and spaces for two or more people [20], creating a suitable place with a special design for consultation, setting up a place and special equipment for patients, including single, double and group game tools, existence the library contains books in plain language, scientific resources and brochures related to spiritual health, computer, and television to show movies related to spiritual health promotion [20]. Additionally, providing space as a mourning room for holding ceremonies and rituals after death, providing

free music tapes, and facilitating easy access to religious materials for patients [77] are necessary measures to provide spiritual care in the hospital, which have been discussed in studies.

Sub-theme 2.2.4: Information technology and information sources

Expanding the knowledge of providing spiritual care [62] and providing evidence-based spiritual care [62], using communication technologies to establish virtual communication with patients, and providing spiritual care to them in special cases [92, 93] is necessary. Patients should also be informed about the spiritual care provided in the hospital [72]. Documenting the services and spiritual care provided to patients, recording the flow chart of spiritual care in the hospital [37], recording the documents related to the follow-ups done after the patient's discharge [37], recording the therapeutic processes of spiritual care in the electronic file [37, 94], and recording the spiritual needs of patients in the medical record [72, 78] are the requirements mentioned in the studies.

Main theme 2.3: Service delivery process

Assessing patients' needs and providing specialized services were considered components of delivering spiritual care services in the hospital.

Sub-theme 2.3.1: Assessment of patients' needs

General and specialist doctors [76] should identify patients needing spiritual counseling. A form and history tools [20, 78] should be prepared and used in the hospital to evaluate the spiritual needs of patients. Trained doctors should take the spiritual history of patients. Based on this history, necessary decisions should be made to perform spiritual interventions and provide spiritual counseling by a spiritual health consultant [20, 74]. Additionally, the spiritual needs of dying patients should be identified by a cleric [82] in order to effectively treat the patient [84].

Sub-theme 2.3.2: Providing specialized services

Services related to spiritual health care should be provided within the framework of the defined duties for specialist forces and hospital policies [79] and as general and specialized services in all hospital departments [37, 72, 95]. In the process of providing specialized spiritual care services, a spiritual history [20, 37, 74] of patients should be performed, and then the type of counseling needed for each patient should be determined [37, 76]. Creating a referral system for spiritual care [77] and the patient referral process should be done properly [24, 26, 74]. In providing specialized spiritual care services, the patient and his companion should be trained in spiritual care [24], and spiritual support should be provided after the

patient is discharged [74]. It is also necessary to determine the duration of each service [37], the length of the patient's stay in each department to receive spiritual care [37], and the expected results of spiritual care interventions [37]. The process of spiritual care implementation should be monitored every month [20].

Spiritual care interventions in the hospital

Table 3 shows the interventions used in spiritual care in hospitals. Based on the review of studies, these types of interventions are divided into three main themes: trans-religious, religious, and combined interventions. The trans-religious intervention itself is divided into three subthemes: physical, spiritual-psychological, and social, and the religious intervention theme into two subthemes: individual and social. The following are explanations of the three main themes and their subthemes:

Main theme 3.1: Trans-religious interventions

Trans-religious interventions in the physical dimension can have positive effects on the quality of life of the patients. Some of these interventions mentioned in the studies include: massage therapy, yoga and meditation therapy and meditation, exercise therapy, relaxation techniques along with listening to music, the sounds of nature and rain, and touch therapy.

Spiritual care interventions in the spiritual-psychological dimension can be used as tools to reduce stress, anxiety, and depression and help individuals cope better with life's challenges. Studies in this field have mentioned interventions such as: book therapy, creativity therapy and strengthening problem-solving skills, communication therapy, nature therapy, animal-assisted therapy, aromatherapy, writing therapy, music therapy, film therapy, color therapy, laughter therapy, recreation therapy, energy therapy, psychotherapy, mindfulness, and grief therapy.

Social interventions in trans-religious interventions include interventions that include social support and supportive presence with the patient. These types of interventions create and strengthen patients' support networks and help them face life's challenges and problems and increase the sense of belonging and security in patients.

Main theme 3.2: Religious interventions

Religious interventions in spiritual care in hospitals refer to a set of activities and methods that aim to respond to the spiritual and religious needs of patients. These interventions can help improve the quality of life of patients, reduce stress and anxiety, and promote a sense of peace and hope. studies for individual-level interventions have mentioned such things as: religious spiritual counselling, reading religious books of different religions, listening

Table 3 Spiritual care interventions in the hospital

Main theme	Sub-themes	Code
Trans-religious interventions	Interventions related to the physical dimension	massage therapy [70] Yoga and meditation therapy and meditation [31, 43, 45, 70, 86] Sports therapy [29, 70, 85] Relaxation techniques (along with listening to music, the sound of nature and rain)[53, 54] touch therapy [68, 88, 96]
	Interventions related to the spiritual-psychological dimension	book therapy [54] Therapeutic creativity and strengthening problem solving skills [49] Communication therapy [29, 31, 34, 47, 74, 86, 96] Naturopathy [29, 34, 47, 70, 85] Animal-assisted therapy [47, 85] Aromatherapy [34, 47, 70] memory therapy [70] Writing therapy [54, 70] Music therapy [39, 48, 55, 63, 85, 90] Anger control training [70] Film therapy [55] Color therapy [34, 47] laughter therapy [55] recreational therapy [55] energy therapy [46, 61] logo therapy [52] Spiritual therapy [20, 57] Mindfulness [58] Non-religious spiritual counseling [41, 55, 59, 66] grief (counseling) therapy [25]
	Interventions related to the social dimension	Social support 20, 24–26, 35, 38, 39, 55, 70, 74, 75, 85, 95] Supportive presence next to the patient [20, 29, 38, 39, 55, 70, 71, 75, 85, 89, 96, 97]
Religious interventions	Individual dimension	Religious spiritual counseling [41, 53, 56, 69] Reading religious books of different religions such as the Qur'an [49] Listening to religious sounds such as the Qur'an [67, 98] Forgiveness therapy [34, 54–56, 74] Spiritual meditation [40, 56, 98] Spiritual imagery [53, 54] Giving charity [54, 74] Watching religious movies with meaning [28] Making death and illness meaningful for the patient [31, 55, 70, 86] Supporting the patient in relation to performing religious acts (communication with God and sacred resources and worship) and finding the meaning of life Thanksgiving and Gratitude [56]
	Social dimension	

Table 3 (continued)

Main theme	Sub-themes	Code
		Strengthening the dimension of spirituality in patients [56, 60, 82]
		Supporting the patient to perform religious rituals according to the patient's orientation [24, 38, 47, 55]
		Supporting and strengthening the relationship with God, appealing to imams and seeking healing from God [31, 71, 86, 98]
		Strengthening the attitude of doctors and nurses to be mediators in the process of disease treatment [50]
		The use of religious elements in the patient's room [70]
		Improving the patient's four relationships based on the healthy heart model, including communication with God, communication with others, communication with the environment, communication with yourself [34]
		Social dimension
Combined interventions		Supporting the patient to participate in religious ceremonies and meetings [20, 29, 32, 33, 42, 49–51, 54, 57, 66, 70–73, 77, 78, 80, 85, 91, 96, 98]
		Using religious and trans-religious interventions together to provide spiritual care to the patient [24, 25, 29, 31, 34, 41, 47, 53, 70, 72, 86]

to religious voices such as the Quran, spiritual meditation, spiritual imagery, giving charity, watching religious movies with meaning, making death and illness meaningful for the patient, supporting the patient in relation to performing religious acts, thanks giving and gratitude, supporting and strengthening the relationship with God, appealing to imams and seeking healing from God, strengthening the attitude of doctors and nurses to be mediators in the process of disease treatment, and improving the patient's four relationships based on the healthy heart model. In the social dimension, interventions that support the patient to participate in religious ceremonies and group meetings have been emphasized.

Main theme 3.3: Combined interventions

In the combined interventions, religious and non-religious interventions are simultaneously presented to provide spiritual care to patients in the hospital.

Discussion

Providing spiritual care to patients is one of the duties of health care providers and part of the patient's rights, so it is necessary to identify the components of providing spiritual care in hospitals as the most important health

service centers. The present study highlights key findings regarding the objectives, principles, components, and range of spiritual care interventions in hospital settings. The most important findings of the study will be discussed below.

Goals and principles of spiritual care in the hospital

Goals and Impacts Spiritual care in hospitals is an integral part of holistic patient care, focusing on the emotional, psychological, and spiritual well-being of patients, families, and healthcare staff. It addresses the inner needs of individuals, including concerns about meaning, purpose, faith, and hope, especially during health crises. According to the results of the present study, spiritual care has spiritual, psychosocial, physiological, and quality consequences for patients. Afrasiabfar et al's study indicated that the impacts of spiritual care in hospitals included increased life expectancy, finding meaning and purpose in life, and improved well-being [25]. According to the study by Sewkarran et al., spiritual care increases the quality of life and reduces depression and anxiety symptoms [39]. Therefore, these results can be used as goals and impacts for implementing spiritual care in the hospital.

Based on the study's results, spiritual care positively affects the outcomes of quality-system care. This means that spiritual care shortens hospital stays and accelerates recovery. It reduces mortality, and enhances patient satisfaction and trust in healthcare staff. Additionally, it motivates patients to recover and reduces re-admissions. The results of the study by Chow et al. showed that providing spiritual care to patients may not only be associated with improving patients' quality of life, but also can have a positive impact on the use of health care and its outcomes [64]. The study by Mousavizadeh et al. showed that spiritual care can affect the readmission of patients to the hospital and reduce the rate of readmission of patients to the hospital [99].

According to Sirrine's study, the principles of spiritual care are to pay attention to the beliefs and values of patients and to support their dignity by listening empathetically, and by offering comfort, compassion, love, and advice. Providing spiritual care to patients should be accompanied by appropriate assessment and taking the time to listen to the patient's beliefs [100]. Demari et al's study reveals that emphasizing spiritual care as an organizational value and designing comprehensive spiritual health services should be integrated into the existing system of providing hospital services [20]. This principle is also considered in our study. According to the results of the studies, in order to pay attention to the values of patients and provide spiritual care in accordance with the needs and beliefs of patients, there is a need to develop guidelines [35, 70, 71]. Implementing spiritual

health executive guidelines in hospitals requires the creation of political support platforms, structural and operational dimensions, clinical skills, and the improvement of the behaviour and culture of the audience [20]. To provide spiritual care, hospital management and treatment teams should understand spiritual health literature well, be familiar with spiritual health service management systems in leading countries, and establish a hospital spiritual health service committee. Nurses should be capable of creating spiritual care plans for patients in the ward and hospital [74, 76]. The hospital should explicitly include this type of care in its policies [20, 72] and provide the context for delivering this care by formulating appropriate policies [39].

Components of the spiritual care system in the hospital

An important component for providing spiritual care in hospitals is monitoring and evaluation. Spiritual care in hospitals should be evaluated and monitored like other care [37]. Based on Heidari et al.'s study results, the hospital manager should evaluate and monitor the spiritual health services established in the hospital on an annual and periodic basis [20, 74]. According to the results of the monitoring, the ambiguities and gaps of the spiritual care system are determined, and appropriate planning can be done to solve them. In order to provide spiritual care, collaboration among groups and interdisciplinary support of hospital staff is necessary [26, 72]. It is also possible to use the capacity of social associations, religious organizations, and popular and volunteer forces [77].

Evans et al.'s study refers to the provision of spiritual care with a team approach and the cooperation of clergy in the spiritual care process in the hospital [44]. The study by Memarian et al.'s indicates that facilitating communication between doctors, nurses, psychologists, medical staff, and clergy can lead to effective interdisciplinary cooperation in providing spiritual care to patients [37]. As a bridge between patients, families, and the medical team, clergy convey cultural differences to the medical team for better decision-making for patient treatment [82]. Spiritual awareness of world religions and religious guidelines increases the self-confidence of the medical team and avoids deadlocks that often occur in the hospital environment [82]. Due to their increased interaction compared to other providers, clerics can effectively contribute to important events, such as uncovering vital information and obtaining data to assist the medical team in making decisions for the optimal treatment of patients [84].

Planning for training the treatment staff, the patient, and the patient's family is one of the important and leading factors of spiritual care [77]. The clergy must hold continuous training sessions for the staff about the services available for spiritual care [79]. Furthermore, an

orientation and training program should be implemented for patients' families and all hospital employees [20]. Based on the results of studies, training for nurses should be done in the field of communication skills, support skills, knowledge and attitude, spiritual care services, and how to refer patients to religious specialists in a practical way to provide the best possible spiritual care to patients [74].

The study results revealed that spiritual care, like other clinical care services, requires human, informational, financial, and equipment resources. Some studies also emphasize that the executive directors of hospitals must attract the necessary and sufficient financial resources to provide spiritual care services in the hospital [20]. Based on the present study's results, reliable and up-to-date scientific evidence is essential in providing spiritual care [62], and all services and care provided to patients should be documented and recorded [37]. The results of the studies reveal that documentation of the provided services facilitates communication between the service providers and better monitoring of the provided services [101]. The use of new technologies to establish virtual communication with patients and provide spiritual care to patients in remote medical services has also been mentioned in studies for patients in special conditions [92, 93]. The results of the current study indicate that patients' information and spiritual needs should be accurately and concisely documented in their electronic records [37, 94]. Smith et al. indicate that spiritual care should be documented in the patient's electronic file while ensuring confidentiality and accessibility for spiritual care professionals. This is important to prevent conflict and fragmentation and to ensure the accurate and reliable transfer of patients' information. In addition, it is possible to focus on patients' needs, plan their treatment processes, avoid overlapping and parallel work in providing services, and facilitate communication between care providers and patients [102].

Hospitals should provide suitable physical space [37, 74] and necessary facilities and equipment for spiritual interventions [20, 37, 74]. Abedi and colleagues believe that if a hospital lacks physical space, spiritual care for patients can be provided by making changes in the existing physical space [78].

The process of providing spiritual care includes assessing the needs of patients and providing specialized spiritual services, which must be defined according to the specific framework and regulations in the hospital. The doctor evaluates the patient's spiritual health needs using the tool of history taking and spiritual counseling by the selected consultant [20]. In order to provide spiritual health services in hospitals and clinics, patients in need of spiritual counseling should be identified by general practitioners and specialists. Then, spiritual care should

be provided to the patients. After the patient is discharged, they should receive regular counseling sessions at the spiritual counseling unit on an outpatient basis [76]. In providing direct spiritual support to the patient, it is important to examine the patient's spiritual condition, determine their spiritual perspective and needs [95], document all spiritual interactions [20, 37, 74], follow the referral process [20, 24, 26, 74], and provide education to the patient and their companion [24] as part of a structured flowchart. In this regard, each department should establish protocols for counseling, prescribing, and prohibiting spiritual care. Spiritual care services should also be tailored and developed based on the target group [20].

Spiritual care interventions in the hospital

Spiritual care interventions often help individuals undergoing palliative care or cancer treatment gain a clearer and deeper understanding of life's meaning and purpose, as well as their relationships and experiences with death. Additionally, these interventions typically address patients' emotional and psychological needs, fostering feelings of relief, comfort, and inner peace [8]. In the physical dimension of trans-religious interventions, the goal is to create peace for the patient so that the patient can cope with his illness and facilitate communication with himself, God, others, and the environment. In this category, techniques such as relaxation, exercise, massage, aromatherapy, and meditation are used according to physical conditions and available facilities, which, based on the results of the present study and the results of the study by Ghorbani *et al.*, this type of intervention is considered one of the types of spiritual care interventions in the hospital [70]. One of the dimensions of spiritual care interventions in relation to trans-religious interventions is the spiritual-psychological dimension, which has been mentioned in our study and other studies, including the study by Chen *et al.* Spiritual-psychological interventions are typically relevant at every stage of care to enhance patient outcomes and help them cope with their illness. These interventions encourage patients to express both positive and negative experiences, while also prompting them to reassess their sense of spiritual peace and overall life satisfaction [103]. In the social dimension, spiritual interventions support patients nearing the end of life by fostering a sense of connection with their inner selves (helping restore integrity in the final stage of life) and with others, particularly family members [8, 104]. Another type of spiritual care interventions in the hospital is individual religious interventions, which in the study by Rahmati *et al.* also refers to types of religious interventions such as motivating individuals to consult religious experts and clergy, repenting and seeking forgiveness from God for sins, motivating members to pray and read the Quran [105]. Providing spiritual care

interventions in hospitals depends on the patient's values, cultures, and desires [106]. Spiritual care interventions can vary widely based on the diversity of hospitals and their clients. For example, some hospitals may prioritize religious interventions, while others may favor non-religious interventions based on patient preferences [47].

Limitations and recommendations

The limitation of this study was that this study reviewed only published studies. Because the research is limited to certain databases, not all the components of providing spiritual care in the hospital may have been identified.

The present study, which was conducted using a scoping review method, provides the basis for conducting studies using a systematic review method on the key elements of providing spiritual care in hospitals. Therefore, it is suggested that future studies use a systematic review with regard to the issue of qualitative assessment of studies and by selecting higher-quality evidence in the field of spiritual health to conduct a more detailed examination in this field.

Conclusion

The findings of this study highlight the pivotal role of spiritual care in hospitals, encompassing a broad range of goals, principles, components and interventions. Spiritual care positively influences patients' physical, psychological, and social well-being by fostering life purpose, spiritual growth, and emotional resilience. It reduces physical pain, improves symptoms, and supports coping mechanisms, ultimately enhancing the quality of life. Additionally, it strengthens patients' capacity to face challenges, reduces anxiety, and provides mental clarity and social support. From the healthcare system's perspective, integrating spiritual care contributes to faster recovery, reduced hospital stays, and greater patient satisfaction, emphasizing its effectiveness in promoting holistic care. To achieve these outcomes, attention to ethical principles, patient values, and adequate resources is essential. This includes tailored spiritual programs, interdisciplinary collaboration, and proper infrastructure like physical spaces and training. Policies should reflect the integration of spiritual care as a healthcare priority, supported by monitoring and evidence-based practices. By combining trans-religious, religious, and hybrid interventions, hospitals can cater to diverse patient needs, providing not only medical healing but also spiritual and emotional support. The study underscores the importance of embedding spiritual care as a standard component of healthcare to ensure comprehensive, patient-centered treatment.

Supplementary Information

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Supplementary Material 1

Supplementary Material 2

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MHM, MS and VYF designed and conducted research. PKK gathered data. MHM and PKK and RR analyzed data; and PKK wrote the paper. All authors read and approved the final manuscript.

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Data availability

The data analyzed is available from the corresponding author upon reasonable request.

Declarations

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