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Original Article

Spiritual intervention based on the GHALB SALIM model on subjective stress in intensive care units nurses

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Abstract

Background and aims: Nurses are key contributors to healthcare policy, planning, and service delivery. The quality of care, especially in intensive care units (ICUs), relies heavily on their well-being, particularly their mental health. This study aimed to determine the effect of spiritual intervention based on the GHALB SALIM model on the subjective stress of ICU nurses.

Methods: This quasi-experimental study involved 80 nurses from the ICU at Hajar and Ayatollah Kashani hospitals in Shahrekord. Spiritual intervention based on the GHALB SALIM model was provided through an 18-session program, delivered virtually (16 sessions) and face-to-face (2 sessions). Each session lasted 45 minutes and was held every other day for a month. We evaluated subjective stress questionnaires before and after a three-month follow-up. Data were analyzed using SPSS/19 with independent t-tests and analysis of covariance.

Results: Pre-intervention, subjective stress decreased from 40.90 ± 6.40 to 36.33 ± 7.64 post-intervention and 30.68 ± 10.33 three months later ($P < 0.01$). The intervention significantly improved all three variables immediately and three months later. Notably, subjective stress reduction was more pronounced in the intervention group compared to the control group.

Conclusion: Based on the study findings, the GHALB SALIM model can serve as a foundation for reducing subjective stress. This, in turn, has the potential to elevate performance, reduce costs, and enhance the quality of healthcare services.

Keywords: GHALBE SALIM model, Subjective stress, Intensive care units, Nurse

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Introduction

The intensive care units (ICU), a critical and technologically advanced hospital unit, offers specialized care for patients in critical condition (1). The ICU is crucial, tending to patients with severe conditions and highlighting the need for highly skilled nurses (2). This demanding profession, particularly in the ICU, can lead to significant physical and psychological stress for nurses (3). Nursing is ranked among the top 40 most stress-inducing professions by the National Association of Safety Professionals (NASP) (4). Data from the Iranian Nursing Organization (INO) reveals that a significant number of nurses contend with stress, depression, and various health challenges (5).

Mental stress poses a substantial threat to individuals' mental well-being, emerging as a prevalent and economically burdensome concern, especially in professional settings. (6). Given nursing's critical role in the ICU, this factor can lead to significant financial burdens on the treatment department (7). Recognizing the paramount importance of nurses in patient care and acknowledging the detrimental effects of stress on various aspects of their lives and performance, implementing interventions to mitigate nurses' stress and its subsequent impact is imperative (8). Psychological capital, a recent phenomenon, holds significant potential to enhance individuals' health and performance in diverse work environments. It comprises confidence, optimism, goal commitment, and adaptability (9).

Exploring the existing body of research reveals that spirituality is a significant factor contributing to the growth and development of the dimensions of psychological capital in individuals (10). Although relatively few studies explore the role of spiritual health in psychological capital, recent research findings underscore that psychological capital serves as the bedrock for spiritual well-being. This relationship entails establishing coherence and alignment

in the realms of meaning, purpose, and elevated values, both worldly and transcendent, particularly for nurses (11,12).

Spiritual connection, a prominent dimension within spirituality, embodies a profound sense of purpose and fulfillment derived from one's relationship with the divine and fellow humans (12). Empirical research confirms that this connection brings inner tranquility, fosters affection for the sacred and others, and harmonizes individuals with their surroundings (13). When individuals integrate spirituality rooted in a monotheistic faith into their lives, they experience peace, heightened life satisfaction, more profound commitment, greater responsibility, and steadfast adherence to human and moral principles (14). Several models are available to cultivate spirituality, including noteworthy ones like the "John Fisher" (Shalom) model, the Spiritual-Religious Care model by Richards and Bergin, and the GHALB SALIM model (15,16).

Several studies have delved into the impact of a GHALB SALIM model, and their findings underscore the positive outcomes associated with cardiac well-being, including enhanced overall quality of life. (10,17). A GHALB SALIM model belongs to an individual whose soul and intellect are devoid of any trace of polytheism or doubt in matters of faith and who steers clear of all forms of sin and corruption in their deeds (18,19).

The GHALB SALIM model integrates Islamic values with cultural norms, forging a profound spiritual connection for specialized care nurses. The model nurtures security, trust, confidence, and empowerment by rectifying essential relationships. This approach fosters constructive action in the face of adversity and promotes a positive, purposeful life rooted in optimism and trust in God's plan (20).

Subjective stress has a significant impact on the mental health of working adults. Subjective stress is when an individual experiences stress due to a specific job. Subjective stress is a known confounding factor among all occupations. ICU nurses do essential work. So, this factor can impose high costs on the treatment department. Job stress leads to fatigue, pessimism, and inefficiency, creating a sense of failure and diminishing commitment to the organization. As a result, absenteeism increases, and overall performance and productivity decline. This decline occurs because stress impairs attention, concentration, decision-making, and judgment skills while increasing the likelihood of clinical errors. Nurses play a crucial role in patient health, which affects society and the effectiveness of the health system, as they need to maintain their physical and mental well-being. Consequently, establishing a solid foundation for their health is necessary (21).

Objectives

This study aims to investigate the effect of spiritual intervention based on the GHALB SALIM model on the subjective stress of ICU nurses.

Materials and Methods

Study design

This semi-experimental study involved intervention and control groups. The research focused on nurses working in the ICU of Ayatollah Kashani and Hajar Shahrekord educational hospitals.

Study participants

Utilizing random sampling techniques and drawing upon previous research findings A cohort of 80 individuals was selected for this study (22,23). Efforts were made to assign nurses from the same environment to the same group. Hajar and Kashani hospitals were used to minimize potential confounding variables and avoid any relationship between the two intervention and control groups. Subsequently, based on randomization tests, Hajar hospital was designated as the intervention group, while Kashani hospital served as the control group. Nurses from the ICU were then allocated to the respective groups based on availability.

Inclusion criteria and exclusion criteria

The inclusion criteria encompassed employment in a nursing role in teaching hospitals (with a university degree in nursing), a minimum of six-month experience in the ICU department, and no history of mental or psychological disorders. Exclusion criteria were defined as a participant's decision to discontinue work after the commencement of training sessions or irregular attendance in the program.

Data collection

Data collection instruments included a questionnaire for demographic information and a mental-functional stress questionnaire.

Study tools and questionnaires

Demographic Information Questionnaire: This section gathered data on gender, education, employment type, age, and work experience.

Mental-Functional Stress Questionnaire (SS-FC): This questionnaire, widely utilized in various studies, offers a comprehensive assessment of mental-functional stress applicable across diverse societies, environments, and populations. Developed by the American Heart Association (AHA), it comprises 21 items rated on a four-level scale (ranging from 'not at all' to 'high'). In previous Iranian research by Hamidizadeh et al, this tool was utilized to assess subjective stress levels in patients with myocardial infarction. The scores span from zero, representing the minimal level of subjective stress, to 63, signifying the highest level (21).

Given the COVID-19 pandemic and health guidelines restricting gatherings, a combined approach (virtual and face-to-face) was adopted. The research program, consisting of 18 sessions, was designed based on an extensive review of relevant literature and protocols,

with 16 sessions conducted virtually and two face-to-face sessions commencing in April 2020. Each session, spanning 45 minutes, occurred every other day throughout the month, encompassing morning, noon, and evening slots. Virtual sessions allowed for questions from previous sessions and ensured access to materials for the intervention group. The content, aligned with the GHALB SALIM model, was tailored for the research sample and endorsed by clergy, mentors, and advisors. It was shared in text via WhatsApp, while face-to-face meetings provided opportunities for group discussions and clarifications. Face-to-face meetings were organized in smaller groups to streamline participation. Hospitals were designated to prevent crossover between intervention and control groups, with the intervention based on the GHALB SALIM model.

The intervention comprised virtual and face-to-face sessions. Virtual sessions covered topics such as heart semantics, indicators of a GHALB SALIM model, and spiritual aspects. Face-to-face sessions allowed for in-depth discussions and addressed participants' questions and concerns. Lively exchanges of opinions and thoughts characterized the atmosphere.

Data analysis

Data were analyzed in SPSS version 19 using descriptive and inferential statistics. Descriptive stats included chi-square and Fisher's exact tests. The inferential analysis involved repeated measures and independent t-tests pre-intervention, with analysis of covariance post-intervention and at the three-month mark.

Results

A total of 80 nurses were enrolled in the current study; about 93.7% of the nurses were female, and 77.5% were married. In both groups (intervention and control group), nearly one-third (31.5%) of the nurses were between 25 and 35 years old. Also, 30% of the participants had work experience of between 10 and 15 years. Using chi-square tests, Fisher's exact test indicates that the two groups are comparable and homogeneous regarding these characteristics (Table 1).

The data presented in Table 2 indicates no significant difference in subjective stress levels between the intervention and control groups initially (P value between groups = 0.47, > 0.05). However, the differences became significant following the intervention and at the 3-month follow-up (P = 0.01 and P = 0.001, respectively), highlighting a notable disparity in subjective stress levels between the two groups. This finding is further supported by the decreasing average stress scores observed within the intervention group. The analysis of the covariance test confirmed the significance of this trend. The p-value within the intervention group indicated a significant difference in average subjective stress levels measured before the intervention, immediately after the intervention, and three months post-intervention.

Table 1. Demographic characteristics of the participants (n = 80)

Variables		Intervention group (n = 40)	Control group (n = 40)	*P*
		No. (%)	No. (%)	
Gender	Female	38 (95)	37 (92.5)	0.99[a]
	Male	2 (5)	3 (7.5)	
Age	25-30	13 (32.5)	20 (50)	0.17[b]
	31-35	9 (22.5)	8 (20)	
	36-40	13 (32.5)	11 (27.5)	
	≥41	5 (12.5)	1 (2.5)	
Education level	BSc	34 (85)	37 (92.5)	0.48[a]
	MSC	6 (15)	3 (7.5)	
Work experience	6 mont-5 years	11 (27.5)	11 (27.5)	0.57[b]
	6-10 years	10 (25)	12 (30)	
	11-15 years	12 (30)	14 (35)	
	16-20 years	2 (5)	2 (5)	
	≥21	5 (12.5)	1 (2.5)	
Marital status	Single	9 (22.5)	9 (22.5)	0.99[a]
	Married	31 (77.5)	31 (77.5)	
Incoming	<200 USD	2 (5)	3 (7.5)	0.99[a]
	>200 USD	38 (95)	37 (92.5)	
Shift	Fix	5 (12.5)	4 (10)	0.9[a]
	Circulation	35 (87.5)	36 (90)	

[a]Chi-square; [b]Fisher's exact tests

Table 2. Mean and standard deviation of subjective stress levels among ICU nurses

Groups	Mean ± SD			Intragroup *P*[a]
	Before	Immediately	3 months after	
Intervention	40.90 ± 6.40	36.33 ± 7.64	30.68 ± 10.33	< 0.001
Control	41.93 ± 6.11	40.00 ± 5.54	37.98 ± 6.90	0.02
Between *P*[b]	0.47	0.01	0.001	-

[a]Independent t-test, [b]Analysis of Covariance

Specifically, there was a difference of 4.57 units between pre- and post-intervention scores and 10.22 units between pre-intervention and three months post-intervention. Similarly, a decreasing trend in mean subjective stress was observed in the control group. The intragroup p-value indicated a significant difference in mean subjective stress levels at three key points: before, immediately after, and at the 3-month follow-up. Specifically, this analysis revealed a difference of 1.93 units between the pre-intervention and post-intervention scores and a difference of 3.95 units between the pre-intervention scores and those recorded three months post-intervention. These findings illustrate the effectiveness of the intervention in reducing subjective stress levels over time. In essence, significant disparities were observed in the average subjective stress scores of the control group before, immediately after, and three months after the intervention (Table 2).

Discussion

The results demonstrated a significant reduction in

subjective stress among nurses who underwent the spiritual intervention, with this effect persisting three months post-intervention. These findings align with prior research, including the work of Behboodi-Moghadam et al, which also emphasized the stress-mitigating effects of spirituality (24). Rashid's research indicated that education rooted in spirituality and Islamic teachings positively reduced students' stress levels (25). Asadzandi has demonstrated that the GHALB SALIM model fosters freedom from undesirable pressures, mental well-being, internal motivation, self-esteem, and competence. (26). Prazeres et al also discovered that individuals with elevated levels of religiosity and spirituality tended to experience lower levels of anxiety (27). Chow et al concluded that individuals with a positive religious outlook were more adept at coping with depression and anxiety in comparison to those with a negative religious perspective (involving superstition) (28). Salman et al found that a significant number of doctors, nurses, and pharmacy workers experienced anxiety and depression during the COVID-19 pandemic. They highlighted that spiritual coping emerged as an effective approach to address these challenges (29). Bolhari et al demonstrated that spiritual intervention and education rooted in religiosity led to a notable reduction in anxiety, depression, and stress levels among women (30).

The GHALB SALIM model, rooted in Islamic values, provides a holistic nursing stress management approach. Central to this model is cultivating a deep spiritual connection, instilling purpose and tranquility. The model also shifts perspectives on life and death, viewing mortality as a transition to a higher realm and worldly life as an opportunity for spiritual growth. This reframing fosters calmness, reducing anxiety in their demanding roles (31). Promoting positive emotions like love, trust, hope, and contentment, the model acts as a buffer against stress. This mindset allows nurses to comfortably release unnecessary worry and approach their profession (32).

Individuals employ diverse coping strategies for stress, often influenced by their available resources. Beliefs and cognitions, particularly those rooted in spirituality, are pivotal. Viewing adversity through a spiritual lens fosters self-control and a positive life perspective. Understanding death as a transition to a better afterlife prioritizes lasting happiness over worldly concerns, leading to reduced stress and anxiety. In recent years, medical professionals, including nurses, have increasingly recognized the profound impact of spirituality on healthcare. The nursing profession, involving frequent encounters with death and complex decision-making, leads to heightened tension and stress. While work is integral to social and personal development, it is vital to acknowledge stress as a significant occupational hazard, ranking second only to musculoskeletal disorders. Given the sensitive nature of nursing responsibilities, managing stress remains a prominent challenge in the field (33). A GHALB SALIM model cultivates security, tranquility, trust, love, hope, and contentment. It frees emotions from fear, future worries, and past regrets, promoting mental well-being, positive thinking, and trust in the Divine's mercy (34).

Spiritual education for nurses based on the healthy heart model reduces subjective stress. A person with a GHALB SALIM views life events with a calm spirit and a confident, hopeful heart in the light of faith in God. They free themselves from the sorrow and grief of the past and the fear and anxiety of the future, live in the present, seek only the pleasure of God, and achieve spiritual health.

Research is recommended to determine the effectiveness of spiritual intervention based on the GHALB SALIM model for nurses' quality of work life, job burnout, and psychological well-being in different hospital departments.

Limitations of the study

This research was carried out under the specific conditions of COVID-19. The study attempted to address this challenge by training in an open environment with a few nurses or individually. Another limitation of the study was the potential inaccuracy in the responses of research participants, as their mental state may have influenced how they answered questions and engaged in the sessions. While this factor could not be fully controlled, efforts were made to mitigate its impact by standardizing the timing and creating a suitable environment for participation on social media. This approach aimed to enhance the reliability of the data collected.

Conclusion

The findings of this study unequivocally demonstrate that the implementation of spiritual intervention rooted in the GHALB SALIM model exerts a substantial and positive impact on the mental well-being of the ICU. Notably, there was an observable reduction in the overall level of subjective stress after the intervention. This outcome underscores the potential efficacy of integrating spiritual practices, particularly those aligned with the principles of the GHALB SALIM model, as a viable approach to ameliorate subjective stress within this specialized healthcare setting. It is recommended that research be conducted to determine the effectiveness of spiritual intervention based on the GHALB SALIM model on nurses' quality of work life, job burnout, and psychological well-being in different hospital departments.

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Authors' Contribution

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Competing Interests

The corresponding author serves as a section editor for this journal. The authors declare that there are no conflicts of interest to disclose.

Ethical Approval

The present study was approved by the Ethical Committee Medical Sciences University of Shahrekord (ethics code: IR.SKUMS.REC.1399.180). Also, after selecting the eligible participants, the researcher was introduced to them, and the study's objectives were elaborated to the participants. Informed consent was obtained from the subjects, and they were assured that their information would remain confidential.

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