**Spirituality/Religion Articles**


  This study aimed to assess the perception of hospitalized cardiac patients in coronary care units (CCUs) in the Gaza Strip about the importance of assessing and providing spiritual care to them. This was a cross-sectional study. A valid and reliable instrument previously developed by Musa was used to assess patients’ perception about the importance of assessing spiritual needs and providing spiritual care to cardiac patients admitted to CCUs.


  The purpose of this study was to examine spiritual quality of life (QOL) of veterans with intestinal ostomies. Male veterans with total scores in the upper (n = 59) and lower (n = 61) quartiles of the City of Hope Quality-of-Life—Ostomy survey provided spiritual QOL data. Analyses included chi-square and analysis of variance with significance set at p < .05. Content analysis was used to explicate narratives and focus groups.

*Note: Commentary by Joan Engebretson.*


  Cardiovascular disease affects an individual's body, mind, and spirit. The multidimensional impact of heart disease requires holistic care that includes the spiritual dimension for patients to achieve optimal healing and recovery. This pretest, posttest repeated-measures quasi-experimental study sought to examine the influence of a spiritual intervention on psychospiritual outcomes in a cardiac population.


  Ecospirituality provides a framework for exploring the spiritual dimension of person and environment and the dynamic interplay between this sacred dyad and human health. The aim of this phenomenological study was to explore and describe the experience of environmental meditation by using a new, spirituality-based meditation intervention that focused on ecospirituality with patients with cardiovascular disease. A convenience sample of 6 women and 2 men with ages ranging from 42 to 64 years and a mean age of 57 years (SD = 8.33 years) participated in the study. From the 8 journals and the researchers' field notebooks, 85 significant phrases or sentences were extracted, transposed into formulated meanings, and later collapsed into 4 theme clusters: Entering a New Time Zone, Environmental Reawakening, Finding a New Rhythm, and Becoming a Healing Environment. The findings of this study provide beginning support for holistic nurses and other healthcare professionals to integrate the use of ecospirituality meditation into their care of patients with cardiovascular disease and the groundwork for further exploration of the spiritual dimension of person and environment.

The specific aims of this pre-experimental pilot study were to determine the feasibility and preliminary efficacy of an individualized spirituality-based intervention on health-related outcomes (quality-of-life [QOL], depression, and anxiety) in community-dwelling patients with cardiovascular disease (CVD). Self-reported QOL, depression, and anxiety data were provided by cardiac patients recruited from three community-based organizations, (N = 27) at baseline and one month later. The Spirituality Scale developed by the principal investigator assessed study participants’ level of spirituality and scoring on the subscales activated one or more of three spirituality-based interventions. Repeated measures analysis of variance was used to evaluate temporal changes.


Literature across health care disciplines has come to acknowledge spiritual care as integral to holistic health promotion. However, caregivers often continue to be reluctant to explore the spiritual dimension of health with their clients. In order to help caregivers feel more prepared to offer spiritual care, the author has drawn upon the interdisciplinary literature to develop the T.R.U.S.T. Model for Inclusive Spiritual Care. This article introduces the T.R.U.S.T. Model and its foundational concept of ‘inclusive spiritual care’: relevant, non-intrusive care which tends to the spiritual dimension of health by addressing universal spiritual needs, honoring unique spiritual worldviews, and helping individuals to explore and mobilize factors that can help them gain/re-gain a sense of trust in order to promote optimum healing. The article also describes the T.R.U.S.T. Model’s origins, underlying assumptions, and its non-prescriptive outline for exploring five topics: ‘Traditions’, ‘Reconciliation’, ‘Understandings’, ‘Searching’, and ‘Teachers’. Guidelines are included for using T.R.U.S.T. to enhance holistic health care, with an emphasis on its use in holistic nursing practice.


Self-transcendence, the ability to expand one’s relationship to others and the environment, has been found to provide hope which helps a person adapt and cope with illness. Spiritual well-being, the perception of health and wholeness, can boost self-confidence and self esteem. The purpose of this descriptive correlational study was to describe the relationship between self-transcendence and spiritual well-being in adult Amish. A random sample of Old Order Amish was surveyed by postal mail; there were 134 respondents. Two valid and reliable questionnaires were used to measure the key variables. The participants had high levels of self-transcendence and spiritual well-being and there was a statistically significant positive relationship between the two variables. The findings from this study will increase nurses’ awareness of the holistic nature of the Amish beliefs and assist nurses in serving this population. Additional research is needed to develop further understanding of the study variables among the Amish.

The purpose of this study was to identify barriers in providing spiritual care to hospitalized patients. A convenience sample (N = 271) was recruited at an academic medical center in New York City for an exploratory, descriptive questionnaire. The Spiritual Care Practice (SCP) questionnaire assesses spiritual care practices and perceived barriers to spiritual care. The SCP determines the percentage that provides spiritual support and perceived barriers inhibiting spiritual care. The participation rate was 44.3% (N = 120). Most (61%) scored less than the ideal mean on the SCP. Although 96% (N = 114) believe addressing patients spiritual needs are within their role, nearly half (48%) report rarely participating in spiritual practices. The greatest perceived barriers were belief that patient’s spirituality is private, insufficient time, difficulty distinguishing proselytizing from spiritual care, and difficulty meeting needs when spiritual beliefs were different from their own. Although nurses identify themselves as spiritual, results indicate spirituality assessments are inadequate. Addressing barriers will provide nurses opportunities to address spirituality. Education is warranted to improve nurses' awareness of the diversity of our society to better meet the spiritual needs of patients. Understanding these needs provide the nurse with opportunities to address spirituality and connect desires with actions to strengthen communication and the nurse–patient relationship. Read the full article [here](#).


Spiritual practices are one way that individuals cope with cancer pain. The purpose of this study was to describe and contrast expressions and values about the use of spirituality for pain in African American (AA) and White (WH) oncology patients. Six groups (3 AA; 3 WH; n=42; mean age 58) were conducted. A focus group and qualitative methodology with a cultural interpretive lens was utilized. The Model of Integrated Spirituality provided the conceptual framework for understanding the narratives. Read the full article [here](#).


This article describes a factor analysis of a 22-item version of the Serenity Scale, a tool that measures spirituality and well-being. A sample of 87 participants, enrolled in a National Institutes of Health—funded clinical trial examining the impact of mindfulness-based stress reduction on symptom management post-solid organ transplantation, completed the abbreviated instrument.


Coronary artery bypass grafting (CABG) is associated with anxiety. Preoperative anxiety is considered a predictor for a range of suboptimal postsurgical outcomes. The objective of this study was to evaluate the effect of a spiritual/religious training intervention on anxiety in Shia Muslim individuals scheduled for CABG. A randomized controlled trial of a preoperative spiritual/religious training intervention, congruent with Islamic supplication (Zikr), was administered in five sessions of 45 minutes duration to test the impact on anxiety in comparison with standard care. Seventy participants were selected based on inclusion criteria and randomly allocated to treatment and control groups. Baseline levels of anxiety and the impact of the intervention were assessed using the Persian version of the Hamilton Anxiety Scale. Read the full article [here](#).
Delaney, C. (2005). The Spirituality Scale: Development and Psychometric Testing of a Holistic Instrument to Assess the Human Spiritual Dimension. *Journal of Holistic Nursing, 23*(2):145-167. The purpose of this study was to develop, refine, and evaluate the psychometric characteristics of the Spirituality Scale (SS). The SS is a holistic instrument that attempts to measure the beliefs, intuitions, lifestyle choices, practices, and rituals representative of the human spiritual dimension and is designed to guide spiritual interventions. A researcher-developed instrument was designed to assess spirituality from a holistic perspective. Items were generated to measure four conceptualized domains of spirituality. The SS was completed by 240 adults with chronic illness.

Drury, V. & Tiew, L. H. (2012). Singapore Nursing Students' Perceptions and Attitudes About Spirituality and Spiritual Care in Practice: A Qualitative Study. *Journal of Holistic Nursing, 30*(3): 160-169. This exploratory study investigated nursing students’ perceptions and attitudes about spirituality and spiritual care in practice. A qualitative interpretative approach was used to investigate the research question. In-depth interviews were conducted with 16 final-year preregistration nursing students from 3 different educational institutions offering a degree or diploma program in Singapore. Data were analyzed using the Miles and Huberman’s method of thematic analysis. Read the full article here.

Engebretson, J. & Wardell, D. (2006). Taxonomy of spiritual experiences. *Journal of Religion and Health, 45*(2), 215-233. Spiritual experiences are often associated with health crises, with little information about the structure of the experience. A taxonomic analysis was conducted on data from a group of healers, unveiling a structural model of spiritual experience comprised of three domains: circumstances, manifestation and interpretation. Circumstances included the aspects of setting, situation, and timing. Manifestation incorporated the modes of awareness and the phenomena of the experience. Components of interpretation included personal meaning and congruence with social norms. The examples reflected the orientation of the study population. Further research could examine the applicability of the taxonomy to other religious or spiritual orientations and may assist in clinical assessment of spiritual experiences.

Howell, E., Rew, L., Torres, R. & Wong, Y. J. (2007). Older adolescents' perceptions of the social context, impact, and development of their spiritual/religious beliefs and practices. *Issues in Comprehensive Pediatric Nursing, 30*(1-2): 55-68. Religious and spiritual beliefs and practices develop in the context of social relationships, influenced primarily by family and peers. Among older adolescents, such beliefs may shape important decisions. As part of a mixed method preliminary study of 28 university students, participants were asked to write about how similar or different their beliefs were from those of their parents and closest friends, how these beliefs influenced major decisions, and how their beliefs changed since attending the university. Most participants held similar beliefs to those of their parents and friends, one-half said these beliefs influenced major decisions, and one-half said their beliefs were unchanged since attending the university. Findings add to the description of how religious and spiritual beliefs develop during adolescence.

Social scientists are beginning to take an interest in the role that religiosity plays in the development of health behaviors throughout adolescence. Although there is mounting evidence of a relationship between these constructs, how and why such relationships exist is not well understood. In this exploratory study of 28 racially diverse university students, we examined whether the relationship between religious commitment and health behaviors could be detected through written language. The results indicated that religious commitment and various indices of healthy lifestyle practices were strongly correlated, that healthy lifestyle practices were related to use of causal words (representing cognitive attempts at understanding causes and effects) and first person plural words (representing social connectedness). The results were consistent with a model in which participants' use of causal words partially or fully mediated the relations between religious commitment and healthy lifestyle practices. Implications of findings and directions for future research are discussed.


The purpose of this study is to describe the Norwegian translation of the World Health Organization Quality of Life Spirituality, Religiousness, and Personal Beliefs module. This is an exploratory study using convenience sampling. Translation has followed the World Health Organization’s standardized protocol. Six focus groups were recruited from six geographical regions in southeastern Norway: three groups of health professionals (n = 18) and three groups of patients (n = 15).


Modern-day parish nursing is a specialized practice in professional nursing that addresses the spiritual, physical, and emotional health needs of clients within a faith community. Parish nursing care has been described as holistic care; however, few studies have focused on the holistic nature of parish nursing care. A qualitative study was conducted with the clients of parish nurses. Seventeen clients utilizing the services of 3 parish nurses in Christian faith communities participated in the study. Following the institutional review board approval, the clients were recruited with the assistance of the parish nurses. The clients completed a 7-item demographic questionnaire, followed by a face-to-face interview with the author who used a semistructured interview tool. The interview questions encompassed 6 aspects of parish nursing: education, personal counseling, health screenings, spiritual support, referrals, and health advocacy. The interviews were transcribed and analyzed by the author. The results of the study indicated that the clients in all 3 churches received holistic care from their parish nurses. The care they received addressed their spiritual, physical, and emotional health needs. Recommendations for future research and implications for the clinical practice of parish nursing, using a holistic approach, are included. The findings of future research and the holistic interventions of parish nurses could influence the funding and positions for parish nurses in the future.

Spirituality is often regarded as being helpful during an unwell person’s journey but definitions of the concept can be confusing, and its use synonymously with religion can be misleading. This research sought to answer the question, “What is the nature of spirituality in men with advanced prostate cancer,” and to discover the role spirituality may have in these men as they face the challenges of living with their disease. A qualitative approach and narrative method was used to explore the spirituality of nine men with advanced prostate cancer who volunteered to participate and to tell the story of their cancer journey with particular focus on their spirituality. The study found that spirituality for these men, who were all Caucasians, was a “holistic thing” that involved physical, psychosocial, and spiritual matters that enabled them to transcend the everyday difficulties of their journey. Through their spirituality they obtained greater comfort and peace of mind during what was for many of them a very traumatic time. The central theme in the men’s stories was that of connectedness—to themselves, to their partners, sometimes to a higher being, to other people such as their family and friends, and to other aspects of their lives.

Read the full article here.


The purpose of this study was to examine (1) the relationship between children's use of prayer as a coping strategy and other protective resources, and (2) whether children who prayed frequently and those who never prayed exhibited different levels of perceived stress and health behaviors. Prayer was found to be positively related to the protective resources of social connectedness and sense of humor. In addition, children who prayed frequently reported significantly higher levels of positive health behaviors than children who never prayed. These two groups of children did not significantly differ in their levels of perceived stress.


Breast cancer is the most commonly diagnosed cancer type among African American women. African American women often use spirituality to overcome the physical, psychological, and emotional burdens that accompany a breast cancer diagnosis. Spirituality has been used over the years by African American women to bring hope when dealing with hardships. This integrative review seeks to explore the importance of spirituality to African American women throughout the breast cancer experience. Thirteen qualitative and quantitative studies that discussed how spirituality was used to cope with breast cancer from initial diagnosis to survivorship were reviewed. Spirituality was found to be the main coping mechanism used during all phases of the cancer experience. To provide holistic nursing care, nurses must understand that spirituality is an important coping strategy used by most African American women with breast cancer. The implications for nursing that were identified include the incorporation of spiritual interventions and the utilization of culturally appropriate assessment tools.