



## Original Article

## The Spirituality Integration in Iranian Health Education: Best Lessons for Development

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## ABSTRACT

**Background and Aim:** In the recent decade, nursing and medical schools increasingly tend to incorporate spirituality education in curriculums. This study was conducted to determine the spiritual education status and the gaps in Iranian nursing and medical schools and identify the best interventional tools to improve.**Materials and Methods:** It was performed a descriptive-comparative research by using an advanced search in international and national databases to collect all related materials on spiritual education.**Ethical Considerations:** Moral rules such as honesty and integrity in the search, analysis, reporting of the searched literature, and citation of the sources were taken into consideration.**Findings:** The final sample comprised 48 articles concerning spirituality integration in nursing and medical education. According to didactic various aspects, the findings subdivided into the associated subjects including; spiritual care education status in nursing and medical schools, educational patterns, interventions evaluation, and Iranian studies assessment.**Conclusion:** There is a leading gap regarding the spirituality integration in nursing and medical curriculums in Iran, while the religious context and the centralized management of health education in Iran can be considered as appropriate opportunities for this aim. Based on the findings, the development of a structured educational system, sensitizing educational stakeholders, and their stimulation by competitive award programs can be considered to more effective integration of spiritual training in the health curricula.

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## Introduction

Whereas, since previous decades, spirituality was being discussed in Iranian medical books (1), international scholars have started to show the spirituality impact on patients' health since the 1960s (2). Subsequently, however focusing on the spirituality status in medical and nursing practices (3-7) patients and

professions express often ignore patients' spiritual concerns (8).

In response to this need, the Association of American Medical Colleges, the World Health Organization, and the Joint Commission on Accreditation of Healthcare Organization recommend including spirituality in clinical care

and education of health professionals (9). The American Association of Colleges of Nursing also integrated spirituality in standards of nursing practice and essentials of baccalaureate education (10).

In recent years, however, all nursing schools in the US have integrated spirituality into baccalaureate education, 90% of US medical schools and 59% of British medical schools have some courses or activities on spirituality and health (11), there is only narrow-body literature in Latin America, Asia, Australia, and Africa regions (12), that illuminate the requirement for the development subject in other cultures (13-14).

In addition, Iranian studies concerning spiritual interventions within Islamic religion- cultural context emphasize the improvement of spirituality status in the health education system (15).

The purpose of this study is to discover global best practices and educational methods and analyze gaps in spiritual education in Iran. The authors also discuss practical suggestions to integrate spirituality in nursing and medical curriculums.

### Ethical Considerations

In this study, moral rules such as honesty and integrity in the search, analysis, reporting of the searched literature, and citation of the sources were taken into consideration.

### Materials and Methods

This study is descriptive-comparative research by using an advanced search in international and national databases. The study population is topics and syllabus of medical and nursing education .

After extracting jargon keywords that had the most frequency, a systematic advanced Boolean function search was performed in "Pubmed, ISI (Web of Knowledge), Scopus, Science Direct", and also on the national base SID (Scientific Information Database) and Magiran sites. Data were collected according to these search strategies:

#### Science direct, Scopus

"Education, Medical"[Mesh] OR "Education, Medical, Undergraduate"[Mesh] OR "Education

#### PubMed

Medical, Graduate"[Mesh] OR "Education, Medical, Continuing"[Mesh] OR medical [tiab] OR ("Nursing"[Mesh] OR "Education, Nursing"[Mesh] OR nurse\*[tiab])) AND ("Spirituality"[Mesh] OR "Spiritual

Therapies"[Mesh] OR spiritual\*[tiab]) AND ("Curriculum"[Mesh] OR "Education"[Mesh] OR

#### Web of Knowledge (ISI)

Results Topic= nurse\* OR medical) AND (spiritual\*) AND (lesson\* OR curriculum Times pan=All years. Databases=SCI-EXPANDED, SSCI, CPCI-S, CPCI-SSH Results Topic= nurse\* OR medical) AND (spiritual\*) AND (lesson\* OR curriculum Time span=All years. Databases=SCI-EXPANDED, SSCI, CPCI-S, CPCI-SSH Results Topic= nurse\* OR medical) AND (spiritual\*) AND (lesson\* OR curriculum Time span=All years. Databases=SCI-EXPANDED, SSCI, CPCI-S, CPCI-SSH

In the first stage, to remove duplicate papers and to classify 2200 found papers; data were exported to the EndNote X4 program. Then, 1024 remained articles with at least three related keywords were divided into two groups, one related and one semi-related. There were only two review articles in 457 related articles and the remaining was original articles to achieve the results, we retrieved full-text relevant articles.

### Findings

Since 1993, there has been an increasing trend in U.S. medical schools concerning spiritual education into their curricula up to 75% of them (16). In a recent study, 90% of 122 medical schools deans of the United States reported have related courses or spirituality contents (17).

In 2008, 59% of UK medical schools integrated variously teaching spirituality in their curriculums including compulsory teaching, optional program, and or in complementary and alternative medicine (18).

In Canada, a survey of 14 psychiatry residency programs illuminated currently most of them offer minimal instruction including mandatory academic lectures, some degree of elective and case-based supervision (19).

Another study in Brazilian medical schools indicates just 10.4% of Brazilian medical schools have related courses, and less than half provide some form of education (4).

#### 1.2. Spirituality in nursing education

While the comprehensive approaches of nursing theories have aroused nursing schools for noticeable changes in the curriculums (20), nursing literature

still suffers from the lack of spiritual care concepts (21).

While contemporary nursing is embracing holism demands to provide nurses' spiritual care skills (22), few textbooks are sporadically included spiritual content on professional issues (23), and also the knowledge regarding how it might be effectively achieved is weak (24-28).

In sum, the above articles illuminated there is an increasing body of studies that address nursing students' and nurses' (15,24-26,29) and clinicians' awareness regarding patients' spiritual needs<sup>3-5</sup> and also benefits of spiritual practices on patients' coping and healing (30-35).

Within the wave of the professions' tendency to integrate spirituality in curriculums, this trend is obvious progressively in nursing, psychiatric, and family medicine residency programs fields (29-33). In addition, some specialized clinical units such as cancer care, geriatric psychiatry, and geriatric care, pediatrics, and substance abuse clinics are more discussed (30).

## 2. Educational interventions

In this exploratory study, 4 articles on medical education and 4 studies concerning nursing education were identified. The most leading findings are described in the following items and the more details in table 1.

1. In the nursing literature, the Actioning Spirituality and Spiritual Care Education and Training (ASSET) is introduced as a foremost pattern improving spiritual care education. The pattern structure is comprised of three themes; self-awareness, spirituality, and spiritual dimensions of nursing and five processes; experiential learning of spirituality, assessment, planning, implementation, and evaluation (36). Based on ASSET has been conducted several educational courses such as Baldacchino and the colleagues' work which implemented three programs for undergraduate nursing students by a combination of various teaching methods (37-39). The positive feedback of these studies sheds light on the importance of teaching spiritual care.
2. The most common methods of traditional teaching including lessons, lectures, and seminars, and the new methods to enhance learning introduced self-reflection exercises, case studies, small group discussions and activities, self-reflection exercises, clinical implications case-studies, and role-playing classroom, field trips, and presentation-appraisal.

3. The spiritual assessment is emphasized as a key skill (40-43).
4. Providing information concerning the empirical evidence, ongoing researches, and effective tools for first-year students reduce students' dogmatic perceptions over time (42).
5. developing spiritual care skills of medical students and professionals can be provided high-quality care with multicultural context particularly at the end of life (44).
6. In the multidisciplinary plans is educated chaplains' work and also shared interventional methods such as being a hospital chaplaincy on call (41).

Thus, the integrated programs can be included a teaching matrix of contents and activities to address theoretical and practical spiritual subjects by using mentioned various traditional and modern educational tools. Moreover, the most important educational target groups are including trainers, first and second-year students, and also an intern and residents students.

## 3. Evaluation of educational interventions

The most leading evaluation methods of 8 spiritual intervention studies are provided in the following (Table 2).

1. King and Crisp (2005) evaluated randomly the intervention effectiveness by a survey of 138 US family medicine residencies (33).
2. Baldacchino (2011) appraised a developed nursing course by a self-administered questionnaire from three cohort groups of learners regarding perceived benefits and the spiritual concepts and their self-awareness (39).
3. King et al. (2004) applied the triangulation technique as a powerful method with a combination of a videotaped interview, a survey of students' attitudes, and a written test on their first examination and the final videotaped interview (45).
4. Grabovac et al. (2008) assessed their program by using pre and post-study and qualitative feedback in six areas including spiritual and professional practice attitudes, transpersonal psychiatry, competency, and attitude change for residents, and also a statistically significant difference between the pre and post-session scale (46). Barnett and Fortin (2006) also appraised their plan by the pre and post-test of workshops with six 5-point Likert-rated statements and space to cite the most useful part of the curriculum and their remaining questions (43).

**Table 1.** Educational interventions

Author	School	Target Group	Educational Interventions	Outcomes
Lemmer (2010)	- Nursing School - Malta University Malta	Nursing students	One-credit-hour course	Effectiveness on students' and instructor's perceptions
Feldstein, et al. (2008)	- Medicine School -Stanford University the USA	Family medicine clerkships	Develop a curriculum based on a cross-cultural approach to spiritual needs at the end of life	Perceived effectiveness of interventions
Baldacchino (2008)	-Nursing School -Nottingham University UK	Nursing students	Develop a curriculum based on Model ASSET	Personal, academic, and professional positive impacts
Sandor et al. (2006)	Medicine School -Texas Medical University USA	First-year students	Informing empirical evidence and ongoing research and tools of spiritual history	Perceived importance of spirituality in practice
Chibnall et al. (2002)	-Medicine School -Saint Louis University USA	Third-year students	Lectures/ small-group discussion/ physician modeling/ reading vignettes about hypothetical cancer Patients/ administering questionnaire	Sensitizing to psychosocial and spiritual needs of dying patients
Graves et al.(2002)	-Medicine School Missouri -Kansas City University USA	Third-year students	Small-group activities focused on skills of history taking / working with hospital chaplaincy	Perceived impacts of spirituality in treatment/utility of chaplains' work/ teaching ways of intervention
Maddox (2001)	-Nursing School Scranton University USA	Nurse practitioner students	Teaching a spiritual assessment tool in a first-semester clinical course	Protocols might not be practical in a busy practice setting/ developing an alternative 4-point assessment
Shih et al. (2001)	Nursing Schools Northern Taiwan	Students of master degree	Lectures, field trips, clinical implications, and presentation appraisal for 18 weeks	Clarifying theoretical concepts/ providing a culturally bonded spiritual care plan and spiritual self-awareness

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9. As a more reliable evaluation, it is implemented randomized controlled trial method (RCT) by Chung and Eun (2011) among nursing students (47) and Musick et al. (2003) among medical students (48).

As a leading finding, it is focused on determining the efficacy and effectiveness of spiritual intervention by the implementation of a valid method that creating strong evidence for the development of educational plans (30). Also, RCT can be considered as the gold standard to appraise educational programs.

#### 4. Iranian studies on spiritual education

Among the reviewed literature was discovered only 5 domestic articles which most were within the nursing field.

Thus, Our main findings regarding the status of spiritual education in Iran are provided by these basic studies: the spirituality role in nursing care and its implementation in hospitals and health care

center (49), questionnaire of nursing students' competency in offering spiritual care (50), nursing students' spiritual well-being and their perspectives towards spirituality and spiritual care (51), development of the Iranian tool to take the spirituality history (52), and also study spiritual health in medical education program (53).

**Table 2.** Results of multivariate regression with stepwise model

Author	School	Target Group	Educational Interventions	Evaluations	Outcomes
Grabovac, Clark and McKenna (2008)	-Medical School -British Columbia University Canada	Third and fourth-year psychiatry residents	A 6-hour mandatory course/ Teaching session consisted of didactic and case-based modules delivered by multidisciplinary faculty	A pre/post study at week 0, week 6, and 6 months follow-up two groups of residents (N=30) and qualitative feedback	Increase of residents' knowledge and skill
King and Crisp (2005)	-Medical School USA	Family medicine residencies	Develop specific curriculum (average: 6 hours)	By a randomized survey	Increase of program effectiveness with trained experts
Chung and Eun (2011)	-Nursing College Korean	Nursing students	Develop a spiritual care education course (SCEP) based on the ASSET model / 2 hours a week for 6 weeks	An experimental and a control group	Significant differences in improving spirituality, spiritual well-being, and spiritual care competence
Barnett and Fortin (2006)	- Northeast Medicine School -Yale University USA	Second-year students / Primary care internal medicine interns and residencies	Lecture, discussion, and role-play for taking a spiritual history and knowledge of available pastoral care resource	Pre and post-workshop surveys	Increase of students' competence in related skills / an increase in working with hospital chaplains only by medical students
King, et al. (2004)	-Medical School -South Carolina University USA	First-year medical students	Implement a spiritual history-taking curriculum including reading assignments, practice history taking, and standardized patient scenarios with spiritual content	Triangulation	The effective integration of spiritual history into the existing history-taking curriculum in 1st-year medical training
Baldacchino (2011)	-Nursing School -Nottingham University UK	Nurses	Teaching based on the ASSET model on spiritual care and as part of the Continuing Professional Development program	Collecting qualitative data by a self-administered questionnaire	Updating the knowledge on spirituality care and increasing spirituality self-awareness and nursing care, and collaboration with the multidisciplinary team
Musick et al. 2003	-Medicine School - Pennsylvania University USA	Medical students	Teachings based on problem-based learning case	Randomize controlled trial method	A significant difference between two groups on the high regard to spiritual subjects and history taking

According to the above studies:

1. Because of the existence of religious-cultural background in Iran society, nursing students have valuable spiritual perception and self-awareness, but their spiritual care skills and knowledge for providing patients' needs are weaknesses (49-51).

2. Spiritual conceptual and practical topics have been neglected in most nursing and medical schools (49-51).

3. The spiritual training aims are pursued sporadically by self-interested educators of a few educational units and research departments (51).



4- Moreover, the examination of medical and nursing curriculums have clarified the lack of spiritual headlines (53).

## Conclusions

According to reviewed international studies, the majority of them have been carried out in the USA, UK, and Canada, and only a few have been scattered in Korea, Brazil, and Taiwan. These results are confirmed by study's Lucchetti and Puchalski in the medical field (31).

However, the nursing literature more has been paid attention to patients' spiritual needs and nurses' issues in providing spiritual care, the serious paucity of spiritual literature and nurses' ambiguity because of overall conceptualizations of spirituality is discussed, too (35).

The study of 132 nursing baccalaureate programs in the US has clarified only a few schools conceptualized the spirituality term (44). This issue is also confirmed in the examination of nursing and medical schools curriculums in Iran (53).

Thus, since the spirituality concept is mostly addressed as a set of deep-rooted believes from the Judeo-Christian perspective (23), providing a synopsis of world religions (31) and addressing a curriculum based on a cross-cultural approach is recommended.

Thus, social norms and cultural beliefs as extrinsic variables can be effective among the health professions students' and educators' spiritual approaches. It is obvious, while religious societies have more capacity to integrate spirituality in health education, the growing secularization phenomenon has slowed down the spirituality integration in the curriculums (23).

Thus, the nursing students' and physicians spiritual self-awareness and personal attitudes to offer spiritual care have been reported as the predictor variable of requested education level (49,51).

However, during recent decades, there is a movement towards integrating spirituality in health as a therapeutic alternative; this movement has not been stimulated effectively in most countries such as Iran yet. It is recommended the spirituality theoretical and practical conceptualization in the conformity with Islamic religious and cultural context and also providing measurable indicators in a precise way .

Nevertheless, effective traditional tools such as lectures, seminars, focused group discussions, and workshops help sensitize big groups of trainers and learners, the theoretical resources and practical

education should be integrated into curriculums by using a matrix of interactional tools and formal problem-based teachings including reading assignments, practice history taking, and standardized patient scenarios, learning case and on teaching rounds and participation in multidisciplinary team rounds of health professions with clergymen and also implementing appropriate tools to evaluate of interventions to extend constructive educational programs.

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## Conflict of Interest Statement

The author declares that they have no conflicts of interest.

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