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Toward Evidence-Based Standards for Spiritual Care in Chronic Illness: A Comprehensive Literature Review

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ABSTRACT
Spiritual care is a vital component of holistic nursing, particularly for patients with chronic and life-limiting illnesses. It addresses existential suffering and supports emotional, psychological, and spiritual well-being. This review aims to identify and synthesize evidence-based standards for spiritual nursing care in patients with chronic illnesses, particularly those in palliative care settings. A comprehensive literature review was conducted using six databases PubMed, ProQuest, DOAJ, ScienceDirect, Garuda, and Google Scholar focusing on peer-reviewed articles published between 2018 and 2024. Articles were selected based on predefined inclusion and exclusion criteria to ensure relevance and quality. The findings highlight several key standards in spiritual nursing care: acknowledging and respecting patients' spiritual beliefs, offering compassionate emotional and psychological support, and fostering meaning and hope at the end of life. The literature consistently emphasizes the need for an individualized, culturally sensitive, and holistic approach. Integrating spiritual care into routine palliative nursing practice has been shown to improve coping, reduce distress, and enhance overall quality of life for chronically ill patients. Addressing the spiritual needs of patients with chronic illness is essential for delivering comprehensive, patient-centered care. Developing evidence-based spiritual care standards can enhance the effectiveness of palliative care and support patients in achieving peace, meaning, and well-being.

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1. INTRODUCTION

Spiritual care is increasingly recognized as an essential component of holistic healthcare, particularly for individuals with chronic and life-limiting illnesses. These patients frequently face not only prolonged physical symptoms but also emotional, psychosocial, and existential distress, particularly as they near the end of life [1]. In this context, spiritual nursing care becomes indispensable, as it addresses the deeper human needs related to meaning, hope, identity, and the search for transcendence elements that are often neglected in conventional biomedical approaches [2].

Spiritual care is defined as care that recognizes and responds to the needs of the human spirit when patients are facing trauma, ill health, or sadness. It includes the need for meaning, for self-worth, for faith support, and for reconnection to the divine or to others [3]. The multidimensionality of spiritual care is emphasized across the literature and typically includes self-awareness, the nurturing of interpersonal connections, a relationship with nature, and a connection with a higher power or transcendent reality [4]. These dimensions are shown to promote psychological resilience, enhance quality of life, and support patients in coping with suffering [5].

A growing body of empirical studies and systematic reviews affirms the critical need to develop and implement evidence-based standards for spiritual nursing care, especially in chronic and palliative contexts [6],[7]. Such standards provide clarity and consistency for nursing practice, enabling healthcare providers to deliver spiritually sensitive, culturally appropriate, and ethically grounded care that aligns with patients' values and beliefs [8].

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Spirituality, as a human experience, is closely linked to psychological well-being and existential fulfillment. It encompasses faith, belief systems, inner peace, the quest for meaning, the capacity to hope, and the need for justice, forgiveness, and relational harmony [9],[10]. In many chronic illness trajectories, spirituality becomes a central coping mechanism, offering a framework for understanding suffering and maintaining dignity in the face of decline [11]. Furthermore, connection with the divine whether framed in religious or non-religious terms can serve as a powerful source of comfort and existential security [12].

Despite growing acknowledgment of its importance, spiritual care remains inconsistently integrated into clinical practice. Barriers include lack of training, time constraints, ambiguity in role boundaries, and absence of standardized guidelines [13],[14]. This inconsistency calls for a structured, evidence-based framework to guide the delivery of spiritual care within chronic illness and palliative settings.

Accordingly, this literature review aims to synthesize the current body of knowledge on spiritual nursing care standards and to explore their practical implications in advancing comprehensive, person-centered care for patients living with chronic conditions.

2. METHOD

This comprehensive literature review was conducted using a structured search strategy based on the PICOST framework (Population, Intervention, Comparison, Outcome, Setting, Time). The review focused on identifying empirical evidence regarding the standards of spiritual nursing care in chronic and palliative illness contexts. Relevant studies were systematically retrieved using predefined keywords, Boolean operators (AND, OR, NOT), and exact phrase searches to optimize sensitivity and specificity in article selection (Creswell & Creswell, 2018).

The review included peer-reviewed articles published between 2018 and 2024, accessed through multiple international and national databases: PubMed, ProQuest, ScienceDirect, DOAJ, Garuda, and Google Scholar. Keywords applied included: *"palliative patients"*, *"spiritual care"*, *"spiritual needs in nursing"*, and *"quality of life"*. English-language filters were used to ensure the inclusion of globally relevant literature.

The quality and relevance of the selected studies were critically appraised using the Joanna Briggs Institute (JBI) Critical Appraisal Tools, which are widely validated for different quantitative research designs, including cross-sectional, cohort, and quasi-experimental studies. Articles were independently evaluated by the research team using the JBI checklist, which includes items rated as *Yes*, *No*, *Unclear*, or *Not Applicable*. A minimum score of **50%** was set as the threshold for inclusion, ensuring that only methodologically sound studies were analyzed further (Aromataris & Munn, 2020).

The article selection process followed the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. An initial total of 1,214 articles were identified. After removing duplicates (n = 66), and excluding records based on title and abstract screening, publication year, language, and lack of full-text access, 26 full-text articles were deemed potentially eligible. Following an in-depth appraisal, 7 articles met all inclusion criteria and were included in the final synthesis. The detailed PICO elements used in the search are presented below:

Table 1. PICO Framework Used for Literature Selection on Spiritual Care Standards in Chronic and Palliative Illness

PICO Component	Description
P (Population)	Patients with chronic or palliative illness
I (Intervention)	Spiritual care standards / Spiritual nursing
C (Comparison)	Not applicable
O (Outcome)	Improvement in quality of life and spiritual well-being

All article management, citation handling, and data organization were performed using Mendeley reference management software. This ensured proper tracking of article metadata and facilitated removal of duplicates and irrelevant entries. Data extraction was conducted manually and recorded using a structured table aligned with the JBI data extraction format.

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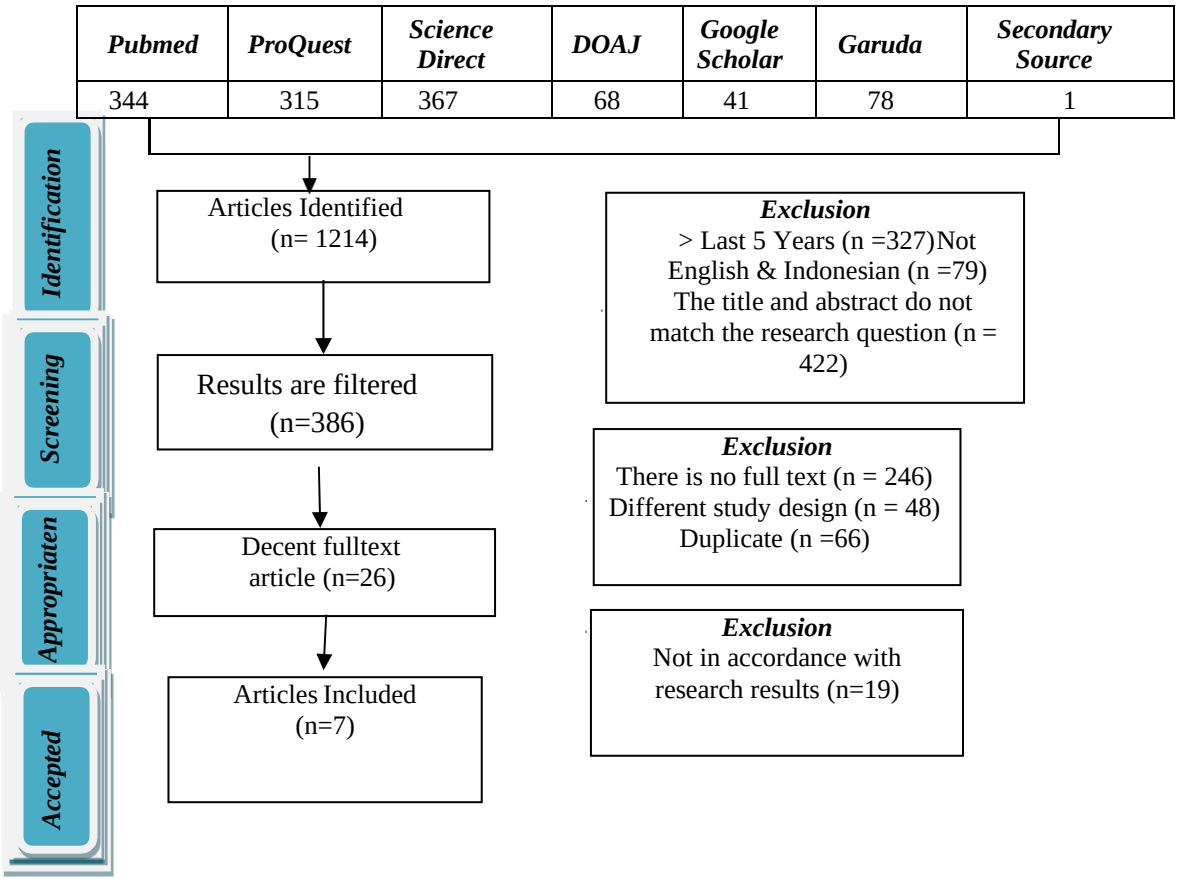
Figure. 1. An Overview Of The Inclusion Process Carried Out Can Be Seen In The Prisma Flow Diagram



3. RESULTS AND DISCUSSION

3.1 RESULT

The results of a literature search on standard of spiritual needs in patients with palliative disease can be seen in Table 2.

Table 2. Summary of Reviewed Studies on Standards of Spiritual Care in Chronic Illness

Author (Year)	Country	Study Title	Method / Population	Key Findings
[15]	Iran	Exploring Spiritual Need Counseling on Spiritual Well-Being in Women with Heart Disease	Descriptive Qualitative (n=46)	Identified four main thematic domains: (1) *Changes in Quality of Life* (mental, social, behavioral, self-efficacy aspects), (2) *Body Perception and Medical Care*, (3) *Return to Spirituality in Facing Mortality*, and (4) *Rejection*. Spiritual interventions through Qur'anic recitation improved coping and self-perception.
[16]	Iran	The Effect of Listening to the Qur'an on Anxiety Before Cardiac Catheterization in Palliative Patients	Quantitative Design (n=68)	Listening to Qur'anic recitations significantly improved spiritual well-being including religious and existential domains. The intervention reduced pre-procedural anxiety and facilitated psychological readiness. Supported by literature (Koenig, 2012; Puchalski, 2014) regarding spiritual practices as stress modulators.

[17]	Indonesia	Aspects of Spirituality in Fulfilling Psychological and Spiritual Needs of Heart Patients	Descriptive Qualitative (n=37)	Emerged themes included *Decline in Health Quality*, encompassing (a) reduced physical health, (b) emotional challenges, (c) diminished social interaction, and (d) lowered self-care motivation. Spiritual care helped restore balance across psychological dimensions.
[18]	Arkansas, USA	Exploring Spirituality and Quality of Life in Chronic Heart Disease	Descriptive Qualitative (n=48)	Found five relationship-based categories: (1) communication disconnect, (2) overprotection, (3) role changes, (4) adaptation struggles, (5) positive relational growth. Spiritual support emerged as a facilitator of couple resilience. Also identified needs for practical and relational resources.
[19]	North Carolina, USA	Spirituality in Patients Receiving Palliative Care	Descriptive Qualitative (n=41)	Themes mirrored those in Hamedan's study: *Quality of Life Transformation*, *Body and Medical Perception*, *Mortality-Acceptance through Spirituality*, and *Spiritual Rejection.* Integration of past experiences fostered forward-looking hope and faith-based acceptance.
[20]	Mashhad, Iran	Spiritual Nursing Care Support on Caregiver Anxiety for Heart Disease Patients	Descriptive Qualitative (n=54)	Four key post-diagnosis changes: (1) Communication breakdown, (2) Anxiety and helplessness, (3) Negative self-perception, (4) Prolonged acceptance process. Spiritual care (prayer, ritual) increased self-motivation and environmental adaptation. Aligns with Puchalski's (2018) holistic care principles.
[21]	Indonesia	Spiritual Needs-Based Nursing to Reduce Anxiety & Depression in ACS Patients	Descriptive Qualitative (n=42)	Identified five major behavioral changes: (1) Social withdrawal, (2) Communication reluctance, (3) Pessimism, (4) Self-efficacy loss, (5) Relationship deterioration. Emphasized the value of interventions focusing on faith-based communication, self-awareness, and divine connection.

Narrative Synthesis

The seven reviewed studies collectively demonstrate a strong correlation between standardized spiritual care interventions and improvements in quality of life, emotional stability, and spiritual well-being among chronically ill and palliative patients. Interventions, particularly those rooted in faith-based practices such as prayer and Qur'an recitation, contributed to reduced anxiety, enhanced self-efficacy, and improved patient-caregiver dynamics.

These findings align with existing global literature supporting spiritual care as an essential component in holistic nursing frameworks [22],[23]. They advocate for the incorporation of evidence-based spiritual standards ranging from individualized counseling to culturally-sensitive spiritual rituals into clinical protocols to enhance end-of-life care and chronic illness management.

3.2 DISCUSSION

This comprehensive review identified seven international peer-reviewed studies exploring the implementation of spiritual care standards among patients with chronic illnesses, particularly those with heart disease and palliative conditions. As shown in Table 1, six studies employed qualitative designs with interviews as their primary data collection method, while one applied a quantitative approach. The collective findings converge on the critical role of spiritual care in improving the quality of life, emotional resilience, and spiritual well-being of patients facing long-term and life-limiting conditions.

According to [20], spirituality is central to the coping process in patients with heart disease, influencing their ability to adapt to the physical, psychological, and social challenges of chronic illness. Spiritual support interventions, such as prayer and engagement with religious texts (e.g., Qur'anic recitation), provide emotional grounding and existential meaning during periods of health-related vulnerability. These findings align with [24],[2], who highlight that spiritual care fosters healing even in incurable illnesses by promoting acceptance, dignity, and hope.

In line with [21],[22] framework, the standard of spiritual care should encompass four interrelated

Dimensions: Relationship with the self, others, nature, and God. Each of these dimensions holds distinct therapeutic value and supports holistic patient-centered care.

a. Relationship with the Self (Self-Reflection and Inner Strength)

Spiritual well-being begins with intrapersonal awareness understanding one's life purpose, values, and emotions. This process of self-reflection strengthens resilience, fosters peace, and encourages goal setting despite illness. Studies by [15],[16] emphasized how prior life experiences shape coping mechanisms and self-perception in chronic illness. Interventions such as spiritual counseling, journaling, meditation, and faith-based education foster inner stability and personal responsibility.

Daily reflective practices encourage patients to find meaning in their suffering and promote positive psychological adaptation [25]. This internal alignment is essential, as chronic illness often disrupts identity, autonomy, and hope dimensions that can be restored through spiritual reflection.

b. Interpersonal Relationships

Chronic and palliative illnesses significantly alter patients' interactions with family, partners, and social networks. The research by [18] documented both negative and positive shifts in relationships among couples facing heart disease: communication breakdown, overprotectiveness, and shifting roles were common, but many couples also reported strengthened bonds and deeper emotional intimacy. Spiritual care should therefore include family-oriented interventions and peer support, promoting open communication, forgiveness, gratitude, and collective coping. According to [26], interpersonal reconciliation and relational healing are core goals of spiritual care in palliative settings.

c. Connection with Nature and the Environment

Spiritual experiences are not limited to religious practices; nature and environmental comfort also play critical roles. Contact with nature promotes tranquility, hope, and emotional regulation, especially in palliative care contexts [17],[21],[27] described how engaging with green spaces, water sounds, floral scents, and gardening enhances spiritual connectedness and eases emotional distress.

Study [20] also emphasized the therapeutic value of environmental cleanliness, calm surroundings, and recreation (e.g., hobbies or gentle physical activities), which communicate dignity and attentiveness to patients. This aligns with [28], where the care setting contributes to perceived worth and peace.

d. Relationship with God (Vertical Dimension of Spiritual Care)

The most profound domain of spiritual care lies in a person's relationship with the Divine, often expressed through prayer, worship, religious rituals, and theological reflection. According to [19], patients exhibit varied spiritual trajectories some deepen their faith, others seek it anew. In all cases, God-centered spirituality helps reduce existential distress and instill hope, especially during the transition toward end-of-life acceptance.

This is supported by [24], who assert that spirituality offers a framework for processing suffering, fear, and death. Patients who perceive God as benevolent and omnipresent are more likely to achieve emotional peace, a sense of meaning, and acceptance of death as part of life's spiritual journey [17]. Moreover, the horizontal and vertical dimensions of spiritual care as described by Milad [29] represent the full spectrum of human spiritual experience: horizontally through relationships with people and nature, and vertically through a relationship with God. Interventions should therefore address both: fostering community and environmental harmony, as well as supporting religious expression and divine trust.

In conclusion, the literature affirms the urgent need to establish evidence-based standards for spiritual care in chronic illness settings. These standards should be multidimensional addressing intrapersonal reflection, interpersonal reconciliation, environmental harmony, and the transcendent relationship with God. Importantly, spiritual care should be individualized, culturally sensitive, and integrated into interdisciplinary healthcare models. Healthcare providers must be trained to assess and address spiritual needs using structured models and validated tools. As spiritual care becomes more codified, it has the potential not only to reduce suffering but also to elevate the overall quality of life and dignity of patients navigating chronic and terminal illnesses.

Strengths and Limitations

This comprehensive literature review provides a valuable synthesis of current international research on spiritual care standards in chronic illness, highlighting multidimensional approaches across diverse cultural and clinical contexts. Its strength lies in the integration of both qualitative and quantitative evidence, offering a holistic understanding of how spirituality impacts patient well-being. Additionally, the use of a theoretical framework to categorize findings enhances the clarity and relevance of the conclusions. However, the review is limited by the predominance of qualitative studies with small sample sizes, which may affect generalizability. Furthermore, the inclusion of studies from predominantly Islamic and Western contexts may not fully capture

the spiritual care needs of patients in other religious or secular settings, suggesting the need for broader geographical and cultural representation in future research.

4. CONCLUSION AND SUGGESTIONS

This literature review concludes that spiritual care plays a vital role in improving the quality of life and overall well-being of patients with chronic illness. Evidence across various studies highlights that addressing spiritual need through fostering self-awareness, strengthening interpersonal relationships, connecting with nature, and deepening the relationship with God—can significantly enhance emotional resilience, reduce anxiety, and promote acceptance of illness. To move toward evidence-based standards, healthcare professionals, particularly nurses, should be equipped with structured training and culturally sensitive spiritual care competencies. Future research is recommended to include larger, diverse populations and standardized measurement tools to validate the effectiveness of spiritual interventions across different cultural and religious contexts.

Author Contribution

All authors contributed to the Literature review, data analysis, interpretation, drafting, and critical article revision.

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Conflict Of Interest

The author declares no conflict of interest.

REFERENCES

[1] Nuridah and Yodang, "Existence of Islamic Spiritual Care Learning In Nursing As The Application of Spiritual Nursing Care," *Media Ilmu Kesehat.*, vol. 9, no. 3, pp. 200–209, 2021, doi: https://doi.org/10.30989/mik.v9i2.344.

[2] C. M. Puchalski, "Making Healthcare Whole: Integrating Spirituality into Patient care," 2021.

[3] A. C. Wisuda, T. bin Sansuwito, C. Suraya, and Rusmarita, "Satisfaction Level Spiritual Care of Coronary Heart Disease Patients Using Spiritual Assessment Tool," *Int. J. Sci. Prof.*, vol. 2, no. 3, pp. 187–191, 2023, doi: 10.56988/chiprof.v2i3.39.

[4] M. Rababa and S. Al-Sabbah, "The use of islamic spiritual care practices among critically ill adult patients: A systematic review," *Heliyon*, vol. 9, no. 3, p. e13862, 2023, doi: 10.1016/j.heliyon.2023.e13862.

[5] A. C. Wisuda, T. bin Sansuwito, and C. Suraya, "Impact of the ARIS Module (Anxiety and Depression Reduction through Islamic Spiritual Care) on Patients with Coronary Heart Disease.," *J. Nurs. Sci. Res.*, vol. 1, pp. 56–66, 2024, doi: https://doi.org/10.33862/jnsr.v1i2.503.

[6] B. Jakob, *Spirituality, Mental Health, and Social Support; A Community Approach*, First. De Gruyter, 2020. doi: https://www.google.co.id/books/edition/Spirituality_Mental_Health_and_Social_Su/U4pnEAAAQBAJ?hl=id&gbpv=1&dq=spiritual+nursing+care&printsec=frontcover.

[7] P. Cone and T. Giske, *The Nurse's Handbook Of Spiritual Care*, First. Haboken, USA: 2022 John Wiley & Sons Ltd, 2022.

[8] M. Balboni, *Spirituality and Religion Within the Culture of Medicine; From Evidence to Practice*, Fifth. United States of America: Oxford University Press, 2017.

[9] A. Amiruddin and M. Murniati, "Application of Spirituality Aspects by Fulfilling Spiritual Needs in Patients," *J. Ilm. Kesehat. Sandi Husada*, vol. 9, 2020, doi: 10.35816/jiskh.v10i2.444.

[10] M. Rogers, *Spiritual Dimensions Of Advanced Practice Nursing ; Stories Of Hope*, Third. Switzerland: Advanced Practice In Nursing, 2021. doi: http://doi.org/10.1007/978-3-030-71464-2.

[11] E. Husna, "Application of Islamic Spiritual Nursing Care to Patients in Hospitals," *Dunia Keperawatan J. Keperawatan dan Kesehat.*, vol. 7, no. 1, pp. 21–27, 2019, doi: 10.20527/dk.v7i1.5614.

[12] N. Azizah, M. Purnomo, and A. Wigati, "Application of Islamic Values Through Caring for Fulfilling Spiritual Needs of Inpatient Prayers," *J. Ilmu Keperawatan dan Kebidanan*, vol. 12, no. 1, p. 109, 2021, doi: 10.26751/jikk.v12i1.886.

[13] R. A. Alemoush, G. Al-Dweik, and M. E. AbuRuz, "The Effect of Persistent Anxiety and Depressive Symptoms on Quality of Life Among Patients With Heart Failure," *Appl. Nurs. Res.*, vol. 62, no. August, p. 151503, 2021, doi: 10.1016/j.apnr.2021.151503.

[14] K. Sadiq, A. Wahid, and I. Hafifah, "Description of the Implementation of Holistic Nursing Assessment," *Dunia Keperawatan*, vol. 7, no. 2, p. 82, 2019, doi: 10.20527/dk.v7i2.4396.

[15] M. Sajadi, N. Niazi, S. Khosravi, A. Yaghobi, M. Rezaei, and H. G. Koenig, "Effect of spiritual counseling on spiritual well-being in Iranian women with cancer: A randomized clinical trial," *Complement. Ther. Clin. Pract.*, vol. 30, no. February, pp. 79–84, 2018, doi: 10.1016/j.ctcp.2017.12.011.

[16] N. Keivan, R. Daryabeigi, and N. Alimohammadi, "The Effect of Listening to the Voice of the Quran on Anxiety before Cardiac Catheterization on coronary heart disease.," *Burns*, vol. 45, no. 7, pp. 1605–1613, 2019, doi: 10.1016/j.burns.2019.07.001.

[17] H. Husaeni and A. Haris, "Aspects of Spirituality in Fulfilling the Spiritual Needs of Patients with Heart Problems," *J. Ilm. Kesehat. Sandi Husada*, vol. 12, no. 2, pp. 960–965, 2020, doi: 10.35816/jiskh.v12i2.445.

[18] J. L. Mehta and Paulette, "Effects Of Spirituality In Nursing and Outcome in Chronic Heart Diseases," *JACC Hear. Fail.*, vol. 10, no. 7, pp. 528–529, 2022, doi: 10.1016/j.jchf.2022.04.010.

[19] R. S. Tobin *et al.*, "Spirituality in Patients With Heart Coronary Disease," *JACC Hear. Fail.*, vol. 10, no. 4, pp. 217–226, 2022, doi: 10.1016/j.jchf.2022.01.014.

[20] S. N. Elham Zafarian Moghaddam, Hamidreza Behnam, Tayebeh Reihani, "Spiritual Support on Caregiver's Stress Patients Hospitalized in Doctor Sheikh Hospital in Mashhad," *Futur. Med. Educ. J.*, vol. 2, no. January, pp. 119–123, 2022, doi: 10.4314/ajcem.v12i3.

[21] K. Rupeng, K. A. Erika, and A. M. Irwan, "Effects of Nursing Spiritual Needs Treatment in Reducing Anxiety and Depression in Acute Coronary Syndrome (ACS) Patients," *J. Keperawatan*, vol. 15, pp. 263–278, 2023.

[22] A. C. Wisuda, T. Bin Sansuwito, and C. Suraya, "Islamic Spiritual Care with Murottal for Reducing Anxiety and Depression in Coronary Heart Disease Patients: A Comprehensive Systematic Review," *Public Heal. Indones.*, vol. 10, no. 1, pp. 61–72, 2024, doi: 10.36685/phi.v10i1.776.

[23] Arndt, *Spiritual Need in Research and Practice; The Spiritual Needs Questionnaire as a Global Resource for Health and Social Care*. Germany: Springer-Nature Switzerland AG, 2021. doi: http://doi.org/10.1007/978-3-030-70139-0.

[24] R. Kruizinga, M. Scherer-Rath, J. B. A. M. Schilderman, C. M. Puchalski, and H. W. M. van Laarhoven, "Towards a fully-fledged integration of spiritual care and medical care," *J. Pain Symptom Manage.*, Nov. 2017, doi: 10.1016/J.JPAINSYMMAN.2017.11.015.

[25] D. Mustikaningsih, "The Effectiveness of the Implementation of Islamic Spiritual Nursing on the Quality of Nurses' Work," *J. Kepemimp. dan Manaj. Keperawatan*, vol. 4, no. 2, pp. 143–159, 2021, doi: 10.32584/jkmk.v4i2.1008.

[26] Brian P. Hughes, "Spiritual Care and Nursing : A Nurse ' s Contribution and Practice," no. March, 2017.

[27] A. Yusuf, *Spiritual Needs; Concepts and Applications in Nursing Care*, 1st ed., no. December 2016. Jakarta, Indonesia: Mitra Wacana Media, 2017.

[28] Murtiningsih, *Spiritual Nursing Module in Islam*, 1st ed. Indonesia: Deepublish CV Budi Utama, 2022. doi: https://www.google.co.id/books/edition/Keperawatan_Spriritual_Islam/B3mAEAAAQBAJ?hl=id&gbpv=0.

[29] M. Borji and S. R. Mousavimoghadam, "The Impact of Spiritual Care with Murrotal on Anxiety in Family Caregivers of Patients with Heart Failure," *Proc. Inst. Mech. Eng. Part J J. Eng. Tribol.*, vol. 224, no. 11, pp. 122–130, 2019.