

The Impact of Spirituality on Health

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Abstract

Context: The impact of spirituality on recovery from disease and the promotion of health is a topic that has received the attention of many researchers and scholars around the world. Spirituality is considered one of the natural capacities of humans that has positive effects on individuals' health. The aim of this study was to review the impact of spirituality on people's health and to discuss the relationship between health and belief in spiritual powers.

Evidence Acquisition: This study comprised a non-systematic narrative review of original and reliable scientific articles on spirituality published from 1972 to 2014. The research strategy was carried out using electronic databases such as Scopus, PubMed, and Google Scholar. Considering the goal of the research, 51 articles were selected and reviewed.

Results: Most studies indicated the positive impact of spirituality on people's health. Recourse to spiritual powers leads to reductions in anxiety and concern among patients and their families, and allows people to more easily accept and cope with their health disorders.

Conclusions: To date, most of the studies conducted on the topic have confirmed the positive impact of religious beliefs and other spiritual approaches on health and the course of recovery from acute and chronic diseases. Based on these findings, medical personnel should turn their attention to the advantages of spirituality in relation to patients' treatment and acquaint patients and their families with such spiritual benefits.

Keywords: Spirituality, Health, Religion, Disease

1. Context

Spirituality places far greater emphasis on human principles than religious practices, and indicates a person's feelings about the meaning and goals of life beyond material values (1). Spirituality encompasses a series of meanings that underline aspiration, compatibility, vision, beliefs, and the meaningfulness of conditions (2). It is an inextricable element of human life and an important factor that enables humans to overcome numerous challenges. When considering spirituality, a different definition of health is given with respect to independent human identity. Traditionally, health represents humans' biologic identity based on modern medical science and the principle definitions of health (3); however, another identity is humans' psychological or sympathetic perceptions, which constitute community health.

During the 19th and first half of the 20th century, diseases were described as disorders in the body's physiologic processes, a definition that remains dominant in medicine. In the second half of the 20th century, the indirect impact of physical and mental interaction on health status was officially recognized. Attention then turned

to the question of why some individuals become ill frequently and have delayed recoveries. Presently, people are again considering that there is a relationship between spirituality and health. Religious beliefs and spirituality are deemed beneficial to the maintenance of physical and psychological health, a reality which, once more, revives the idea of the integration of the body and the psyche (4). Notwithstanding, the trend in medical science is inclined toward the dominant perspectives of religious outlook, which are free of extravagance and prejudice (5). All divine religions, particularly Islam, place special emphasis on the non-material aspects of life and draw attention to the spiritual life of mankind. Due to this capacity, Islam, as well as other monotheistic religions, play a key role in helping people cope with disease (6).

As Imam Ali (May God's greetings be upon him) stated 14 centuries ago, "Be aware that poverty is the greatest of all evils, and physical ill health is more severe than destitution, and worse still is illness of the heart, and remember that the greatest blessing is piety of the heart, followed by, in order of importance, bodily health and financial security." Herein, sin and transgression are mentioned with

respect to the ailing soul and heart (5). In addition, Imam Ali urged people to avoid scourges, hardships, and difficulties through prayer, a means that emphasizes the impact of prayer and praise to God on physical and psychological health (5).

Imam Sadegh (May God's greetings be upon him) said, "If any one of you gets caught up in one of the worldly sorrows, it isn't difficult if he/she, after having prayer's ablution (vozou) goes to the mosque, prays, and asks God to remove his/her sadness. Have you not heard that God has said, 'Seek help from patience and praying'" (7).

Nowadays, many studies regarding the connection between spirituality and health are in progress. Naturally, the topics discussed in this context comprise a series of criteria such as mortality, the eventual benchmark of health, living efficiency, and treatment. Additionally, it is thought that the different aspects of religion, as with most prominent aspects of spirituality, could have a positive impact on health (8, 9). Thus, religious practices and acts of worship, especially at special times and in particular places, could lead to the regulation of the body's important physiological reactions (10). Experimental results have largely been compatible with the perspective that, through different mechanisms, religion is an important factor in preventing many diseases and the promotion of health (11, 12). Gallup's opinion poll conducted in 1998 indicated that 60% of Americans reported religion to be of the utmost importance in their lives, and over 82% believed that they needed spiritual improvement, the survey thus confirming people's considerable concern with spirituality (13). Such observations and results have redoubled the need to pay attention to the effect of religious beliefs on the psychological and physical health of people and their impact on trends of compliance, recovery, and the treatment of disease. The present study explores the latest findings on the impact of spirituality on physical and psychological health.

2. Evidence Acquisition

This study comprised a review that included an integration and descriptive summary of some of the key existing research on the effects of spirituality on health. The documentation method, which is a standard procedure in scientific research, was used to provide a perspective on the effect of spirituality on health.

All articles on spirituality published from 1972 to 2014 were reviewed using electronic databases such as Scopus, PubMed, and Google Scholar. The key search terms included "spirituality" in connection with "mortality," "coping," "recovery," and "treatment" to address the three key areas of health, namely mortality, coping and compliance,

and recovery. One of the inclusion criteria for article selection was the subject, which needed to be related to spirituality and health. Considering the goal of the research, 51 articles were selected after an initial examination of the papers and an analysis of the information. The criterion for the selection of the articles was their emphasis on the impact of religion and spirituality on disease outcomes. Following the finalization of the selection, the impact on the health of patients and the patients' disease status was classified into three groups: mortality, compliance and coping, and recovery.

3. Results

3.1. Mortality

To date, numerous studies have focused on the relationship between mortality and participation in religious activities (14-17). Although the evaluation of spirituality in relation to health has been challenged by the health and survival of cancer patients as well as the difficulty in providing a meaningful definition of advanced quantitative methods, the results obtained are in favor of spirituality and survival (18). Participation in religious activities is strongly associated with a reduction in mortality (10, 19, 20). In addition, praying as a special worshipping ceremony has been found to reduce mortality (21). It has also been ascertained that people with sustained and regular spiritual training live longer lives (22) and have about 60% less mortality due to heart disease than those who rarely go church (23). The results associated with this mechanism are possibly due to the direct relationship between increasing levels of interleukin 6 and mortality. In this connection, a study conducted on 1,700 elderly people showed a 50% reduction in the level of interleukin 6 among churchgoers compared to others (24).

3.2. Compliance and Coping

Religious coping is the most common reaction to health problems and disorders (25). Patients who are spiritual may use their beliefs to cope with disease, pain, and stressful situations. Patients with spiritual vision have a more positive perspective on life and report a better quality of life (26, 27) and well-being (27-29). One of the best examples of compliance with disease is based on evidence obtained from patients with different types of cancer (29-31). In such cases, patients cope more easily with their disease, are happier and more satisfied with their lives, and feel less pain (32) due to their spiritual beliefs and religious outlooks. Other evidence has shown that spirituality plays an important role in quality of health, especially among the

elderly and those afflicted with non-communicable diseases (33, 34).

Studies have confirmed a connection between a spiritual lifestyle and people's capacity to enjoy life, even when associated with symptoms of pain (35). The results of the distribution of pain questionnaire obtained from hospitalized patients in the United States showed that personal prayers are the most common non-medication approach to controlling pain (36). Prayer is therefore worth considering as a way to cope with pain.

Having a spiritual vision can help patients comply with disease and confront death. In one study, 93% of 108 patients suffering from cancer cited their religious beliefs as a strategy for coping with cancer (37). In another study, 26.1% of the subjects with cancer, chronic pain, and heart disease stated that religious practice helped them deal with their illnesses (38). Notably, a relatively high proportion of these patients comprised those afflicted with cancer. In terms of Alzheimer's disease, praying is the most important spiritual training used to tackle the disease (39). Additionally, among patients and their families prayer is a strategy for managing cancer pain (40, 41). Studies of parents who had lost children to cancer confirmed the positive impact of spirituality on stress reduction and compliance with their conditions after the death of their children (40, 42). Saying prayers also helps alleviate anxiety and concern in mothers of children suffering from cancer (43). This effect was confirmed by meditation groups as well as written statements from patients. The positive impact of yoga and spirituality on the relationship between the body and the psyche and the role played by psychology (mind) in the Indian community have been reported (44); however, there were some ambiguities concerning the efficiency of the study.

3.3. Recovery

Recovery and convalescence following surgical operations are accelerated by spiritual commitments. Spirituality has been referred to as a positive and complementary approach to physical activity and treatment by physicians (21). Saying prayers as a practical manifestation of spirituality is effective in the treatment of many acute and chronic diseases (45). For example, heart transplant patients who participated in religious activities stated that their beliefs played an important role in their improved compliance with treatment, and they also exhibited higher levels of self-confidence, less anxiety and apprehension, and an improvement in physical performance over a period of 12 months (46). Similarly, people with spiritual vision have shown lower levels of depression, despair, and cognitive disorders, with positive recovery trends (2). By and large, people with less apprehension are healthier, and

it seems likely that spirituality enables people to enjoy better health and to live better lives with less depression (47).

3.4. Advantages of Familiarity With Patients' Spiritual Vision

Familiarity with the spiritual aspects of patients is beneficial to both patients and physicians. From most patients' perspectives, a discussion with their physician about their beliefs is very beneficial; however, in practice, few physicians have such conversations with their patients. According to a study conducted at a lung hospital in Pennsylvania, 66% of patients indicated that their confidence in their physician was boosted when their physician queried their spiritual beliefs. In addition, 94% of patients who adhered to spiritual principles demanded that physicians consider their religious beliefs and the framework of their values, and as many as 50% of secular individuals stated that physicians must at least talk to patients with serious conditions about their religious beliefs (48).

From physicians' perspectives, knowledge about the spiritual vision of patients helps them understand the disease. Notably, religious beliefs may impact healthcare-related decision-making, which is important for the development of treatment strategies (49). In addition, evaluating the spiritual vision of patients alleviates their living problems. Therefore, a sound understanding of patients' spiritual beliefs is inseparable from patient care (50, 51). Table 1 presents excerpts from some reviewed studies on the relationship between spirituality and health categorized according to mortality, coping and compliance, and recovery.

4. Conclusions

This study comprised a review to summarize existing research on the effects of spirituality on health in terms of mortality, coping and compliance, and recovery. In general, the results of the current review indicated remarkable effects of spirituality on health, a finding mentioned frequently in different studies (34, 52, 53). Numerous studies indicated that spirituality had a favorable impact on recovery, improved well-being (22, 29, 38, 46, 49), and lowered levels of depression (2, 47). The positive effects of spirituality on health are thus more tangible (54, 55), although using a positive religious compliance strategy does not necessarily reflect a lack of internal spiritual conflict (56).

Some studies have shown that religious coping strategies, like turning to God for help and feeling God's presence, alleviate anxiety and apprehension in patients with multiple myeloma and additional physical symptoms in patients with cancer; however, there are some ambiguities

Table 1. Studies on the Impact of Spirituality on Health

| Area of Study | Authors | Country | Method of Study | Results |
|------------------------------|------------------------|------------------|--------------------------------|---|
| Mortality | Bagiella et al. | US | Cohort | A connection exists between spirituality and health, but this association may also depend on interfering factors and unknown variables. |
| | Gillum et al. | US | Longitudinal | The threat of death is reduced by regular participation in religious ceremonies at least once a week |
| | Williams and Sternthal | Australia | Review | There is a positive relationship between religious participation and health criteria: the greater the participation, the lower the mortality. |
| | Sullivan | US | Longitudinal | Taking part in religious activities protects people against death. Additionally, a notable relationship exists between hygienic practices and other factors. |
| | Taylor | - | Review | Praying and spiritually mediated recuperation and meditation are the most commonly used religious treatments. |
| Coping and compliance | Beuscher | Arkansas, US | Qualitative | Personal faith, saying prayers, a connection with a church, and family support help people with primary Alzheimer's disease maintain positive perceptions of life. |
| | Harvey and Silverman | Pennsylvania, US | In-depth interviews | Spirituality plays an important role in the management of chronic diseases; however, there are racial differences with regard to the benefits derived from spirituality. |
| | Dehghani et al. | Iran | Clinical examinations | Praying alleviates anxiety. |
| | Peselow et al. | US | Structured clinical interviews | Individuals with greater religious tendencies experience less depression. In people with stronger religious beliefs, exposure to spiritual training enhances feelings of hope and improves perceptions of life. |
| | Raisi et al. | - | Review | Religious practices such as saying prayers positively influence the treatment of many acute and chronic diseases. Most studies emphasized the positive effects of prayer on physical pain. |
| Recovery | Harvey and Silverman | US | In-depth interviews | Elderly African Americans have greater beliefs in divine intervention than white Americans. In general, spirituality is an inextricable part of the welfare of the elderly who are ailing. |
| | Thege et al. | Hungary | Interviews | Spirituality improves health, and alleviates depression and anxiety. |

regarding the positive impact of spirituality (57, 58). A religious person believes in spiritual powers, thinks, understands, and feels in special ways, and assumes conduct that leads to prosperity. It is recommended that religious practices form part of people's daily lives (51), but such activities do not mean relinquishing all their responsibilities and social commitments.

On the contrary, as healthcare providers, we should perform our various duties with full sincerity in tandem with our spiritual and religious values. Most studies conducted on mortality underscore the need for participation in religious rituals, which are considered the sole aspect of spirituality. There are a limited number of studies dealing with the basic principles of religion, including the belief

in God, the afterlife, and personal prayer. Therefore, the beneficial effects of spirituality on individual and community health necessitate that we pay attention to religious beliefs as a topic of discussion with patients, and redouble our awareness of the importance of healthcare providers with respect to treatment and hygienic services (59).

Currently, the education system in Iran falls short of offering spiritual care courses as part of a comprehensive educational program (60). Considering the prominent role of religion in Islamic states, particularly Iran, most studies on the relationship between spiritualism and health have been conducted in non-Islamic countries, especially the United States, which is indicative of the attention paid to spirituality in developed countries. Despite factual observations and the availability of research on the positive impact of spirituality in promoting people's health and facilitating recovery, similar studies have unfortunately not gained prominence in Iran, and this is an important issue deserving of consideration by researchers and analysts. The findings of such investigations may help healthcare workers and physicians, in particular, gain awareness of the beneficial effects of spirituality in the course of patients' treatment.

Ultimately, although spirituality in health is a paradigm with a similar approach across the globe, the meaning of spirituality can vary from one ideology to another. In fact, these variations in meaning could explain the behavior of religious group adherents. Hence, the attitudes and behaviors of devotees of different religions regarding illness and health could be interpreted based on their ideologies. Despite the similar outcomes of devotees' attitudes and behaviors presented in this study, there are different points of view to health and illness in Abrahamic religions compared to other communions. For a better understanding of the affinities and distinctions between diverse religious beliefs, further investigations are recommended.

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Footnote

Authors' Contribution: Hassan Joulaei and Nooshin Zarei were responsible for the study concept and design of the manuscript. Nooshin Zarei was mainly responsible

for searching for the articles. All the other authors were responsible for the administrative and technical aspects, and the revision of the study.

References

1. NCCAM . Prayer and spirituality in health: ancient practices, modern science. NCCAM Newslett; 2005.
2. Peselow E, Pi S, Lopez E, Besada A, Ishak WW. The impact of spirituality before and after treatment of major depressive disorder. *Innov Clin Neurosci*. 2014;**11**(3-4):17-23. [PubMed: 24800129].
3. Tabei SZ. For Medical and paramedical students. Shiraz: Shiraz University of Medical Sciences press; 2004.
4. Koenig HG. *Medicine, religion, and health: Where science and spirituality meet*. Templeton Foundation Press; 2008.
5. Dashti M. Nahjolbalaqe. Qom: Cultural-Research institute of Amiral-momenin; 2001.
6. Sadati AK, Lankarani KB, Gharibi V, Fard ME, Ebrahimzadeh N, Tahmasebi S. Religion as an empowerment context in the narrative of women with breast cancer. *J Relig Health*. 2015;**54**(3):1068-79. doi: 10.1007/s10943-014-9907-2. [PubMed: 25008190].
7. Tabrasi FH. *Majmaolbayan*. ; .
8. Koenig H, King D, Carson VB. *Handbook of religion and health*. Oup Usa; 2012.
9. Levin J. *God, faith, and health: Exploring the spirituality-healing connection*. John Wiley and Sons; 2002.
10. Tabei SZ MFBMOWT(FAP(. *Med Cultiv*. 2007;**16**(3-4):96-100. [PubMed: 19142047].
11. Chida Y, Steptoe A, Powell LH. Religiosity/spirituality and mortality. A systematic quantitative review. *Psychother Psychosom*. 2009;**78**(2):81-90. doi: 10.1159/000190791. [PubMed: 19142047].
12. Koenig HG. Research on religion, spirituality, and mental health: a review. *Can J Psychiatry*. 2009;**54**(5):283-91. [PubMed: 19497160].
13. Gallup G, Jones TK. *The next American spirituality: Finding God in the twenty-first century*. David C Cook; 2000.
14. Sullivan AR. Mortality Differentials and Religion in the U.S.: Religious Affiliation and Attendance. *J Sci Study Relig*. 2010;**49**(4):740-53. doi: 10.1111/j.1468-5906.2010.01543.x. [PubMed: 21318110].
15. Moulton BE, Sherkat DE. Specifying the effects of religious participation and educational attainment on mortality risk for US adults. *Soc Spectrum*. 2012;**32**(1):1-19.
16. Oman D, Kurata JH, Strawbridge WJ, Cohen RD. Religious attendance and cause of death over 31 years. *Int J Psychiatry Med*. 2002;**32**(1):69-89. [PubMed: 12075917].
17. Gillum RF, King DE, Obisesan TO, Koenig HG. Frequency of attendance at religious services and mortality in a U.S. national cohort. *Ann Epidemiol*. 2008;**18**(2):124-9. doi: 10.1016/j.annepidem.2007.10.015. [PubMed: 18083539].
18. Vachon MLS, editor. *Meaning, spirituality, and wellness in cancer survivors*. Seminars in Oncology Nursing. 2008; Elsevier; pp. 218-25.
19. Lucchetti G, Lucchetti AL, Koenig HG. Impact of spirituality/religiosity on mortality: comparison with other health interventions. *Explore (NY)*. 2011;**7**(4):234-8. doi: 10.1016/j.explore.2011.04.005. [PubMed: 21724156].
20. Powell LH, Shahabi L, Thoresen CE. Religion and spirituality. Linkages to physical health. *Am Psychol*. 2003;**58**(1):36-52. [PubMed: 12674817].
21. Harrigan JT. Health promoting habits of people who pray for their health. *J Relig Health*. 2011;**50**(3):602-7. doi: 10.1007/s10943-009-9293-3. [PubMed: 19859811].
22. Strawbridge WJ, Cohen RD, Shema SJ, Kaplan GA. Frequent attendance at religious services and mortality over 28 years. *Am J Public Health*. 1997;**87**(6):957-61. [PubMed: 9224176].
23. Comstock GW, Partridge KB. Church attendance and health. *J Chron Dis*. 1972;**25**(12):665-72.

24. Koenig HG, Cohen HJ, George LK, Hays JC, Larson DB, Blazer DG. Attendance at religious services, interleukin-6, and other biological parameters of immune function in older adults. *Int J Psychiatry Med*. 1997;**27**(3):233-50. [PubMed: 9565726].
25. Cummings JP, Pargament KI. Medicine for the spirit: religious coping in individuals with medical conditions. *Religions*. 2010;**1**(1):28-53.
26. Leak A, Hu J, King CR. Symptom distress, spirituality, and quality of life in African American breast cancer survivors. *Cancer Nurs*. 2008;**31**(1):E15-21. doi: 10.1097/01.NCC.0000305681.06143.70. [PubMed: 18176122].
27. Tate DG, Forchheimer M. Quality of life, life satisfaction, and spirituality: comparing outcomes between rehabilitation and cancer patients. *Am J Phys Med Rehabil*. 2002;**81**(6):400-10. [PubMed: 12023595].
28. Craig C, Weinert C, Walton J, Derwinski-Robinson B. Spirituality, chronic illness, and rural life. *J Holist Nurs*. 2006;**24**(1):27-35. doi: 10.1177/0898010105282526. [PubMed: 16449743].
29. Meraviglia MG. The effects of spirituality on well-being of people with lung cancer. *Oncol Nurs Forum*. 2004;**31**(1):89-94. doi: 10.1188/04.ONF.89-94. [PubMed: 14722592].
30. Meraviglia M. Online exclusive. *Oncology Nursing Forum*. 2006. p. E1.
31. Romero C, Friedman LC, Kalidas M, Elledge R, Chang J, Liscum KR. Self-forgiveness, spirituality, and psychological adjustment in women with breast cancer. *J Behav Med*. 2006;**29**(1):29-36. doi: 10.1007/s10865-005-9038-z. [PubMed: 16362244].
32. Yates JW, Chalmer BJ, St James P, Follansbee M, McKegney FP. Religion in patients with advanced cancer. *Med Pediatr Oncol*. 1981;**9**(2):121-8. [PubMed: 7231358].
33. Whoqol Srbp Group . A cross-cultural study of spirituality, religion, and personal beliefs as components of quality of life. *Soc Sci Med*. 2006;**62**(6):1486-97. doi: 10.1016/j.socscimed.2005.08.001. [PubMed: 16168541].
34. Harvey IS, Silverman M. The role of spirituality in the self-management of chronic illness among older African and Whites. *J Cross Cult Gerontol*. 2007;**22**(2):205-20. doi: 10.1007/s10823-007-9038-2. [PubMed: 17370121].
35. Brady MJ, Peterman AH, Fitchett G, Mo M, Cella D. A case for including spirituality in quality of life measurement in oncology. *Psychooncology*. 1999;**8**(5):417-28. [PubMed: 10559801].
36. McNeill JA, Sherwood GD, Starck PL, Thompson CJ. Assessing clinical outcomes: patient satisfaction with pain management. *J Pain Symptom Manage*. 1998;**16**(1):29-40. [PubMed: 9707655].
37. Kaldjian LC, Jekel JF, Friedland G. End-of-life decisions in HIV-positive patients: the role of spiritual beliefs. *AIDS*. 1998;**12**(1):103-7. [PubMed: 9456260].
38. Cigrang JA, Hryshko-Mullen A, Peterson AL. Spontaneous reports of religious coping by patients with chronic physical illness. *J Clin Psychol Med Settings*. 2003;**10**(3):133-7.
39. Beuscher L, Grando VI. Using spirituality to cope with early-stage Alzheimer's disease. *West J Nurs Res*. 2009;**31**(5):583-98. doi: 10.1177/0193945909332776. [PubMed: 19282270].
40. Taylor EJ. *Spiritual complementary therapies in cancer care. Seminars in oncology nursing*. Elsevier; 2005. pp. 159-63.
41. Cook JA, Wimberley DW. If I should die before I wake: Religious commitment and adjustment to the death of a child. *J Sci Stud Religion*. 1983:222-38.
42. Tartaro J, Luecken LJ, Gunn HE. Exploring heart and soul: effects of religiosity/spirituality and gender on blood pressure and cortisol stress responses. *J Health Psychol*. 2005;**10**(6):753-66. doi: 10.1177/1359105305057311. [PubMed: 16176954].
43. Dehghani Kh MS, Dehghani HMS, Zarezadeh ABS, Bs NZ. The effect of prayer on level of anxiety in mothers of children with cancer. *Iran J Pediatr Hematol Oncol*. 2012;**2**(2):78-83.
44. Srivastava AK, Krishna A. Psycho-Physiological Mechanism of Spirituality-Health Relationship: Theoretical Conceptualisation. *J Indian Health Psychol*. 2(1):1-9.
45. Raisi M, Heidari S, Mehran N. Demographic survey of the spiritual intelligence in medical faculty of Qom university of medical sciences. *Ethics*. 2014;**1**(1):23-9.
46. Harris RC, Dew MA, Lee A, Amaya M, Buches L, Reetz D. The role of religion in heart-transplant recipients' long-term health and well-being. *J Religion Health*. 1995;**34**(1):17-32.
47. Konkoly Thege B, Pilling J, Szekeley A, Kopp MS. Relationship between religiosity and health: evidence from a post-communist country. *Int J Behav Med*. 2013;**20**(4):477-86. doi: 10.1007/s12529-012-9258-x. [PubMed: 22903272].
48. Ehman JW, Ott BB, Short TH, Ciampa RC, Hansen-Flaschen J. Do patients want physicians to inquire about their spiritual or religious beliefs if they become gravely ill?. *Arch Intern Med*. 1999;**159**(15):1803-6. [PubMed: 10448785].
49. Lo C, Zimmermann C, Gagliese L, Li M, Rodin G. Sources of spiritual well-being in advanced cancer. *BMJ Support Palliative Care*. 2011;**5**.
50. McCord G, Gilchrist VJ, Grossman SD, King BD, McCormick KE, Oprandi AM, et al. Discussing spirituality with patients: a rational and ethical approach. *Ann Fam Med*. 2004;**2**(4):356-61. [PubMed: 15335136].
51. Astrow AB, Sulmasy DP. STUDENTJAMA. Spirituality and the patient-physician relationship. *JAMA*. 2004;**291**(23):2884. doi: 10.1001/jama.291.23.2884. [PubMed: 15199045].
52. Bagiella E, Hong V, Sloan RP. Religious attendance as a predictor of survival in the EPESE cohorts. *Int J Epidemiol*. 2005;**34**(2):443-51. doi: 10.1093/ije/dyh396. [PubMed: 15659472].
53. Williams DR, Sternthal MJ. Spirituality, religion and health: evidence and research directions. *Med J Aust*. 2007;**186**(10 Suppl):S47-50. [PubMed: 17516883].
54. Meisenhelder JB, Marcum JP. Responses of clergy to 9/11: Posttraumatic stress, coping, and religious outcomes. *J Sci Stud Religion*. 2004;**43**(4):547-54.
55. Tarakeshwar N, Pargament KI. Religious coping in families of children with autism. *Focus Autism Other Dev Disabil*. 2001;**16**(4):247-60.
56. Fitchett G, Murphy PE, Kim J, Gibbons JL, Cameron JR, Davis JA. Religious struggle: prevalence, correlates and mental health risks in diabetic, congestive heart failure, and oncology patients. *Int J Psychiatry Med*. 2004;**34**(2):179-96. [PubMed: 15387401].
57. Sherman AC, Plante TG, Simonton S, Latif U, Anaissie EJ. Prospective study of religious coping among patients undergoing autologous stem cell transplantation. *J Behav Med*. 2009;**32**(1):118-28. doi: 10.1007/s10865-008-9179-y. [PubMed: 18855130].
58. Tarakeshwar N, Vanderwerker LC, Paulk E, Pearce MJ, Kasl SV, Prigerson HG. Religious coping is associated with the quality of life of patients with advanced cancer. *J Palliat Med*. 2006;**9**(3):646-57. doi: 10.1089/jpm.2006.9.646. [PubMed: 16752970].
59. Levin JS, Chatters LM, Ellison CG, Taylor RJ. Religious involvement, health outcomes, and public health practice. *Curr Issues Public Health*. 1996;**2**:220-5.
60. Heravi-Karimooi M, Rejeh N, Sharif Nia H. The Relationship between Nursing Students' Spiritual Intelligence and their General Health in Tehran, 2012. *Iran J Med Educ*. 2014;**14**(1):1-14.