Original Research

The Effect Of Spiritual Self-Care Training On The Anxiety Of Infants Hospitalized In The Respiratory NICU

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Abstract

Background: The birth of premature infants is considered a crisis for their mothers, and causes a high level of anxiety and worry in them. Since spirituality plays an important role in adapting to crises and stressful situations, spiritual self-care is considered a part of self-care model. This study was conducted to investigate the effect of spiritual self-care training on the anxiety of infants admitted to respiratory NICU.

Method: This experimental study with pre-test/post-test design was conducted on 64 mothers of hospitalized infants who had been divided in two intervention and intervention groups by simple random allocation method. The Spielberger state-trait anxiety inventory (STAI) was used to collect data, which later were analyzed by descriptive (table, mean, standard deviation) and inferential statistics (paired t-test, independent t-test, covariance test) at a significant level of 0.05.

Results: The results of covariance test showed a significant difference between the intervention and control groups by removing the effect of pre-test (P < 0.01 and Eta = 0.43), so that 43% of changes in the intervention group could be explained by the spiritual self-care training.

Conclusion: Spiritual self-care training reduced anxiety in mothers of hospitalized infants. Therefore, this care method can be used to discover people's capabilities in critical life situations. It can also be used as an effective and low-cost intervention in nursing care.

Keywords: Spiritual self-care, Anxiety, Hospitalized infants, Neonatal ward

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Introduction

The birth of a premature infant causes a great deal of psychological crisis for his/her parents (1). According to the statistics of World Health Organization, 13 million premature infants are born every year, and the prevalence of premature birth in the world is about 9% (2). This prevalence varies in different societies, so that 8-10% of infants born in America and 5-7% in Europe are premature (2, 3). The prevalence of premature birth in Iran is about 9% (4). The birth of a premature baby and it consequent illness and hospitalization turn all plans, hope and happiness of parents into despair, worry and confusion (1, 5), and most parents of premature infants face mental stress (6). Parents, especially mothers, have been waiting for the birth of a healthy and normal baby throughout the pregnancy, but the birth of a premature infant turns the exciting expectation into a crisis (7). In the meantime, hospitalization of newborn in an unfamiliar environment, the noise of NICU's equipment, the separation of mother and infant, and the infant's appearance intensify the parents' stress (8). Sometimes these stresses are caused by the parents' lack of knowledge about the role of parents during infants' hospitalization, which causes disruption in the emotional and psychological relationships between parents and infant, especially the mother (6, 9). Meanwhile, parental stress can have a negative effect on the infant and also the parentsinfant relationship. Therefore, any type of intervention that teaches parents how to deal with their stress can help them to maintain and strengthen their emotional relationship with their infant (10). In such situations, hugging the infant by an anxious and worried mother causes the stress and anxiety to be transmitted to the hospitalized infant (11). Meanwhile, spirituality is one of the main means by which people can reduce and overcome their suffering and stress (32). For this reason, paying attention to the spiritual needs of patients is considered an important aspect of care (12, 13). Spiritual experience can help one to adapt to the stressful life events by creating a meaning of life and feeling of belonging to God (17-14). Most spiritual experiences increase the level of self-care and self-efficacy (18, 19). Selfcare is influenced by knowledge, skills, values, motivation and efficiency (20). Spiritual self-care is considered as one of the main aspects of selfcare (21). Spiritual self-care is defined as a set of spirituality-based exercises that help to promote recovery and health (21, 22). Spiritual self-care activities include listening to inspirational music, doing meditation and yoga, attending religious ceremonies, reading the Bible, and enjoying the nature while walking in it (23, 24). Spiritual selfcare is based on one's mind-soul-body connection, education, moral and religious/life experiences that result from faith, feelings, and emotions (22). Examples of spiritual self-care can include building social networks or volunteering, listening to inspirational music, doing meditation, and creating a sense of inner peace and comfort (8). Also, attending religious services, reading sacred or inspirational texts and improving personal relationships are the examples of spiritual selfcare activities (21, 25). In fact, the ultimate goal of spiritual self-care activities is to promote physical and spiritual well-being and health (22). Therefore, spiritual care is used as an effective prevention measure to reduce anxiety and stress (26). Since the use of healthcare theories plays an important role in reducing anxiety and improving the quality of nursing care (27), the use of healthcare and rehabilitation models increases clinical care (28, 29). Thus, this study was conducted to examine the effect of spiritual selfcare training on the anxiety of infants hospitalized in respiratory NICUs of hospitals in the city of Sari.

Method

This classical experimental study with pretest/post-test design was conducted on 64 mothers of hospitalized infants who had been divided in two intervention and control groups. The environment of this study was the NICUs of Bu-Ali and Imam Khomeini Hospitals in Sari in 2020. The conditions for entering this study included;

willing to participate in the study, having reading and writing literacy, having no history of taking antidepressants, being a Muslim and an Iranian, and having no mental health problems (for parents), and having a minimum age of 32 weeks and being hospitalized for at least 14 days in NICU (for infants). The exclusion criterion included; being absent for more than two training sessions and unwilling to participate in the study. The sample size was calculated to be 64 people (n=32 people in each group) by G*POWER software based on the study of Rihani et al. (2017) with an effect size of 0.93, a test power of 95%, and a confidence interval of 95% (5). The significant level of 0.05 was considered for all tests. The simple random allocation method was used for sampling. First, the researcher prepared a list of eligible samples and then, selected the participants in the intervention and control group from those who met the inclusion criteria. The researcher also explained the study objectives and emphasized on the observance of ethical issues, such as maintaining the anonymity of samples, confidentiality of personal information the safety of study, and the possibility of withdrawal from the study at any time. The participants in the control group received the routine care provided by the NICU, but the participants in the intervention group received 6 training sessions (30-45 minutes each) based on spiritual self-care, the content of which was taken from Mary White's article that examined the dimensions of spiritual self-care (24, 25). The validity of these sessions was confirmed by the faculty members of Azad University and University of Medical Sciences (Table 1). The data collection tools in this study included the mothers' demographic characteristics form (age, sex of the child, mother's occupation and mother's education) and the Spielberger statetrait anxiety inventory (STAI). The STAI was designed in 1970 by Spielberger and contains 40 questions, so that questions 1 to 20 are dedicated to state anxiety and questions 21 to 40 are dedicated to trait anxiety (11). Questions related to state anxiety are scored on a four-option Likert scale,

ranging between not at all, sometimes, often, and very much. Also, questions related to trait anxiety are scored based on 4-option Likert scale, ranging between almost never, sometimes, most of the time and almost always. A high score in this tool indicates a high level of anxiety (30).

In a study conducted by Taqvi et al. (2012) on 219 people with generalized anxiety disorder, major depression and normal people, the Cronbach's alpha coefficient of STAI was calculated at 0.92 for the state anxiety section and 0.90 for the trait anxiety section (31). In the present study, the questionnaires were completed by both groups before the start of intervention and after the intervention through self-reporting method. Then, the collected data entered into SPSS-21 statistical software to be analyzed by descriptive (table, mean, standard deviation) and inferential statistics (paired t, independent t and ANCOVA test) at a significant level of 0.05.

Results

In terms of demographic characteristics in the intervention and control groups, the mean age of mothers in the intervention group was 28.4 + 4.87years and in the control group was 6.71 + 30.51 years. Results of independent t-test did not show any significant difference between the two groups in terms of the mean age of mothers (P=0.15). The mean age of infants in the intervention group was 33.87 + 0.9 weeks and in the control group was 37.1 + 1.15 weeks, and results of independent ttest did not show a significant difference between the two groups in this regard (P=0.06). The Chi-Square test did not show any significant difference between the two groups in terms of the infant's gender (P=0.31). Fisher's exact test showed no significant difference between the two groups in terms of the level of income (P=0.06), mother's education (P=0.15) and mother's occupation (P=0.3). Independent t-test did not show any significant difference between the intervention and control groups before the intervention (P=0.2), but it showed a significant difference between the two groups after the intervention (P=0.002). The paired t-test did not show any significant difference in the control group before and after the intervention (P=0.92), but it showed a significant difference in the intervention group before and after the intervention (P=0.006), (Table 2). The covariance test showed a significant difference between the intervention and control groups by removing the effect of pre-test (P < 0.01 and Eta = 0.43), so that 43% of changes in the intervention group could be explained by the spiritual self-care training (Table 3).

Discussion

The results of this study showed that the spiritual self-care training reduced the anxiety of mothers of infants hospitalized in respiratory NICU. The results of this study are in line with the findings of previous studies. Sadegh Heydarpoor (2022) believed that spiritual self-care model has an effective role in reducing the anxiety of mothers of children hospitalized in neonatal ward (22). Yazarloo (2023) showed that spiritual self-care reduces tension and stress in mothers of infants admitted to NICU (3). Reyhani (2014) argued that spiritual self-care training reduces mental stress and increases the distress tolerance of mothers of premature infants admitted to NICU (5). Valipour Eskandarkolaii (2022) in a study revealed that spiritual self-care model has an effective role in reducing anxiety and insomnia, and improving sleep quality in diabetic children (32).

Hatami (2019) believed that nursing theories with an emphasis on improving the quality of nursing care play a major role in reducing the suffering and anxiety of mothers of hospitalized children (10). Motahari Niya (2019) in a study concluded that psychological exercises and training reduce anxiety and increase self-efficacy in mothers of hospitalized children (33). Sadeghi (2021) showed that daily spiritual experiences and spiritual beliefs reduce stress and increase self-efficacy in veterans' wives (15). Vazifeh Doust (2020) in a study argued that spiritual care reduces anxiety, increases self-efficacy and empowers patients by creating an inner feeling and peace (34). Iri (2019) showed that spiritual self-care increases the patients' self-efficacy and promotes the quality of medical care (35). Hojjati (2022) revealed that daily spiritual experiences reduce perceived stress in caregivers, because spirituality plays an effective role in people's ability to adopt to stressful life conditions (36). Okhli (2022) believed that religious and spiritual beliefs reduce suffering in dialysis patients. This method is also considered a defensive and coping strategy in stressful situations (37). Sajadi (2018) showed that the use of adaptation and empowerment models in mothers of children hospitalized in NICU increases the quality of nursing care (1). Ahmadi (2021) believed that the use of behavioral theories and nursing models significantly reduces stress and anxiety in mothers of hospitalized children (38). Therefore, spiritual care is known as the most important contributing factor to achieve balance in maintaining health and dealing with diseases (14). Tak (2012) in a study showed the limited and small effects of spiritual care and intervention on people (39). Hart and colleagues also showed a limited and small effects of spiritual care on cancer prognosis in people suffering from cancer (40). This inconsistency in the results of these two studies with the findings of present study can be due to differences in samples, especially in terms of age, education level, economic-social status, support of spouses and family members, and the number of children. Also, this difference can be related to the environments of these studies, so that the samples in the above-mentioned studies are culturally and socially different from our study. A great volume of evidence indicate that spirituality has significant health benefits that can lead to improved care (41). Many studies show that care providers, if intended to provide comprehensive care, should recognize the spiritual needs of patients in addition to their mental and physical needs (36). Because many theorists believe that spirituality is an important but flexible resource that help to protect people against problems and negative life experiences (36). Spirituality is not necessarily a need to believe in God and follow a particular religion, but a personal search and a

series of questions about life and transcendent forces (23). Also, since spiritual care is one of the standard aspects of nursing care (42), especially in a country with people who have spiritual and religious beliefs, the use of spiritual methods and models has an effective role in the provision of high quality nursing care (14, 43). The spiritual care also helps to discover people's abilities in critical life situations (2). It can also be used as an effective and low-cost intervention in nursing care (44, 45). Not considering cultural differences and relatively small sample size were among the limitations of this study. So we recommend similar studies to be conducted with larger sample size and longer duration to examine the effect of spiritual self-care training in sufferers of other diseases.

Conclusion

Considering the effectiveness of spiritual self-care in reducing the anxiety of mothers of hospitalized infants, we recommend this method to be used for the mothers of infants admitted to NICT in order to reduce their mental and emotional pressures caused by the hospitalization of their infants. This therapeutic model indirectly affects the treatment process and promotes the health of mother and infant. Spirituality and spiritual exercises can also be considered as an important factor in reducing crises caused by illness, and increasing the adaptability and tolerance of mothers of critically ill children.

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Conflict of interest

There was a conflict of interest in this study.

References:

 Hanieh Sajadi GAHH. The Effect of Empowerment Program on Participation of Mothers with Premature Infants Hospitalized in Neonatal Intensive Care

- Unit of Sayyed Shirazi Hospital in Gorgan, in 2018. Indian Journal of Forensic Medicine & Toxicology. 2020;14(2):1269-76.
- 2. Tavasoli A, Akhoundzadeh G, Hojjati H. The Effect of Narrative Writing of Mothers on Their Stress With Care in the Neonatal Intensive Care Unit. CMJA. 2020;10(3):196-205.
- 3. Yazarloo M, Hojjati H, Abdolreza Gharebagh Z. The Effect of Spiritual Selfcare Education on Stress of Mothers of Premature Infants Admitted to NICU of Hospitals Affiliated to. 2023.
- 4. Dehghani K, Panabadi AA, Salmani N. Evaluating the Effect of First Skin to Skin Contact Father with Premature Infants Admitted to their Anxiety. SSU_Journals. 2022;30(7):5042-52.
- Reyhani T, Sekhavat Pour Z, Heidarzadeh M, Mousavi SM, Mazloom SR. Investigating the Effects of Spiritual Self-Care Training on Psychological Stress of Mothers with Preterm Infants Admitted in Neonatal Intensive Care Unit. The Iranian Journal of Obstetrics, Gynecology and Infertility. 2014;17(97):18-27.
- 6. Bekmaz K, Hojjati H, Akhoundzadeh G. Relationship Between Mothers' Concerns and Nursing Support of Children Admitted to Baqiyatallah Al-Azam Hospital of Ali Abad Katoul, Golestan Province, Iran, in 2018. Mod Care J. 2019;16(4):e92471.
- 7. Dezvaree N, Alaeekarahroudi F, KhanaliAgan L, TalebiGhane E. The Mother- Newborn's Attachment and Its Related Factors in Mothers of Hospitalized Preterm Neonates. arumshcj. 2015;17(4):340-9.
- 8. Hashemzadeh S, Akhoundzadeh G, Mozaffari A. The Effect of Spiritual Self-care Training on the Suffering of Mothers of Newborns Admitted to the Intensive Care Unit of Sari Hospitals. CMJA. 2020;10(3):284-95.

- 9. Bekmaz K, Akhoundzadeh G, hojjati h. Relationship between the needs of nursing mothers with support of children hospitalized in Baqiyatallah Al'Azam Ali Abad Katoul Hospital in 1397. jpenir. 2019;6(2):37-45.
- Hatami F, Hojjati H. Effect of Roy's Adaptation Model on the Care Burden of Mothers of Children Under Chemotherapy (A Quasi-Experimental Study). Med Surg Nurs J. 2019;8(1):e90489.
- 11. Motahari niya H, Hojjati H. The influence of education on anxiety in mothers of children with surgery. jpenir. 2019;5(4):49-55.
- 12. Hekmati Pour N, Hojjati H. The relationship between praying and life expectancy in cancerous patients. J Med Life. 2015;8(Spec Iss 4):60-4.
- 13. Rajabloo M, Gharehsoflou S, Mamashli L, Hojjati H, Hekmatipour N. The Effect of Recommended Recitals on Blood Pressure and Pulse Rate in Patients Admitted to the Cardiac Care Unit. Jundishapur J Chronic Dis Care. 2019;8(4):e90676.
- 14. hojjati h, motlagh m م, nouri f ف, shirifnia s h sh, mohammadnejad e l, heydari b ب. Relationship between different dimensions of prayer and spiritual health of patients treated with hemodialysis. jccnursing. 2010;2(4):7-8.
- 15. Sadeghi Z, Noghani F, Larigani T, Ghafarzadeh M, Hojati H, Mehran A, et al. The Relationship between Daily Spiritual Experiences and Perceived Stress with Selfefficacy of Wives of Veterans Suffering Post-Traumatic Stress Disorder in Golestan Province. 2021:55.
- 16. delnavaz P, Sadeghi M, Hojjati H, Hekmatipour N. The Effect of Prayer Voice and Therapeutic Reminders on the Anxiety of Death of Hospitalized Patients in the CCuDepartment. International Journal of Psychosocial Rehabilitation. 2020;24:2020.
- 17. Elham Hesari FSNKHH. The

- Relationship between Believing in Resurrection (Ma'ad in Islam) and Self-efficacy in Mothers of Children with Thalassemia. Indian Journal of Forensic Medicine & Toxicology. 2020;14(4):6211-7.
- 18. Adeleh Sadeghloo SMHHDB. Therapeutic Health Benefits of Religion Among Elderly- A Population based Representative Survey from Iran. Indian Journal of Forensic Medicine & Toxicology. 2020;14(3):1716-20.
- 19. Negar Ranjbar Hajabadi RESFHHMT. The Relationship between Frequency of Prayer and Death Anxiety in Cancer Patients. Indian Journal of Forensic Medicine & Toxicology. 2020;14(3):2163-7.
- 20. Rafizadeh-Gharehtapeh S, Aloostani S, Razavi M, Hojjati H. Relationship between the self- care with self-efficacy of the diabetic patient's type 2 referred to Gorgan city clinic 2014. ndhj. 2019;10(1):25-32.
- 21. hekmatipour n, mahmoodi g, Ebadi A, Benampour N. Self-Spiritual experiences in adolescents: A qualitative study. jpenir. 2021;7(4):52-64.
- 22. Sadegh Η, Mahla Y, Maryam Ebrahimpour R, Fatemeh A. Zahra Abdolreza G, Somayeh A, et al. The Effect of Spiritual Self-care Training on the Anxiety of Mothers of Premature Infants NICUs. Admitted to Journal of Pharmaceutical Negative Results. 2022:339-43.
- 23. Hekmati Pour N, Mahmoodi-Shan GR, Ebadi A, Behnampour N. Spiritual self-care in adolescents: a qualitative study. Int J Adolesc Med Health. 2020;34(2):49-57.
- 24. White M. Spirituality Self-Care Practices as a Mediator between Quality of Life and Depression. Religions. 2016;7:54.
- 25. White ML, Peters R, Schim SM. Spirituality and spiritual self-care: expanding self-care deficit nursing theory.

- Nurs Sci Q. 2011;24(1):48-56.
- 26. Vazifehdoost nezami M, Khaloobagheri E, Sadeghi M, Hojjati H. Effect of Spiritual Care Based on pure soul (Heart) on Sleep Quality Post-Traumatic Stress Disorder. ajaums-mcs. 2021;7(4):301-9.
- 27. Paryab S, Hojati H, Hekmatipour N. The Effect of Johnson Behavioral Theory on the Self-efficacy of Mothers of Children with Cancer. umsha-psj. 2022;20(2):87-94.
- 28. Mazroei R, Monemi Gohari E, Ghadermazi M, Latifi N, Hojjati H, Hekmati Pour N. The Effect of Home-Based Pulmonary Rehabilitation on Asthmatic Pediatric Quality of Life. J Health Rep Technol. 2023;9(3):e137577.
- 29. Parsai M, Sahbaei F, Hojjati H. Effect of implementing an extended parallel process model on adherence to a medication regimen of the type 2 diabetic elderly. mubabol-cjhaa. 2020;5(2):56-65.
- 30. Paryab S, Hojjati H, N. H. Analysis of the impact of Johnson's behavioral model on anxiety of mothers of
- children with cancer. Int J Health Stud. 2021;7(3):6-10.
- 31. Maliha T, Mahmoud N, Farahnaz Kian a, Shahrokh a. Comparison of mood swings, defensive styles, and trait-state anxiety in patients with generalized anxiety disorder, major depression, and normal individuals. Clinical Psychology. 12013;2013(18):-http://ensani.ir/fa/article/319223.
- 32. Valipour Eskandarkolaii E, Hekmatipour N, Hojjati H. The Effect of Spiritual Self-Care Training on the Severity of Insomnia of Diabetic Adolescents. CMJA. 2023;13(1):28-35.
- 33. Motahari Niya H, Hojjati H. The impact of General Psychological Training on the self-efficacy of Mothers whose Children Undergoing Surgery in Taleghani Pediatrics Hospital in Gorgan, Iran. nmj. 2019;16(1):43-50.

- 34. Vazifeh Doust M, Hojjati H, Farhangi H. Effect of Spiritual Care Based on Ghalbe Salim on Anxiety in Adolescent with Cancer. J Relig Health. 2020;59(6):2857-65.
- 35. Iri Z, Hojjati H, Akhoondzadah G. The impact of spiritual self- care education on self- efficacy in adolescents with Thalassemia in Children's Hospital Taleghani Gonbadkavoos Golestan 2017-18. IJNR. 2019;14(1):8-13.
- 36. Hojjati H, Sarbani A. The Relationship between Daily Spiritual Experiences and Perceived Stress in the Spouses of War Veterans with Post-traumatic Stress. Journal of Military Medicine. 2022;19(2):135-42.
- 37. Okhli A, Hojjati H, Sadeghloo A, Molaei A, Shahrabady S. The Relationship Between Observing Religious Beliefs and Suffering in Hemodialysis Patients. J Relig Health. 2022;61(3):2018-28.
- 38. Ahmadi M, Jafari F, Ahmadinezhad F, Khabazzadeh F, Kabusi M, Hekmati Pour N. The Effect of the Behavioral Systems Model on the Concern of Mothers of Children Admitted to the Surgical Ward. Med Surg Nurs J. 2021;10(1):e116676.
- 39. Tuck I. A critical review of a spirituality intervention. West J Nurs Res. 2012;34(6):712-35.
- 40. Hart SL, Hoyt MA, Diefenbach M, Anderson DR, Kilbourn KM, Craft LL, et al. Meta-analysis of efficacy of interventions for elevated depressive symptoms in adults diagnosed with cancer. J Natl Cancer Inst. 2012;104(13):990-1004.
- 41. sharifnia sh, hojjati h, nazari r, qorbani m, akhoondzade g. The effect of prayer on mental health of hemodialysis patients. jccnursing. 2012;5(1):29-34.
- 42. Hojjati H. Compare two methods of pray and mentioning on life expectancy i patients hospitilization in CCU Ward Social Security Golestan Hospitals in 1393. CMJA. 2016;6(1):1384-94.
- 43. bazrafshan A, Hojjati H. The effect of

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- Roy adaptation theory Implementation on the social adaptation of mothers of children with intellectual disability. jpenir. 2020;7(1):62-9.
- 44. Hojjati H, Hekmatipour N. Effect of Story-writing on the problem-solving skills of 8-12 year-old children living in
- Permanent Residential Centers. jpenir. 2021;6(3):62-9.
- 45. Nafiseh HP, Mahmoodi-Shan GR, Abas E, Naser B. Spiritual self-care in adolescents: a qualitative study. International journal of adolescent medicine and health. 2020.

Table 1: Spiritual self-care training sessions for mothers of children admitted to NICU

Session	Duration	Content					
Session 1	60 min Getting familiar with the working process and goals of the group.						
		familiar with the mothers under study and establishing a mutual trust and					
		communication between the researcher and the mothers under study.					
		Questionnaires are divided between both the intervention and control					
		groups. Parents get to know each other in addition to answering the					
		questions. They are given the opportunity to talk about their major					
		problems and exchange experience and information.					
The researcher creates the intervention and control groups							
Session 2	60 min	Getting familiar with the spiritual self-care methods, focusing on topics					
		such as trust, patience, altruism and afterlife rewards					
Session 3	60 min	Getting to know the concepts of spirituality, spiritual methods and their					
		effects					
Session 4	60 min	Getting familiar with the spiritual methods such as writing memories,					
		speaking, reading books, and listening to music					
Session 5	60 min	Getting familiar with the exercise methods such as walking and yoga					
At the end of	fifth session, an e	educational package including a book and an educational CD will be					
provided to the	he mothers to con	solidate the educational content					
Session 6	Two months	Completing the questionnaires two months after the intervention by two					
	after the	intervention and control groups					
	intervention						
	60 min						

Table 2: Comparison of anxiety levels in the mothers of newborns in the two intervention and control groups

Group	Control	Intervention	P-value	
Time				
Before intervention	4.96 ± 1.96	4.32 ± 1.67	P=0.66, mean=0.2	
After intervention	4.76 ± 1.45	6.08 ± 1.75	P=0.002, mean=1.76	
P-value	P=0.92	P=0.006		

Table 3: The effect of spiritual self-care training on the anxiety of mothers of infants hospitalized in NICU

	Sum of	Degree of	Mean of	f-value	Level of	Eta
	squares	freedom	squares		significance	
Modified model	7320.23	2	3660.16	24.36	P<0.01	0.43
Post-test	1236.33	1	1236.33	8.23	P=0.006	0.19
separator						
Group	7173.85	1	7173.85	47.75	P<0.01	0.43
Error	9162.1	61	150.19			
Sum	550478	64				
Total	16482.43	63				