INTRODUCTION

Lack of pain management can result in increased disability, prolonged hospital stay, increased costs, as well as abnormal functioning of various systems of the body. Another pain-associated problem and complication includes the lack of nurse-patient communication. Consequently, the patients may feel that the nurse does not understand their pain which ultimately leads to stress and anxiety in them. There are various ways to reduce pain in patients, which include drug interventions and non-drug...
Some interventions.8,9 The drug interventions include the use of a variety of analgesics such as midazolam,10 pethidine,11 morphine,12 etc. which are both costly and have different complications.13,14 For this reason, the use of non-drug methods can be helpful in this regard.15

Some of the various non-drug methods used to control the pain of patients include nursing interventions,16 aromatherapy,17 psychological interventions,18 relaxation,19,20 etc. Religious interventions are another type of non-drug intervention that can be effective in improving patients’ physical status21-25 and reducing pain in patients.26 Spiritual health plays an important role in the health of the individual.27-30

Among the types of religious interventions are the sound of the Holy Quran,31,32 prayer21,33,34 and the recommended Azkar,35 which seem to be effective in improving pain in patients. Regarding the role of pain in patients’ quality of life,36 it is necessary to carry out a review study on effective ways to reduce pain.

A systematic review of studies, the overall conclusion from the state to offer and have a special place.37-39 Therefore, the aim of the present study was to determine the spiritual-religious intervention on the patients’ pain status.

METHODOLOGY

This study is a systematic review, which was conducted by two members of the research team through searching the literature available in the domestic databases of Iran such as SID-Magiran-Iran Medex-Iran Doc and existing international databases including Scopus, PubMed, Science Direct, Web of Science, Embase, Cochrane central, and Proquest during the year 2000 to September 2018.

In order to ensure the retrieval of all relevant articles, their list of references was also used. The keywords used in this study included Religious intervention, Spiritual intervention, Allah, prayer, Holy Quran, Quran, pain, and patient.

Inclusion criteria included the use of one of the types of religious intervention in reducing the pain of patients and the availability of the articles under study. It should be noted that given the fact that the type of religious intervention may vary in different religions, only those articles published in Iran were included in the study. On the other hand, review studies or letters to the editor were excluded from the preliminary data of the study and eventually the studies that met the inclusion criteria were included in the study.

To examine the subject, the titles of all the articles were first referred to by the two authors. Then duplicate items and items that did not qualify for inclusion in the study were deleted. Then the title, key word(s) and method of doing extracted study papers were studied. Finally, qualified articles were selected (Figure 1).

All final articles entered into the systematic review phase were extracted based on a pre-designed checklist, which includes the author’s name, year of publication, type of religion belief, sample size (number of subjects in the experimental and control groups) of the patients, the pain instrument, the exact type of intervention, and the results of previous studies.

This study was conducted with the code of design and the code of ethics from Kermanshah University of Medical Sciences.

RESULTS

In the initial search, 145 articles were retrieved, of which only 8 had the inclusion criteria of the present study. The final studies were reviewed and categorized based on the authors’ names, year of publication, objective, type of intervention, sampling and randomization method, type of questionnaire/scale, sample characteristics, and final results of religious intervention on the patients’ level of pain.

Demographic information of religious interventions:

Of the 8 studies entered in this systematic review, 6 were clinical trials and 2 semi-studies. The period of publication of articles varied, from 2014 to 2018. Two articles were published in English, the rest were in Persian. Articles were published both in national and international journals and were indexed by various scientific-research indexing agencies including PubMed and ISI. The questionnaires used were diverse including MPQ, pain rating scale, pain visual analogue scale (VAS), the form of received pain-killer, and neonatal infantile pain scale (NIPS). The population under study included a wide range of patients from neonates to adults. In this model, the pain was caused by different diseases including cancer, venipuncture, burn, coronary artery disease as well as labor pain.

In all of the studies, the pain level of the patients was reduced after the religious intervention, but the amount of reduction was mentioned differently depending on the type of scale and the time of measuring the pain. The data regarding the included studies as well as the types of intervention and the conclusions have been tabulated in Table 1.

Those who believe, and whose hearts find satisfaction in the remembrance of Allah
Table 1: Studies data as well as the types of intervention and the conclusions

<table>
<thead>
<tr>
<th>Author</th>
<th>Research type</th>
<th>Objective</th>
<th>Type of intervention</th>
<th>Sampling method</th>
<th>Type of scale</th>
<th>Sample characteristics</th>
<th>Conclusion</th>
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</thead>
<tbody>
<tr>
<td>Soltani (2017) (43)</td>
<td>Clinical trial</td>
<td>Spiritual care program on patients with coronary artery bypass grafting (CABG)</td>
<td>1. Supportive presence: includes attending the patient’s bed, verbal and nonverbal communication, taking patients’ hand and talking to them, listening actively to the patient, answering patient’s questions and explaining the patient’s treatment process. 2. Supporting the patient’s religious rituals: A: Providing the necessary facilities for worship such as turbah, prayer rug, rosary, Qur’an, prayer book, chador and tape of prayers. B: Helping the patient to perform rituals, such as tayyamum, prayer, supplication, and reading Quran for the patient and their company. C: Coordination for the presence of clergy at the patient’s bedside and the patients were able to get answers to their questions at a 50-minute session. 3. Using supportive systems: In this section, a family member was allowed to attend the patient’s bedside for one hour in coordination with the patient and staff and authorities.</td>
<td>Convenience-randomized</td>
<td>MPQ</td>
<td>70 patients with CABG</td>
<td>Before the intervention, the mean (standard deviation) of pain in the experimental group was 4.9 (0.07) and 2.8 (0.99) in the control group, but after the intervention, the mean (SD) of pain was 3.4 (0.74) in the experiment group and 2.8 (0.99) in the control group i.e. the difference of mean score (SD) of the pain between the experimental and control groups was significant after the intervention.</td>
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<tr>
<td>Farzin Ara (2018) (42)</td>
<td>A 3-armed randomized clinical trial</td>
<td>Comparing the recitation of “Allah” and rhythmic breathing on postoperative pain in patients undergoing orthopedic surgery immediately after surgery up to 12 hours</td>
<td>In the experiment group, the patient was taught to recite the words “Allah”, which were printed on a card which was given to the patient with a rosary to count their recitations.</td>
<td>Non-probable convenience-simple randomization</td>
<td>VAS</td>
<td>90 patients undergoing orthopedic surgery</td>
<td>The pain severity was 5.8 before surgery in the Experiment group and reduced to 4 in 4 h after surgery; however, it reached 6.7 in 12 h after surgery. In control group, pain severity before surgery was 7 and increased to 8.</td>
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<tr>
<td>Hassanpour Dehkordi (2015) (35)</td>
<td>Clinical trial</td>
<td>The Effect of mustahabb recitations on the pain of hospitalized patients</td>
<td>The patient was instructed to recite mustahabb praises, pointing to the importance of remembrance of God in the verse “الله واقال الله الرحمن الرحيم, اللهم صل على محمد وآل محمد” 100 times. The verses were printed on a card which was given to the patient with a rosary to count their recitations.</td>
<td>Randomized</td>
<td>VAS</td>
<td>108 candidates of elective surgery</td>
<td>Mustahabb recitations and repeating them reduced pain severity in the experiment group.</td>
</tr>
<tr>
<td>Aavazeh (2017) (44)</td>
<td>Semi-experimental</td>
<td>The effect of reciting the word “Allah” on pain and anxiety of dressing change in patients with burns</td>
<td>The patients were asked to repeat Hazrat Zahra’s praises and the word “Allah” in their bed 30 minutes before entering the dressing room and 10 minutes during dressing change</td>
<td>Pain rating scale</td>
<td>-</td>
<td>30 hospitalized patients</td>
<td>The mean (SD) of pain in patients of experiment group was 5.21 (2.3) and 7.85 (1.3) in the control, showing a significant difference (p=0.007)</td>
</tr>
</tbody>
</table>
also Doolittle et al. showed in their systematic review effective in reducing pain.48 Jim et al. showed in their which showed that religion and spirituality can be which is consistent with the results by Dedeli et al., the patients' pain status in the experimental group, implementation of religious intervention improved the findings of the present study showed that the one of the effective interventions to improve the patients' conditions.46,47

**DISCUSSION**

The present study is the first systematic review in Iran that determined the effect of religious interventions on patients' pain status. Religious interventions are one of the effective interventions to improve the patients' conditions.46,47

The findings of the present study showed that the implementation of religious intervention improved the patients' pain status in the experimental group, which is consistent with the results by Dedeli et al., which showed that religion and spirituality can be effective in reducing pain.48 Jim et al. showed in their meta-analysis that there is a relationship between spiritual-religious health and the physical health of patients, which is why special attention should be paid to the spiritual-religious health of patients.49 Also, Doolittle et al. showed in their systematic review that religious-spiritual health plays an important role in patient care.50

The findings of the present study showed that the implementation of religious interventions, one type of which is prayer, reduced the pain among patients. In a systematic review on the effect of prayer on the health status of patients, Simão et al. showed that the implementation of these interventions reduced the number of mothers having children with cancer and improved the physical functioning of the patients,51 which was consistent with the results of the present study. Similarly, in a study on the effect of prayer on the vital signs status in patients with chronic kidney disease, Brasileiro et al. showed that the implementation of prayer-based intervention improved the vital signs status of the patients,52 which was consistent with the results of the present study, demonstrating the effect of religious interventions on
the improvement of patients’ condition.

One of the strengths of the present study is the fact that it is the first systematic review on the effect of religious interventions on the patients’ pain status in Iran. One of the limitations of this study, which relates to the articles entered in the systematic review phase, is the fact that the same questionnaire was not used to assess the pain in the enrolled studies and thus we could not analyze the present study as a true systematic review and meta-analysis.

CONCLUSION
The findings of the present study show that the religious interventions have been successful in reducing the pain. The pain treating physicians may learn these interventions based on the religion and culture of Iran and may consider as a non-pharma intervention while providing clinical care services to patients.

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Authors contribution: All authors took part in literature search, analysis and manuscript preparation.

REFERENCES


spiritual-religious interventions and pain


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**Essential Pain Management (EPM)**

Essential Pain Management (EPM) is a short, easily deliverable and cost-effective training program designed to improve pain management worldwide. EPM provides a systematic approach for managing patients in pain and also a system for teaching others about pain management. EPM aims to: • Improve pain knowledge. • Teach health workers to Recognize, Assess and Treat pain (RAT). • Address pain management barriers. • Train local health workers to teach EPM

The Standard EPM program comprises two parts – the EPM Workshop and the EPM Instructor Workshop.

**The EPM Workshop** is a one-day program of interactive lectures and group discussions. Participants learn the basics of pain management, apply the RAT approach during case discussions, and problem-solve pain management barriers.

**The EPM Instructor Workshop** is a half-day program designed to provide participants with the knowledge and skills to become EPM instructors. Participants learn the basics of adult learning, practice teaching skills and plan their own EPM workshops. The EPM Instructor Workshop is followed by one-day workshops taught by the new instructors.

**EPM Lite** is designed for medical and nursing students and is a modified version of the one-day workshop. The program can be delivered in 4-5 hours and covers the basics of pain management as well as how to use the RAT approach.

Dr Usman Bashir has launched this programme in Pakistan with the collaboration of Royal College of Anaesthetists England. Currently, the programme is being run at different hospitals of Lahore, but the organizers intend to spread it through all corners of the country.