

## REVIEW ARTICLE

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# Religion, spirituality and patient counselling: A scoping review

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## ABSTRACT

**Introduction:** Religion and spirituality (R/S) have immense potential in influencing the effectiveness of patient counselling in the healthcare setting. Although substantial literature has studied the relation of religion, spirituality and health, a limited number of studies have investigated the effect of religious/spiritual practices in patient counselling. This study aims to review available qualitative research on the outcome of practising religion and spirituality in patient counselling through scoping review.

**Method:** This scoping review collects the studies published from the year 2010 until 2020 written in English that were retrieved from PubMed and Scopus databases. Additional articles were retrieved from the Google Scholar through manual search. Synonyms and varied spelling were included in the search keywords to account for differences in spelling and word use in the United States and the United Kingdom. This review focus on the article's presence with religion, spirituality, and therapeutic components. The methodology of this review was based on Joanna Briggs Institute (JBI). The abstract from 1162 articles retrieved from database search was screened and unrelated paper were excluded. Remaining 34 papers went through full-text screening and ten articles were selected. The thematic analysis was employed as the analytic method.

**Results:** Five main themes that were produced from the thematic analysis of included studies which are "Conventional medical counselling", "Association of religion and spirituality with medical counselling", "Components of spiritual counselling", "Challenges in applying spiritual care," and "Recommendations to spiritual counselling".

**Conclusion:** The results from this scoping review can give some idea to health practitioners in improving the quality of patient counselling in healthcare setting. By incorporating religion and spirituality aspects in the patient counselling, it can improve patient's understanding and adherence to their medication. This will result in achieving the desired pharmacotherapy outcomes and treatment goals.

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## Introduction

Researchers depict that religion and spirituality are among the vital components in medical treatment and services especially to those with severe disease (Puchalski, 2007). The association of religiosity and spirituality will lead to significant medical services where it can improve patient care and outcome.

There are concerns regarding religion and spirituality in clinical practice where a patient's belief may interfere with the medical decision which will influence the compliance of the treatment, mostly among patients who have a serious medical illness. The prevalence of drug-related problems is a growing concern as it interferes with the treatment goals of medication therapy. Medication non-adherence causes serious issues in the pharmacotherapy of the disease especially in treating chronic illness. Untreated and uncontrolled disease will cause patients to have a risk of developing complications with a severe condition. Thus, proper patient counselling practice is crucial in achieving desired pharmacotherapy outcomes considering the patients' clinical needs. Patient counselling can be defined as the process of providing information, advice and assistance to help patients to use their medications appropriately on direction of use, advice on side effects, storage, diet and lifestyle modifications (Pilnick, 2003). There are studies found that medication non-adherence has been associated with lifestyle and health behaviour of the patients (Gombojav et al., 2011). As religion and spirituality are the main components in influencing lifestyle and health behaviour of an individual, association of both in medication counselling will have a major role in affecting the patient's medication adherence.

Non-adherence due to spiritual belief may be resolved if all health care professionals including pharmacists are attentive to the patient's spiritual and religious needs. It can be done by considering the religion or spiritual intervention in the medication counselling (Koenig, 2012). It is crucial for medical practitioners to be concerned and includes the aspect of religion and spirituality in the medication counselling in order to optimize medication goals (Kretchy et al., 2013). Although the association of religion and spirituality has been broadly studied, the incorporation of these aspects in clinical practice has yet to be done. Thus, mental health professionals such as psychologists, counsellors, clinicians and therapists have a lack of the ability to assess a patient's spiritual belief.

Despite the abundant studies on the outcome of religiosity and spirituality in health, research in medication counselling on this issue is insubstantial. The finding of religious belief and spirituality association in health and their impact on medication counselling has been overlooked. In order to rationalize and justify the results

found in the literature research, this study aimed to conduct a scoping review to study how religion and spirituality could affect patient counselling in various healthcare settings, including hospital, clinic, community pharmacy and other related facilities by anticipating some positive and negative effects of the religion and spirituality in patient counselling. The health outcomes could be either the disease progression gets worse or better. The objectives of this study are to determine the components of religion and spirituality-based counselling and to investigate the methods to improve the protocol for religion and spiritual-based patient counselling. This is important in order to provide effective counselling to the patient to improve the acceptance of the patient to undergo the treatment or receive the regimen medication. Besides, this study aim is also to identify the challenges to have religion and spirituality in patient counselling.

## Methodology

Ethic committee approval is not applicable as there is no involvement of human and animals. The keywords were searched through two online databases which are PubMed and Scopus. Important keywords were listed out to gather as much as possible relevant studies related to our review. Synonyms and variable spelling were included in the keywords to cover different spelling and word usage in United States and United Kingdom. The keywords are shown in (Table 1). The results from the database searching were limited to studies from 2010 until 2020 only. Besides database searching, manual search was done by retrieving articles from Google Scholar platform.

Table 1: Search keywords for database searching

|   |
|---|
| religion; religious; religiosity; religiousness; god; prayer<br>AND<br>spiritual; spirituality<br>AND<br>medication counselling; medication review; patient<br>counselling; drug counselling; discharge counselling;<br>adherence counselling; counseling |
|---|

Journals were the only source being included in this review. Various types of research papers were included except for quantitative papers. Presence of religion, spirituality and counselling components were extremely important as they are our focus for this scoping review. Only English papers were selected for this review. In the stage of full-text screening, stringent criteria were made to make sure their content matches with our study interest. The studies should include the impact of religion and spirituality on patients' health conditions. Healthcare setting was important as the purpose of this study is to correlate religion, spirituality with patient counselling. The counselling was restricted to those provided by healthcare providers. Only published and full-text papers were included in this review.

This review was guided by the Joanna Briggs Institute (JBI) methodology for JBI scoping review (Peters et al., 2020). The database search resulted in 311 abstracts from PubMed and 851 abstracts from Scopus. The total abstracts retrieved from both online databases are 1162 abstracts. Three articles were obtained from manual search through Google Scholar platform. Duplications were removed using Mendeley software resulting in 999 abstracts left for title and abstract screening. 988 articles were excluded from the screening. The reasons were either the titles and abstracts were not in English, quantitative studies or does not have religion, spiritual and components. Remaining 34 papers went through full-text screening to assess their eligibility. Both screening stages were done based on the inclusion criteria that have been decided to ensure only relevant studies were included in our review. Two authors, FHAA and NAZ were responsible for screening the articles. Any disagreement was resolved by a third author, SZ. After the meticulous selection process, ten articles were selected to be integrated into our review (Figure 1).

The analysis approach used in this review is thematic analysis (Braun & Clarke, 2006). Then, analytical themes were created by analysing and comprehending all themes from the included studies. The generated themes are stated in Table 2.

## Results

### *Conventional medical counselling*

Patient counselling or also known as patient education is a famous intervention by nurses in medical settings intended for many treatment purposes. Patient education is found to be very important in managing the symptoms like nausea and vomiting experienced by patients throughout the cancer treatment course. This counselling also can provide more information to patients and caregivers regarding the pharmacology and non-pharmacologic therapy that can minimize the fatigue due to cancer therapy (Sadruddin et al., 2017). Counselling also can help the patient emotionally by managing the psychosocial issue related with the deadly nature of cancer and its anticancer therapy which can result in misery, fear, excessive worry, sleep apnea, anxiety as well as decreasing quality of life. Thus, this counselling can minimize distress in patients with cancer by enhancing self-regulation which subsequently can lessen the emotional reactions and improving functional reactions (Sadruddin et al., 2017). Other than that, the healthcare professionals must educate the patients regarding their condition from the medical perspective and how medication can improve the condition. They must motivate the patient to feel more responsible in taking care of their health and giving the patient a hope to recover and change. However, patients' compliance towards pharmacotherapy is enhanced with the goal of reducing symptom not recovery (Oji, 2010).

### *Association of R/S with medical counselling*

Religious and spirituality, as portrayed by Daher et al. (2015) is believed to be the factors that can influence the psychology of a patient. Religion, as well as spirituality, frequently play a crucial role in an individual's ability to pursue or seek care (Daher et al., 2015). When the religious aspect was incorporated in seeking the treatment, the patients were more concerned about the medicinal ingredients. According to individual religiosity, stronger adherence and compliance towards the drug regime occur when all the ingredients contained in medicine are permissible according to their religious teaching. This will result in a better health outcome. Most religious people will stop taking their medication when they have discovered a prohibited ingredient in their medication (Daher et al., 2015).

However, when religion and spirituality counselling is associated with the treatments, some negative consequences could happen. For example, religious beliefs can adversely affect the health of an individual by discouraging the patient to discontinue their treatment. This is because they tend to seek religious-based treatment (Mueller, Plevak, & Rummans, 2001). This resulted in an increasing request for medication discontinuation and a higher possibility for medication non-adherence (Mueller, Plevak, & Rummans, 2001).

### *Components of spiritual counselling*

Components that may help the spiritual counselling to be effective on the patient include humour, spirituality and guided imaginary. One study has been reported in a research paper, humour promotes neurological and physiological benefits in the human body by muscular relaxing and increased breathing and blood circulation; it also enhances the immunity by reducing the stress hormone cortisol and boosting the levels of natural killer cells, T-lymphocytes and endorphins (Sadruddin et al., 2017). The authors from that study also reported that laughter could encourage feelings of satisfaction and well-being in patients, allowing them to get away from difficult circumstances thus improve engagement in treatment, encourage open conversation between patients and health professionals, reduce anxiety and relieve stress (Sadruddin et al., 2017).

Spiritual counselling could counsel patients on their spiritual practices to make them have better psychological well-being, as in general, life-threatening diseases bear anxiety connected to death and dying. Therefore, they give rise to philosophical questions and also look for the essence and intent of life. According to the study reported by Sadruddin et al. (2017), during the cancer cycle, the increase of these feelings has led to greater adoption of spiritual practices in cancer patient care. Furthermore, religious traditions and rituals also assist patients to deal with life-threatening conditions but depending on the individual and

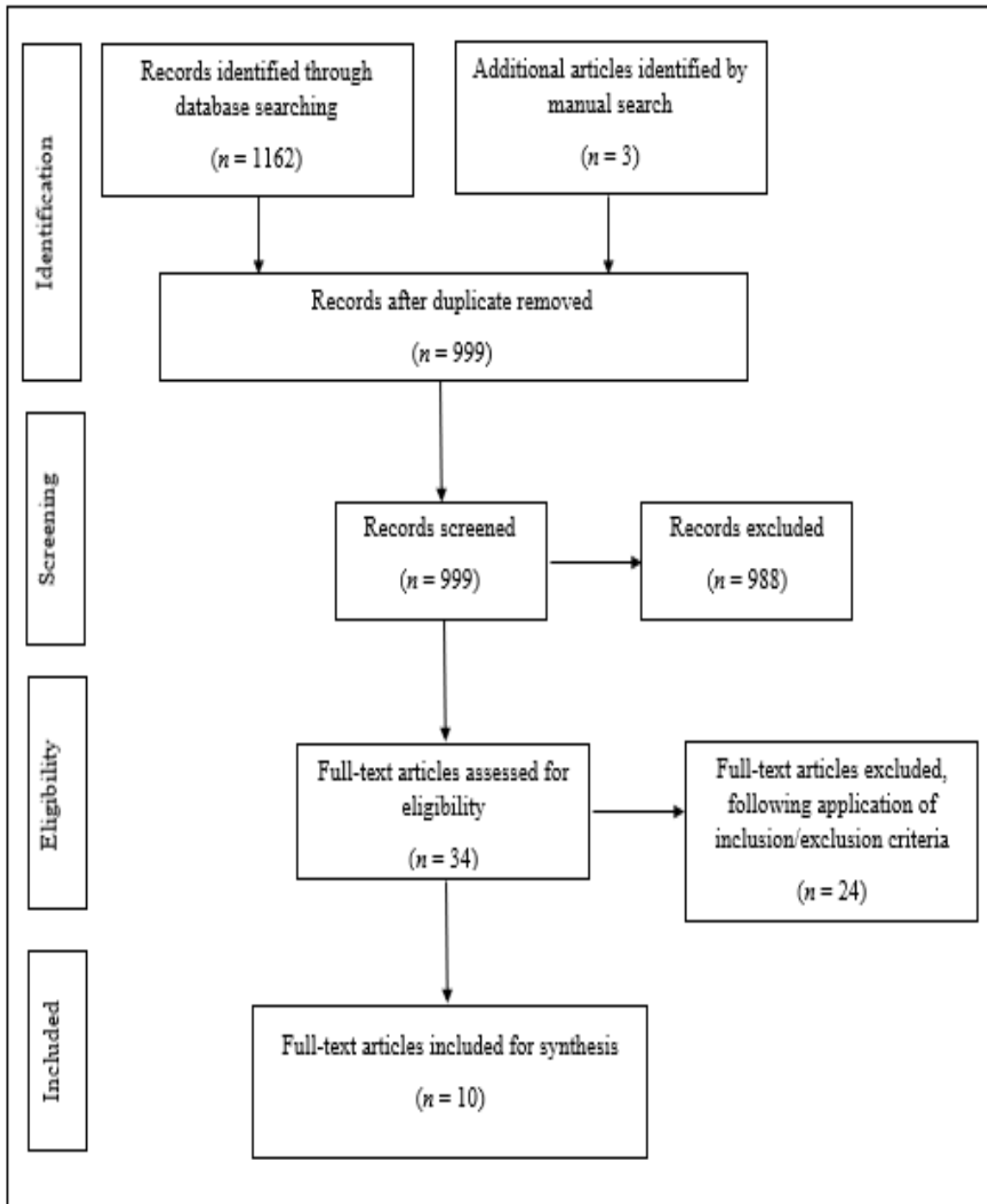


Figure 1: Selection process for included studies

Table 2: Generated themes from thematic analysis

| Main Themes   | Sample Quotation   |
|---|--|
| Conventional medical counselling                                  | <p>“Counselling provides emotional support to address the psychosocial problems associated with the life-threatening nature of cancer and its treatment, which often present as distress, fear, excessive worry, sleep difficulties and anxiety and reduce quality of life.” (p.15)</p> <p>“Physicians, pharmacists, and nurses may collaboratively participate in medication therapy selection, provide counseling on proper medication use and adherence, monitor side effects, and assist with mechanisms to access free or discounted medications and services.” (p.7)</p>                       |
| Association of religion and spirituality with medical counselling | <p>“Religiosity and spirituality have been shown to be associated with decreased levels of anxiety /depression and increased levels of happiness and well-being.” (p.2)</p> <p>“We may thus use a variety of spiritually informed therapeutic tools that can greatly facilitate the patient’s coping ability, thus enhancing wellbeing and recovery.” (p.58)</p> <p>“Finally, it is well known that unhealthy belief systems (eg, religious fanaticism and cults) can adversely affect health.” (p.1230)</p>   |
| Components of spiritual counselling                               | <p>“... found that humorous comments or jokes by fellow patients reduced anxiety” (p.16)</p> <p>“Guided imagery is one of the most commonly used mind-diversion activities. It is based on the understanding that the mind and body are connected, and that the mind holds the power to influence the body” (p.16-17)</p> <p>“This also helps to divert a patient’s attention from physical or psychological symptoms. This activity helps to replace negative symptoms such as pain or anxiety with positive thoughts and emotions, including hope, peace and joy” (p.17)</p>                       |
| Challenges in applying spiritual care                             | <p>“Some authors, however, claim that the religious and spiritual concerns of patients are private and that physicians should not inquire about them.” (p.7)</p> <p>“Some authors suggest that physicians ignore patient spirituality because they may not have the knowledge or skills to engage religiously diverse patients in meaningful discussions about their spiritual needs without offending them.” (p.7)</p> <p>“Their reliance on divine revelation for these purposes implies that there is a high level of subjectivity in their work...can make collaboration problematic.” (p.9)</p> |
| Recommendations to spiritual counselling                          | <p>“Pharmacists are trained to communicate effectively so that they are able to elicit and address patient beliefs, particularly with regards to medication use.” (p.4)</p> <p>“A database of medications that are halal or kosher or vegetarian would make it so much easier for everyone.” (p.13)</p> <p>“The application of Quran verses, Zikir, application of Sunnah, appreciation concept and treatment process are different from one centre to another.” (p.3)</p>   |

their society, context, family and personal values, the use of spirituality in their life vary greatly (Sadruddin et al., 2017).

The last component that can be implemented in the spiritual counselling is guided imagery. One of the most widely used activities for mind-diversion is directed visualization. It is based on the knowledge that the mind and body are interconnected and that the mind could affect the body (Sadruddin et al., 2017). The power of imagery is incorporated based on an individual is explained by natural imagery that stimulates feelings of relaxation and a feeling of well-being. In the initial step of guided imagery, gradual muscle relaxing movements are used. Muscles are rhythmically stressed and relaxed in various areas of the body, which helps to relieve tension in those parts (Sadruddin et al., 2017). This practice helps substitute optimistic feelings and emotions, including hope, peace and pleasure, for depressive symptoms such as pain or anxiety. Moreover, by focusing on a patient's concentration on imaginary circumstances that are calming and peaceful, such as a stroll by the seashore, optimistic thoughts are stimulated (Sadruddin et al., 2017).

### ***Challenges in applying spiritual care***

Spiritual care can be a fundamental component when treating patients. This is due to the multiple evidence reported the positive health outcomes towards patients with a high level of spirituality compared to those who do not. Nevertheless, applying spiritual care in the hospital setting or as adjunct therapy can be very challenging due to many reasons. First, the negative behaviour of the physicians towards spirituality in the healthcare setting because they may think there is no relation between healthcare and spirituality. On top of that, some of them also do not have a religious background so it is hard for them to consult and lead the patient to have spiritual counselling. Besides, there is an ethical issue which addresses religion and spirituality as a sensitive issue to the patients, hence physicians should not query about them (Mueller, Plevak, & Rummans, 2001).

Another challenge in applying spiritual care in the hospital setting or as an adjunct therapy is, not all countries offer religious and spiritual services. Therefore, there are no proper guidelines developed to cater spiritual care (Daher et al., 2015). Without a guideline, the physicians had no clue in helping patients who need spiritual care (Moghimian & Irajpour, 2019).

Besides, the study reported by Daher et al. (2015) showed difficulty faced by a pharmacist in attending to the spiritual needs of the patients. This is because, most of the patients with a religious background such as Muslim and Jewish are more concern about medicinal ingredients which contain pork, as it is prohibited in their religion. Therefore, when the patients asked the pharmacist

regarding this matter, the pharmacist had to refer to the pharmaceutical manufacturer as the manufacturer did not provide enough information regarding the origin of the ingredients as the pharmaceutical industries have a little to no knowledge regarding the suitable medication for religious people.

### ***Recommendation to spiritual counselling***

Future studies will need to employ a design which permits the essential necessities of spirituality in health care at the hospital (Moghimian & Irajpour, 2019). Besides, according to Daher et al. (2015), most of the participating pharmacists highly recommended a necessity for further resources to pre-existing databases from pharmaceutical manufacturers. This is because it helps both the patient and pharmacists in choosing a suitable therapy that is in the context of religious and spiritual belief of the patients. Therefore, a database of medications that could recognize the origin of medication or excipients in the formulation, would make it easier for everyone.

Other studies also had suggested a change in the attitudes and behaviours of the healthcare members (Moghimian & Irajpour, 2019). Reason for this is that most of them were not familiar with the prominence and methods of spiritual care services. Furthermore, a comprehensive plan of the healthcare team such as designing a specific program of spiritual care is also recommended (Moghimian & Irajpour, 2019). The comprehensive plans must be adapted to religious-spiritual, pastoral, psychospiritual, and supportive spiritual needs of chronic patients. As a Muslim, the application of Quran verses and Zikr that are being conducted concurrent with the patient's treatment showed a positive output (Amin et al., 2017). Chaplains are also a significant origin of spiritual care to facilitate speed recovery for Christians (Mueller, Plevak, & Rummans, 2001). They may give patients support, conduct spiritual counselling and achieve sacramental needs.

### ***Discussion***

Despite vast study on the relationship between religion, spirituality and health, the concern of religion and spirituality in patient counselling has been overlooked. This scoping review will build up education and perception more precisely on the importance of religious matters in the patient counselling. It is more focused on the associations of religions and spirituality in counselling to achieve better outcomes. Therefore, it helps to identify the challenges and problems in applying spiritual care in medication counselling. The results from this review can guide health practitioners to improve the quality of medication counselling in any healthcare setting. Thus, the study of the advantages and disadvantages of including religion and spirituality in the patient counselling is important to fully utilize the patient clinical outcomes.

Conventional medical counselling by healthcare professionals is conducted to deliver knowledge to the patient regarding their health condition and medication regardless their spiritual belief. It aims to educate patients in order to enhance their understanding about the progress of their health and guide them on the uses of the medication (Sadruddin et al., 2017). It is a vital intervention to ensure correct usage of medication by patient and to monitor patient compliance towards their medication. From this, healthcare professionals are able to evaluate the effectiveness of pharmacotherapy plans. Providing psychotherapy through psychological methods in the pharmacotherapy can result in better health outcomes. This is because psychotherapy helps to improve patient behavioral and lifestyle changes (Oji, 2010). However, the problem of non-adherence towards the medication is still occurring and it will affect the health outcomes. Therefore, it is significant to identify the cause of non-adherence among patients.

Our findings indicate that religiosity and faith have been found to help in reducing the levels of anxiety or depression among patients. This helps in controlling the body regulation and reduce the risk of having worsened health conditions. Association of religious and spirituality variables in medical counselling will improve patient adherence on the medication. It is believed that religious and spirituality influence the psychology of the patient that affected their decision to pursue or seek care (Daher et al., 2015). Patient perception on medical treatment is a major determining factor in their willingness to receive the treatment. Some religions emphasize the importance of seeking good health, thus this influences the patient's decision to improve their health. In the ethical and religious aspects in the patient counselling, physicians will genuinely prioritize the patients' well-being (D'Souza, 2007). Based on the previous studies, the component of compassionate love, humour, spirituality and guided imagery has been included in the spiritual counselling to perform effective counselling on patients (Kremer et al., 2014). It helps them to cope with the disease better.

Besides, this study also identifies the challenges to include religion and spirituality in medication counselling. Although implementing religion and spirituality may be persuasive in community, there are certainly some difficulties for the healthcare professionals to conduct the medication counselling to the patient. There are some cases that people avoid and stop to receive medication when they discover the prohibited ingredients contained in the medication. This factor can lead to non-adherence to the medication regime. Other than that, practising spiritual care as adjunct therapy can be very challenging. Physicians show negative behaviour towards spirituality in the healthcare setting and claim such intervention is irrelevant in the medical setting. Also, there is an ethical issue which

addresses religion and spirituality as a sensitive issue to them (Mueller, Plevak, & Rummins, 2001). Other than that, not all countries offer religious and spiritual services and there are no proper guidelines developed to cater spiritual care (Daher et al., 2015). Thus, the physicians may lack skills and training regarding spiritual care.

In order to overcome the challenge facing in practicing the religious and spirituality aspect in medication counselling, we have found several recommendations to improve patient health outcomes. Pharmacists should have better knowledge on the ingredients contained in the medication. It is important for the pharmacist to be able to identify medications that contain prohibited materials and suggest an alternative of medication for the patient if available. This can help to provide suitable therapy that suits patients' spiritual belief. Besides, a comprehensive plan of practicing R/S in medication counselling by the healthcare team should be constructed (Moghimian & Irajpour, 2019). Healthcare providers responsible to provide a proper spirituality-based healthcare and educate the patient on the importance of spiritual care (Moghimian & Irajpour, 2019). Other than that, it is recommended to fulfil religious demands by concerning patients' spiritual background.

## Conclusion

Patients' counselling has evolved from the conventional approach to a recent wholesome approach with the inclusion of religion and spirituality aspects. The positive outcome from this new approach can be seen with patients and healthcare providers being the groups who gained the most benefits. Good health outcomes are seen in most patients with the inclusion of religion and spirituality in counselling done in the healthcare setting. Compassionate love, humour and guided imagery are found to be the components of religion and spirituality-based patient counselling. Some challenges to implement wholesome patients' counselling have been identified. Recommendations are given to overcome such challenges or improve the existing protocol for religion and spirituality-based patient counselling. As this approach of patients' counselling is relatively new compared to the conventional method, more research regarding this area is highly encouraged. Further research is important to refine the existing protocol of patient's counselling with the inclusion of religion and spirituality components to maximize benefits from their implementation.

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**Conflict of Interest**

None.

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