

Spiritual Nursing Care : An Overview Of Spiritual Needs In Coronary Heart Disease Patients At Siti Khadijah Islamic Hospital Palembang

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Abstract: **Background:** Spiritual needs are inherent to individuals seeking life's purpose, imbuing existence with meaning, and fostering love and belonging. During times of anxiety, individuals often turn to prayer, finding solace and healing in proximity to the Divine. Recognizing the significance of spiritual needs, especially among those confronting heart disease, becomes crucial for enhancing their quality of life and enthusiasm. **Objective:** This study aims to delineate the spiritual needs of coronary heart disease patients at Siti Khadijah Islamic Hospital in Palembang. **Method:** Employing a quantitative descriptive research approach, the study unfolded from April 12 to June 10, 2023. Using total sampling, 84 respondents participated, and the Spiritual Needs Questionnaire (SpNQ) facilitated data collection. Univariate analysis served as the data analysis technique. **Results:** In the Religiousness Domain, 89.5% deemed it very important; in the Inner Peace Domain, 74% expressed its significance; in the Existential Domain, 86.67% emphasized its essence; in the Actively Giving Domain, 72.25% considered it necessary. Overall, 84.5% perceived spiritual needs as essential, 15.5% as moderately significant, with no respondents indicating insignificance. **Conclusion:** In 2023, the majority of coronary heart disease patients at Siti Khadijah Islamic Hospital in Palembang deem spiritual needs as essential, underscoring their integral role in patient well-being.

INTRODUCTION

Coronary Heart Disease is a global health issue with a continuously growing number of sufferers, exceeding 20 million worldwide. The prevalence of Coronary Heart Disease significantly increases with age, affecting 6-10% of individuals aged over 45. According to the World Health Organization (WHO), it is estimated that 17.5 million people will succumb to cardiovascular diseases in 2021, constituting 31% of global deaths. In the United States alone, nearly 550,000 cases of coronary heart disease are reported annually (WHO, 2022). Developing countries currently witness a prevalence of 400,000 to 700,000 new cases per year, contributing to a global total of 17.5 million people (31%) out of 58 million deaths attributed to cardiovascular diseases (ACNAP, 2020). Coronary Heart Disease is among the rapidly increasing cardiovascular diagnoses (Lawton et al., 2022). The Asian continent holds the top position in heart disease-related deaths, with the number of sufferers reaching 276.9 thousand people. Indonesia ranks second in Southeast Asia, with a population of 371 thousand people (WHO, 2021).

Within Indonesia, Java takes the lead in Coronary Heart Disease prevalence, standing at 0.25%, followed by Sumatra in second place with a prevalence of 0.19%. Sulawesi secures the third position with a prevalence of Coronary Heart Disease at 0.18% (Ministry Of Health Republic Indonesia, 2018).

In research conducted by Sawu (2022), it was revealed that patients with Coronary Heart Disease also experienced anxiety and depression, with 66.5% of patients experiencing very high levels of anxiety and 47.67% experiencing depression. If this condition is not treated and continues continuously, it can lead to spiritual distress, causing the patient to lose strength and hope for life (Tobin et al., 2022).

Spiritual needs are a fundamental requirement for every individual to find purpose in life, give meaning to life, and experience love and connection. Spirituality involves a relationship between humans and God (Wattis, 2017). Individuals experiencing anxiety and stress due to life challenges often seek solace in prayer, which can alleviate anxiety and contribute to healing (Golding & Dixon, 2019).

The significance of addressing spiritual needs is underscored by Kruizinga et al. (2017), who asserts that while not all diseases can be cured, there is always room for "healing."

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Healing, in this context, can be understood as the acceptance of illness, finding peace in life, and recognizing that spirituality is integral to the healing process. Sadiq et al. (2019) further emphasize in their research that healing involves a person's capacity to discover happiness, comfort, connection, and meaning in life despite the suffering or pain experienced.

According to research Rahmayanti (2021), it is revealed that spiritual needs in Coronary Heart Disease are crucial as they contribute to improving the patient's quality of life. The research results indicate that 62.7% of Coronary Heart Disease patients considered spiritual needs to be very important, with 58.8% emphasizing the peace domain, 56.9% the affection domain, 56.9% the religious domain, and 42.2% the existence domain.

The results of a preliminary study conducted at Siti Khadijah Islamic Hospital in Palembang showed that there were 89

patients with Coronary Heart Disease in 2020, 119 patients in 2021, and 136 patients in 2022. The data for the last 6 months from January 2023 to June 2023 indicate 84 patients. Based on the data above, it is evident that patients with Coronary Heart Disease require more attention from health workers due to the substantial number of cases. Given this context, it is crucial to conduct research on "Spiritual Nursing Care: An Overview of Spiritual Needs in Coronary Heart Disease Patients at Siti Khadijah Islamic Hospital Palembang" to understand the characteristics and spiritual needs of these patients.

METHODS

This research adopts a quantitative descriptive research design and was conducted at Siti Khadijah Islamic Hospital in Palembang from April 2023 to June 2023. The population for this study comprised coronary heart disease patients at Siti Khadijah Islamic Hospital, Palembang, totaling 84 patients. The sample in this study consisted of 84 patients, determined using a nonprobability sampling technique known as saturated sampling or total sampling (Creswell & Creswell, 2018). The measuring tool employed in this research is the Spiritual Needs Questionnaire (SpNQ) The World Health Organization. (n.d. (2022), comprising 27 questions rated on a scale of not important (0), quite important (1), very important (2), Most very important (3).

The data analysis technique employed in this research is univariate analysis, aiming to elucidate or describe the characteristics of each research variable. Generally, this analysis generates frequency and percentage distributions for each variable. Descriptive statistics are used to present and analyze numerical data, offering a systematic, concise, and clear overview of a specific symptom or event (LoBiondo-Wood & Haber, 2018). This research aims to provide a description of spiritual needs in patients with coronary heart disease. An assessment is conducted for each category, including religiosity (religious need), inner peace (peace need), existential (existence need), and active giving (need to give). Each category is calculated and summarized based on respondents' answers, representing the respective category types.

RESULTS

A. Frequency Distribution of Respondents Based on Characteristics of Coronary Heart Disease Sufferers in the Heart Polyclinic of Siti Khadijah Islamic Hospital, Palembang.

Table 1. Frequency Distribution of Respondents Based on Characteristics of Coronary Heart Disease Sufferers in the Heart Polyclinic of Siti Khadijah Islamic Hospital, Palembang. (n=84)

| Palembang, (n=64) | | |
|-------------------------------|--------------------------|------|
| Characteristics | Frequency Percentage (%) | |
| Gender | | |
| Man | 59 | 70,2 |
| Women | 25 | 29,8 |
| Age | | |
| Late teens (17-25 years) | 1 | 1,1 |
| Early adulthood (26-35 years) | 3 | 3,5 |
| Late adulthood (36-45 years) | 5 | 5,8 |
| Early elderly (46-55 years) | 29 | 34,5 |
| Late elderly (56-65 years) | 37 | 44,4 |
| Seniors (>65 years) | 9 | 10,7 |
| Education | | |
| No school | 2 | 2,3 |
| Elementary School | 16 | 19,1 |
| Junior High School | 26 | 31,0 |
| Senior High School | 37 | 44,1 |
| College | 3 | 3,5 |
| NYHA degrees | | |
| Class I | 18 | 21,4 |
| Class II | 63 | 75,0 |
| Class III | 3 | 3,6 |
| Long time of illness | | |
| 1-5 years | 76 | 90,5 |
| >5 years | 8 | 9,5 |
| Years | | |

Based on Table 1 above, over half of the respondents were male (70.2%), and more than half were aged between 56-65 years old (44.4%). Additionally, over half of the respondents had completed their education up to Senior High School level (44.1%). Regarding the NYHA degree, it is evident that more than half were classified as class II (75%). Furthermore, the majority of respondents had been dealing with the illness for a duration of 1-5 years (90.5%).

B. Frequency Distribution of the Spiritual Domain of Coronary Heart Disease Sufferers in the Heart Polyclinic of the Siti Khadijah Islamic Hospital, Palembang.

Table 2. Frequency Distribution of the Spiritual Domain of Coronary Heart Disease Sufferers in the Heart Polyclinic of the Siti Khadijah Islamic Hospital, Palembang. (n=84)

| Spiritual Domain | Frequency | Percentage (%) |
|------------------------|-----------|----------------|
| Religiousity | | |
| Quite important | 0 | 0 |
| Very important | 6 | 7,2 |
| Most very important | 78 | 92,8 |
| Inner Peace | | |
| Quite important | 0 | 0 |
| Very important | 8 | 9,5 |
| Most very important | 76 | 90,5 |
| Existential | | |
| Quite important | 4 | 4,7 |
| Very important | 73 | 87,0 |
| Most very important | 7 | 8,3 |
| Actively Giving | | |
| Quite important | 3 | 3,6 |
| Very important | 75 | 89,3 |
| Most very important | 6 | 7,1 |

Based on Table 2 above, in the Religiousness Domain, the majority of respondents indicated that it was very important (92.8%). In the Inner Peace Domain, most respondents considered it very important (90.5%). Regarding the Existential Domain, the majority of respondents stated that it was very important (87%). Additionally, in the Actively Giving Domain, the majority of respondents expressed that it was very important (89.3%).

C. Frequency Distribution of Description of the Spiritual Needs of Coronary Heart Disease Sufferers in the Heart Polyclinic of Siti Khadijah Islamic Hospital, Palembang.

Table 3. Frequency Distribution of Description of the Spiritual Needs of Coronary Heart Disease Sufferers in the Heart Polyclinic of Siti Khadijah Islamic Hospital, Palembang (n=84).

| Description of Spiritual Needs | Frequency | Percentage (%) |
|--------------------------------|-----------|----------------|
| Quite important | 8 | 9,5 |
| Very important | 76 | 90,5 |
| | 84 | 100,0 |

Based on Table 3. Above, according to the Description of Spiritual Needs, the majority of respondents said it was very important, 90.5% of respondents.

DISCUSSION

A. Characteristics of Respondents

Characteristics of respondents based on gender showed that more than half of them were male. According to Mann et al. (2022), the hormone estrogen can protect women from various diseases, including heart disease. Estrogen has a protective effect on the mechanism of blood flow to and from the heart. It can reduce cholesterol in the blood, preventing the calcification process in blood vessels that may block blood flow (Hanifah et al., 2021). In contrast, men lack the hormone estrogen, making them relatively less immune to heart failure compared to women. When women reach menopause, estrogen hormone levels decrease, leading to increased triglyceride levels and decreased total fat, thereby increasing the risk of heart failure or coronary heart disease in menopausal women (Braunwald's, 2019).

The age characteristics of the respondents in this study showed that more than half of them were in late old age. Physiologically, as individuals age, the functions of organs in the body tend to decrease, including a decline in heart pumping, reduced flexibility of blood vessels, and diminished fat metabolism (Sapriyanti et al., 2021).

The characteristics of education levels show that more than half of the respondents have a Senior High School education. According to Marniati & Notoatmodjo (2021), educated individuals, when faced with a problem, tend to think critically to find optimal solutions, demonstrating the ability to effectively manage issues and prevent them from becoming stressors that could elevate levels of depression, anxiety, and stress. An individual's level of education is correlated with their capacity to comprehend health information as knowledge, serving as a foundation for their healthcare decisions (Sprik et al., 2019).

The most prevalent characteristic among respondents based on the NYHA degree in this study was NYHA II. This aligns with the findings of Mark (2020), indicating that patients with coronary heart disease classified as NYHA II most frequently seek outpatient treatment at the heart clinic. This association is linked to the New York Heart Association (NYHA) degree, which categorizes symptoms resulting from heart issues, encompassing physical variations such as dyspnea, fatigue, and edema (Bass et al., 2023).

The typical duration for a diagnosis of coronary heart disease is mostly 1-5 years. Patients with coronary heart disease experience re-hospitalization more than once (Effendi, 2021). Rehospitalization among patients with coronary heart disease often results from an inability to adhere to treatment therapy appropriately, violation of dietary restrictions, engaging in excessive physical activity, and failure to recognize symptoms of recurrence (Johanis & Hinga, 2020).

B. Description of the Spiritual Needs of Coronary Heart Disease Patients

The research results show that the majority of respondents consider spiritual needs to be very important. Based on the spiritual needs domain, Religiousness is the domain that is considered most important by respondents (92.8%), followed by the Inner Peace domain (90.5%), the Actively Giving domain (89.3%), and the Existential domain (existence) by as much as 87%. Therefore, spiritual needs are considered very important by the majority of respondents in this study.

Religious needs are a manifestation of the meaning of the relationship between humans and God (Keivan et al., 2019). The relationship between humans and God can be shown in the form of relationships with religious leaders, praying, involvement in religious activities, reading religious

books, and also transitioning to supreme power (Mehta & Mehta, 2022). Praying for oneself is a form of spiritual need from religious needs, representing the most needed form of need by respondents. Religion is a manifestation of spiritual needs, and it also serves as a belief that underlies a person's spiritual needs (Cone & Giske, 2022).

The need for inner peace, considered a crucial spiritual requirement for heart failure patients, is acknowledged in the appreciation of nature's beauty and the pursuit of peace (Estetika & Jannah, 2021)). Nature, viewed as a source of strength, is interpreted by heart failure patients as a connection with God. Enjoying nature becomes a form of expressing gratitude for God's blessings. This gratitude for God's blessings through nature contributes to a sense of calm and inner peace for individuals (Mustikaningsih, 2021).

Love (actively giving) as one of the spiritual needs of heart failure patients is deemed highly significant. This need finds expression in mutual affection, love, giving, and understanding among individuals (Sadiq et al., 2019). Family support emerges as a crucial spiritual need for patients, with mutual giving and love serving as avenues to fortify and aid in the patient's recovery (Amiruddin & Murniati, 2020).

Existential needs, as defined by Rababa & Al-Sabbah (2023), refer to the need for the meaning of one's existence. This need manifests in reflecting on past life experiences, seeking meaning amid pain or suffering, engaging in discussions with others about the meaning of life and life after death, and embracing forgiveness. The research results indicate that the meaning of existence is considered very significant by 87% of respondents. In Taiwan, patients with cancer similarly emphasized the importance of the meaning of life and life's purpose. This study aligns with those findings, as respondents also regarded discussions about death as crucial. Contemplating life before death, preparing for death, and considering life after death represent phases for patients nearing the end of life. The majority of respondents exhibit a disposition of surrendering to God while also striving for healing. They tend to avoid contemplating death, focusing instead on their primary aspiration for recovery (Najafi et al., 2022).

CONCLUSION

Based on the research results, conclusions are obtained: Based on the aforementioned research results, it can be concluded that the majority of spiritual needs are deemed very important for Coronary Heart Disease patients at the heart polyclinic of Siti Khadijah Islamic Hospital in Palembang in 2023.

SUGGESTION

1. Hospitals can establish standard operating procedures regarding Spiritual Nursing Care. This ensures that nursing care services are conducted holistically, particularly addressing spiritual aspects, following established standards and comprehensively attending to the patient.
2. Nursing education should enable nursing students to implement spiritual nursing care for hospital patients.
3. Future researchers can enhance the current research by expanding on the characteristics of nurses (such as years of service and gender) and including attitudes and psychomotor variables of nurses in spiritual nursing care.

IMPLICATION

1. In the field of education, this research provides academic professionals with scientific information as reference material for developing Spiritual Nursing Care in nursing education. It addresses the need for spiritual fulfillment in nursing and its application in nursing care.
2. In nursing services, this research offers valuable insights for the management of Siti Khadijah Islamic Hospital in Palembang, Indonesia, particularly regarding the application of Spiritual Nursing Care for patients with coronary heart disease.
3. In nursing research, this study serves as foundational data for the development of sustainable Spiritual Nursing Care practices in hospitals.

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REFERENCES

- ACNAP. (2020). *Association Of Cardiovascular Nursing & Allied Professions; The ESC Textbook Of Cardiovascular Nursing* (C. Jennings, F. Astin, & D. Fitzsimons (eds.)). Oxford University Press. <https://doi.org/https://doi.org/10.1093/med/9780198849315.001.0001>
- Amiruddin, A., & Murniati, M. (2020). Application of Spirituality Aspects by Fulfilling Spiritual Needs in Patients. *Jurnal Ilmiah Kesehatan Sandi Husada*, 9. <https://doi.org/10.35816/jiskh.v10i2.444>
- Bass, T. A., Abbott, J. D., Mahmud, E., Parikh, S. A., Aboulhosn, J., Ashwath, M. L., Baranowski, B., Bergersen, L., Chaudry, H. I., Coylewright, M., Denktas, A. E., Gupta, K., Gutierrez, J. A., Haft, J., Hawkins, B. M., Herrmann, H. C., Kapur, N. K., Kilic, S., Lesser, J., ... Yong, C. M. (2023). 2023 ACC/AHA/SCAI Advanced Training Statement on Interventional Cardiology (Coronary, Peripheral Vascular, and Structural Heart Interventions): A Report of the ACC Competency Management Committee. *Journal of the Society for Cardiovascular Angiography and Interventions*, 2(2) <https://doi.org/10.1016/j.jscvi.2022.100575>
- Braunwald's. (2019). *Heart Disease; A Textbook Of Cardiovascular Medicine* (Zipes, Libby, Bonow, Mann, & Tomaselli (eds.); Eleventh). Elsevier Inc.

- Cone, P., & Giske, T. (2022). *The Nurse's Handbook Of Spiritual Care* (First). 2022 John Wiley & Sons Ltd.
- Creswell, J. W., & Creswell, J. D. (2018). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (5th ed.). California: SAGE Publications, Inc.
- Effendi, M. S. R. (2021). The Relationship between Dyslipidemia and the Incidence of Coronary Heart Disease. *Medika Utama*, 02(02), 439–447 <https://doi.org/http://jurnalmedikahutama.com/index.php/JMH/article/view/209>
- Estetika, N., & Jannah, N. (2021). Spiritual Care In Nursing Process In Something Hospital Banda Aceh. *Keperawatan Care*, 3, 1–9.
- Golding, L. S., & Dixon, W. (2019). *Spiritual Care For Non-Communicative Patients ; A Guidebook* (R. Mychal (ed.); First). Library Of Congress Cataloging.
- Hanifah, W., Wanda, O. S., & Nisa, H. (2021). Lifestyle Factors and Coronary Heart Disease In Indonesian. *Nutrition and Food Research*, 43(1), 29–40.
- Johanis, I. J., & Hinga, I. A. T. (2020). Risk Factors For Hypertension, Smoking and Age on the Incidence of Coronary Heart Disease. *Media Kesehatan Masyarakat*, 16(1), 116–126. <https://doi.org/ISSN : 2772-0265>
- Keivan, N., Daryabeigi, R., & Alimohammadi, N. (2019). Effects of religious and spiritual care on burn patients' pain intensity and satisfaction with pain control during dressing changes. *Burns*, 45(7), 1605–1613. <https://doi.org/10.1016/j.burns.2019.07.001>
- Kruizinga, R., Scherer-Rath, M., Schilderman, J. B. A. M., Puchalski, C. M., & van Laarhoven, H. W. M. (2017). Towards a fully-fledged integration of spiritual care and medical care. *Journal of Pain and Symptom Management*. <https://doi.org/10.1016/J.JPAINSYMMAN.2017.11.015>
- Lawton, J. S., Tamis-Holland, J. E., Bangalore, S., Bates, E. R., Beckie, T. M., Bischoff, J. M., Bittl, J. A., Cohen, M. G., DiMaio, J. M., Don, C. W., Fremes, S. E., Gaudino, M. F., Goldberger, Z. D., Grant, M. C., Jaswal, J. B., Kurlansky, P. A., Mehran, R., Metkus, T. S., Nnacheta, L. C., ... Zwischenberger, B. A. (2022). 2021 ACC/AHA/SCAI Guideline for Coronary Artery Revascularization: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Journal of the American College of Cardiology*, 79(2), e21– e129. <https://doi.org/10.1016/j.jacc.2021.09.006>
- LoBiondo-Wood, G., & Haber, J. (2018). *Nursing Research: Methods and Critical Appraisal for Evidence-Based Practice*. St. Louis, Missouri : Elsevier Inc.
- Mann, C., Boyd, M., Davis, H., Beardmore, G., & Hinsliff-Smith, K. (2022). An Ethnographic Evaluation of A Speciality Training Pathway for General Practice Nursing in The UK. *Nurse Education in Practice*, 62(February), 1–9. <https://doi.org/10.1016/j.nepr.2022.103347>
- Mark, A. (2020). *Pioneers Who Transformed Coronary Heart Disease*. AauthorHouse Liberty Drive.
- Marniati, & Notoatmodjo, S. (2021). *Lifestyle Of Determinant Coronary Heart Disease Sufferers* (S. Nurachma (ed.); 1st ed.). Rajagrafindo Persada.
- Mehta, J. L., & Mehta, P. (2022). Spirituality In Nursing and Outcome in Chronic Heart Diseases. *JACC: Heart Failure*, 10(7), 528–529. <https://doi.org/10.1016/j.jchf.2022.04.010>
- Ministry Of Health Republic Indonesia. (2018). *Main Results of Basic Health Research*. Kementrian Kesehatan RI.
- Mustikaningsih, D. (2021). The Effectiveness of the Implementation of Islamic Spiritual Nursing on the Quality of Nurses' Work. *Jurnal Kepemimpinan Dan Manajemen Keperawatan*, 4(2), 143–159. <https://doi.org/10.32584/jkkm.v4i2.1008>
- Najafi, K., Khoshab, H., Rahimi, N., & Jahanara, A. (2022). Relationship between spiritual health with stress, anxiety and depression in patients with chronic diseases. *International Journal of Africa Nursing Sciences*, 17(July), 100463. <https://doi.org/10.1016/j.ijans.2022.100463>
- Rababa, M., & Al-Sabbah, S. (2023). The use of islamic spiritual care practices among critically ill adult patients: A systematic review. *Heliyon*, 9(3), e13862. <https://doi.org/10.1016/j.heliyon.2023.e13862>
- Rahmayanti, T. (2021). *A Spiritual Approach To Islamic Spiritual Guidance In Inspired Patients*. Islamic University Of Raden Intan Lampung.
- Sadiq, K., Wahid, A., & Hafifah, I. (2019). Description of the Implementation of Holistic Nursing Assessment. *Dunia Keperawatan*, 7(2), 82 <https://doi.org/10.20527/dk.v7i2.4396>
- Sapriyanti, Natasha, D., & Gayatri, D. (2021). Spiritual Well-Being and Quality Of Life To Coronary Heart Disease Patients in Hospitals. *Penelitian Kesehatan Suara Forikes*, 12(4), 78–82 <https://doi.org/http://dx.doi.org/10.33846/sf12nk215>
- Sawu, S. D. (2022). Dominant Risk Factors for Acute Coronary Heart Disease in Hospitalized Patients. *Syntax Literate ; Jurnal Ilmiah Indonesia*, 7(1), 465 <https://doi.org/10.36418/syntax-literate.v7i1.5784>
- Sprick, P. J., Walsh, K., Boselli, D. M., & Meadors, P. (2019). Using patient-reported religious/spiritual concerns to identify patients who accept chaplain interventions in an outpatient oncology setting. *Supportive Care in Cancer*, 27(5), 1861–1869. <https://doi.org/10.1007/s00520-018-4447-z>
- The World Health Organization. (n.d.). (2022). WHOQOL - Measuring Quality of Life. *PLoS ONE*, 17(1 January). <https://doi.org/10.1371/journal.pone.0262833>
- Tobin, R. S., Cosiano, M. F., O'Connor, C. M., Fiuzat, M., Granger, B. B., Rogers, J. G., Tulsky, J. A.,

Steinhauser, K. E., & Mentz, R. J. (2022). Spirituality in Patients With Heart Coronary Disease. *JACC: Heart Failure*, 10(4), 217–226.
<https://doi.org/10.1016/j.jchf.2022.01.014>

Wattis, J. (2017). *Spiritually Competent Practice In Health Care* (Curran & Stephen (eds.)). CRC Press Taylor & Francis Group.

WHO. (2021). *World Health Statistics; Monitoring Health For The SDGs (Sustainable Development Goals)*.
<https://apps.who.int/iris/bitstream/handle/10665/342703/9789240027053-eng.pdf>

WHO. (2022). *World Health Statistics 2022 (Monitoring health of the SDGs)*.
<https://www.who.int/data/gho/publications/world-health-statistics>

