

Effects of Spiritual Care on Anxiety in Moslem Country a Literature Review

Muhamad Hamdan Dwi Nur Arif¹, Shanti Wardaningsih²

¹Student of Master of Nursing, Muhammadiyah University of Yogyakarta

²Lecturer in Master of Nursing, Muhammadiyah University of Yogyakarta

Abstract

Anxiety disorders are the most common mental health conditions worldwide. Various strategies, both pharmacological and non-pharmacological, have been developed for their management. Spiritual care, a non-pharmacological approach, has shown promise in alleviating anxiety symptoms. This study focuses on Muslim countries, where spirituality and religion play a central role in daily life. For many Muslim patients, spiritual practices provide comfort, reduce anxiety, and enhance treatment adherence. The findings of this study provide contributions to nursing as examining the effectiveness of spiritual care in reducing anxiety, especially on Muslim countries. A systematic literature review was conducted in the PubMed database using the keywords "Spiritual care and Anxiety," covering English-language articles published between 2014 and 2024. A PubMed database identified 837 articles, of which only 5 met the inclusion criteria after screening for relevance based on topic, title, abstract, and research methods. This review indicates that spiritual care effectively reduces anxiety across various health conditions and supports its integration into holistic treatment, particularly in cultures where spirituality is central to coping and well-being.

Keywords: Anxiety; Moslem country; Spiritual care.

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*) Corresponding author: Muhamad Hamdan Dwi Nur Arif
E-mail: arifalhamdani@gmail.com

1. Introduction

Anxiety disorders are the most prevalent mental health conditions worldwide, affecting approximately 301 million people (4% of the global population) in 2019. Despite the availability of effective treatments, only 27.6% of those affected receive adequate care. This treatment gap is driven by limited public awareness, insufficient mental health funding, a shortage of trained professionals, and persistent social stigma (World Health Organization, 2023).

The high prevalence of generalized anxiety disorder has led to the development of various treatments, including pharmacological interventions and psychotherapy. While these methods can be effective in the short term, evidence indicates that their long-term benefits are often inconsistent. One explanation is that psychotherapy, though successful in replacing irrational thoughts with more adaptive ones, may not address a deeper lack of purpose or meaning in life. This existential void can perpetuate insecurity, allowing negative

thoughts and anxiety to re-emerge (Papola et al., 2024).

In recent years, spirituality and spiritual meditation have gained growing recognition as effective approaches to promoting mental health. Spiritual care involves supporting individuals, particularly during times of stress, by nurturing their spirituality. Unmet social and emotional needs can significantly affect patients' well-being, leading to decreased quality of life, heightened risk of depression, and poorer mental health (Rahman et al., 2021).

Spiritual care is integral to palliative care, medical treatment, social work, and psychosocial rehabilitation. It provides human-centered services aimed at strengthening individuals' spirituality, enhancing their commitment to life, fostering inner peace, and alleviating spiritual distress and fears (Miller et al., 2023). Spiritual care is an interdisciplinary field at the intersection of medicine, religion, psychology, social work, education, and counseling. Modern practices have

been established for over a century in Europe and the United States. The World Health Organization (WHO) underscores that addressing patients' spiritual needs is an ethical responsibility for all healthcare professionals and systems (World Health Organization, 2022).

Identifying spiritual needs and developing appropriate interventions are essential components of nursing practice. Since the adoption of the International Council of Nurses' Code of Ethics in 1953 and its revision in 2012, international standards have recognized the spiritual dimension of care and emphasized the obligation of nurses to provide spiritual support. Although the significance of spirituality in nursing has gained considerable attention over the past four decades, gaps remain in its practical implementation, integration into nursing curricula, and nurses' understanding of factors influencing the delivery of spiritual care. Recent studies further indicate that nurses frequently encounter barriers such as limited training, time constraints, and lack of institutional support, highlighting the need for systematic strategies to strengthen spiritual care competencies in clinical practice (Austin et al., 2022; Muria et al., 2023).

Spiritual care is often absent from nursing curricula, with educators lacking clarity on its appropriate timing and content. Effective provision requires competencies such as self-awareness, communication, trust-building, and motivational skills, enabling nurses to foster patients' spiritual development and support optimal health outcomes. Despite its recognized importance, limited research over the past decade shows that spiritual care remains underrepresented in both clinical practice and nursing education, leading to insufficient knowledge and training among nurses (Daghan et al., 2019).

The demand for spiritual support in health care varies across clinical units, with nurses' perceptions of spiritual care shaped by the contexts in which they practice. In Intensive Care Units (ICUs), where critically ill patients often endure severe psychological distress and require life-sustaining interventions, the need for spiritual care is particularly salient. In these settings, patients and families engage closely with health professionals, and specialized spiritual care providers are frequently sought to deliver guidance and support (Khalili et al., 2025).

In contemporary intensive care, disease-centered models have largely displaced patient-centered approaches, leading to the frequent delegation of patients' and families' spiritual needs to in-house spiritual care providers or clergy, particularly in religiously oriented societies. This practice is often attributed to health professionals'

limited training in spiritual care and the perception that clergy possess greater expertise in addressing sensitive and time-intensive issues (Austin et al., 2022).

However, emerging evidence demonstrates that proactive, semi structured spiritual care delivered by chaplains can significantly improve the well-being of surrogate decision-makers in the ICU. These findings underscore the importance of integrating chaplains as core members of both palliative and critical care teams, thereby reinstating the spiritual dimension within a field that has long been dominated by biomedical paradigms. Moreover, in Muslim-majority countries, Islamic teachings recognize and value spiritual care as an essential component of personal, social, and institutional well-being. Historically, Muslim health practitioners and spiritual caregivers have not only diagnosed and treated physical illnesses but also provided psychosocial and spiritual interventions to address the spiritual dimensions of disease (Baig et al., 2023).

This study has substantial implications for nursing science by reinforcing the importance of spirituality as an integral component of holistic patient care, particularly in Muslim-majority country. For instance, a quasi-experimental study demonstrated that structured spiritual care interventions reduced anxiety and improved quality of life in patients with chronic respiratory diseases (Khalili, Z. et al., 2024). These findings underscore the need for integrating spiritual care competencies into nursing curricula, informing health policy, and advancing nursing research to address the long-term effects of spiritual interventions on anxiety management.

2. Method

Literature review is one of the most relevant research methods for assessing collective evidence in a health research topic (Snyder, 2019). In the following, the basic steps in preparing a literature review will be suggested and discussed using four phases; (1) designing the review, (2) conducting the review, (3) analysis, and (4) writing the review. This process was developed from practical experience and is a synthesis influenced by various standards and guidelines suggested for literature reviews (Kolaski et al., 2023; Brignardello et al., 2025).

The data used comes from a literature review article that contains the concept under study. The data collection process was carried out by filtering from 837 literature sources then into 72 literature and articles relevant to this literature review as many as 5 articles based on the criteria determined by the author of each article taken. The criteria referred to include the year the literature

sources were taken from 2014 to 2024, the suitability of the writing keywords, the relationship between the results of writing and discussion. Strategies in collecting articles from various literature using Pubmed database (www.ncbi.nlm.nih.gov/pubmed). An effective way of writing for journal settings is to enter keywords according to the writing title such as "Spiritual care AND Anxiety".

The first thing that must be done in starting data analysis in the literature review is by starting the appropriate writing material seen from the most appropriate and quite appropriate. Another way, for example by looking at the year of writing (2014-2024). Read the abstract from the article first in order to provide an idea of whether the problem discussed is in accordance with what we are trying to solve in a journal. Noting the important parts that correspond to the research problem, to avoid plagiarism, the author should be able to record sources of information and enter a bibliography. If the information comes from the main idea or the writing of another person. Take notes, reviews ([Affengruber, L. et al., 2024](#); [Randles, R. & Finnegan, A., 2023](#)).

Before the author makes conclusions from several literature results, the author will determine

in a brief summary form in the form of a table containing the author's name, year of writing, study design, intervention, samples, instruments (measuring instruments), results and theoretical conflicts. After the writing ends and some literature has been combined, the author will analyze what experiences nurses have experienced in dealing with dying patients in the discussion. The inclusion criteria in this literature are articles in English with a publication date for the last 10 years starting from 2014 to 2024, articles in full text. The exclusion criteria were published articles that were not in the form of non-original publications such as letters to editors, abstracts only and books. The main focus of this review literature is application of the effects of spiritual care in anxiety patient. Search results through reviews A total of 837 articles were identified and eligibility criteria were applied. Then after that it was filtered, it got 72 articles, then an exception study was carried out, it got 5 articles, after that, another exception study was carried out based on the inclusion criteria by filtering the suitability of topics, titles, abstracts, research methods, discussions and conclusions so that the total number of articles that met the requirements for review is 5 articles as depicted in Figure 2 Article Search Process.

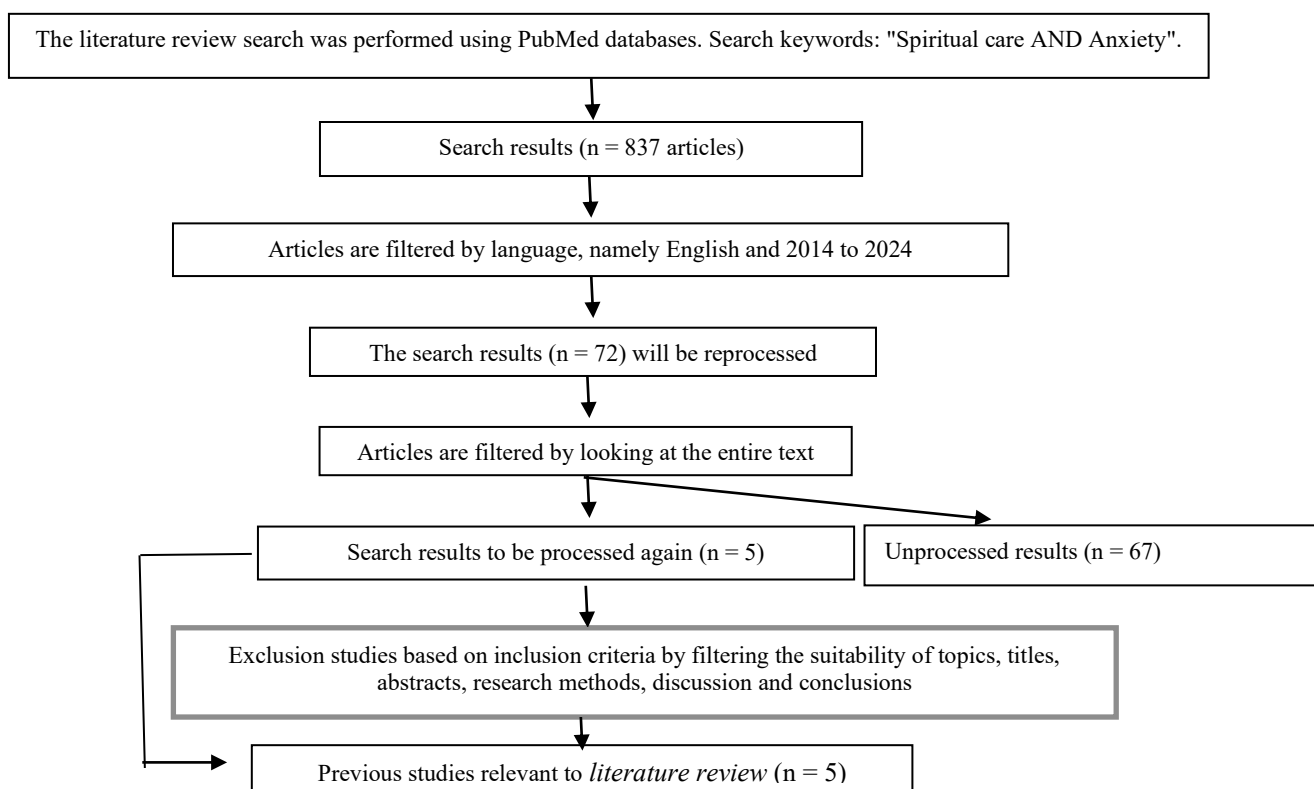


Figure 1. Article Search Process

Table 1. Characteristics Study

Title / Author (Year)	Study design	Intervention (procedure)	Sample	Case of Patient	Instrument	Result
Investigation of the Spiritual Care Effects on Anxiety, Depression, Psychological Distress and Spiritual Levels of Turkish Muslim Radiotherapy Patients (Turgay Şirin et al., 2020)	Quantitative	Spiritual Care Model: IHSAN	70 people Experimental group (n=35) Control group (n=35) (Turkey)	Radiotherapy Patients	Hospital Anxiety and Depression Scale (HAD) (Questionnaire)	The study found IHSAN Model which is applied as an Islamic spiritual care practice, significantly reduces the hospital anxiety, depression and distress levels of the patients in the study group and increases the spirituality levels significantly.
The Impact of Spiritual Care Education on Anxiety in Family Caregivers of Patients with Heart Failure (Milad Borji et al., 2018)	Semi-experimental study (Quantitative)	Spiritual Care Education	71 people Experimental group (n=34) Control group (n=37) (Iran)	Heart Failure	Beck Anxiety Inventory (Questionnaire)	The study found that the spiritual intervention reduced the anxiety level in the caregivers of patients with HF.
Factors that predict the perception of spirituality and spiritual care of nurses working in high-risk units and the effect of death anxiety (Rahman et al., 2020)	Cross-sectional study (Quantitative)	Spiritual Care	382 people (Turkey)	High-risk Unit	Templer Death Anxiety Scale (TDAS) (Questionnaire)	The study found nurses' death anxiety was found to be a significant variable in the SSCRS. It was also found that nurses with high levels of death anxiety had higher spiritual perception.
The Effects of Spiritual Care on Anxiety in Adolescents with Cancer (Torabi et al., 2017)	Quasi-experimental study (Quantitative)	Spiritual Care	32 people (Iran)	Cancer	Speilberger State-Trait Anxiety Inventory (Questionnaire)	Results of this study show that in the pretest, the anxiety status of most of the adolescents has been at the moderate to severe level but in the posttest and during follow up, most of the adolescents have been in the moderate level and the percentage of adolescents with the mild anxiety has been increased in comparison with the pretest.
Effect of Spiritual Care Based on Ghalbe Salim on Anxiety in Adolescent with Cancer (Doust et al., 2019)	Experimental group (Quantitative)	Spiritual Care based on Ghalbe Salim	40 people Experimental group (n=20) Control group (n=20) (Iran)	Cancer	Marx children's anxiety scale (Questionnaire)	Covariance test with the elimination of the pretest showed that the training of spiritual therapy has an effect on the anxiety of the cancerous children, where the effect of training is 26%. This means that 50% of the changes in dependent variables were due to pretest effect.

3. Result and Discussion

The results of the review of the above articles have been carried out, where the articles represent several continents from the continent of Muslim Country to find out about the effects spiritual care to decrease anxiety as a mental disorders. There are several things that can be concluded from 5 articles on the effects of spiritual care to decrease anxiety.

Spiritual Care can Reduce Anxiety

Spiritual Care can provide a scientific reduction in anxiety due to several psychological and social mechanisms involved. First, the emotional support provided through spiritual practices helps reduce feelings of loneliness and increase social connections, which is especially important in dealing with stress. Second, many spiritual practices, such as meditation and prayer, encourage relaxation and mindfulness, which have been shown to be effective in lowering anxiety levels. Third, involvement in spirituality often helps individuals find meaning and purpose in life, reducing the uncertainty that can trigger anxiety. Additionally, this practice also improves emotional regulation, allowing individuals to better manage stress. Research shows that people involved in spiritual communities tend to have a more positive outlook, which contributes to reduced anxiety symptoms. Overall, the interaction between social support, relaxation practices, and increasing meaning in life plays an important role in reducing anxiety through Spiritual Care. Spirituality is one of the basic aspects of human beings (Amiri et al., 2021; He et al., 2023; Bos et al., 2024).

Spiritual care can have a significant positive impact on patients by meeting their emotional and spiritual needs. When patients receive spiritual support, they feel heard and understood, which helps reduce feelings of loneliness and anxiety. Practices such as meditation, prayer, or reflection can provide a sense of calm and help patients find meaning in their experiences. Additionally, involvement in a spiritual community can increase social support, which is crucial in the healing process. Health care providers who pay attention to the spiritual aspects of patients often create a more empathetic and supportive environment. This impact not only improves patients' emotional well-being, but can also contribute to better health outcomes. By facilitating dialogue about values and beliefs, spiritual care helps patients feel more empowered in dealing with their illness. Overall, this approach creates a holistic experience and strengthens the relationship between patients and healthcare professionals. Nurses are advised to provide necessary spiritual care to patients to

reduce their anxiety (Borji et al., 2019; Dos Santos et al., 2024).

Spiritual Care Can Apply to Many Patients Case

Spiritual care can be applied to many cases, such as heart failure, cancer, radiotherapy, high risk units and others. Patients with heart failure often experience anxiety and uncertainty regarding their future. Spiritual care can provide emotional support that helps them face their fears and gives meaning to their struggles. By finding calm through spiritual practices, patients can feel more empowered in managing their condition. Applying spiritual care in health care centers and hospitals can help the patients and their caregivers to be comfortable and have calm by reducing their anxiety. This therapy indicated that the spiritual intervention reduced the anxiety level in caregivers of patients with heart failure (Borji et al., 2019).

A cancer diagnosis often causes great stress and significant life changes. Spiritual care can help patients overcome feelings of loss and provide support to find new hope and purpose. Spiritual practices such as meditation or prayer can help reduce anxiety and improve quality of life during treatment. Cancer is one of the chronic and rare diseases in children that is associated with psychological trauma that can cause fear and anxiety in patients. Among the reasons for this consistency were attention to God, trusting him and paying attention to spirituality as the factors reducing the anxiety (Vazifeh Doust et al., 2020).

The radiotherapy process can be a scary and tiring experience for patients. Spiritual care can help them deal with the uncertainty and pain they may be experiencing, providing space for reflection and calm. Spiritual support can also increase patient motivation to undergo treatment in a more positive spirit. Spiritual care with Ihsan Model which is applied as an Islamic spiritual care practice, significantly reduces the hospital anxiety, depression and distress levels of the patients in the study group and increases the spirituality levels significantly (Şirin & Göksel, 2021).

Spirituality contributes to the health and well-being of individuals. Patients in high-risk units are often in very critical and stressful situations. Spiritual care provides the necessary support to help them and their families deal with difficult situations. By providing space for prayer or reflection, patients can find calm and hope even in very challenging circumstances. Not only for patient, anxiety can feel to nurses who work in this unit. Nurses often experience high stress due to the enormous responsibility of caring for critical patients, and spiritual support helps them cope with this emotional stress. With spiritual practices, such as reflection or meditation, nurses can find calm

and manage stress more effectively. Spiritual care also creates a sense of community and mutual support among coworkers, which is important for mental well-being. Additionally, understanding and appreciating the spiritual dimension of patient care can give nurses a sense of purpose and meaning in their work (Rahman et al., 2021)

4. Conclusions

The results of the article review found that spiritual care is effective in overcoming anxiety problems in patients with several conditions such as cancer, heart failure, radiotherapy in Muslim countries. The effect of giving spiritual care can provide a sense of calm, help patients provide support to find new hope and purpose, find meaning in their experiences, reduce anxiety levels and improve mood. Spiritual support can also increase patient motivation to undergo treatment in a more positive spirit.

5. References

- Affengruber, L., van der Maten, M. M., Spiero, I., Nussbaumer-Streit, B., Mahmić-Kaknjo, M., Ellen, M. E., ... & Spijker, R. (2024). An exploration of available methods and tools to improve the efficiency of systematic review production: a scoping review. *BMC Medical Research Methodology*, 24(1), 210. DOI: [10.1186/s12874-024-02320-4](https://doi.org/10.1186/s12874-024-02320-4)
- Amiri, M., Mirzaei, S., & Nasiriani, K. (2021). Effect of Spiritual Care on Anxiety and Fear of Orthopaedic Surgery Patients. *Journal of Pastoral Care & Counseling: Advancing Theory and Professional Practice through Scholarly and Reflective Publications*, 75(4), 259–266. DOI: [10.1177/15423050211055390](https://doi.org/10.1177/15423050211055390)
- Austin, P., Macdonald, J., & Macdonald, B. (2022). Spiritual care training in healthcare: A systematic review. *Journal of Clinical Nursing*, 31(1–2), 4–16. DOI: <https://doi.org/10.1111/jocn.15993>
- Baig, N., & Isgandarova, N. (2023). Exploring Islamic Spiritual Care: What Is in a Name? *Religions*, 14(10), 1256. DOI: <https://doi.org/10.3390/rel14101256>
- Borji, M., Mousavimoghadam, S. R., Salimi, E., Otaghi, M., & Azizi, Y. (2019). The Impact of Spiritual Care Education on Anxiety in Family Caregivers of Patients with Heart Failure. *Journal of Religion and Health*, 58(6), 1961–1969. DOI: [10.1007/s10943-018-0689-9](https://doi.org/10.1007/s10943-018-0689-9)
- Bos, J. H., Vrijmoeth, C., Hovenkamp-Hermelink, J. H., & Schaap-Jonker, H. (2024). Effect of religion on the course of anxiety disorders and symptoms over 9-years follow-up. *Journal of Affective Disorders Reports*, 17, 100797. DOI: <https://doi.org/10.1016/j.jadr.2024.100797>
- Brignardello-Petersen, R., Santesso, N., & Guyatt, G. H. (2025). Systematic reviews of the literature: an introduction to current methods. *American journal of epidemiology*, 194(2), 536–542. DOI: [10.1093/aje/kwae232](https://doi.org/10.1093/aje/kwae232)
- Daghan, S., Kalkim, A., & Sağkal Midilli, T. (2019). Psychometric Evaluation of the Turkish Form of the Spiritual Care Competence Scale. *Journal of Religion and Health*, 58(1), 14–27. DOI: [10.1007/s10943-018-0594-2](https://doi.org/10.1007/s10943-018-0594-2)
- Dos Santos, F. C., Macieira, T. G., Yao, Y., Ardelt, M., & Keenan, G. M. (2024). The impact of spiritual care delivered by nurses on patients' comfort: A propensity score matched cohort utilizing electronic health record data. *International journal of medical informatics*, 183, 105319. DOI: <https://doi.org/10.1016/j.ijmedinf.2023.105319>
- He, X. X., Wang, X. Q., Steger, M. F., Ji, L. J., Jing, K., Liu, M. F., & Ye, B. J. (2023). Meaning in life and psychological distress: A meta-analysis. *Journal of Research in Personality*, 104, 104381. DOI: <https://doi.org/10.1016/j.jrp.2023.104381>
- Kolaski, K., Romeiser Logan, L., & Ioannidis, J. P. (2023). Guidance to best tools and practices for systematic reviews. *Journal of Pediatric Rehabilitation Medicine*, 16(2), 241–273. DOI: [10.11124/JBIES-23-00139](https://doi.org/10.11124/JBIES-23-00139)
- Khalili Khouzani, P., Yazdi-Feyzabadi, V., Setayesh, M., Mehrolhassani, M. H., & Rahimisadegh, R. (2025). Identifying the key components of providing spiritual care in the hospital: a scoping review study. *BMC palliative care*, 24(1), 142. DOI: <https://doi.org/10.1186/s12904-025-01762-x>
- Khalili, Z., Habibi, E., Kamyari, N., Tohidi, S., & Yousofvand, V. (2024). Correlation between spiritual health, anxiety, and sleep quality among cancer patients. *International Journal of Africa Nursing Sciences*, 20, 100668. DOI: <https://doi.org/10.1016/j.ijans.2024.100668>
- Miller, M., Addicott, K., & Rosa, W. E. (2023). Spiritual care as a core component of palliative nursing. *AJN The American Journal of Nursing*, 123(2), 54–59. DOI: [10.1097/01.NAJ.0000919748.95749.e5](https://doi.org/10.1097/01.NAJ.0000919748.95749.e5)
- Murgia C, Notarnicola I, Caruso R, De Maria M, Rocco G, Stievano A. Spirituality and Religious Diversity in Nursing: A Scoping Review. *Healthcare (Basel)*. 2022 Aug

- 31;10(9):1661. DOI:
[10.3390/healthcare10091661](https://doi.org/10.3390/healthcare10091661)
- Papola, D., Miguel, C., Mazzaglia, M., Franco, P., Tedeschi, F., Romero, S. A., ... & Barbui, C. (2024). Psychotherapies for generalized anxiety disorder in adults: a systematic review and network meta-analysis of randomized clinical trials. *JAMA psychiatry*, 81(3), 250-259. DOI:
[10.1001/jamapsychiatry.2023.3971](https://doi.org/10.1001/jamapsychiatry.2023.3971)
- Rahman, S., Elbi, H., Cakmakci Cetinkaya, A., Altan, S., Ozan, E., & Pirincci, E. (2021). Factors that predict the perception of spirituality and spiritual care of nurses working in high-risk units and the effect of death anxiety. *Perspectives in Psychiatric Care*, 57(2), 473-480. DOI:
[10.1111/ppc.12651](https://doi.org/10.1111/ppc.12651)
- Randles, R., & Finnegan, A. (2023). Guidelines for writing a systematic review. *Nurse education today*, 125, 105803. DOI:
<https://doi.org/10.1016/j.nedt.2023.105803>
- Şirin, T., & Göksel, F. (2021). Investigation of the Spiritual Care Effects on Anxiety, Depression, Psychological Distress and Spiritual Levels of Turkish Muslim Radiotherapy Patients. *Journal of Religion and Health*, 60(4), 2484-2502. DOI:
[10.1007/s10943-020-01117-1](https://doi.org/10.1007/s10943-020-01117-1)
- Snyder, H. (2019). Literature review as a research methodology: An overview and guidelines. *Journal of Business Research*, 104, 333-339. DOI:
<https://doi.org/10.1016/j.jbusres.2019.07.039>
- Torabi, F., Sajjadi, M., Nourian, M., Borumandnia, N., & Shirinabadi Farahani, A. (2017). The Effects of Spiritual Care on Anxiety in Adolescents with Cancer. *Supportive & Palliative Care in Cancer*, 1(1). DOI:
<https://doi.org/10.22037/spc.v1i1.11007>
- Uçar, Ö., Çelik, S., Karahan, E., Altıntaş, S., & Yücel, M. (2024). Exploring the relationship between spiritual care and patient advocacy of nurses from generations X, Y and Z working in intensive care clinics: A cross-sectional study. *Intensive and Critical Care Nursing*, 84, 103754. DOI:
<https://doi.org/10.1016/j.iccn.2024.103754>
- Vazifeh Doust, M., Hojjati, H., & Farhangi, H. (2020). Effect of Spiritual Care Based on Ghalbe Salim on Anxiety in Adolescent with Cancer. *Journal of Religion and Health*, 59(6), 2857-2865. DOI: [10.1007/s10943-019-00869-9](https://doi.org/10.1007/s10943-019-00869-9).
- World Health Organization. (2023). Mental disorders <https://www.who.int/news-room/fact-sheets/detail/mental-disorders> Published June 8, 2022. Accessed November, 19.
- Yoosefee, S., Tehrani, F. J., & Azarpira, H. (2025). Effect of spiritual care programs on anxiety and quality of life of chronic respiratory patients. *Journal of education and health promotion*, 14, 248. DOI:
[10.4103/jehp.jehp_418_24](https://doi.org/10.4103/jehp.jehp_418_24)