Spiritual Health in Nursing From the Viewpoint of Islam

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Abstract

Context: In order to gain a more detailed insight into the concept of spiritual health, a hybrid model of concept analysis was used to remove some of the ambiguity surrounding the conceptual meaning of spiritual health in Islamic and Iranian contexts. The purpose of this study was to clarify the meaning and nature of the spiritual health concept in the context of the practice of Islam among Iranian patients.

Evidence Acquisition: The current concept analysis was undertaken according to the modified traditional hybrid model, which consists of five phases: theoretical phase, initial fieldwork phase, initial analytical phase, and final fieldwork and final analytical phase. In the theoretical phases of the study, the concept of spiritual health was described based on a literature review of publications dealing with the Islamic viewpoint (years: from 2013 to 2014, Databases and search engines: Pubmed, SID, Magiran, Noormax, Google Scholar, Google and IranMex, Languages: English and Persian, Keywords: spiritual health AND (Islam OR Quran), spirituality AND (Islam OR Quran), complete human AND Islam, healthy heart (Galb Salim) AND Islam, healthy life (Hayat tayebeh) AND Islam, calm soul (Nafse motmaeneh) And Islam and healthy wisdom (Aghle Salim) AND Islam). Purposive sampling was conducted and nine participants were selected. Semi-structured interviews and observations were conducted periodically for data collection after obtaining informed consent. Observational, theoretical, and methodological notes were made. Then, using MAXQUDA 7 software, the data were analyzed using qualitative content analysis.

Results: The relevant literature in the theoretical phase uncovered the attributes of the concept of spiritual health, including love of the Creator, duty-based life, religious rationality, psychological balance, and attention to afterlife. These attributes were explored in depth in later stages. Finally, the definition of spiritual health was developed.

Conclusions: Islam has a unique perspective on spiritual health as it encompasses all aspects of human beings. Thus, it is necessary to carefully study the difference between the Islamic concept of spiritual health and that of other religions and ideologies to design suitable and useful nursing care for Iranian patients that satisfy their spiritual needs.

Keywords: Hybrid Model, Spiritual Health, Islam, Nursing Care

1. Context

There are many indications that spiritual health is considered to be a nursing responsibility, as it is a holistic approach. Spiritual health is a subjective, deeply personal (1), abstract, and complex concept. Some concepts such as spiritual health that are used in nursing make concept analysis an important and difficult task. These concepts are not always about concrete, observable, and directly measurable things or phenomena. Thus, at least one comprehensive analysis of the conceptual foundations of science has argued in favor of concepts (2) such as spiritual health.

The world health organization is also eager to look beyond physical, mental, and social dimensions of health, and member countries are actively exploring the 4th dimension of health: spiritual health (3). The national interfaith coalition on aging (NICA) (1975) defines spiritual well-being as the affirmation of life in a relationship with God, self, the community, and the environment that nurtures and celebrates wholeness (4).

The fifth national conference of nursing diagnosis combined the five spiritual needs into one diagnostic category, "spiritual distress." Kim, McFarland, and McLane (1987) define spiritual distress as a disruption in the creative energy that harmoniously unites the self, community, nature and a higher power, and transcends one's bi-

ological and psychosocial nature. Spiritual health is a condition in which one feels peaceful through proper connectedness with the self, neighbors, and God; one also lead an active life with joy and peace by setting life goals, achieving them, and being satisfied with the achievements (Chapman, 1986). The behavioral manifestation of this spiritual health is called spiritual well-being (Stoll, 1989). Spiritual wellbeing is defined as the affirmation of life in a relationship with God, the self, community, and environment that nurtures and celebrates wholeness (4).

It is evident from numerous cases that spirituality and religious are affected in cases related to cardiac surgery, mortality, immune system functioning, recovery from physical and psychological diseases, and adaptation to chronic diseases (5). Spiritual health is a concept that is constantly changing and fluctuating in meaning with relation to religion and context. Thus, recognizing and understanding spiritual health within the context of Iranian culture and Iran's religion (Islam) is critical for Iranian nurses and other health- care providers (6). Despite western nursing literature, hardly any of the Iranian nursing literature is of assistance in defining the concept of spiritual health. Some studies have explored the meaning of spirituality and the relation between spirituality and some diseases in this context, but there is no clear and consistent understanding of the concept of spiritual health in nursing in light of the Islamic perspective, which can serve as a basis for research and a guide for practice. While some Iranian studies have examined spirituality, they have not examined spiritual health. This is because of the scales and questionnaires used by these studies for assessing spiritual health were suited to western and other cultures.

The objective of this research was to further clarify the concept of spiritual health in an Islamic Iranian context. The specific aims were as follows: to 1) determine the critical attributes of spiritual health in light of Islam, 2) identify the empirical referents of the attributes of spiritual health in light of Islam, 3) present a working definition of spiritual health based on its attributes. Because of this complexity, an interdisciplinary perspective was required for research as well as clinical care. Thus, to achieve these aims, we used a hybrid model for concept analysis. Using the hybrid model, critical attributes, empirical referents, and a working definition of spiritual health were proposed.

2. Evidence Acquisition

The concept analysis of the concept of spiritual health was done using the hybrid model. This model, which was constructed by Schwartz Barcott and Kim (1993), is composed of three phases: the theoretical phase, fieldwork phase, and analytical phase (7). As this model is used for

theoretical analysis and empirical observation, it is applicable to applied sciences in general and to nursing in particular (4, 8). Attributes are words and/or expressions that authors frequently use to describe the characteristics of a concept (9). Cases are developed from qualitative empirical data and are not constructed by the researcher (10).

There are some studies that have applied a modified version of the hybrid model (11-13). This study applied a modified version of the Hybrid Model of Concept Development, since spiritual health is such a complex concept that is very difficult to explore. Hence, the following five steps were used for this study:

2.1. Theoretical Phase

The stages of this phase were as follows: selecting a concept, reviewing the literature from 2013 to 2014 for existing meanings and measurements, and settling on a working definition. Any literature on medical and nursing science that is retrieved should be from the perspective of Islam and Iranian culture. The inclusion criteria were as followed: should be related to spiritual health and should be published in peer-reviewed journals with no restricted time in English or Persian. Initially, 579 articles, 31 complete books, and 2 theses were retrieved. After reading the full texts of these documents, 52 articles, 20 books, and 2 theses that met the inclusion criteria were selected. These documents had similar aims to the current study's, they were published in scientific journals, and they were written by authors who were faculty members or lecturer in universities/religious science schools such as Feyzieh religious science school of Qom. The quality of the chosen literature was assessed according to the authors' credentials and scientific validity of the journal the literature was published in. The research team was in full agreement on the selection of the literature. They checked the rigor of the retrieved studies in several meeting and discussion groups, and they also consulted two panel experts. These discussion sessions were held with some experts in qualitative research, nursing, and religious studies. For analyzing the concept of spiritual health, the researchers reviewed the literature based on the keywords and wrote mini notes using the exact words used in the literature. Then, using MAXQUDA 7 software, the mini notes were analyzed according to qualitative content analysis. Thus, a working definition of spiritual health was established.

2.2. Initial Fieldwork

This phase was conducted to find useful empirical referents. At first, researchers selected some of the most concrete attributes according to insights from the literature. Then, inter-rater agreement (a statistical measure for qualitative or categorical items) was measured to detect which

empirical referents were refined by the rate above 70% of consensus of non-research college.

Another aim of this phase was to determine whether nurses can detect patients with spiritual health based on the empirical referents. Although we knew that nurses are able to identify patients' spiritual experiences (1), to explore this issue further, we asked them to identify patients who had displayed these empirical referents. The methodology chosen for data collection and analysis was directed qualitative analysis. Thus, an interview schedule (informed by the literature review) acted as an aide memoire to ensure coverage of the same kinds of questions.

2.3. Initial Analysis

This stage involved analyzing whether the attributes of spiritual health in the literature review were verified by the results of initial fieldwork. If they were, then we could trust nurses' judgment on the empirical referents.

2.4. Final Fieldwork

In the present study, the clients were purposively selected based on the empirical referents of spiritual health. At first, verbatim transcripts of interactions were recorded immediately after each interaction using the brief notes made during the interaction. It was considered to facilitate periodic observations and in-depth reflection as well as probe dialogue with participants over time. The duration of each interview was one to two hours. A journal was kept according the organizing schemata of Schatzman and Struss, such as observation notes, theoretical notes, and methodological notes. Data collection was done in July 2014 and August 2014.

2.5. Final Analysis

This included an interface between the theoretical phase and the data collected in the final fieldwork to explore all of the dimensions of the concept of spiritual health bit-by-bit (14).

Member checking and peer review were undertaken following interviews to ensure rigor. The research team held approximately 20 meetings to assess the trustworthiness of the study (Table 1).

3. Results

3.1. Literature Review

3.1.1. Attributes of Spiritual Health

According to the literature review, love of the Creator (Allah), duty-based life, religious rationality, psychological balance, attention to the afterlife, and holy morals emerged as critical attributes of spiritual health in Islam

from the synthesis of frequently repeated characteristics encountered in the literature.

The first attribute "love of the Creator" is defined as a sense connectedness with only God, not every Supreme Being. Allah is both human and the creator/animator of the universe. Because Allah creates humans, Allah knows best what is critical for a honorable and blissful life. Humans romantically communicate with their Creator. They worship Him directly with prayers and indirectly obey His commands at all moments in life or ensure that God is remembered in every activity they do. They deem that whoever accepts Allah to be omnipotent, to be the only supporter and owner of the world, to be an all- powerful and all-knowing, will accept their fate with satisfaction. This kind of faith increases one's ability, intuition, or insight to see Allah everywhere at any time.

3.1.2. Psychological Balance

People who believe in Allah do not experience any depression, disappointment, or stress. Their lives have peace, hope, trust, meaning, and purpose, as well as continuous spiritual contentment in a practical sense at all levels of life. Spiritual self-consciousness leads to self-esteem that comes from one's "inner" personality, which is connected to Allah and has absolute confidence/trust in Allah. People with spiritual health believe that nothing can happen to us or hurt us unless it is by the Will of Allah, the Almighty. When one see Allah's power behind it all, then one becomes more flexible in all aspects of life. This leads to psychological balance.

3.1.3. Duty-Based Life

When people acknowledge Allah as the only Lord and His guidance as the only way of life, they start to lead a duty-based life. A duty-based life requires one to understand and fulfill all responsibilities and duties to become nearer to Allah. A duty- based life has three sub- categories: holy or sacred ethical, holy efforts, and justice extension. A person who is at peace with others tries to act in the right way in all his/her duties based on Allah's command. In this way, he/she becomes merciful and passionate toward all creatures. His/her honesty is based on the remembrance of Allah. People must struggle to eliminate feelings of anger and resentment. This will lead to altruism. Altruism means taking care of or helping other people even if this brings no advantage to oneself. Justice extension means not to behave rudely with others or deprive others of their rights, and to fight with unjust people. Finally, people should try to exert themselves to the maximum to disseminate the word of Allah and to make it supreme, and to remove all impediments to the proliferation of Islam through tongue, pen, or sword.

Table 1. Data Collection and Analysis

Theoretical Phase	Initial Fieldwork	Final Fieldwork
Documents in the Islamic, medical, and nursing sciences, such as Quran, Hadith; general dictionaries such as Moien, Amid; Quran dictionaries such as Mofradat, Ghamoose. Related literature that focused on spiritual health. Period: 2013 to 2014. Databases: Pubmed, SID, Magiran, Noormax, Google Scholar, Google, and IranMedex. Languages: English and Persian. Keywords: Spiritual health and (Islam OR Quran), spirituality and (Islam or Quran), complete human and Islam, healthy heart (Galb Salim) and Islam, healthy life (Hayat tayebeh) and Islam, calm soul (Nafse motmaeneh) and Islam and healthy wisdom (Aghle Salim) and Islam.	Four hospital institutions in Mashhad and Bojnourd. Interview with 7 participants. Approval of the committee of ethics in research of the University of Mashhad Medical Sciences.	Four hospital institutions in Mashhad and Bojnourd. Observation and two to three in-depth semi-structured interviews with two participants after obtaining informed consent.

The next attribute is "religious rationality." Religious rationality embraces four sub-categories: holistic view, search for progressive and useful knowledge, freedom spirituality, and profound thinking in the universe. The holistic view requires one to pay the same attention to life and the afterlife. This needs wisdom and balanced thinking in all dimensions of humankind: physical, psychological, and spiritual. When an individual tries to grasp knowledge of Allah for familiarity and friendship with Allah based on the Quran and Hadith, this means seeking progressive and useful knowledge. Human beings have four enemies according to Islamic tradition: nafs (the lower self), hawa (non-physical desires), shaytan (Satan), and dunya (this temporary material world). "Freedom spirituality" is the struggle against all of these weaknesses under the dictates of reason and faith and in obedience to God's commands. One has to evaluate whether one has done a good deed or a sin. This requires self-examination, evaluation, and criticism or self-appraisal. This leads to one getting rid of their evil habits and desires, acquiring a more noble human character, and performing better actions, and attaining self-control and self-restriction against evil temptations. The last sub-category requires thinking about oneself and about all things in the world. In this way, one learns that all things in the universe are purposeful, intelligent, and death full.

"Attention to the afterlife" is an attribute of spiritual health. A fundamental belief in Islam is the belief in an afterlife. When the Day of Judgment and Resurrection arrives, everyone will have to answer for their thoughts and actions. Assignment to Paradise or Hell will depend solely on one's actions. In this context, the life of an individual is made meaningful and enriched as long as it is filled with "good works." The final judgment often motivates Muslims to live their lives responsibly and ethically. People with Islamic spiritual health know the afterlife as a better life and as eternal life. People hope to see their Creator in paradise.

Thus, people should utilize, to the fullest extent, all the faculties and potentialities bestowed upon them for seeking Allah's approval.

Meanings and measurements: Measurement of spiritual health is considered according to the following criteria: causing no harm to others, being calm and peace and close to Allah, being patient, giving priority to afterlife duties, abstaining from forbidden worldly pleasures, seeking progressive and useful knowledge by studying religious literature, doing religious duties, and relying on Allah.

Only two definitions of spiritual health were retrieved in the present study: 1) Mesbah (2012) stated "Spiritual health is a situation with different stages. In these stages, necessary knowledge, attitudes, and abilities can develop to actualize one's spirit. This leads to nearness to Allah using all of the inner resources of people. Finally, based on the stage of spirit actualization, inner/outer free choice behaviors reveal one's connectedness with Allah, the self, society and nature" (15). This definition of spiritual health focuses on different stages with cognitive, effective, and psychomotor domains. The aim of spiritual health is nearness to Allah and connectedness with Allah, the self, others, and nature. 2) According to Shojaei (2011), "spiritual health requires maintaining and actualizing the Divine nature of humans (fitrah) in order to connect strongly with Allah and design a personal stable value system. The person then has a purposeful life and a healthy, honest, productive relationship with the self and with others" (16). This definition also views spiritual health as a relationship with Allah, the self, and others based on a personal value system for a purposeful life.

3.2. Working Definition

Based on the literature review in the present study, spiritual health is viewed as a dynamic and growing hierarchy with balance in all dimensions of human beings (material and spiritual aspects). Spiritual health creates a perfect

soul like Allah's and allows one to experience love and an increasing sense of permanent closeness with Allah. Such a person has physic- psycho-spiritual balance when he/she interacts with the inner self, others, and Allah. He/she behaves correctly in his/her interactions based on religious rationality.

3.3. Initial Fieldwork

Seven participants (2 nurses, 3 patients, 1 midwife, and 1 doctor) whom nurses selected as possible empirical referents of spiritual health were interviewed. The attributes of spiritual health derived from the initial fieldwork were as follows:

One attribute is love of the creator, with three sub-categories: attention to the characteristics of Allah, focus on religious activities, and acceptance of the Will of Allah. It was very important for the participants to see the nature of Allah. Each of Allah's divine attributes has practical implications in their lives. They focused on some important characteristics such as the Creator, the infinite, the nurturer, the almighty, the omniscient, the trustee, the witness, the all-seeing, the all-hearing, and the provider.

About the attributes of Allah, the participants said the following:

"… I wanted to become healthy because of Allah. Allah is my creator."

"… If you have only one God (Allah) and accept that His force is most effective of all other forces, it is very helpful for humans to attain spiritual calmness."

The participants in this study asserted that they must do anything Allah wants them to do:

"… guilt must be left behind; Allah's Will must be done. Do not forsake your religious duties. If you do, spiritual health development cannot happen."

Other attributes of spiritual health according to the initial fieldwork are attention to the afterlife. One participant stated the following about this:

"Something that goes back to the beliefs of us as Muslims is that our actions are not ineffective in this world. The reaction is found in the other world."

Another attribute of spiritual health is religious rationality. One can accept and believe in Allah of their free will. This consists of freedom spirituality, profound thinking about the universe, and a thirst for progressive and useful knowledge.

"We are our own devil, our temptations. We must read and kill our temptations to reach Allah."

A duty-based life with three sub-categories holy or sacred ethical, holy efforts, and justice extension is another attribute of spiritual health according to the initial fieldwork.

"I love to help people in need and fill their life with happiness."

Psychological balance is another attribute of spiritual health. One participant said,

"Allah is the creator of everything that gives us calmness. So, belief in the creator would trigger more calmness."

3.4. Initial Analytic Phase

It is obvious that the dimensions of spiritual health in the theoretical and initial fieldwork are the same. The meanings of these categories in the literature review are the same as the meaning in the initial fieldwork. In both phases, love of the Creator (Category 1) implications in all life by a consciously sense of achievement to Creator. Religious rationality is the use of wisdom to find your way to the creator. The meaning of a duty- based life is to act responsibly keeping Allah in mind. Attention to the afterlife is the belief that goodness and resilience in this life will lead to rewards in the afterlife.

The results of the initial fieldwork revealed some characteristics of the sub-categories of love of the Creator and duty-based life that were not unfolded in the literature review. Indeed, the levels of abstraction of these categories were apparent in the initial fieldwork. Spiritual health was generally studied in the literature review. However, in the initial fieldwork, it was studied according to the experiences of certain participants (patients). Patients undergo certain conditions that lead them to pay attention to certain factors regarding connectedness to Allah, such as the Creator, Nurturer, Almighty, Omniscient. This is necessary for the patient to manage his/her disease conditions. In the category of duty-based life, altruism is obtained in the initial fieldwork instead of justice in the theoretical review. It is not operational and not a priority for patients to act armed struggle because of their diseases disabilities.

As a result, there are no fundamental differences in the meaning of spiritual health between these two stages. Thus, with regard to the aim of the initial fieldwork, it seems that selected empirical referents for assessing spiritual health are applicable. Additionally, the judgment of the nurses can be used for selecting patients with spiritual health.

3.5. Final Fieldwork

For selecting these models, eight measurements or empirical referents for spiritual health were used. Two individuals who had possibly showed some of these criteria in their activities were interviewed and observed periodically for borderline models. The leader of the Islamic revolution of Iran, Imam Khomeini, was selected as a case model and

the characteristics of his disease were explored based on information from his doctors and other relevant personnel.

3.6. Case Model

Imam Khomeini insisted on being admitted to a public hospital rather than private hospital. He had heart disease. The night before his surgery, he was praying until morning. Even when his blood pressure was 5mmHg, he did not stop doing his prayers. During his prayers, he was completely alert, but once they were done, he went back to being unconscious. When he saw other ill patients, he developed heart irregularities again. He had a very humanist perspective. He carefully obeyed all the order of his physicians. He said that the possibility of dying did not scare him, because he had done all of his duties based on Allah's commands in this world. He was very patient. He did not complain until his pain became severe. When he had chest pain and he was dying, he was calm, not anxious.

3.7. Borderline Model

A divorced fifty-year-old woman with a hip fracture was hospitalized by a righteous man. She was poor and said that she had asked Allah to help her. Inter-dependability with Allah was the cause for obeying Allah's commands. She did not leave her duties even when her leg was fractured. She always remembered Allah and sent blessing on Mohammad and his family all the time. She did not pray in the hospital. She said that there was no proper room for prayer, and that she would do it after being discharged. When a male stranger entered her room, she would follow hejab. She said that Allah was her creator and provider and would not forget her. She did not complain about Allah even in the hardest moments of her life. She said that she had accepted Allah's Will long ago. To overcome her problems, she called the Prophet Muhammad and Shia's Imams to approach Allah because of their credit in front of Allah. She participated in religious meetings to enhance her religious knowledge of Allah and Allah's commands. She believed that the afterlife is better than the life in this world. The aim of all this was to go near to Allah. She prayed for her nurses and her physicians and obeyed all her therapeutic orders. She also prayed for other patients to get well. She tried to help others for the sake of Allah and even agreed to hear all their news and sorrows.

4. Conclusions

4.1. Final Analytic Phase

As a result of the final fieldwork detailed above and a thorough literature review, a more comprehensive defini-

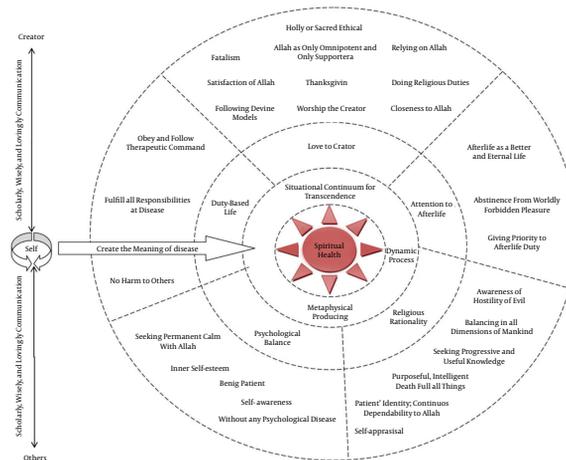tion of the concept of spiritual health in Islam can now be developed (Figure 1):

Figure 1. Concept Map of Spiritual Health in Islam

"In nursing, spiritual health is a dynamic process of approaching Allah, through which the patient gives meaning to the disease by communicating scholarly, wisely, and lovingly to the creator, the self, and others. This continuum to provide transcendence consists of love of the Creator, a duty-based life, religious rationality, and attention to the afterlife. The patient has different degrees, situations, and qualities on this continuum. Spiritual health causes psychological balance and actualized spirit like attributes of the Creator (Allah)."

Spiritual health in light of Islam is a series of actions or steps taken in order to develop sprit like attributes of the Creator (Allah), not just any God. It has constant changes, activities, or processes. The levels of spiritual health are dependent on how much an ill person is close to his Lord. This inner relationship is established and strengthened by following unique activities that have been prescribed by Allah Himself, even in illness. The patient creates the meaning of the disease through reflection on interconnectedness with Allah, the self, and others. Because, everyone is unique, this meaning should individually be created, not discovered. When the patient connects to Allah, spiritual health as a metaphysical product can lead to satisfaction, hope, personal stability, self-consciousness/awareness during disease. The patient understands that every event during the disease was designed purposefully and intellectually by Allah for enhancing the human spirit. Thus, the ill person keeps Allah in mind, remembers his love, reminds himself/herself of His Divine commands, and prepares himself/herself for greater obedience to Allah. Thus,

they continue their journey on the path of spiritual health and prepare to undergo any hardships in their path. The patient needs to keep in mind that his/her disease may lead to death. Thus, the patient must try to prepare for the reckoning of the Day of Judgment by carefully and lovingly doing all his/her religious duties during the disease and after that. The better a person does this–with a sense of responsibility, obedience, and humility, and with the object of seeking the pleasure of the Lord during the disease the nearer will the person be to Allah. An ill person sees a disease as a question paper. He/ she should give the best account of himself that he/ she can.

The core component of the theory of spiritual well- being in illness is the concept of finding spiritual meaning in the experience of illness. These attitude and behaviors include variables related to personal faith, spiritual contentment, religious practice, severity of illness, social support, and stressful life events (17). It seems that this meaning is extrinsic, not intrinsic. In comparison to this theory, the spiritual meaning of disease in light of the Islamic view is intrinsic. Ill people should create it by self-reflection on fitrah, the pure state of human beings. In the Islamic perspective, this meaning cannot be found or discovered. It should be created intrinsically. Therefore, this intrinsic meaning of illness is specific to every ill person and cannot be transferred to others. Additionally, other characteristics of the meaning of the disease are endogenous, internally processed, self- created, afterlife based and value based, dynamic, productive, experienced, individually understood, spirit originated, and intuitive in comparison to intrinsic meaning.

In western culture, spirituality is a way of being and experiencing. It comes about through awareness of a transcendent dimension characterized by certain identifiable values in regards to self, others, and whatever one considers the ultimate (18). Spirituality in health goes beyond religious affiliation that strives for meaning and purpose, even in those who do not believe in any god. Spiritual health does not embrace only religious belief and formal religious worship, but a universal concept experienced by and relevant to all (1). In the Islamic view of spiritual health, this is not acceptable. Spiritual health in Islam cannot develop with consideration of any god. In Islam, it is very critical for one person to consider only Allah as the Ultimate who created human beings and the entire world. The issue of spiritual health can only refer to two matters, the reality of the Creator and the relationship between the Creator and the created. By this definition, all actions, even prayers, are spiritual because they are undertaken for the pleasure of Allah. They link the material action with the purpose of life.

It is very important in Islamic healthcare that in the

Shi'a context, going beyond the material world to the metaphysics world needs some models to follow and guide human being towards Allah. This is another difference between spiritual health in Islam and other cultures.

Two manifestations of spiritual dimensions of humans is a feeling of interconnectedness with other living things in a horizontal way and with the Ultimate in a vertical way (18). However, according to the results of the present study, connectedness with Allah, the self, and others are in the same upward direction. Therefore, the most material of actions such as relationships with self and others become spiritual actions when linked to Allah's commands. In dealing with other people, one should try to please Allah. If not, spiritual health (nearness to Allah) cannot develop, and this leads to the decay of man.

Attention to the afterlife, duty-based life, and psychological balance are specific to our results and cannot be found in other spiritual theories.

Therefore, Islam has a unique perspective on spiritual health as it encompasses all aspects of a Muslim's life. In response to increasing interest in spiritual health/care in the nursing world, it is necessary to carefully study the difference between the Islamic concept of spiritual health and that of other religions and ideologies. For satisfying the spiritual needs of Iranian patients, suitable and useful nursing care should be designed.

In this study, we only included documents published in English or Persian languages. Documents in other languages, as well as unpublished data on spiritual health, were not included in this study.

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Footnotes

Authors' Contribution: Study concept and design: Abbas Heydari, Fatemeh Khorashadizadeh, Fatemeh Heshmati nabavi, Seyed Reza Mazlom; acquisition of data: Abbas Heydari, Fatemeh Khorashadizadeh, Fatemeh Heshmati Nabavi, Seyed Reza Mazlom; analysis and interpretation of data: Abbas Heydari, Fatemeh Khorashadizadeh, Fatemeh Heshmati Nabavi, and Seyed Reza Mazlom; drafting of the manuscript: Abbas Heydari, Fatemeh Khorashadizadeh,

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