

Sound Heart, Spiritual Health from the perspective of Islam

Minoo Asadzandi

Department of Anesthesiology, Nursing Faculty, Baqiyatallah University of Medical Sciences,
Tehran, Iran

***Corresponding Author:** Minoo Asadzandi, Department of Anesthesiology, Nursing Faculty,
Baqiyatallah University of Medical Sciences, Tehran, Iran

ABSTRACT

Background: The "spiritual self-care" approach requires understanding the concept of spiritual health and the characteristics of people with spiritual health. This Study was conducted to "investigate the concept of spiritual wellbeing from the perspective of Islam".

Methods: In this qualitative study, a systematic and targeted review was conducted to answer the question "What is the concept of spiritual health in Islam? Articles published between 1990 and 2018 were extracted in the Pub Med, science direct, Google scholar, SID, and Cochrane databases. The key words of the research were: perfect human, spiritual needs, spiritual wellbeing, and spiritual health indicators. At the same time, in the paradigm of the Islamic religion, the religious evidence (Quran and Habits) was examined for understanding the concept of the Soul from the unseen world. The "Shia Seminary" research methodology was used to avoid interpretations of the Quran verses and to ensure the authenticity of the Habits. Five commentary books and three authentic Shari narrative books were used. The concept of the soul (heart) was adapted from the "religious evidence". The concept of spiritual health was determined, having a sound heart

Results: In the philosophical view of the Abraham religions, human beings as the master of creatures have a soul of the unseen world, which gives him Existence. Perception, feeling, movement, consciousness, judgment, decision-making, power of will and choice, are capabilities that originate from his soul. The Quran calls the soul as "heart". Shinas habit's state that "the heart, as the commander of the body, is responsible for decision making, the command and forbidding the members, and through that man contemplates and understands. Different heart conditions in the Qur'an include: the Sound heart of the people with spiritual wellbeing, the heart of repentance, the sick heart of the wrongdoers.

Conclusion: The members of the spiritual counseling / care team should help patients and clients to achieve spiritual health. The owners of Sound heart reach spiritual health by gaining wisdom, chastity, courage, justice, friendship and intercession. So that they find a meaning in critical situations. Can bear their suffering. Spiritual health is essential, for health personnel, patients, families and healthy clients.

Keywords. Sound Heart, Spiritual Health, Islam

INTRODUCTION

Man as a bio-psycho-socio-spiritual existing is influenced by culture (1). The culture determines the lifestyle of people (2) and affects the social needs of society (3). Culture also has an impact on: the concept of health and disease, the choice of treatment, care methods, disease etiology and patients' response to illness (2). Health and disease are social concepts and each culture has a different definition of them (4). Therefore, the provision of health services should be community-based (5) which requires the recognition of the values and beliefs of the people, and their social needs (6). The coordination of therapeutic measures with clients and patients beliefs will improve the

quality of health services and can produce more satisfactory results (7).

Because of the belief in the existence of the soul with eternal life in societies with a religious culture, providing a community-based definition of spiritual health and disease is essential for them(8).The soul can relate man to God, and has the greatest impact on health and disease (9).

So the scientific theories and care models must be consistent with the philosophical foundations and religious beliefs of the Abraham religions followers and should have information about the soul and its effect on the body and mind. (10). Recent researches strongly suggests that:

spirituality as a source of peace, power, and flexibility has been endorsed by many of the theorists (11). And in the third millennium, the cure and care that was rooted in religion before the Renaissance, was again influenced by scientific paradigms and various types of theories and psychological approaches that defined man as: "an inventory in search of meaning" (12).

These factors have attracted attention to spirituality and its influence in the treatment of disease and health promotion (13). Many scientists believe that, spiritual care is an important dimension of holistic care (14).

It is an integral part of human beings which affects other aspects of health dimensions, intentions, emotions, verbal and non-verbal behaviors through relation with God, self, environment, and others (15).

Thus if a health system tries to provide comprehensive care, spiritual care is an essential part (16). Contrary to the fact that in 1988, "Spiritual Distress" was accepted into the classification of the "North American Nursing Detection Association" (17), and now in the United States, there are "church nurses" (18), but doctors and nurses who provide and support spiritual care, are in the minority.

More than 50% of nurses in practice do not care about the spirituality (19).

Some of the health team members think that spiritual issues are only related to the clergymen (15) and they are not aware of spiritual activity (19) and have not acquired the skills and abilities required for spiritual care (20).

Lack of scientific material in this area-lack of belief in God in care providers (21)- low self-awareness of nurses - fear of the impact of personal beliefs on the patient - time constraints - lack of training on spiritual interventions - difficulty in determining spiritual needs of patients - determining. The responsible person for providing these care-determining the degree of assurance to the integrity of the spiritual interventions, are considered as challenges of the spiritual care executive. (22).

Although the holistic care is described as the care of body, mind and the soul, but unfortunately, in some countries, the modern health care system only addresses physical problems, and the spiritual care is a domain that has been neglected or is given to a religious leaders (23, 24). Patients' dissatisfaction due to the lack of their spiritual needs is seen

in assessing the quality of care (25). For that group of health care provider, who seek to understand the spiritual needs of patients and provide spiritual care (26) unfortunately, text books emphasize the physical and mental needs of patients (13). There is not enough spiritual education (27, 28). The only action is a course designing called "the method of sensitizing the students of health sciences" (29).

While the importance and necessity of community-based health services has been underlined by the WHO since 1977 (30) and evidence has clearly shown that the spiritual dimension causes a significant difference in the "physical and psychological outcomes". (31) This study was conducted to "investigate the concept of spiritual health from the perspective of Islam".

METHODS

Ten stages of the investigation taken over in one and half decades: Vienna's psychotherapy theories, systemic theory, homeostasis and quantum theory, rules of physics, humans' needs, characteristics of a perfect human in psychology as assumptions of nursing care models, were studied (32). Seven universal care models were analyzed based on total ratio analysis that is comparable to the perceptual analysis and communication analysis of Curly in nursing (33). Meta-paradigmatic concepts of the model were defined.

The concept of soul was extracted from the paradigm of Abraham religions, and the concept of sound heart was adopted from Quran and habit's based on the adopting concepts method (34).

The spiritual care model of sound heart was developed, by using grounded theory method (35). To examine the concept of sound heart in real situations and define experimental parameters and themes of that concept, propositions were extracted through interviewing with patients and their family, clinical observations over the professional life of the researcher, field notes, interviewing with clinical nurses, nursing professors, and clinical psychologists.

The client and patients' spiritual reactions to diseases were developed by using the extracted propositions (36).

- Religious evidence based spiritual care guidelines were designed and validated (37, 38, 39, and 40)

- Descriptive theory was developed and examined (41-46) health education models and motivation theories were content analyzed. They were used in clinical research: including health belief model in diabetic patients (47), health promotion model in soldiers with high-risk behaviors (48), precede-precede model for primary sleep disorder of military nurses (49).
- After focus group meetings with professors of health education, nursing, and psychology, all relevant concepts for implementing the training model were adopted and then organized as a relevant whole within a model. The spiritual care consulting model was developed by using the Walker and Avanti three-step of theory synthesis (50).
- Considering the constructs of spiritual care consulting model of Sound Heart, after adopt appropriate themes and clinically use of prominent models, “Parent's Spiritual Empowerment Program” was extracted from previous research findings and was accredited by ten professors of the Academy of Medical Sciences, pediatric oncology specialist, nursing and health education professors in three rounds of Delphi(51).
- Based on the findings of the previous steps, Inter professional spiritual healthcare education program for Students of Health Sciences was designed (52).
- According to the characteristics of the sound heart owner’s in the Quran and the properties of "perfect man" (53), the concept of spiritual health was investigated from the perspective of the Islam.

In this qualitative study, a systematic and targeted review was conducted to answer the question "What is the concept of spiritual health in Islam? Articles published between 1990 and 2018 were extracted in the Pub Med, science direct, Google scholar, SID, and Cochrane databases. The key words of the research were: perfect human, spiritual needs, spiritual wellbeing, and spiritual health indicators. At the same time, in the paradigm of the Islamic religion, the religious evidence (Quran and Habits) was examined for understanding the concept of the Soul from the unseen world. The "Shia Seminary" research methodology was used to avoid interpretations of the Quran verses and to ensure the authenticity of the Habits. Five commentary books and three authentic Shari narrative books were used.

The concept of the soul (heart) was adapted from the "religious evidence". The concept of spiritual health was determined, having a sound heart.

Accuracy and Reliability of the Qualitative Data Analysis

The following items were performed to determine accuracy and reliability of the qualitative data analysis:

- Long-term engagement and continuous observation
- Integration
- Peer review
- Search for contrary evidence
- Review by participants
- Determination (54).

RESULTS

- The study of the proposed theory is showed that: definition of human and its needs, health and disease, the effect of environment on health, the method of caring, have been obtained through deductive method. Subjective hypotheses of the health sciences are derived from basic sciences, biology and physiology.
- The results of the second phase of the research showed that; the soul and the unseen universe had been neglected from the scientific standpoint and this important dimension of human existence in the medical sciences has been neglected.
- The results of the third stage showed that: in the philosophical view of the Islam, human beings as the master of creatures and God’s representative on earth has a soul of the unseen world, which gives him existence. Perception, feeling, movement, consciousness and will of human being, are capabilities that originate from his soul. Human beings have authority and power to choose their relationships with God, people, themselves and nature, and they decide their fate based on their choice.
- The Quran calls the soul as “heart”. Shinas habit’s state that "the heart, as the commander of the body, is responsible for decision making, the command and forbidding the members, and through that man contemplates and understands. From the perspective of the Qur'an, cognition, awareness of the environment, judgment, decision-making on the basis of will and choice is performed by the soul. Different heart

conditions in the Qur'an include: the Sound heart of the people with spiritual well-being, the heart of repentance, the sick heart of the wrongdoers.

- The results of the designing and validation phase of "the Sound Heart Model" showed: As the body becomes ill and requires care, our souls also need spiritual care, both in health and disease. Occasionally, healthy human beings suffer from spiritual illness because of neglect of God's remembrance and spiritual vacuum. Sometimes people with physical illness suffer from spiritual crisis because of fear and anxiety about the future or sadness about losing their health.
- The results of this phase showed that the Sound Heart owners "with spiritual health" do not suffer from the sadness about the past events, anxiety and fear of the future. They live in the "present time". They are happy with the past and are hopeful and optimistic about the future. They are always patient thankful. This feature is considered by the World Health Organization and positive psychology as a feature of people with mental health.
- Studies at this stage showed that: Disappointing God's mercy will create spiritual distress. The response of these patients, if they are affected by acute and severe diseases, is anxiety and fear, in chronic conditions, are sadness and sorrow.
- These feelings are perceived as an obstacle, so changing the situation or adaptation will be impossible for the patients. The disease crisis is understood as a threat. This feeling destroys their optimism and hope and makes them afraid and angry. This patient does not attempt to change the condition or correct the problems. On the other hand, a lack of trust in God, leads patients to consider only science and medical personnel to be effective in their health, illness and destiny and always worry about the future. So it is necessary to develop the relationship between patients and God.
- Performing spiritual care in healthy clients and patients needs to "spiritual self-care empowerment ". This should be based on the prescriptive model, with explaining the causes of the illness to the patients and preventing healthy clients from neglecting God's remembrance. The impact of genetic factors, environmental factors, unhealthy lifestyle, unhealthy habits, and high-risk behaviors should

be explained in the incidence of the disease. Spiritual empowerment can be achieved, by developing knowledge and awareness of the patient and clients, developing the relationship with God, himself, people and nature, creating a sense of trust in God, self-efficacy and motivating individuals.

- According to the Qur'an's emphasis (Ibo 105 SuraMa'edeh-eighth of Sarah Hear) in the first priority, each individual is obliged to self-care and "daily valuation" of himself. For children, parents are caregivers and spiritual counselors. Therefore, according to the "home care" approach, it is imperative that parents find the ability to do this, especially for the sick children.
- In addition to the individual and his family, spiritual care / counseling should be done in a team work. Physician, nurse, cleric, psychologist and psychiatrist, social worker are the main members of the spiritual health team. Students of health sciences must participate in the "Inter-professional Training" program and learn the methods of spiritual care or counseling.
- Wisdom, chastity, courage, justice, friendship and intercession, as the most important feature of the Sound Heart owners, will help them find the meaning in a crisis and endure their suffering.

DISCUSSION

The uncertainty of life events and the crisis of illness create spiritual needs. Life events are unique events that generate spiritual responses and provide opportunities for spiritual care (55). The reaction of human beings to disease are "bio-psycho-social-spiritual". Basically, spiritual care involves understanding the spiritual beliefs of the clients /patients, and recognizing their spiritual needs. (56).

Addressing spiritual needs is recognized as an essential component of holistic care and is described as body, mind and soul care. (24) To achieve spiritual well-being, members of the health team should increase their knowledge about spirituality and the influence of spiritual beliefs on lifestyle, response to the disease, choice of care and treatment.

They should integrate spirituality in health services and improve communication with patients and their families in order to gain positive feedback from care. (20) It should be noted that ignoring each dimension of a patient

has significant consequences for his /her life, interfere with the recovery process (57) All of these scientific findings are in line with the Sound Heart model.

From the perspective of Islam spiritual vacuum creates destructive excitement, unhealthy lifestyle, and high-risk behaviors as sin (Sarah Hasid, verse 16). Health care providers should train healthy people with these risks, as a spiritual illness (58). They should instruct patients, that life-threatening illnesses, is a divine tradition (Sarah Banaras, Ibid. 255), so that God will reward to them for "patience and thanksgiving " (59) and gave them the sound heart (60).

The goal of spiritual care is achieving the Sound Heart. The bio-psycho- socio-spiritual responses of patients and clients should be investigated based on the problem-solving method. Physician, nurse, cleric, psychologist, social worker are team members. They must recognize the disorder of the patient / client communication with God, himself, people and nature (51) and take care of them by using spiritual care guidelines (61).

In the process of spiritual care or counseling, anxiety, fear, sadness and frustration of the patient and family must be turned into a sense of security and trust in God, optimism, self-confidence, hopefulness, surrender, and satisfaction with destiny (62). Spiritual care is necessary for clients and patients (outpatient, hospitalized, severely ill and dying) at the all levels of prevention (63).

CONCLUSION

Achieving spiritual health is essential for health personnel, patients, families and healthy clients. The spiritual care / counseling team should help people for achieving the Sound Heart by strengthening their relationship with God through faith.

REFERENCES

- [1] Mosheim M. (2005). *Medical Sociology*. Fifth Edition. Tehran: Summer Library of Tagore
- [2] Piroozmand A.R. (2008). *Explaining the Relationship between Faith and Science (Direction of Science)*. Tehran: Cher Publishing
- [3] Piroozmand A.R. (2008). *Production method "Applied Equations"*. Qom: Publications of the Islamic Sciences Academy
- [4] Cocker ham W.C. (2008). *Medical Sociology*. 5th edition. New Jersey: prentice Hall.
- [5] Algoird MR, Mariner M, Toomey AN (2009) *Nursing theory, Utilization and Application* .St. Louis: Mosby com.
- [6] Griffith, Christensen. (1982). *Nursing process application of theories, frameworks and Model s*. London: Mosby com.
- [7] Toomey Ann Mariner (1999) *Nursing Theorists and their work*. (3rd edition). Philadelphia Mosby Com
- [8] George (2007) *Nursing Theories, the base for professional nursing practice* (3rd edition) U.S.A. Prentice Hall Com
- [9] Asadzandi M. (2014) *Analysis of nursing concepts and theories with introduce Sound Heart model*. Tehran: Publication Hydrae; p: 250-256.
- [10] Asadzandi M. (2016) *Spiritual Care*, Tehran: Specialized Media Publishing
- [11] Cavendish R, Konini L, Mitzeliotis C, Russo D, Louise, Lana, Medefindt J, Baja. (2003) *Spiritual care activities of nurses using Nursing Interventions Classification (NIC) labels*. *Int. J Nursing*; 14(4):113-24.
- [12] Frankel V. (2012). *Man searching for meaning*. 26 Editions. Tehran: Dorsa Publications
- [13] McCrery W. Draper P (1998) .The debates emerging in the literature surrounding the concept of spirituality as applied to nursing, *Journal of Advanced Nursing*. 27 (2)97-189.
- [14] Carpenter, L.J. (2016). *Handbook of Nursing Diagnosis*, 15th ed. Philadelphia: Lippincott, Williams and Wilkins
- [15] Tarkio M (2002). *A grounded theory study of the experience of spirituality among persons living with schizophrenia* .The University of British Columbia.; 40- 69
- [16] Fawcett J (2001) *the Nurse Theorists: 21st-Century Updates—Betty Neumann*. *Nursing science quarterly*. 14(3): 211-214.
- [17] American Nursing Association. (1980) *Definition of nursing* .Washington DC. American Nursing Publishing
- [18] Chen G, Cho F, Go H. (1993) *Validation of APACHE II score in a surgical intensive care unit*. *U.S. National library of medicine*. Aug; 34(4):322-4.
- [19] Cavendish, Luis, Horne K, Bauer M, Gallo M. Medefindt J, Carson B (2002). *Mental Health Nursing* .Philadelphia: WB Saunders com;
- [20] Masher M, FallahiKhashkonab R, Madam B, Rahgozar M. (2008) *Nurses' Attitudes to Spirituality and Spiritual Care*. *Quarterly Journal*. 8(12): 37-31
- [21] Fulton, R.A.B. (1996) *Spirituality and nursing education*. *Review of researching nursing education*, 147-127
- [22] Van Lee Owen R (.2006) *Spiritual Care: implications for nurses, professional responsibility*. *Journal of Clinical Nursing*. 15 (7): 875- 88

- [23] Machida N. (2004) Spiritual coping mechanism chronically ill patients, *British Journal of Nursing*.; 11(22):70
- [24] Narayanasamy A. (2002) Spiritual Coping mechanisms in chronically ill patients. *British journal of nursing*. 12(11):1470-1461-
- [25] Maul Kill, Schmidt NK. (2004) Spiritual care in nursing practice. Lippincott Company. 51-52
- [26] Andrew MM, Boyle JS. (2003) Tran cultural concepts in nursing (4th Ed).Lippincott company; 435-436
- [27] Hark reader H,(2000) Fundamentals of nursing caring and clinical judgment. Philadelphia W.B.Saunders Com.
- [28] Hematite M, Hamada F , Another M.(2011) Spiritual beliefs and quality of life: A qualitative research
- [29] About diabetic adolescent girls' perception. *Koresh*: 12(2):144-151
- [30] Yoyos HL, Malone K, McMullen A, Richards K, Ride out K, Schultz J.(1997) Standards and practice guidelines as the foundation for clinical practice. *Journal of Nursing Care Quality*. 11(5):48.
- [31] Tankard, Valizadeh, Mohammad, Khan (2013) Explaining the Process of Learning the Spiritual Care in Iranian Nursing Students - A Study on "Grounded Theory." *Journal of Uremia Nursing and Midwifery Faculty*. 10(1): 51-63
- [32] Van Lee Owen R (.2006) Spiritual Care: implications for nurses, professional responsibility. *Journal of Clinical Nursing*. 15 (7): 875-88
- [33] Asadzandi M. (2007) nursing concepts and theories. Tehran: Center for Compilation of textbooks for the Education and Culture Guard Corps.
- [34] Asadzandi M. (2001) Critique of Nursing Models at the Level of Applied Concepts and Equations and Model Designing [PhD thesis]. Faculty of Health, Baqiyatallah University of Medical Sciences, Iran.
- [35] Asadzandi M. (2014) Access to the Sound Heart identifies the concept of spiritual health *.Journal of Medical Jurisprudence*; 6 (19-18): 143-173.
- [36] Asadzandi M. (2015) Sound Heart: Spiritual Nursing Care Model from Religious Viewpoint. *Journal of Religion and Health*. 54(2):130-145
- [37] Asadzandi M. (2017) Clients and Patients' Spiritual Nursing Diagnosis of the Sound Heart Model. *Journal of Community Medicine & Health Education*. 7(6):2-6.
- [38] Asadzandi M, Secondary A, Khademolhosseini SK, Beady A (2017) Designing and Validation Islamic Evidence-Based Spiritual Care Guidelines of Sound Heart Model in the Dying Patients. *Iran J Critical Care Nursing*. 10(3):1-6
- [39] Asadzandi M, Secondary A, Khademolhosseini SK, Beady A (2018) Designing and validation religious evidence-based guidelines of Sound Heart pastoral care model for hospitalized patients. *Journal of Medical Sciences*. 1 (1):1-9
- [40] Asadzandi M. (2016) Spiritual self-care. Tehran; Resale-takhasosi publication. Iran.
- [41] Asadzandi M, Secondary AR, Khademolhosseini S.M, Beady A.(2018) Religious Evidence-Based Spiritual Self-Care Guidelines in Anger Management. *Journal of Health Education Research & Development*.; 2(6):1-6
- [42] Aside M, Asadzandi M, Beady A.(2014) Effects of spiritual care based on Galba Salem nursing model in reducing anxiety of patients undergoing CABG surgery. *Iran J Critical Care Nursing*; 6(4):142-151.
- [43] Saied- Their Z, Asadzandi M, Beady A. (2014) the effect of spiritual care based on Galba Salem model on the sleep quality of the patients with coronary artery disease. *Iran J Critical Care Nursing*; 7(2):94-103
- [44] Aside M, Asadzandi M, Beady A. (2014) the effect of spiritual care based on Galba Salem model on spiritual experiences of patients undergoing coronary artery bypass surgery. *Journal of Cardiology*, 2(2):67-73.
- [45] SaeidiTaheri Z, Asadzandi M, Beady A. (2013) the effect of spiritual care based on Galba Salem model on spiritual experience in patients with coronary artery disease. *Iranian Journal of Journal of Psychiatric Nursing*. 1(3): 23-34.
- [46] Akbar pour Mazandarani H, AsadzandiM, Safari M, Khaghanizadeh M.(2017) Effect of Spiritual Care Based on Sound-Heart Consulting Model (SHCM) on Spiritual Health of Hem dialysis Patients. *Iran J Critical Care Nursing*. 10(4):1-6
- [47] Mazandarani H, Asadzandi M, Safari M, Khaghanizadeh M. (2018) The Effect of Spiritual Care Based on Sound Heart Model on Quality of Life in Hem dialysis Patients. *Journal of Psychiatry and Behavioral Health Forecast*. 1(1):1-6
- [48] Farsi Z, Asadzandi M, Ajani S. (2010) Application of Health Belief Model in Change of Self Care Behaviors of Diabetic Patients. *Iran Journal of Nursing*; 22(61):61-7
- [49] Asadzandi M, Sekarifard M, Beady A, Morovvati Sharif Abad MA, Salary M.(2014)Effects of anger management training based on Health Promotion Model on soldiers engage in risky behavior. *Iranian Journal of Psychiatric Nursing*. 2 (4): 68- 79
- [50] Safari R, Asadzandi M, SanayiNasab H, Beadier.(2009) Mental health status of military

- nurses. *Journal of Military Medicine*. 11(3): 135-141.
- [51] Asadzandi M. (2018) Spiritual health consulting model for health promotion in clients. *Health, Spirituality and Medical Ethics Journal*.5 (2): 1-14
- [52] 51-Asadzandi M. (2018) Spiritual Empowerment Program Based on Sound Heart Model in the Cancerous Children's Family. *Annals of Nursing Research and Practice*; 3(1): 1026.
- [53] Asadzandi M. (2018) Designing Inter Professional Spiritual Health Care Education Program for Students of Health Sciences. *Journal of Nursing and Patient Health Care*. 1(1): 1-7
- [54] Asadzandi M. (2017) Professors, spiritual characteristics for role- modeling education. *Education Strategies in Medical*. ; 10(1):23-35
- [55] Strieber C. (1990) *Qualitative research in nursing (advancing the humanistic imperative)*. Philadelphia: Lippincott com.
- [56] Cavendish R. Konini L. Mitzeliotis C. Russo D. et al. (2003).Spiritual care activities of nursing, using Nursing Intervention Classification (NIC) labels. *International Journal of Nursing Terminologies and classifications*. Oct-Dec; 14(4): 113-24.
- [57] Asadzandi M. (2016) *Spiritual counseling*. Tehran; Resaneh-takhassosipublication. Iran.
- [58] Corus Bayle H, Pugh M, Mulligan T.(2005) Does religious activity improve health outcomes? A critical review of the recent literature. *Medical Center and Virginia Commonwealth University Medical Center USA*; 1(3):186-91.
- [59] Asadzandi M. (2018) *guide book of spiritual care for students and health caregivers*. Publisher:Resaneh-takhassosi
- [60] AsadzandiM. (2018) *guide book of spiritual care for patients' family*. Publisher:Resaneh-takhassosi
- [61] Asadzandi M. (2017) *Talk with spiritual advisers and spiritualists* .Publisher: Resale-takhassosi.
- [62] Abolghasemi H, Asadzandi M. (2018) Reinforcing faith, the main care and method of maintaining and improving the spiritual health of patients and clients. *Health Promotion Quarterly Journal of the Medical Sciences of the Islamic Republic of Iran - Special Issue for Spiritual Health*. 1(1):39-49
- [63] Asadzandi M.(2017) *Spiritual Care Guide for Patients: Tehran: Publications of the Academy of Medical Sciences of the Islamic Republic of Iran*
- [64] Asadzandi M.(2018) *Effect of spiritual health (Sound Heart) on the other dimensions of health at different levels of prevention*. *Clinical Journal of Nursing Care and Practice*. Impress

Citation: Mino Asadzandi, "Sound Heart, Spiritual Health from the perspective of Islam, *Journal of Religion and Theology*, vol 3, no.1, pp. 10-16, 2019.

Copyright: © 2019 Mino Asadzandi. this is an open-access article distributed under the terms of the *Creative Commons Attribution License*, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.