

Spiritual Care Experiences of Iranian Nursing Students

A Descriptive, Exploratory Study

Zahra Tazakori ○ Sussan Valizadeh ○ Eissa Mohamadi ○
Hadi Hassankhani ○ Marjan Foladi

Little is known about spiritual care experiences of Iranian nursing students. This qualitative study aimed to provide greater insight into how nursing students experience spiritual care. Using descriptive, exploratory qualitative approach researchers concurrently collected and thematically analyzed data from interviewing 18 Iranian nursing students (BS course) enrolled at the Universities of Iran. A semistructured interview with each student provided data on their spiritual care experiences. Data were analyzed using constant comparative analysis techniques. Thematic categories were constructed based on religious beliefs, nursing spiritual care, and the cultural aspects of spiritual care. The results of this study demonstrated that nursing students in Iran had experiences related to spiritual care, and there were cultural barriers prohibiting their actions, which resulted in trying to hide some spiritual interventions from others or addressing spiritual needs or not. Students wanted to recognize their patients' spiritual needs, but providing such care was difficult.

KEY WORDS

cultural beliefs of care, nursing students' spiritual care, spiritual care

Zahra Tazakori, is Nursing PhD candidate, Department of Nursing, School of Tabriz University of Medical Sciences, and Faculty Member, Ardabil University of Medical Sciences, Iran.

Sussan Valizadeh, is Assistant Professor, Tabriz Nursing and Midwifery Faculty, Tabriz University of Medical Sciences, Iran.

Eissa Mohamadi, is Associate Professor, Tarbiat Modares Nursing and Midwifery Faculty, Modares Tazakori University of Medical Sciences, Tehran, Iran.

Hadi Hassankhani, is Assistant Professor, Tabriz Nursing and Midwifery Faculty, Tabriz University of Medical Sciences, Iran.

Marjan Foladi, is Assistant Professor, College of Nursing, Florida State University, Tallahassee.

Address correspondence to Zahra Tazakori, Nursing School, Ardabil, Center Islamic Republic of Iran (z.tazakori@arums.ac.ir; tazakori@yahoo.com).

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In recent years, there has been a growing interest in the spiritual dimension of healthcare. Nursing theorists in late 1970s to 1980s began to emphasize the importance of holistic and spiritual care.¹ The World Health Organization² defined health composed of four domains for human well-being: (1) physical, (2) mental, (3) social, and (4) spiritual. According to WHO,² spiritual health is at the core of determining if a person is living a meaningful life. With this recommendation, provisions in nursing curriculum all over the world were made to include spiritual care. Nurse leaders such as Henderson (1961), Travel-bee (1971), Macrae (1995), and Neumann (1995) believed that nurses are the best witnesses of how spiritual care can improve patients' health and overcome disease.³ Therefore, offering spiritual care is a fundamental part of the nursing role, and nurses have a significant influence on the patients' spiritual well-being.³

While most studies agree that providing spiritual care is a necessary part of nursing care, there seem to be some challenges in delivery of optimal spiritual care.⁴ Sheldon⁵ believed that although spiritual care is difficult for some nurses, it is an important part of care and not to be ignored. One assumption is that many nurses are unprepared for providing spiritual care and often neglect this aspect of the patient care.⁶ Others have discussed the complexity of finding definitions for spirituality and spiritual care and increasing nurses' understanding and practices of spiritual care.⁷ Some studies have reported that when students are clinicians engaged in spiritual care, they gain experience for spiritual care in practice.⁸ Nursing textbooks have insufficient information or clear direction for teaching and learning spiritual care concepts.¹ While nursing is strongly a caring profession, little is known about how to teach spiritual care to students. Bradshaw⁹ believed that spiritual learning is "caught rather than taught," and students learn by observing their teacher's behavior. Some of the nursing graduates have reported that their perception of spirituality came from personal experiences, family beliefs, and the teacher's behavior.^{3,10}

Although it is sometimes difficult for nurses to incorporate a spiritual assessment and interventions into their

practice, it is important for patients that this dimension not be ignored. Most studies on spirituality have been done in Western countries and in a Christian-based community, and few studies have explored Iranian nursing students' spiritual care experiences. These students face different situations when compared with Western countries, and their cultural concepts regarding respect for patient, family, health beliefs, and religion are vastly different. Teaching spiritual care concepts must be structured in a specific sociocultural frame where patients' needs are met without violating deeply rooted religious beliefs.

The nursing profession in Iran would benefit from a program to teach spiritual care based on the Islamic culture by Muslim nursing students. This study was designed to explore and gain greater insight and understanding into the way these students experience providing spiritual care for their patients in order to develop a separate learning module to supplement nursing curriculum in Iran.

METHODS

In an effort to understand the Iranian nursing student's spiritual care experiences, we used a qualitative, descriptive, and exploratory study, and according to Strauss and Corbin,¹¹ such a design is ideal for the investigation of a particular phenomenon that little is known. Semistructured interviews were based on the grounded theory method of inquiry by Strauss and Corbin.¹¹ It was determined that this method would aid in exploring the Iranian nursing students' spiritual care experiences, which would include concurrent data generation for analysis and constant comparison of data to identify *in vivo* codes.¹² We used the participants' own words in the form of *in vivo* codes.

Following the university ethics clearance approval, the researcher assured participants of their privacy, confidentiality, and anonymity. Verbal and written consents were obtained from all interviewers for the audiotaped interviews. Participants were given a code to ensure anonymity and confidentiality. Transcripts and information pertaining to participants were kept locked.

According to two expert supervisors' (M.F. and Dr M. Krimollahi) viewpoints and suggestions, it was assumed that nursing students in their second year of education and higher education (>2 years) could serve as suitable key informants regarding spiritual care because clinical training of nursing students commences from the second year in Iran. Therefore, students with higher education (>2 years) who had spiritual care experiences and were interested in sharing their experiences were recruited to this study. Twelve females and six males were recruited for the study using a purposive sampling technique. Students were recruited from different universities in three cities in Iran for variation in geographic areas, and ages

ranged between 21 and 36 years with a mean 27.5 years. BSN in Iran is instructed in two levels: continued BS (4 years) and uncontinued BS (2 years for associate degree of nursing program [AND] +2 years for completing BS). As nursing curriculum in Iran is a centralized system, all nurses receive the same type of education. Participants were 18 undergraduate nursing students: 11 with continued BS and seven uncontinued BS.

Data Collection

Semistructured face-to-face interviews were conducted with participants at the university or units of hospitals of Ardabil, Tabriz, and Isfahan. Each interview lasted between 50 and 70 minutes based on the participant's time schedule, and no financial incentive was provided. All interviews were recorded and audiotaped after receiving permission from the participants and subsequently transcribed verbatim. The interview process began with an opening remark and question asking, "Tell me about your spiritual care experiences?" "What is the meaning of spiritual care to you?" "How do you handle your patient's spiritual care?" "What conditions or persons help you learn or do spiritual care?" The questions that followed were based on the individual participant's responses, and probing questions helped and encouraged the respondents to describe their experiences in detail. The questions in later interviews were focused on exploring the concepts that had arisen in earlier interviews.¹² Concurrent data analysis was adopted to identify the need for further clarification through more interviews by questions raised from concepts presented in earlier interviews.¹¹ Eighteen interviews were conducted. Interviews were scheduled to avoid interruptions in the student's time for class and clinical time (Table 1).

TABLE 1 Individual Characteristics of the Participants

Trimesters of education		Range, 5-8
Age, y	21-25	n = 10
	26-30	n = 3
	31-35	n = 3
	>35	n = 2
Male	n = 6	33%
Female	n = 12	67%
Level of education		Continued (BS), n = 11
		Uncontinued (AND + 2 y BS), n = 7



Data Analysis Coding and Categorizing

All recorded interviews were transcribed individually. Data were concurrently analyzed using the constant comparative analysis method. This approach used analyzed transcribed interviews to proceed to the next interview with probing questions.¹³ In order to identify patterns within the text, thematic analysis was used.¹⁴ Data were coded based on concept similarities and differences by line-by-line review and analysis.¹³ Codes were then organized into themes, and coding continued until saturation.¹⁵ After 14 interviews categories and codes tended to be repetitious, the researchers felt that data had been saturated. The four remaining interviews were done in order to complete and confirm the themes that emerged. Findings were discussed with three of the participants to identify authentic emerging codes and thematic categories. They acknowledged that findings reflected their experiences.

Rigor

A number of measures could enhance the rigor of qualitative research¹⁶ and include the following criteria: auditability, confirmability, authenticity, and transferability.¹⁷ According to procedures by Mills et al,¹⁴ the primary researcher of this study used reflective memos in order to develop an audit trail of research process. By reflective memos, the researcher's assumptions and ideas of social context, biases and prejudices to the collection, and analysis and interpretation of data affecting the phenomena under investigation were made explicit. (The "audit trail" includes the raw data in all forms: the data reduction and analysis products including field notes, summaries, quantitative summaries.) Credibility was also enhanced through field note writing, memoing (researcher's assumptions and ideas of social context), prolonged engagement (multiple readings of interviews and interviewing or observing the same person more than once or for an extended period), using member checking or participants' revisions, and peer checking. Findings were reviewed and verified with three participants who had shared more personal reflections on spiritual care experiences and with longer involvement with spiritual care concepts. Two faculty members familiar with qualitative methods reviewed and verified the findings. In addition, with maximum variation of sampling, we tried to confirm the conformability and credibility of the data. This study provided sufficient descriptive data for some of the nursing students to judge whether the results were transferable.

Ethical Consideration

Ethical approval and institutional permission were obtained from the Research Ethics Committee at Tabriz University of Medical Sciences. Written informed consent for interviews with nursing students (participants) was ap-

proved with assurance to secure the participants' privacy, confidentiality, and anonymity.

RESULTS

Data analysis generated two major themes listed as (1) religious beliefs about human, nurse, and care and (2) cultural barriers to providing spiritual care.

Theme 1: Religious Beliefs About Humanity, Nursing, and Care

Most people in Iran are Muslim. Religious beliefs are important to all Muslim, and Islam emphasizes that man is a substitute for God on earth *جاءل في الارض خليفه*. In the Holy Quran sura Beghare verse 30, God says: "I put you caliph of Allah in earth." Therefore, Muslim nursing students in Iran believed that, when they care for a patient, they are in fact caring for God's substitute, and their best is required. Students learn from their religion, and similarity from nursing ethics courses respect to all people without consideration for ideology, religion, and ethnicity. Therefore, in Iran, nursing students are prepared to address the spirituality needs of patients even if outside their own beliefs.

In Islam, there are no differences between spirituality and religion. Rassool¹⁸ argues that the concepts of holism and spirituality are at the center of Islamic beliefs and that Islamic teachings and practice have enabled the production of a holistic framework in meeting the physical, spiritual, and environmental needs of any individuals and communities.

The nursing students reported that they learn and practice to pay attention to spirituality of their patients, communicate with patients and address patients' needs for worship and other spiritual needs, and provide direct patient care considering each patient uniquely. In fact they believed that nurses are agent of God to protect His people. One student stated:

In my philosophic view... in my religious beliefs, human is the master of God's creation and caliph to Allah (*caliph* means "king" and "substitute") on the earth, and when God created mankind, he said congratulations (bravo) to Himself" (*فبارك الله احسن الخالقين*) the Holy Quran sura Moamenon verse 14). Therefore, we (nurses) are agent of God to protect His best creation (other people), and we should study and practice in good manner to getting enough expert to care for His people, give them peace and hope, and be kind to them....

Also, participants believed that life on earth is temporary and that in an afterlife they would receive their rewards for behaving godly. God would pay for their care services, as a female student mentioned here:

Precious jewelry and finds are deposited with a bank and giving guarantee to the depositor; we (nurses) are

responsible to keep people's life as a security and honor, respect, and dignify them. While we did not give any guarantee to them, and sometimes only God knows what we do for our patients, God would judge us in an afterlife; therefore, we know we should do our best for our patients....

Nursing students described their experiences of spiritual care based on their religious beliefs saying: "saving one's life is equal to saving all humanity" (Holy Quran sura Maeadeh verse 32 *(من احياها فكأنما احيا الناس جميعاً)*).¹ A 35-year-old female student said:

I respect all needs of patients because if I injure one person, it is equal that I hurt the entire humanity, and if I save one person's life, it is like as that I save whole humanity.

Students believed that nurses are protectors and supporters of patients, and they should consider patients' well-being as their own. They believed that what we do come back to us. A 23-year-old male nursing student indicated:

Imam Ali peace upon him (One of the Muslims' great leaders) says: What you wish upon yourself do to others *(يا بُنَيَّ اجْعَلْ نَفْسَكَ مِزَانًا فِيمَا بَيْنَكَ وَ بَيْنَ غَيْرِكَ فَاحِبِ لْغَيْرِكَ مَا تُحِبُّ لِنَفْسِكَ وَكَرَّةً لَكَ مَا تَكْرَهُ لَهَا)*. My teacher said to me, if you like take enough help, attention, and spiritual care from others, do this for your patients; if you wish your dressing to be changed appropriately, then do the same for your patients.

People are members of each other and shares one essence in creation.

If one limb passes its days in pain, other members would fall to pain too.¹⁹

Most nursing students' experiences demonstrated that accompanying the patient was important as was praying. A male student stated:

Patients need to receive love and respect rather than receiving only medication. One tradition says²: If you sit with the patient (and care for him), it is better than praying in the mosque (Imam Sadegh Peace Upon Him *(فَعُوذُكَ عِنْدَهُ أَفْضَلُ مِنْ صَلَوَاتِكَ فِي الْمَسْجِدِ)*; therefore, I like to spend most of my working time with my patients, but my friends said: You are pretending to make a good grade. You are a flatterer....

Students believed that cure is only in the hands of God, and nurses can only facilitate recovery and well-being.

Theme 2: Cultural Barriers to Spiritual Care

As previously mentioned, communication, listening, attention and presence, companionship, privacy, peace, hope, and facilitating prayer are the most important aspects of spiritual care that participants do for their patients. But in Iran, sometimes cultural beliefs can result in barriers to some spiritual care and interventions. For instance, female students are prohibited from touching, forming relations, and staying close to male patients. A female nursing student explained her doubt about spiritual care and said:

One day I had a young diabetic male patient. I knew his needs, and I knew how to give spiritual care to him, but I was afraid from others' judgment. For example: one of my classmates said to me, "Why were you so intimate with that?" Therefore, I could not speak enough with him or help him enough....

When patients have painful procedures, they need to have comfort through touch, or when a child is alone, touching could have a positive effect on the child, but sometimes it is difficult in Iran. A male nursing student expressed:

...In the operation room was a young woman with breast cysts, frightened and shuddered with fear, and I couldn't touch her. Therefore, I asked my girl classmate to help her, but she smiled and passed with no reaction; in other words, the patient's needs were not important for her.

DISCUSSION

This study highlights the nursing students' experiences and some cultural beliefs that prohibit offering spiritual care to patients. Iranians are mostly Muslims with deeply embedded religious beliefs.²⁰ Nursing students behave and act according to the social system of religious enforcement combined with personal and cultural beliefs.

Religion is defined as an individual's beliefs, values, behaviors, symbols, ideological obligation to God or greater power, and as a bridge to spirituality that affects thinking, feeling, and life experiences.²¹ The results of this study showed that spiritual care experiences of Iranian nursing students are based on religious beliefs. In fact, in Iran, culture and religion both encourage spirituality as an important part of the nursing profession. Iranian nursing students' liberty to provide spiritual care stems from social and personal religious beliefs but sometimes creates cultural barriers in providing spiritual care.

Our results are consistent with an earlier study that showed Muslims see consideration of spirituality is given to cross-cultural diversity for spiritual care and cultural



differences between and within healthcare professionals.²² The perception of others also has an important role in nurses' actions and providing spiritual care. One study pointed to similar perceptions among Christians as they used their spirituality to benefit others.²³ Other studies had different findings with more emphasis on the difference between spirituality and religion. For example, studies have demonstrated that spirituality and religion are not the same, but for some people, they are interrelated.²⁴ In some Western cultures, many do not claim any religion. For example, 25% to 30% of people in England declare they did not belong to any religion, but the study acknowledged that, even if people had no religious belief, they still could live a spiritual life.²⁵ Another study has emphasized that, as long as people live a moral life, it does not matter if they have religious beliefs because people can grow spiritually without being religious.²⁶

Although spirituality is a key factor of coping with illness in Iranian patients²⁷ and spiritual care is necessary, there are sometimes problems with providing spiritual care. Our study showed that some cultural barriers for touching and bonding or communication with patients can be hidden by students in fear of being misjudged when providing spiritual care. Nurses are the best witnesses of the disease effect on patients, and nurses are able to assist patients not only to cope with illness, but also to find meaning in the illness experiences. Nursing students need opportunities to learn how to relate to patients and find ways to engage in offering spiritual care.³

In Iran, nurse leaders can design sex-appropriate programs for bedside care, which allows nurses to provide spiritual care. Nursing leadership can begin to improve spiritual care by reviewing the concept of spiritual care in education and training programs for nurses and by changing textbooks, attitudes, concepts, and teaching methods if necessary.

CONCLUSION

This study documents that religious beliefs and cultural prohibitions have significant effects on the Iranian nursing student and their experiences with patients who need spiritual care. Changes are necessary to establish programs for better understanding of sociocultural issues and how to attend to patients' spiritual needs without violating personal beliefs.

Students offering spiritual care should not be misjudged and labeled as a "flatterer who pretends to be religious to get a good grade...." Unclear academic directions and social policies tend to mislead students to avoid participating in spiritual care in fear of being misunderstood. Using the Holy Quran as a guide to direct new initiatives and bring change would seem necessary to educate nurse and patients. Curriculum revisions, spiritual training, and updated textbooks based on the context and

culture of Iran may introduce better understanding of concepts to modify behaviors within and outside the discipline. In addition, Iranian culture views a person as someone who lives on earth as the caliph of Allah; therefore, culture alone may not influence patients' needs for spiritual care. A positive and professional attitude must be emphasized during nursing education in practice. Patients' need for spiritual care and nursing support should be further studied to increase overall awareness.

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