

Investigating the Role of Spiritual Care in the Health of Affected People by Earthquake and Help-Seekers

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Review Article

Abstract

INTRODUCTION: Human life is always faced with two types of natural and man-made disasters; in this meantime, earthquake rank first among natural disasters and spiritual care is one of the appropriate solutions for maintaining physical and mental health in crisis situations. The present study aimed to investigate the role of spiritual care in maintaining the health of earthquake affected people and help-seekers.

METHODS: In this integrated review study, 20 Persian and English articles were obtained through systematic computer searches with keywords including spiritual care, earthquake affected people and help-seekers from databases such as Cochrane Library, CINAHL, PubMed, Web of Science, PsycINFO, and Scopus between 2010 and 2022.

FINDINGS: According to the findings, spirituality is one of the factors that can reduce pain and suffering during an earthquake and even increase hope and the possibility of recovery, and is a source of support for people at risk. People with high spirituality, whether affected ones or relief aiders, have higher physical and mental health.

CONCLUSION: The results of the study showed that in distressing situations such as earthquake, spiritual care can play a significant role in improving the physical and spiritual health of affected ones or relief aiders. Therefore, it is recommended that training programs be designed and implemented to increase spiritual skills in affected people by earthquake.

Keywords: Spiritual care; Affected people by earthquake; Help-seekers.

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Introduction

Unlike man-made problems, humans are not responsible for creating natural disasters; these events occur from time to time and cause heartbreaking tragedies. In terms of surprise and unpredictability, earthquakes rank first among natural disasters (1).

Earthquakes are one of the most catastrophic disasters and cause many casualties worldwide every year. Iran is also one of the countries most exposed to earthquakes in the world due to its location on one of the seismic belts (2).

Since 2000, major earthquakes have killed and injured more than 800,000 people. According to evidence, in addition to physical injuries, many earthquake affected ones suffered from psychological disorders, which in turn caused physical illnesses and reduced quality of life. (3-6) According to Rivera, "several studies have

attempted to identify psychological resources that positively contribute to preventing or reducing the risk of mental disorders." Among the known protective variables are self-efficacy and spirituality (5). On the other hand, Humans may seek refuge in God in difficult life situations when they have lost support and hope, which usually has a positive effect on their performance (7-10) Many people turn to spirituality when faced with illness and problems. Furthermore, there is evidence that resorting to spirituality is effective in coping with and improving mental and physical problems. (11&12)

Spirituality refers to the way of searching for and expressing meaning and purpose in life and experiences in relation to oneself, others, nature, spirituality or sacredness. Meanwhile, spiritual coping means using religion and spirituality to cope with stressful situations that occur throughout life (13&14).

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Spiritual coping, resulting from a sense of connection with God, reduces the effects of stressful life situations and has a positive effect on improving psychological well-being and satisfaction. In general, spirituality and spiritual coping are an integral part of people's lives and have a significant impact on their health. There is no consensus on the definition of spirituality, and in fact, the debate in academic literature about the conceptualization and definition of spirituality and religiosity continues. (11)

Spirituality has been described as a broad term to express different meanings and interpretations of this term (2). Regardless of how spirituality is defined or conceptualized, it has been reported to contribute to the health and well-being of individuals (6).

Spiritual health is one of the dimensions of health that, along with other dimensions such as physical, mental, and social health, plays an important role in promoting health and preventing diseases. In other words, spiritual health requires a balance between values, goals, beliefs, and relationships with oneself and others. Spiritual health has two horizontal and vertical dimensions. Its horizontal dimension includes a sense of satisfaction and purpose in life, which is called "existential health," and its vertical dimension includes a sense of health in connection with God, which is called "spiritual health." Spiritual health is associated with a number of positive outcomes, including greater tolerance of the emotional and physical demands of illness among patients (8), reduced pain, stress, and negative emotions (7), and reduced risk of depression and suicide. (8)

Spiritual care is a multidimensional concept that includes issues such as practice and activity in areas such as respect, maintaining patient privacy, and active listening to the patient. It is defined as activities and methods of care that improve the quality of life and health of individuals, the most important role of which is the balance of physical, mental, psychological, and social aspects. Currently, in many countries of the world, it is considered an integral part of nursing activities. Spiritual care is a fundamental part of nursing practice and often plays an important role in responding to patients' questions and expectations. Therefore, addressing the spiritual needs of patients and clients is one of the necessities of community-based nursing care. It can be said that determining and understanding the spiritual needs of patients, their families, and

caregivers is one of the professional competencies of nurses; because nurses must know that even patients who do not have spiritual and religious beliefs; have their own spiritual needs; Because life activities, habits, lifestyle, diet, and leisure time are a type of spiritual activity that varies depending on each person's beliefs. (8)

Natural disasters in the past few decades in the world have undoubtedly had various effects on society in terms of physical, social, economic and psychological aspects. A natural disaster is essentially a tragedy that creates an unknown emotional feeling and causes a change in a person's life; so that the person is forced to adapt to the existing conditions or overcome the changes that have been made. Spiritual care is an aspect that is influenced by culture, religion, growth, life experience and is more than a sense capable of providing the mind, beliefs and outlook of a person on life: it has a continuous orientation to be able to increase the intellect and power to achieve more. In fact, a person is a holistic being that is composed of physiological, psychological, sociological, cultural and spiritual aspects and failure to meet human needs in one of the above dimensions will cause unhealthy conditions. These conditions can be understood considering that the physical, psychological, social, spiritual and cultural dimensions of an entity are interconnected. It is important to note that spiritual care is not synonymous with religious care or social care. In spiritual care, fundamental human questions such as the meaning of life, suffering, and death are answered and are considered a more general concept than religious and non-religious care, and its religious dimension includes actions such as prayer, fasting, communication with God, mosque, religious ceremonies, or referral to a spiritual leader. The non-religious dimension of spiritual care includes counseling, emotional support, encouragement to express feelings, strengthening positive thinking, and empathetic communication. It has also been reported that patients who receive adequate spiritual care are more satisfied with their hospital care and treatment. While in religious care, religious activities such as prayer, prayer, or meeting with a spiritual person are also activities that, in addition to answering existential questions, help people better understand life crises. (9)

The opposite seems to be true for unmet spiritual needs, with the suggestion that when

patients' spiritual needs are not met, lower levels of satisfaction with the care they receive are observed. (10) Unmet spiritual needs appear to have a profound impact on patient well-being. (11) These adverse outcomes include reduced levels of quality of life, increased risk of depression, and decreased perceptions of spiritual well-being. (12)

Spiritual needs are recognized as an important part of nursing care and assessment and as such can be considered as a patient outcome. Indeed, there is increasing international emphasis on the importance of patients' spiritual needs. (14) Spiritual care is believed to be a major part of the nursing role. (13) This is consistent with the nurse's role as a multifaceted one that focuses on comprehensive care and encompasses the physical, psychological, social and spiritual needs of patients. (15) Research acknowledges that spiritual distress may occur at any time during the course of illness and, as such, nurses should be prepared to provide spiritual care whenever needed, including through the provision of a spiritual needs assessment. (16) It has also been found that nurses were both more likely to provide spiritual care and to have contact with specialist spiritual carers than doctors. (17)

The lack of a clear definition of spiritual care, as well as confusion about spiritual distress, may make nurses less likely to provide spiritual care to their patients. (13) A perceived lack of skill in spiritual care and preparation (18) and a lack of self-confidence may also play a role. (1)

Nurses and help-seeker have a set of skills to serve the community and have been serving in the disaster area for more than a century. Traumatic

events such as earthquake are dangerous and beyond the normal experiences of people. Many people have specific psychological reactions to traumatic events. They are initially stunned and confused and do not understand what harm has been done to them, but then thoughts, feelings, or behaviors appear among people who have been injured or have seen painful scenes. These people worry about being alone, their safety, health, and the lives of their loved ones and become confused. Given that few studies have been conducted on the problems and disorders of earthquake affected people, the present study aimed to review the role of spiritual care in the health of earthquake affected people and help-seekers.

Methods

In this integrated review study, 20 Persian and English articles were obtained through systematic computer searches with keywords including spiritual care, earthquake affected people and help-seekers from databases such as Cochrane Library, CINAHL, PubMed, Web of Science, PsycINFO, and Scopus between 2010 and 2022. Keywords such as spiritual care earthquake affected people and help-seekers were searched. Duplicates were removed, titles and abstracts of the articles were reviewed, and inappropriate articles were excluded.

Findings

Based on the literature review, ten criteria related to spiritual care and assessment were identified in the present study and divided into five subgroups (Table 1).

Table 1. Dimensions and criteria of spiritual care

Name of the criterion and dimension of spiritual care	Characteristic
Spirituality and Spiritual Care Rating Scale (SCCRS)	Assessing nurses' beliefs and values in four domains: Spirituality (beliefs about the way nurses can provide spiritual care); Spiritual care; Expression of religiosity; Personal care.
Student Survey of Spiritual Care (SSSC)	Assesses students' perceived ability to provide spiritual care, their religious commitment, and the degree of emphasis on spirituality during nursing education.
Spiritual Care In Practice (SCIP)	Frequency of using different methods to diagnose patient symptoms and provide spiritual interventions.
Spiritual needs	Need for hope, love and affection.
Access to participate in religious ceremonies	Providing facilities to participate in religious ceremonies such as prayer etc.

Studies show that spirituality is an important part of emotional well-being for many people, and often, healthcare providers who have direct contact with trauma survivors, including nurses, make efforts to incorporate spirituality into individual patient care. (18-22)

Spiritual Care Measurement Tools

A. Spirituality and Spiritual Care Rating Scale (SCCRS)

SCCRS is an instrument developed to assess nurses' beliefs and values regarding spirituality and spiritual care. The initial scale consisted of 23 items, which were refined to a final 17 items with responses on a five-point Likert scale after pilot testing on 70 nurses working in surgical wards. Validation was conducted on a sample of 1029 nurses working in the ward, and factor analysis identified four subscales: spirituality, spiritual care, religiosity, and personal care (22).

B. Spiritual Care in Practice (SCIP)

SCIP is an instrument used to measure the frequency of use of different methods to recognize a patient cue and providing spiritual interventions. It is a survey made of 12 items with answers on a five-point Likert scale. Its psychometric properties were tested on a sample of 78 nurses. (21)

C. Spiritual Care Inventory (SCI)

SCI (23) is an instrument developed to assess spiritual care provision. It was developed starting from a grounded theory study on the provision of spiritual care by nurses that labelled seven categories: recognition of patient cue, decision to engage/not engage in spiritual care, spiritual care intervention, immediate emotional response, searching for meaning, formation of meaningful memory and spiritual well-being. The first version was designed with 48 items with answers on a five-point Likert scale, tested on 298 adults (patients, nurses, general population). (20) After an exploratory factor analysis, a final version of the scale with 17 items was released and tested on 78 adults (nurses and nursing students). It includes three subscales: Spiritual nursing intervention, meaning making, and faith rituals.

D. Communicating for Spiritual Care Test (CSCT)

CSCT is an instrument developed to evaluate the knowledge about how to communicate to

provide spiritual care. It is formed of 24 items with true/false answer options on: using personal 'woundedness' for healing purposes; listening to spiritual pain; making sense of what is heard; creating verbal responses to patients' expressions of spiritual pain. (24)

E. Spiritual Care Needs Inventory (SCNI)

SCNI nurses version (25), is an instrument developed to assess nurses' willingness to provide specific aspects of spiritual care. It is based on the 21 items SCNI for patients (26) which identifies two subscales: Caring and Respecting and Meaning and Hope. In this nurses' version, the response categories were changed from "needs" (need, neutral, do not need) to "willingness" (willing, don't know how to provide, unwilling). (27)

F. Modification of the Response Empathy Scale (RES)

RES (28) is an instrument assessing the ability to respond empathically to patient spiritual pain. It is made of three vignettes illustrating different patient expressions of spiritual pain. Respondents are asked to write down verbatim what 'would be the most spiritually healing response' that they would 'speak in immediate response' to each vignette. Each response is rated according to criteria including four items with five-point Likert scales: topic centrality, staying 'here and now', choice of words, and exploratory manner. Scores range from 12 (low)- 60 (high empathy). (29)

Reviewing studies using the measures listed above, evidence around willingness to provide spiritual care appears to suggest that nurses are generally willing to provide spiritual care. (19) The domains of spiritual care assessed included two aspects of spiritual care: "caring and respecting" and "meaning and hope", outlining a total of 21 different spiritual care activities. Nurses were willing to provide spiritual care to their patients, particularly in the areas of "listening", "accompanying", "providing reassurance", "providing interaction" and "respect for religious and cultural beliefs".

Psychological and spiritual interventions for earthquake affected people

A. Psychological support and relief

In most studies reviewed after the earthquake, help-seekers immediately went to the disaster area

to provide psychological and spiritual care to the affected people and their families in shelters, hospitals, and burials in cemeteries. With a one-on-one approach, a care team was established for each survivor to provide long-term care and create a sustainable support.

B. Providing mental health services

With the help of medical professionals in hospitals, professional counseling has been provided to survivors and their families, aid workers, volunteers, and the general public.

C. Supporting help-seekers with love and affection

First responders and aid workers often face severe physical and mental stress due to long and intensive search and rescue operations. And with the support of responsible organizations such as the Red Crescent Society, they receive hot meals and energy-rich snacks around the clock until the end of the search and rescue phase. In addition, RCS provides seasonal clothing and equipment to help aid workers, and further motivates and encourages aid workers and help-seekers to talk about their feelings to reduce stress and rebuild their morale during and after search and rescue operations.

D. Calming people down

Not all residents of the affected area suffer physical injuries, but they may suffer from anxiety and fear that are often ignored. In studies conducted after earthquakes, groups of help-seekers and medical professionals went door-to-door to talk to residents and listen to their concerns to reassure them and reduce their anxiety. For families in need, volunteers assessed their needs and provided charitable services.

E. Providing spiritual care

Natural disasters, including earthquake, cause a lot of damage. Therefore, affected ones need more spiritual care to maintain and raise their spirits. By increasing life expectancy with the help of spiritual care such as prayer and.., the loss of life in earthquake can be reduced.

The role of spiritual care in the health of people affected earthquake and help-seekers

Disasters, especially natural disasters, can have severe adverse effects on the mental and spiritual health of survivors and affected people and disrupt their spiritual, physical, psychological,

and social health. Accordingly, meeting the physical and psychological needs of the injured plays a very important role in their successful full rehabilitation. Spirituality is often defined as an individual's views and behaviors that are influenced by a connection to God or a higher power in the universe and is one of the variables that contributes to the resilience of survivors of natural and technological disasters. (30)

Religion and spirituality are related but distinct, as held by previous research where spirituality relates to interconnectedness with a transcendent being (spiritual perceptions).(31)

Discussion and Conclusion

In disasters, natural or man-made, improving the provision of spiritual care is crucial, and helping affected people and meet their spiritual needs is internationally recognized (14). Actually, in cases where spiritual needs are met, lower levels of spiritual distress are observed (23&25); furthermore, there are reports that adequately meeting spiritual needs can facilitate recovery. (26&28)

Despite the urgency of this situation, there is still a need to conceptualize, define, and operationalize spirituality so that training can be provided to increase the ability to assess and support spiritual needs. It appears that training and/or interventions can play an important role in the provision of spiritual care by nursing health care professionals.

Research (19) suggests that the source of spiritual care training can influence the willingness to provide specific aspects of spiritual care: those who had participated in continuing professional development were most likely to state that they were "willing to guide patients. For example; school and self-directed training." This may indicate that training from different sources can lead to competence in different areas. Therefore, it may not be enough to simply ensure that nurses are trained in providing spiritual care. The above study divided spiritual care knowledge into different aspects and suggested that knowledge varies across different types of spiritual care. It has been reported that nurses were often less knowledgeable about spiritual care under the meaning and hope factor of spiritual care than under the care and respect factor (considered above), and this affects their comfort with providing spiritual care in specific areas (19).

The findings showed that one factor that can reduce pain during an earthquake and even increase hope and the likelihood of recovery is spirituality, which can be a source of support for people at risk. It has also been shown that people with higher spirituality have higher physical and mental health, both in the case of affected ones and earthquake responders. According to this article, it can be said that in distressing situations such as earthquakes, spiritual care can play a significant role in improving their physical and spiritual health. Therefore, it is recommended that educational programs be designed and implemented to increase spiritual skills in earthquake affected individuals.

In conclusion, it must be said that spiritual health researchers should consider these distinctions in their studies within a specific culture. Meanwhile, aid workers should also consider spiritual support to empower natural disaster survivors by utilizing their religious and spiritual beliefs as a coping strategy.

Compliance with Ethical Guidelines

There were no ethical considerations in this research.

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Conflict of Interests

None.

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References

1. Soltani Nejad A, Barshan, A., Baniasad, A, Sam, A., Sadie, A. [Investigating social vulnerability of the elderly in Bam, Varzaghan, and Ahar earthquakes. *Iranian Journal of Ageing (Persian)*], 2017;12(3), 360-371. <https://doi.org/10.21859/sija.12.3.360>
2. Babaie J, Ardalan A, Shaterzadeh M A, Ronaghi M, Mehdizadeh K, et al. [Public health system response to 5 December 2012 South Khorasan earthquake (a case study) (Persian)]. *Journal of Rescue & Relief* 2014; 6 (2)
3. McKenzie JS, Banskota B, Sirisreetreerux N, Shafiq B, Hasenboehler EA. A review of the epidemiology and treatment of orthopedic injuries after earthquakes in developing countries, *World J Emerg Surg*, 2017; 12(1):9-15.<https://doi.org/10.1186/s13017-017-0115-8>
4. Ren, J. H., Chiang, C. L. V., Jiang, X. L., Luo, B. R., Liu, X. H., & Pang, M. C. Mental disorders of pregnant and postpartum women after earthquakes: a systematic review. *Disaster medicine and public health preparedness*, 2014; 8(4): 315-325. [HTTPS://DOI.ORG/10.1017/dmp.2014.62](https://doi.org/10.1017/dmp.2014.62)
5. González-Rivera, J. A., & Rosario-Rodríguez, A. Spirituality and self-efficacy in caregivers of patients with neurodegenerative disorders: An overview of spiritual coping styles. *Journal of Religions*. 2018; 9(276):2-12. <https://doi.org/10.3390/rel9090276>
6. Salamizadeh A., Mirzaei T., Ravari A. [The impact of spiritual care education on the self-efficacy of the family caregivers of elderly people with Alzheimer's disease (Persian)]. *International Journal of Community Based Nursing and Midwifery*, 2017; 5(3): 231-238.
7. Aghamohammadi T, Seyed Bagher MS, Mohammadi Shahbolaghi F, Dalvandi A, Khaleghipour M. [Investigating the effect of self-management program on self-efficacy in elderly patients with heart failure (Persian)]. *Journal of Nursing and Midwifery*. 2016; 14 (12): 1013-1023
8. Didarloo A., Rahmatnezhad L., Sheikhi S., Khodai F. [Relationship of spiritual health and perceived stress with breastfeeding self-efficacy: A survey on mothers with hospitalized neonates(Persian)]. *International Journal of Pediatrics*, 2017;5(12): 6179-6188.
9. Hosein-Nejad M., Aziz-zadeh-Forozi M., Mohammad-Alizadeh S., Haghdoost AA. [Role of self-efficacy predictors in nutritional behaviors of Kerman high school female students in 2006-2007 academic year (Persian)]. *JSSU*,2008;16(3):320-320.
10. O'Brien MR, Kinloch K, Groves KE, Jack BA. Meeting patients' spiritual needs during end-of-life care: A qualitative study of nurses' and healthcare professionals' perceptions of spiritual care training. *J Clin Nurs*. 2019;28(1-2):182-9. <https://doi.org/10.1111/jocn.14648>
11. McSherry W, Jamieson S. An online survey of nurses' perceptions of spirituality and spiritual care. *J Clin Nurs*. 2011;20 (11-12):1757-67. [HTTPS://DOI.ORG/10.1111/j.1365-2702.2010.03547.x](https://doi.org/10.1111/j.1365-2702.2010.03547.x)
12. Burkhardt, M. A. Spirituality: An analysis of the concept. *Holistic nursing practice*, 1989; 3(3), 69-77. <https://doi.org/10.1097/00004650-198905000-00011>
13. Tanyi RA. Towards clarification of the meaning of spirituality. *J Adv Nurs*. 2002;39(5):500-9. <https://doi.org/10.1046/j.1365-2648.2002.02315.x>
14. Dossey L. Prayer is good medicine: how to reap the healing benefits of prayer. Harper San Francisco: New York, 1st ed, 1996
15. Büssing A, Balzat HJ, Heusser P. Spiritual needs of patients with chronic pain diseases and cancer-

- validation of the spiritual needs' questionnaire. *Eur J of Med Res.* 2010;15(6):266-273. <https://doi.org/10.1186/2047-783x-15-6-266>
16. Balducci L. Geriatric oncology, spirituality, and palliative care. *Journal of Pain and Symptom Management.* 2019;57(1):171-5. <https://doi.org/10.1016/j.jpainsymman.2018.05.009>
17. Blaber M., Jone J., Willis D. Spiritual care: which is the best assessment tool for palliative settings? *International journal of palliative nursing.* 2015; 21(9): 430-438. <https://doi.org/10.12968/ijpn.2015.21.9.430>
18. Caldeira S., Carvalho E. C., Vieira M. Spiritual distress-proposing a new definition and defining characteristics. *International Journal of Nursing Knowledge,* 2013; 24(2): 77-84. <https://doi.org/10.1111/j.2047-3095.2013.01234.x>
19. Stranahan S. Spiritual perception, attitudes about spiritual care, and spiritual care practices among nurse practitioners. *Western Journal of Nursing Research.* 2001;23(1):90-104. <https://doi.org/10.1177/01939450122044970>
20. Willemse S., Smeets W., Van Leeuwen E., Janssen L., Foudraine N. Spiritual care in the ICU: Perspectives of Dutch intensivists, ICU nurses, and spiritual caregivers. *Journal of Religion and Health,* 2018; 57: 583-595. <https://doi.org/10.1007/s10943-017-0457-2>
21. Giske T, Cone PH. Discerning the healing path-how nurses assist patient spirituality in diverse health care settings. *J Clin Nurs.* 2015; 24(19-20):2926-35. <https://doi.org/10.1111/jocn.12907>
22. Chan, M. F., Chung, L. Y. F., Lee, A. S., Wong, W. K., Lee, G. S. C., et al. Investigating spiritual care perceptions and practice patterns in Hong Kong nurses: results of a cluster analysis. *Nurse education today,* 2006; 26(2): 139-150. <https://doi.org/10.1016/j.nedt.2005.08.006>
23. Burkhart L, Schmidt L, Hogan N. Development and psychometric testing of the Spiritual Care Inventory instrument. *J Adv Nurs.* 2011;67(11):2463-72. <https://doi.org/10.1111/j.1365-2648.2011.05654.x>
24. Keall R, Clayton JM, Butow P. How do Australian palliative care nurses address existential and spiritual concerns? Facilitators, barriers and strategies. *J Clin Nurs* 2014;23(21-22):3197-205. <https://doi.org/10.1111/jocn.12566>
25. Wu LF, Tseng HC, Liao YC. Nurse education and willingness to provide spiritual care. *Nurse Educ Today.* 2016a; 38:36-41. <https://doi.org/10.1016/j.nedt.2016.01.001>
26. Wu LF, Koo M, Liao YC, Chen YM, Yeh DC. Development and validation of the spiritual care needs inventory for acute care hospital patients in Taiwan. *Clin Nurs Res.* 2016b;25(6):590-606. <https://doi.org/10.1177/1054773815579609>
27. Rushton L. What are the barriers to spiritual care in a hospital setting? *British Journal of Nursing.* 2014;23(7):370-4. <https://doi.org/10.12968/bjon.2014.23.7.370>
28. Elliott R, Filipovich H, Harrigan L, Gaynor J, Reimschuessel C, Zapadka JK. Measuring response empathy: The development of a multicomponent rating scale. *Journal of Counseling Psychology.* 1982;29(4):379-87. <https://doi.org/10.1037/0022-0167.29.4.379>
29. Hu Y, Li F, Chiou JF. Psychometric properties of the Chinese mainland version of the Palliative Care Spiritual Care Competency Scale (PCSCCS-M) in nursing: a cross-sectional study. *BMC Palliat Care.* 2019;18(1):27. <https://doi.org/10.1186/s12904-019-0409-6>
30. Nejati-Zarnaqi B., Khorasani-Zavareh D, et al. [Factors challenging the spiritual rehabilitation of Iranian men affected by natural disasters: a qualitative study (Persian)]. *Journal of Religious Health.* 2022; 61: 3129-3150. <https://doi.org/10.1007/s10943-022-01590-w>
31. Dein S. Spirituality, psychiatry and participation: a cultural analysis. *Journal of Transcultural Psychiatry.* 2005;42(4):526-544 <https://doi.org/10.1177/1363461505058909>