

Review

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Risqi Wahyu Susanti ^{*}, [Moses Glorino Rumambo Pandin](#), Ah. Yusuf

Posted Date: 30 November 2024

doi: 10.20944/preprints202411.2417.v1

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Review

Spirituality in Heart Disease Patients From Philosophical Perspectives: A Review

Risqi Wahyu Susanti ^{1,2,*}, Moses Glorino Rumambo Pandin ² and Ah. Yusuf ³

¹ Doctoral of Nursing Student, The Faculty of Nursing, Universitas Airlangga

² Faculty of Humanities, Universitas Airlangga

³ Faculty of Nursing, Universitas Airlangga

* Correspondence: risqi.wahyu.susanti-2024@fkp.unair.ac.id

Abstract: **Background:** Heart disease is the leading cause of death worldwide. Heart failure patients have fears and spiritual challenges. **Objective:** This literature aims to examine the philosophy of spirituality in heart disease patients from three philosophical perspectives, namely ontology, epistemology, and axiology. **Methods:** Search articles were obtained from several databases: Science Direct, Springer Nature, ProQuest, SAGE Journal, Cochran, and Scopus. The articles accepted were limited by the population of heart disease and its spiritual aspects from 2019-2024. **Results:** Spirituality is important for nurses to understand in carrying out care for heart failure patients, seeing the ontology of spirituality allows nurses and patients to be able to handle the suffering, guilt, and death of heart failure patients. The epistemological concept views spirituality as being able to manage blood pressure, reduce depression, and improve the quality of life of heart disease patients. The axiological concept helps nurses provide spiritual support to heart disease patients through the patient's spiritual values and beliefs. **Conclusion:** Spirituality plays an important role in improving nursing care from the spiritual dimension of heart failure patients. This study recommends that nurses understand the aspects of spiritual philosophy in spiritual nursing care for heart disease patients.

Keywords: heart disease; spirituality; quality of life; spiritual care

1. Introduction

Cardiovascular disease (CVD) is the leading cause of global morbidity and mortality and the high death rate due to CVD reached 17.9 million people in 2019 (WHO, 2021). The physical effects of heart disease include shortness of breath, weight gain accompanied by swelling in the feet, legs, ankles or abdomen and generally feeling tired or weak (CDC, 2024). The physical impact of heart disease affects other aspects of life such as psychosocial, spiritual, cognitive, and economic. Patients experience fear, frustration, social isolation, spiritual and cognitive challenges, and economic problems related to heart disease (Saifan et al., 2024). Physical and mental impacts cause decreased QoL in heart disease patients (Polikandrioti, Kalafatakis, Koutelkos, & Kokouliaris, 2019). Patients with heart disease experienced depression in 21.7% and moderate to severe anxiety symptoms in 25.5% and moderate to severe depressive symptoms in 16.3% of patients (Pogosova et al., 2021). Increasing severity of depression worsens the patient's quality of life (Bahall et al., 2020).

Spiritual well-being and social support lead to reduced negative psychological impact and improved Quality of Life in heart patients (Soleimani, Zarabadi-Pour, Motalebi, & Allen, 2020). Religion or spirituality can be conceptualized as (1) a coping mechanism, (2) a source of social support, and (3) a tool for behavioral control (Litalien, Atari, & Obasi, 2022), spirituality and psychological resilience can help older adults with chronic illness to counteract the impact of anxiety on life satisfaction (Shabani et al., 2023).

The philosophical perspective states that the concept of spiritual healing supports personal interpretation of holistic care (Patterson, 1998). Caring will be seen as an important paradigm for the nursing profession. (Obeidat, Abu-Abboud, Al-Duhoun, & Gheeshan, 2008). Dossey and Keegan (1989) in (O'Brien, 2018) defines the concept of holism, which underlies holistic health and holistic

nursing care, including the relationship of body, mind, and spirit, as "the view that the integrated whole has a reality that is independent of and greater than the sum of its parts." Nurses who practice care that supports such holism need to envision the spiritual needs of patients as deserving equal attention to that given to physical and psychosocial problems.

Although there have been many articles discussing spirituality in heart disease, it is important to explain the role of spirituality from a philosophical perspective, so this review aims to examine the role of spirituality in heart disease patients from a philosophical perspective and based on the theory of spiritual well-being in illness.

2. Methods

2.1. Search Strategy

Literature search was conducted on several databases, namely Science Direct, Springer Nature, ProQuest, SAGE Journal, Cochran, and ScopusI databases by identifying research articles from 2019 to 2024. Specific keywords identified using "MeSH terms" are "Heart disease", "heart failure", "Spiritual", "spirituality", "spirituality", "quality of life". Boolean operators are used to combine these terms such as AND and OR.

2.2. Study Selection and Assessment

The first step we did was duplicate articles were removed and continued to the stage of title and abstract screening according to the inclusion and exclusion criteria. This study included descriptive and observational studies that reported the spirituality of heart disease patients (CAD, HF, Hypertension, acute myocardial infarction, and others). The studies excluded were review types and experimental methods. PRISMA guidelines were used to screen articles in this review.

A total of 880 initial records from the databases of Springer Nature (n=557), Science Direct (n=252), Scopus (n=44), Cochran (n=30), SAGE Journal (n=8), and ProQuest (n=7). The first check was carried out to remove 21 duplicate articles. Articles were screened again using the inclusion and exclusion criteria contained in the title and abstract so that 827 were removed and 53 articles remained, then articles that had full text and article eligibility. The final result was 13 articles that could be continued to the review stage (Figure 1).

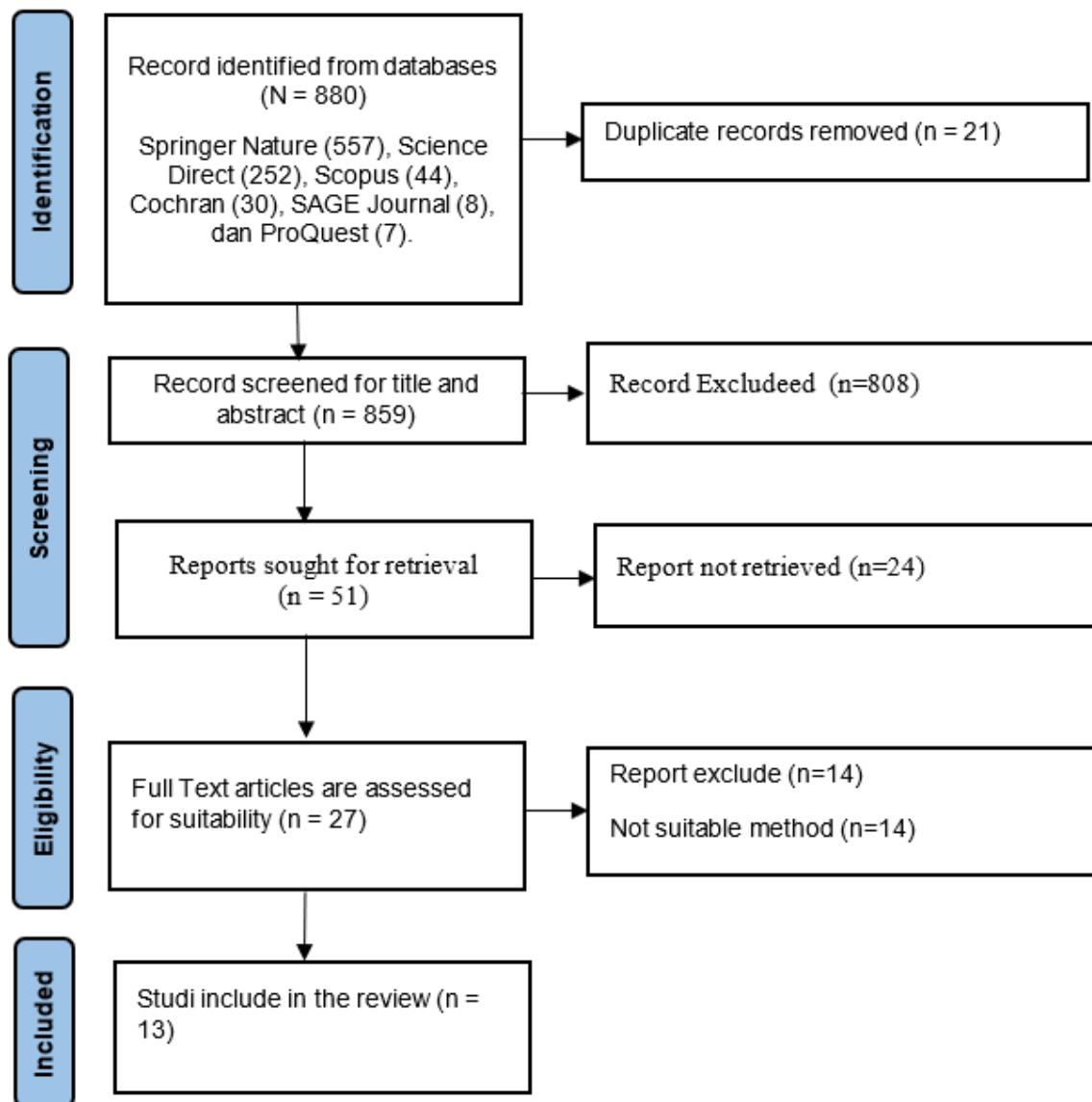


Figure 1. Flow chart of the study.

Table 1 below lists the features of the studies that were reviewed.

Table 1. The Outcome of Article Analysis.

N o	Title Author (Year)	Design	Sample	Instrument	Results
1.	Relationship between the Level of Spirituality and Blood Pressure Control among Adult Hypertensive Patients in a Southwestern Community in Nigeria	Hospital-based descriptive cross-sectional study.	367 respondent s Adult hypertensi ve patients	Spiritual perspective scale (SPS)	High levels of spirituality increased the odds of good blood pressure control by 4.76 times. Spiritual Behaviors:

No	Title Author (Year)	Design	Sample	Instrument	Results
	Adetunji et al. (2023)				Frequent personal prayer and discussions about spirituality significantly contributed to higher levels of spirituality.
2.	Impact of spirituality on elderly people's quality of life and life satisfaction after acute myocardial infarction: Iranian hospital-based study Marznaki et al. (2024)	census-based cross-sectional	elderly with myocardial infarction	Spiritual Well-Being Scale, Life Satisfaction Scale, Myocardial Infarction Dimensional Assessment Scale.	While the spiritual well-being dimension was not significantly associated with life satisfaction, the spiritual well-being dimension was associated with higher self-reported quality of life.
3.	How Does Spiritual Well-Being Change Over Time Among US Patients with Heart Failure and What Predicts Change? Deng et al. (2024)	longitudinal study	314 patients with heart failure	FACIT-Sp	Patients showed clinically significant changes in spiritual well-being, with 35 patients improving and 30 patients experiencing spiritual decline. Improved pain, decreased dyspnea, and increased sense of

No	Title Author (Year)	Design	Sample	Instrument	Results
					accomplishment were associated with improvements in spiritual well-being.
4.	Model of spiritual nursing care in enhancing quality of life of patients with heart failure Okviasanti et al. (2023)	cross-sectional study	222 patients with heart failure	HFSPS, PHQ-9, GAD-7, Spiritual Wellbeing in Illness Questionnaire, Environmental Factors Questionnaire, Stressor Assessment Questionnaire, Formation Meaning Questionnaire, Spiritual Coping Questionnaire, and MLHFQ	Psychosocial, spiritual, and environmental factors influence the ability to appraise stressors. Illness, spiritual, and environmental factors influence spiritual well-being. The ability to appraise stressors influences meaning-making, which influences coping strategies, which in turn influences spiritual well-being and quality of life.
5.	Unique effects of religiousness/spirituality and social support on mental and physical well-being in people living with	Longitudinal study	191 patients with CHF	ESSI, BMMRS, FACIT-Sp, SF-36, CES-D, and PSOM.	Spiritual peace and high social support were associated with an increased

No	Title Author (Year)	Design	Sample	Instrument	Results
	congestive heart failure Park & Lee (2020)				positive state of mind. Spiritual peace predicted decreased depressive symptoms after 6 months. Religious/Spiritual showed an important role of social support in improving the well-being of CHF patients.
6.	Spiritual care needs and their associated influencing factors among elderly patients with moderate-to-severe chronic heart failure in China: A cross-sectional study Wang et al. (2022)	cross-sectional study	474 elderly patients with CHF	the Spiritual Needs Questionnaire Scale, the Self-Perceived Burden Scale, the Self-efficacy for Symptom Management Scale, and the Perceived Social Support Scale	Religious beliefs, educational background, self-perceived burden, self-efficacy in managing symptoms, and perceived social support were the main factors influencing the need for spiritual care, and the need for spiritual care was negatively correlated with self-perceived burden and positively correlated with self-efficacy in

No	Title Author (Year)	Design	Sample	Instrument	Results
					managing symptoms and social support.
7.	The Correlation Between Quality of Life, Depression, Anxiety, Stress, and Spiritual Well-Being in Patients with Heart Failure and Family Caregivers Metin & Helvacı (2020)	Descriptive correlational	60 patients with heart failure (HF) and 60 family caregivers (total 120)	KCCQ, DASS, FACIT-Sp, and WHOQOL-BREF.	Improved quality of life is positively correlated with spiritual well-being and negatively correlated with depression, anxiety, and stress in heart failure patients. Decreased quality of life and spiritual well-being in patients can increase depression, anxiety, and stress in family caregivers.
8.	Spiritual Well-Being and Its Association with Coronary Artery Disease de Eston Armond et al. (2022)	Observational case-control study	88 adults (42 CAD patients and 46 controls)	SWBS	The level of spiritual well-being was high in both groups.
9.	Correlation between symptom status, health perception, and spiritual well-being in heart failure patients: A structural	Descriptive and correlational	202 heart failure patients	SSQ-HF, Perception of Health Status Scale, and FACIT-Sp.	Age, education level, and marital status positively influence spiritual well-being.

No	Title Author (Year)	Design	Sample	Instrument	Results
	equation modeling approach Eroglu & Metin (2024)				Symptoms are important mediators between model variables and spiritual well-being. Health perceptions correlate with spiritual well-being. Comorbidity and status symptoms influence spiritual well-being through health perceptions.
10.	Predictors of Quality of Life in Patients with Heart Disease Soleimani et al. (2020)	descriptive-correlational with cross-sectional approach	500 heart disease patients	MQOL, SWBS	Spiritual well-being is one of the factors that affect the quality of life of patients. Quality of life has a positive correlation with spiritual well-being.
11.	Experiences on health-related quality of life of Jordanian patients living with heart failure: A qualitative study Saifan et al. (2024)	Phenomenological study	25 Heart Failure patients		Three main themes: patient perceptions of HF, its impact on various domains of HRQoL (physical,

No	Title Author (Year)	Design	Sample	Instrument	Results
					<p>psychosocial, spiritual, cognitive, and economic), and strategies to improve HRQoL.</p> <p>The physical impact of HF affects the spiritual aspects of patients. Patients experience spiritual challenges related to HF.</p>
12.	<p>Does heart failure-specific health status identify patients with bothersome symptoms, depression, anxiety, and/or poorer spiritual well-being?</p> <p>Flint et al. (2019)</p>	CASA	314 heart failure patients	KCCQ, Memorial Symptom Assessment Scale, Patient Health Questionnaire-9, Generalized Anxiety Disorder-7, and Facit-Sp	QoL domain deficits initially worsen spiritual well-being.
13.	<p>Depression in Patients with Heart Diseases: Gender Differences and Association of Comorbidities, Optimism, and Spiritual Struggle</p> <p>Ai & Carretta (2021)</p>	Two waves of survey data	481 Heart Diseases patients	Demographics from pre-OHS survey, CES-D popular scale, objectively measured medical indices, Life Orientation Test,	Depressive symptoms were inversely associated with dispositional optimism and positivity with medical comorbidity and

No	Title Author (Year)	Design	Sample	Instrument	Results
				Multidimensional Scale of Perceived Social Support, Religiosity scale, The Sense of Reverence scale, Brief Religious Coping scale, Using Private Prayer for Coping	religious/spiritual struggles.

3. Results and Discussion

Spirituality is a matter related to God or the sacred, also encompassing humanistic concepts, a sense of individual well-being, and a sense of connectedness to something greater than oneself (verna benner carson & Harold g. koenig, 2008). Spirituality can be defined as a person's inner sense of meaning, purpose, and deep value in life. It involves personal experiences that support peace with oneself, love for God (for believers), love for others, and harmony with the environment. Spirituality is often associated with higher, transcendental aspirations, beyond self-centered worldly interests. In contrast, religiosity is more associated with formal practices regulated by religious institutions, such as prayer, worship, and ritual. Although the two are often considered related, religiosity tends to involve adherence to theological teachings and rituals of a religion, while spirituality focuses more on inner experiences and the search for meaning in life. (Sang, 2024). There are 13 articles that we reviewed, there are several results that show spiritual values in heart disease, spiritual factors that influence heart disease and the role of spiritual values in heart disease.

Nurses who practice care that supports holism need to envision the spiritual needs of patients as deserving equal attention to that given to physical and psychosocial problems. Overall, holistic nursing is supported by and in turn supports the intimate relationship between body, mind, and spirit. (O'Brien, 2018). SWB is not just spirituality or religion itself, but rather how a person feels "well" spiritually, regardless of the religion or belief that is embraced. SWB is also not identical to mental or physical health, but is closely related to both. Thus, SWB serves as a barometer, measuring how spirituality contributes to overall well-being, including how individuals deal with challenges, both physical and mental. (Paloutzian, Bufford, & Wildman, 2012). The role of spiritual values in the clinical and psychological conditions of patients based on a philosophical perspective, namely

3.1. *Philosophy of Spirituality of Heart Disease Patients from an Ontological Perspective*

The treatment of heart disease patients is significantly influenced by the philosophy of spirituality; it is an important component of a holistic approach to heart disease management. In the comprehensive care of patients with heart disease, spirituality plays a significant role, as it influences their coping mechanisms, quality of life, and overall well-being. From an ontological perspective, spirituality can be considered an essential component of human life, especially in cases of chronic illness. An ontological understanding of spirituality and religiosity can play a role in dealing with the suffering, guilt, and death experienced in the daily lives of patients (Freitas et al., 2020).

Spirituality helps people with heart disease find strength and meaning in their lives, which is essential for coping with their illness. Studies show that, especially in women and older patients, higher levels of spirituality correlate with better self-transcendence and spiritual well-being. (Jasso-Soto, Pozos-Magaña, Olvera-Arreola, & Cadena-Estrada, 2014). Islamic spiritual therapy and Murottal reading have been proven to significantly reduce anxiety and depression in coronary heart disease patients, improving their quality of life (Wisuda, Bin Sansuwito, & Suraya, 2024; Wisuda, Sansuwito, Suraya, Rusmarita, & Emilia, 2024). The means of healing based on the Islamic ontological scheme include conventional medicine, but conventional medicine will not be seen as the cause of healing. Furthermore, religiously based means (e.g. supplication, charity, ruqyah), and the active application of Islamic values (e.g. resignation and patient) can be utilized by patients who view these additional measures as a way to draw God's attention to their illness (Arozullah, Padela, Volkan Stodolsky, & Kholwadia, 2020). In the article we reviewed, prayer is included in the healing behavior used to achieve higher spirituality (Adetunji et al., 2023).

According to O'Brien's concept, one component of finding spiritual meaning in illness is how personal spiritual and religious attitudes and behaviors influence an individual's perception of the spiritual meaning of their experience. Factors related to personal faith include belief in God, peace in spiritual and religious beliefs, belief in God's power, strength derived from personal faith beliefs, and trust in God's care. All of these factors are included in these perspectives and behaviors. (O'Brien, 2018). Spirituality is an important part of palliative care and is especially important for heart failure (HF) patients as it helps them find meaning and purpose in their lives. Spirituality helps them cope with their condition and improves their quality of life (QOL) (Tobin et al., 2022; Young, Nadarajah, Skeath, & Berger, 2013).

To interpret spirituality, nurses need to know the factors that influence spirituality, there are two articles that explain the factors that influence spirituality, including age, education level, and marital status have a positive effect on spiritual well-being both directly and indirectly, Status symptoms act as important mediators between model variables and spiritual well-being. Comorbidity factors and status symptoms also influence spiritual well-being through health perceptions (Metin & Helvacı, 2020). HF symptoms will play a role in the extent of the spiritual challenge a patient can accept (Saifan et al., 2024). Spiritual health mediates the relationship between ego strength and adjustment to heart disease. Patients with good spiritual health are better able to adjust to their illness, suggesting that spirituality enhances their resilience and ability to cope with the challenges posed by heart disease (Besharat, Ramesh, & Moghimi, 2018).

Nurses can provide patients with heart disease with a sense of meaning, purpose, and strength to cope with their illness, spirituality greatly influences the ontological beliefs of heart disease patients. This improves their psychological and emotional well-being, helps them adjust to their illness, and improves their overall quality of life.

3.2. *Philosophy of Spirituality of Heart Disease Patients from an Epistemology Perspective*

Spirituality has many benefits for heart disease patients, including physical, emotional, and psychological aspects. From an epistemological perspective, examining the knowledge and beliefs underlying spiritual practices and their impact on health is part of understanding how spirituality affects patient outcomes. Although spiritual needs are very common among patients with life-threatening illnesses, only a small percentage report that the medical system addresses their spiritual needs, suggesting that there is still room for spiritual care (Vermandere, De Lepeleire, Van Mechelen, Lisaerde, & Aertgeerts, 2013).

According to epistemology, the world is not only this material world; it also consists of the spiritually evolving worlds of the senses, the angels, and the limbo. According to epistemology, all creatures praise God according to their hierarchy of spirits (Asadzandi, 2009). This belief fills the knowledge of heart failure patients to believe that spirituality is a way to connect to the Divine so that healing can be given. The article we reviewed provides information that spirituality is associated with the truth that spirituality can provide healing to heart disease patients with various impacts,

namely having an impact on controlling blood pressure, reducing depression, and improving the quality of life of heart failure patients.

High levels of spirituality increase the likelihood of good blood pressure control by 4.76 times (Adetunji et al., 2023). Spiritual peace predicts decreased depressive symptoms after 6 months. Religious/spiritual struggles are associated with depressive symptoms in HF patients. (Ai & Carretta, 2021). Spiritual well-being, religious well-being, and existential well-being can promote a higher quality of life (Marznaki et al., 2024).

The studies we reviewed also had valid instruments to measure spiritual and spiritual well-being that could be measured systematically, so this could explain how heart disease patients acquire and understand spirituality. This could also explain how spiritual factors influence each other. From this review we found that spiritual factors influence the ability to appraise stressors, thus influencing the formation of meaning, which impacts coping strategies, which then influences spiritual well-being and ultimately influences quality of life (Okviasanti et al., 2023). Improvement in quality of life is positively correlated with spiritual well-being (Metin & Helvacı, 2020). Quality of life has a negative correlation with age and a positive correlation with spiritual well-being (Flint et al., 2019).

Through personal experience and reflection during illness, patients gain knowledge about their spiritual needs and well-being. Interactions with health care providers who identify and address patients' spiritual needs often help to gain this knowledge (Okviasanti, Yusuf, Kurniawati, Anggraini, & Anif, 2021).

3.3. Philosophy of Spirituality of Heart Disease Patients from an Axiology Perspective

Values and ethics related to the spirituality of heart patients are discussed in an axiological perspective. Viewing humans holistically and the uniqueness of individuals requires nurses to think about the spiritual values believed in by patients and this is also related to the patient's religious practices (O'Brien, 2018). Spiritual care is considered an ethical obligation in holistic health care. This means respecting the patient's spiritual beliefs and practices and ensuring that their spiritual needs are met during treatment. (Babamohamadi, Kadkhodaei-Elyaderani, Ebrahimian, & Ghorbani, 2020; Dos Santos et al., 2022).

For heart disease patients, spiritual well-being is highly valued because it has a significant impact on their quality of life, emotional stability, and coping mechanisms. Patients with better spiritual well-being report better health outcomes and lower levels of depression and anxiety (Ginting, Naring, Kwakkenbos, & Becker, 2015; Hooker & Bekelman, 2015; Sultan, Javed, & Ishaq, 2022). The articles we reviewed showed that low spiritual care needs were associated with high perceived patient burden (Wang et al., 2022) but high levels of spiritual well-being were found in the CAD group (de Eston Armond et al., 2022). This shows that everyone has different spirituality, so further research is needed on the spiritual values and spiritual needs of patients with heart disease. This can provide appropriate care for patients. Nurses should take the time to provide opportunities for patients to talk about their religious, ethical, or philosophical beliefs, as well as any fears and anxieties related to their spiritual belief system. Nurses should also provide spiritual support, help patients whenever it is beyond their ability, and be aware that patients should seek spiritual counseling or outside help, either privately or openly (O'Brien, 2018).

4. Conclusions

Spirituality is important for nurses to understand in carrying out care for heart failure patients, to understand this it is necessary to know the concept of spirituality from the ontological perspective of spirituality and religiosity so that nurses and patients can face the suffering, guilt and death experienced in the patient's daily life. The epistemological concept of spirituality also sees the need for knowledge to make spirituality a source of treatment for heart failure patients, spirituality can manage blood pressure, reduce depression and improve the quality of life of heart disease patients. The concept of axiology is also important to understand spirituality, because humans are unique and holistic so nurses must conduct an assessment to provide spiritual support to heart disease patients so as not to violate the values in the spiritual concept and beliefs of patients.

Funding: This study did not receive any funding.

Acknowledgments: We would like to thank all parties who have participated in this literature review including Airlangga University.

Conflicts of Interest: The author(s) declares that there is no conflict of interest.

References

Adetunji, O., Paul, O., Azeez Oyemomi, I., Segun Matthew, A., Oluwaserimi Adewumi, A., Temitope Moronkeji, O., & Adejumoke Oluwatosin, O. (2023). Relationship between the Level of Spirituality and Blood Pressure Control among Adult Hypertensive Patients in a Southwestern Community in Nigeria. *Annals of Clinical Hypertension*, 7(1), 004–012. <https://doi.org/10.29328/journal.ach.1001034>

Ai, A. L., & Carretta, H. (2021). Depression in Patients with Heart Diseases: Gender Differences and Association of Comorbidities, Optimism, and Spiritual Struggle. *International Journal of Behavioral Medicine*, 28(3), 382–392. <https://doi.org/10.1007/s12529-020-09915-3>

Arozullah, A. M., Padela, A. I., Volkman Stodolsky, M., & Kholwadia, M. A. (2020). Causes and Means of Healing: An Islamic Ontological Perspective. *Journal of Religion and Health*, 59(2), 796–803. <https://doi.org/10.1007/s10943-018-0666-3>

Asadzandi, M. (2009). Nursing concepts and theories. *Tehran: IRGC Textbooks Publication Center*.

Babamohamadi, H., Kadkhodaei-Elyaderani, H., Ebrahimian, A., & Ghorbani, R. (2020). The Effect of Spiritual Care Based on the Sound Heart Model on the Spiritual Health of Patients with Acute Myocardial Infarction. *Journal of Religion and Health*, 59(5), 2638–2653. <https://doi.org/10.1007/s10943-020-01003-w>

Bahall, M., Legall, G., & Khan, K. (2020). Quality of life among patients with cardiac disease: the impact of comorbid depression. *Health and Quality of Life Outcomes*, 18(1), 189. <https://doi.org/10.1186/s12955-020-01433-w>

Besharat, M. A., Ramesh, S., & Moghimi, E. (2018). Spiritual health mediates the relationship between ego-strength and adjustment to heart disease. *Health Psychology Open*, 5(1). <https://doi.org/10.1177/2055102918782176>

CDC. (2024, May 15). About Heart Failure. Retrieved October 7, 2024, from Heart Disease website: <https://www.cdc.gov/heart-disease/about/heart-failure.html>

de Eston Armond, R., de Eston Armond, J., Konstantynier, T., & Rodrigues, C. L. (2022). Spiritual Well-Being and Its Association with Coronary Artery Disease. *Journal of Religion and Health*, 61(1), 467–478. <https://doi.org/10.1007/s10943-020-01115-3>

Deng, L. R., Doyon, K. J., Masters, K. S., Steinhauser, K. E., Langner, P. R., Siler, S., & Bekelman, D. B. (2024). How Does Spiritual Well-Being Change Over Time Among US Patients with Heart Failure and What Predicts Change? *Journal of Religion and Health*, 63(4), 3050–3065. <https://doi.org/10.1007/s10943-022-01712-4>

Dos Santos, F. C., Macieira, T. G. R., Yao, Y., Hunter, S., Madandola, O. O., Cho, H., ... Keenan, G. M. (2022). Spiritual Interventions Delivered by Nurses to Address Patients' Needs in Hospitals or Long-Term Care Facilities: A Systematic Review. *Journal of Palliative Medicine*, 25(4), 662–677. <https://doi.org/10.1089/jpm.2021.0578>

Eroglu, H., & Metin, Z. G. (2024). Correlation between symptom status, health perception, and spiritual well-being in heart failure patients: A structural equation modeling approach. *Journal of Nursing Scholarship*, 56(4), 490–506. <https://doi.org/10.1111/jnus.12961>

Flint, K. M., Fairclough, D. L., Spertus, J. A., & Bekelman, D. B. (2019). Does heart failure-specific health status identify patients with bothersome symptoms, depression, anxiety, and/or poorer spiritual well-being? *European Heart Journal - Quality of Care and Clinical Outcomes*, 5(3), 233–241. <https://doi.org/10.1093/ehjqcco/qcy061>

Freitas, R. A. de, Menezes, T. M. de O., Santos, L. B., Moura, H. C. G. B., Sales, M. G. S., & Moreira, F. A. (2020). Spirituality and religiosity in the experience of suffering, guilt, and death of the elderly with cancer. *Revista Brasileira de Enfermagem*, 73(suppl 3). <https://doi.org/10.1590/0034-7167-2019-0034>

Ginting, H., Naring, G., Kwakkenbos, L., & Becker, E. S. (2015). Spirituality and negative emotions in individuals with coronary heart disease. *Journal of Cardiovascular Nursing*, 30(6), 537–545. <https://doi.org/10.1097/JCN.0000000000000201>

Hooker, S., & Bekelman, D. B. (2015). Spiritual and existential issues. In *End-of-Life Care in Cardiovascular Disease*. https://doi.org/10.1007/978-1-4471-6521-7_10

Jasso-Soto, M. E., Pozos-Magaña, M. G., Olvera-Arreola, S. S., & Cadena-Estrada, J. C. (2014). Analysis of the spiritual welfare of the cardiac patients hospitalized in a health institution; [Análisis del bienestar espiritual de los pacientes cardíopatas hospitalizados en una institución de salud]. *Revista Mexicana de Enfermería Cardiológica*, 22(3), 98 – 105. Retrieved from <https://www.scopus.com/inward/record.uri?eid=2-s2.0-84938577081&partnerID=40&md5=dab1d894564d1636a7bcb3b550bbc744>

Litalien, M., Atari, D. O., & Obasi, I. (2022). The Influence of Religiosity and Spirituality on Health in Canada: A Systematic Literature Review. *Journal of Religion and Health*, 61(1), 373–414. <https://doi.org/10.1007/s10943-020-01148-8>

Marznaki, Z. H., Khalilizad, M., Moradi, A., & Mamun, M. A. (2024). Impact of spirituality on elderly people's quality of life and life satisfaction after acute myocardial infarction: Iranian hospital-based study. *BJP Psych Open*, 10(1), e4. <https://doi.org/10.1192/bjo.2023.593>

Metin, Z. G., & Helvacı, A. (2020). The Correlation Between Quality of Life, Depression, Anxiety, Stress, and Spiritual Well-Being in Patients with Heart Failure and Family Caregivers. *Journal of Cardiovascular Nursing*. <https://doi.org/10.5543/khd.2020.93898>

Obeidat, H., Abu-Aboud, N., Al-Duhoun, A., & Gheeshan, H. (2008). Nursing Caring: Different Perspectives. *Jordan Medical Journal*, 42.

O'Brien, M. E. (2018). *Spirituality in nursing: standing on holy ground* (6th ed.). Burlington: Jones & Bartlett Learning.

Okviasanti, F., Yusuf, A., Kurniawati, N. D., Harianto, S., Abd Nasir, & Supatmi. (2023). Model of spiritual nursing care in enhancing quality of life of patients with heart failure. *Journal of the Pakistan Medical Association*, 73(02), S100–S104. <https://doi.org/10.47391/JPMA.Ind-S2-24>

Okviasanti, F., Yusuf, A., Kurniawati, N. D., Anggraini, D. A., & Anif, A. S. (2021). Experience of heart failure patients' in meeting spiritual needs during hospitalization: a Muslim perspective. *Bali Medical Journal*, 10(3), 1186–1191. <https://doi.org/10.15562/bmj.v10i3.2880>

Paloutzian, R. F., Bufford, R. K., & Wildman, A. J. (2012). Spiritual Well-Being Scale: mental and physical health relationships. In *Oxford Textbook of Spirituality in Healthcare* (pp. 353–358). Oxford University Press. <https://doi.org/10.1093/med/9780199571390.003.0048>

Park, C. L., & Lee, S. Y. (2020). Unique effects of religiousness/spirituality and social support on mental and physical well-being in people living with congestive heart failure. *Journal of Behavioral Medicine*, 43(4), 630–637. <https://doi.org/10.1007/s10865-019-00101-9>

Patterson, E. F. (1998). The philosophy and physics of holistic health care: spiritual healing as a workable interpretation. *Journal of Advanced Nursing*, 27(2), 287–293. <https://doi.org/10.1046/j.1365-2648.1998.00533.x>

Pogosova, N., Boytsov, S., De Bacquer, D., Sokolova, O., Ausheva, A., Kursakov, A., & Saner, H. (2021). Factors Associated with Anxiety and Depressive Symptoms in 2775 Patients with Arterial Hypertension and Coronary Heart Disease: Results from the COMETA Multicenter Study. *Global Heart*, 16(1). <https://doi.org/10.5334/gh.1017>

Polikandrioti, M., Kalafatakis, F., Koutelkos, I., & Kokouliaris, D. (2019). Fatigue in heart failure outpatients: levels, associated factors, and the impact on quality of life. *Archives of Medical Science – Atherosclerotic Diseases*, 4(1), 103–112. <https://doi.org/10.5114/amsad.2019.85406>

Saifan, A. R., Hayeah, H. A., Ibrahim, A. M., Dimitri, A., Alsaraireh, M. M., Alakash, H., ... AbuRuz, M. E. (2024). Experiences on health-related quality of life of Jordanian patients living with heart failure: A qualitative study. *PLOS ONE*, 19(4), e0298893. <https://doi.org/10.1371/journal.pone.0298893>

Sang, H. L. (2024). Spirituality, Religiosity And Happiness: Identifying The Nexus. *The Singapore Economic Review*, 1–26. <https://doi.org/10.1142/S021759082342002X>

Shabani, M., Taheri-Kharameh, Z., Saghafipour, A., Ahmari-Tehran, H., Yoosefee, S., & Amini-Tehrani, M. (2023). Resilience and spirituality mediate anxiety and life satisfaction in chronically ill older adults. *BMC Psychology*, 11(1), 256. <https://doi.org/10.1186/s40359-023-01279-z>

Soleimani, M. A., Zarabadi-Pour, S., Motalebi, S. A., & Allen, K.-A. (2020). Predictors of Quality of Life in Patients with Heart Disease. *Journal of Religion and Health*, 59(4), 2135–2148. <https://doi.org/10.1007/s10943-019-00968-7>

Sultan, H., Javed, M. N., & Ishaq, G. (2022). IMPACT OF SPIRITUAL WELLBEING ON HEALTH PROMOTING LIFESTYLES IN CORONARY HEART DISEASE PATIENTS: MEDIATING ROLE OF PERCEIVED HEALTH STATUS. *Pakistan Heart Journal*, 55(4), 370–374. <https://doi.org/10.47144/phj.v55i4.2340>

Tobin, R. S., Cosiano, M. F., O'Connor, C. M., Fiuzat, M., Granger, B. B., Rogers, J. G., ... Mentz, R. J. (2022). Spirituality in Patients With Heart Failure. *JACC: Heart Failure*, 10(4), 217–226. <https://doi.org/10.1016/j.jchf.2022.01.014>

Vermandere, M., De Lepeleire, J., Van Mechelen, W., Lisaerde, J., & Aertgeerts, B. (2013). Spiritual care at the end of life | Spirituele zorg aan het levenseinde. *Tijdschrift Voor Geneeskunde*, 69(11), 535–538. <https://doi.org/10.2143/TVG.69.11.2001398>

verna benner carson, & Harold g. koenig. (2008). *Spiritual Dimensions of Nursing Practice (Revision)*. United States of America: Templeton Foundation Press.

Wang, Z., Wang, Z., Wang, Y., Xiao, L., Zhao, H., Li, X., ... Pang, X. (2022). Spiritual care needs and their associated influencing factors among elderly patients with moderate-to-severe chronic heart failure in China: A cross-sectional study. *Palliative and Supportive Care*, 20(2), 264–274. <https://doi.org/10.1017/S1478951521001279>

WHO. (2021, June 11). Cardiovascular diseases (CVDs). Retrieved October 11, 2024, from Fact sheets website: https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-cvds?gad_source=1&gclid=CjwKCAjwmaO4BhAhEiwA5p4YL5vPmxmk480zdE6_Sj0hzQqASYkiXwh4xndjemc2y0goIDbnkKvWhBoCL-UQAvD_BwE

Wisuda, A. C., Bir Sansuwito, T., & Suraya, C. (2024). Islamic Spiritual Care with Murottal for Reducing Anxiety and Depression in Coronary Heart Disease Patients: A Comprehensive Systematic Review. *Public Health of Indonesia*, 10(1), 61–72. <https://doi.org/10.36685/phi.v10i1.776>

Wisuda, A. C., Sansuwito, T. B., Suraya, C., Rusmarita, R., & EmiliaSari, D. (2024). Transformative Impact of Islamic Spiritual Care (ISC) Enriched with Murottal: Alleviating Anxiety and Depression among Coronary Heart Disease Patients through Pre and Post Intervention Analysis. *Public Health of Indonesia*, 10(3), 293–303. <https://doi.org/10.36685/phi.v10i3.813>

Young, W. C., Nadarajah, S. R., Skeath, P. R., & Berger, A. M. (2013). Spirituality in the context of life-threatening illness and life-transforming change. *Palliative and Supportive Care*, 13(3), 653–660. <https://doi.org/10.1017/S1478951514000340>

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