

Review Paper

Designing A Spiritual Care Training Course for Clergymen



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Please cite this article as Dashtabadi M, Fallah MH, Sederposhan N, Azizi Abarghuei M. Designing A Spiritual Care Training Course for Clergymen. *Health Spiritual Med Ethics*. 2023; 10(4):195-202. <http://dx.doi.org/10.32598/hsmej.10.4.467.1>

 <http://dx.doi.org/10.32598/hsmej.10.4.467.1>

Article info:

Received: 06 Mar 2023

Accepted: 20 Apr 2023

Publish: 01 Dec 2023

Keywords:

Traditional medicine practitioners, Spirituality, Health, Religion and psychology, Curriculum

ABSTRACT

Background and Objectives: Admission to a hospital increases individuals' vulnerability and their consequent needs for religion and/or spirituality. The purpose of this research was to design the title and objectives of the spiritual care course for clergymen.

Methods: This qualitative study employed the integrated review method. The objectives and title of the course were developed and validated using the integrated review method, with the final model created using the Delphi technique and group discussions with experts. The statistical population included clergymen in health, as well as articles and books published between 2014 and 2022. Articles related to the educational objectives and title of the spiritual care course were first collected. Out of a total of 123 articles, 32 were selected. The course, designed through the Delphi method, was then subject to survey, modification, and review by a panel of experts consisting of 13 clergymen. The title and objectives of the spiritual care training course were formulated based on the research findings.

Results: The findings revealed 13 objectives and 15 titles for the spiritual care training courses.

Conclusion: The objectives and headings of this model are based on both international and local cultural approaches, which can address the concerns of officials in the Ministry of Health, Treatment, and Medical Education regarding specialization in service provision.

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Introduction

Admission to the hospital increases individuals' vulnerability and their consequent requirements for religion and/or spirituality [1]. Religion and spirituality are two relevant but distinct concepts. Religion consists of a set of faith, rituals and affairs that are usually characteristic of a community's faith in a sacred power. However, spirituality is defined as "the dynamic dimension of human life that relates to the way persons (individual and community) experience, express and/or seek meaning, purpose, and transcendence, and the way they connect to the moment, to self, to others, to nature, to the significant, and/or the sacred" [2, 3].

Over the last few decades, spirituality has received significant attention in health settings, and the demand for the integration of spirituality into health-based systems has increased. In this regard, a frequently utilized caring approach under the title "biopsychosocial-spiritual model" has largely been highlighted [4]. The model highlights a comprehensive patient-centered notion, in which patients are regarded as whole persons. In other words, all aspects of patients' essence, particularly their spirituality, should be taken into consideration during their hospital stay [5].

Several positive outcomes have been attributed to the integration of spirituality into medical and health domains, namely reduced mental and physical problems, improved satisfaction and life quality, altered coping responses to distress, etc. [1, 4, 6]. Some studies have shown that the majority of patients rated their desire for spiritual care highly [7-9]. One study indicated that more than 90% of cancer patients requested at least one need related to spirituality [10]. Although a large body of evidence has been devoted to the concept of spirituality, the discrepancy between the theoretical and practical aspects of this approach creates a gap [2, 6].

According to the literature, clergymen generally acknowledge the provision of spiritual care in health domains [5, 11]. However, when it comes to practice, some barriers hinder the implementation of this paradigm shift. Among the previously mentioned barriers, caregivers' unpreparedness is regarded as one of the primary issues [2, 5]. As a result, many health practitioners consider this spiritual caring approach to be a challenging task and either overlook it or delegate it to clergy (men and/or women) and chaplains [3, 9]. Insufficient training of healthcare providers has been identified as the most crucial barrier to their preparation for implementing the

spiritual approach. A study demonstrated that 77% of the respondents received no training regarding spiritual care provision, and the majority expressed a desire to receive such training [11]. Studies have shown that training the health professional team enhances their knowledge, competence and preparation for the implementation of spiritual care in the therapeutic domains [6, 10].

Despite the beneficial outcomes of spiritual care in healthcare settings, along with the dominant religious atmosphere in Iran, the spiritual caring approach has been neglected in our training courses and practice. A crucial prerequisite for implementing this paradigm shift is the development of a training framework that sufficiently addresses our national requirements [12]. Therefore, the current study was conducted to develop and standardize a spiritual training course for clergymen.

Methods

This qualitative study employed the integrated review method. The objectives and title of the course were developed and validated using the integrated review method, with the final model created using the Delphi technique and group discussions with experts. The statistical population included clergymen in health, as well as articles and books published between 2014 and 2022. First, a literature review was conducted in the [Google Scholar](#), [Scopus](#) and [PubMed](#) databases using the keywords: "spiritual care," "spiritual health," "healthcare providers," "healthcare recipients," "training course," "Islamic spiritual health," and "educational curriculum." From a total of 123 articles extracted from various databases between 2014 and 2022, 32 articles were selected based on targeted sampling and compliance with the research criteria. The contents that were obtained from the previous phase were reviewed and modified by a panel of experts consisting of 13 clergymen through the Delphi method.

Results

The findings showed 14 objectives and 15 titles for the spiritual care training course. In the process of integrated review using interviews and extracted documents, 24 categories of qualitative data were obtained as the objectives of the spiritual care training course. [Table 1](#) shows the main categories of the objectives for the spiritual care training course ([Table 1](#)).

Thirteen objectives were approved by experts, while 11 objectives were removed ([Table 2](#)).

Table 1. Objectives of the spiritual care training course

Row	Objectives
1	To be able to explain the definitions, concepts and terms of spiritual health
2	To be able to explain the types of spiritual health models in the world's health systems
3	To be able to compare the components of spiritual health in monotheistic and non-monotheistic systems
4	To be able to explain the basics of medical jurisprudence and medical rights related to different stakeholders (patients, companions, colleagues and society)
5	To be able to explain the principles of medical ethics and bioethics
6	To be able to explain the dimensions of spiritual health in the history of medicine
7	To be able to express the duties and responsibilities of the members of the spiritual health team (individuals related to the spiritual health unit)
8	To be able to describe the pathology of spiritual health
9	To be able to explain the structure of the hospital, the function of the different departments of the treatment team, and the specialized terms related to the hospital
10	To be able to Explain different models of providing spiritual health services
11	To be able to describe the history of the patient applying for spiritual health services using appropriate tools (observation, interviews and questionnaires)
12	To be able to evaluate the screening and assessment of patients based on the components of the patient's spiritual health, including physical, emotional, mental, spiritual and faith-related questions
13	To be able to provide or refer patients to mental health services as appropriate
14	To be able to recognize the suitable service for the patient based on their symptoms and patterns of spiritual health assessment
15	To be able to identify the necessary criteria for referring the patient seeking spiritual health services
16	To be able to apply the principles of medical jurisprudence in providing spiritual health services
17	To be able to apply medical and legal rights in providing spiritual health services
18	To be able to apply the principles of medical and biological ethics in providing spiritual health services
19	To be able to apply counseling techniques and methods in spiritual health services
20	To be able to apply psychological principles in the process of spiritual health services
21	To be able to use basic communication, interpersonal and interprofessional skills
22	To be able to register the patient's spiritual health files and rethink them
23	To be able to apply research skills in spiritual health
24	To be able to apply the model of providing spiritual health services

In the process of integrated review using interviews and extracted documents, 15 categories of qualitative data were obtained as the titles of the spiritual care training course (Table 3).

Based on the results in Table 4, all 15 titles were approved by experts.

Discussion

The purpose of this research was to design a spiritual training course for clergymen. In the process of content analysis using interviews and extracted documents, 23 categories of qualitative data were obtained as the objectives of the spiritual care training course and 15 categories were obtained as its title. This study is novel in several respects; to our knowledge, it appears to be the first report on designing spiritual training courses for clergy-

Table 2. Objectives of the spiritual care training course approved by experts

Row	Objectives
1	To be able to explain the definitions, concepts and terms of spiritual health
2	To be able to compare the components of spiritual health in monotheistic and non-monotheistic systems
3	To be able to express the duties and responsibilities of the members of the spiritual health team (those related to the spiritual health unit)
4	To be able to explain the structure of the hospital, the function of the different departments of the treatment team and the specialized terms related to the hospital
5	To be able to describe the history of the patient applying for spiritual health services using appropriate tools (observation, interviews and questionnaires)
6	To be able to evaluate the screening and assessment of patients based on the components of the patient's spiritual health, including physical, emotional, mental, spiritual and faith-related questions
7	To be able to provide or refer patients to mental health services as appropriate
8	To be able to recognize the suitable service for the patient based on their symptoms and patterns of spiritual health assessment
9	To be able to identify the necessary criteria for referring the patient seeking spiritual health services
10	To be able to apply the principles of medical jurisprudence in providing spiritual health services
11	To be able to apply medical and legal rights in providing spiritual health services
12	To be able to apply counseling techniques and methods in spiritual health services
13	To be able to apply psychological principles in the process of spiritual health services

men. Our study supports the inclusion of physical, social and psychological aspects as components of patient care in spiritual training courses.

The findings indicated a comparison of the components of spiritual health in monotheistic and non-monotheistic systems as the objectives of the spiritual care training course. In the current era, humans have felt weak in their existence, despite having more growth, control over natural disasters, and greater opportunities. They need to take refuge in a supernatural power during the difficulties and challenges of life. Monotheistic religions, especially Islam, have responded to this human need and proposed suitable solutions. Islam allows individuals to address all aspects of their health through its foundational principles. As a personal faith and comprehensive school, Islam encompasses various dimensions of life and provides specific definitions and tasks for its followers.

Review research considers mental health as a function of emotional, behavioral and cognitive dimensions, evaluating the relationship between health and Islam and spirituality as positive. In another review of spiritual and Islamic interventions in Iran's health system, it was found that spirituality has a positive relationship with health, hope, quality of life (QoL), job satisfaction, coping, happiness, and mental health, and a negative

relationship with anger, depression, anxiety, stress, and obsession. Trust in God and a monotheistic perspective are associated with a decrease in the level of depressive symptoms, while distrust in God and negative religious coping are linked to a greater increase in depressive symptoms [13]. Therefore, it is possible to find the best form of spiritual care within the monotheistic religion of Islam [14]. God-centeredness is especially relevant to human health and is best represented in Islam [15]. Also, the results showed that evaluation of screening and stratification of patients based on the components of the patient's spiritual health and the provision or referral of spiritual health services are key objectives of the spiritual care training course [13].

In recent years, there has been an increasing focus on the spiritual dimension in humans for healthcare. Obtaining the spiritual history of patients is one of the ways to deal with this issue. Evaluation and screening in spiritual care can help identify aspects of patients' spiritual beliefs and experiences, which can affect their care and treatment process. The interdisciplinary model and the referral system in spiritual care have been investigated in many studies, and their effectiveness has been demonstrated. The Polchawski model (2016) is one of these models, introduced for end-of-life patients. This model states that nurses, doctors, clergy, and social

Table 3. Titles of the spiritual care training course

Row	Title	Subtitle
1	The basics of spiritual health	History; definitions of the terms; the place of spiritual care in the health system; importance and necessity; definition of spiritual care; spiritual care in different countries (monotheistic and non-monotheistic spirituality and its pathology)
2	Spiritual care presentation model	Different models in the world; Islamic spiritual care model in Iran; common questions of the treatment staff in the field of spiritual care; common questions of patients
3	Description of history and screening, basics and principles of counseling	Description of history tools; common spiritual health tests; spiritual screening and identification of the symptoms of spiritual conflicts in the physical; emotional and questioning dimensions, as well as issues of faith and belief; interview techniques; effective communication; being an active listener; understanding and empathy; spiritual conflicts
4	Indications related to spiritual care	Recognition of incurable and chronic diseases; such as cancer; AIDS, addiction, diabetes, and COVID-19; spiritual care at the end of life; including bereavement customs and practices, setting up a will; dealing with bereavement and sudden death, and organ transplantation and related interventions; understanding the spiritual needs of patients in special circumstances
5	Jurisprudence and legal rulings, spiritual interventions, biological and medical ethics, and medical history	The limits of spiritual care and the rights of patients; ethical charter of spiritual health; rulings regarding women; clinical sharia rulings; the importance and necessity of teaching rules; how to effectively teach the rules to patients; spiritual conflicts; assigning meaning to suffering from an Islamic perspective
6	Spiritual conflicts	Assigning meaning to suffering from an Islamic perspective; frequently asked questions from patients and faith challenges; how to answer patients' questions clearly
7	Description of the duties of a spiritual caregiver	Laws and important duties
8	Knowing the treatment environment and hospital personnel	Definitions of the hospital vocabulary and terms; duties of key personnel in the hospital
9	Measurement and evaluation of spiritual care services	Accreditation criteria for the hospital in the spiritual dimension; the importance and necessity of evaluation
10	Spiritual interventions in other religions	Communication and interaction with all patients from different religions and the approach to service
11	Emerging spiritualities	The importance and necessity of addressing Islamic spirituality in spiritual interventions; recognition of and challenges posed by emerging spiritualities
12	Research spirituality	The importance and necessity of knowing how to document experiences; understanding how to complete clinical checklists and record information
13	Pathology of spiritual interventions	Identifying the challenges within the treatment environment; the importance of teamwork; teamwork methods and pathology
14	Individual skills for spiritual care	The importance and necessity of regular study; the importance and necessity of shared literature in the treatment system and the use of specialized terminology
15	Clinical internship	Practical training in the execution of rules and effective communication with patients, including screening, history-taking, referrals and spiritual intervention

Table 4. Titles of the spiritual care training course approved by experts

Row	Title	Subtitle
1	The basics of spiritual health	History; definitions of the terms; the place of spiritual care in the health system importance and necessity; definition of spiritual care; spiritual care in different countries (monotheistic and non-monotheistic spirituality and its pathology)
2	Spiritual care presentation model	Different models in the world; Islamic spiritual care model in Iran; common questions of the treatment staff in the field of spiritual care; common questions of patients
3	Description of history and screening; basics and principles of counseling	Description of history tools; common spiritual health tests; spiritual screening and identification of the symptoms of spiritual conflicts in the physical, emotional, and questioning dimensions, as well as issues of faith and belief; interview techniques effective communication; being an active listener; understanding and empathy; spiritual conflicts
4	Indications related to spiritual care	Recognition of incurable and chronic diseases, such as cancer, AIDS, addiction, diabetes, and COVID-19; spiritual care at the end of life, including bereavement customs and practices, setting up a will, dealing with bereavement and sudden death, and organ transplantation and related interventions; understanding the spiritual needs of patients in special circumstances
5	Jurisprudence and legal rulings, spiritual interventions, biological and medical ethics, and medical history	The limits of spiritual care and the rights of patients; ethical charter of spiritual health; rulings regarding women; clinical Sharia rulings; the importance and necessity of teaching rules; how to effectively teach the rules to patients; spiritual conflicts; rulings regarding women; clinical Sharia rulings
6	Spiritual conflicts	Rulings regarding women; clinical Sharia rulings; frequently asked questions from patients and faith challenges; how to answer patients' questions clearly
7	Description of the duties of a spiritual caregiver	Laws and important duties
8	Knowing the treatment environment and hospital personnel	Definitions of the hospital vocabulary and terms; duties of key personnel in the hospital
9	Measurement and evaluation of spiritual care services	Accreditation criteria of the hospital in the spiritual dimension; the importance and necessity of evaluation
10	Spiritual interventions in other religions	Communication and interaction with all patients from different religions and the approach to service
11	Emerging spiritualities	The importance and necessity of taking care of Islamic spirituality in spiritual interventions Recognition and challenges of emerging spiritualities
12	Research spirituality	The importance and necessity of knowing how to document experiences; understanding how to complete clinical checklists and record information
13	Pathology of spiritual interventions	Identifying the challenges of the treatment environment; the importance of teamwork; teamwork method and pathology
14	Individual skills for spiritual care	The importance and necessity of regular study; the importance and necessity of shared literature in the treatment system and the use of specialized terminology
15	Clinical internship	Practical training in the execution of rules and effective communication with patients, including screening, history-taking referrals and spiritual intervention

workers should take a proper spiritual history from the patient before hospitalization [16]. Additionally, the results showed that familiarity with the Islamic spiritual care model serves as the title of the spiritual care training course. According to Islam, spiritual health acts as an umbrella over physical, mental, emotional and social health. Humans always need spirituality, especially in difficult mental situations and challenges. Monotheistic religions, especially Islam, have addressed this human need and propose suitable solutions. Individuals can encompass all aspects of their health using the principles of Islam. Therefore, in this study, the Islamic nature of spiritual health education was confirmed by experts.

Conclusion

There was general agreement in our study that all four components of whole-person medicine (physical, psychological, social, and spiritual) are important determinants of health and patient care. Several recommendations are proposed. Generic themes, such as the determinants and definitions of health, the influence of spirituality on patient attitudes and health-related behaviors, the interaction between spirituality and disease, and awareness of the views and customs of the major world faiths as they impact health-related issues should be included in the core curriculum for all clergymen.

In addition, all clergymen should be aware of resources that can be mobilized to enhance the spiritual aspect of patient care, particularly how and when to refer to chaplaincy and allied services. The theoretical concepts would fit appropriately in the course, supported by talks delivered by patients and clinicians sharing personal experiences of how their spirituality has influenced their health and the care provided. The knowledge gained through this systematic review helps to elucidate some key issues.

Finally, the findings were evaluated and confirmed by the panel of experts. Spiritual care training in our country, based on the research and experience of professors, is conducted in various ways in the educational and treatment centers of the universities of medical sciences. There is a need for a specific field dedicated to specialized work in this area. Therefore, it is suggested that experts use consistent courses that are compatible with the culture and religion of our country to standardize and specialize educational programs. Additionally, experts and policymakers should prepare specialized packages to develop spiritual care activities in healthcare centers. It is suggested that the educational topics identified in the present comparative study be standardized in the spe-

cialized spiritual care course for clergymen, as well as in the specialized education of spiritual health in hospitals, which currently lacks sufficient depth.

Ethical Considerations

Compliance with ethical guidelines

This study was approved by the Ethics Committee of [Shahid Sadoughi University of Medical Sciences](#), Yazd, Iran (Code: IR.SSU.REC.1402.052).

Funding

The study was financially supported by [Shahid Sadoughi University of Medical Sciences](#), Yazd, Iran (Grant No. 13134).

Authors' contributions

Supervision, conceptualization and funding administration: Mohammad Hossein Fallah; Methodology, investigation and writing the original draft: Mohsen Azizi Abarghuei; Data collection: Masoumeh Dashtabadi; Data analysis, review and editing: Najmeh Sederposhan.

Conflict of interest

The authors declared no conflict of interest.

Acknowledgments

The authors appreciate the participants for taking part in the study. They also thank the physicians, nurses, clergy, and policymakers at [Shahid Sadoughi University of Medical Sciences](#) for their kind cooperation in the study.

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