Iran is one of a number of countries which do not, as yet, have extensive experience of publishing in English language nursing journals, but which are currently trying to make their mark. I welcome this unreservedly, along with (I take it) most members of the academic nursing community. However, I think it’s unfortunate when, in their efforts to establish an international presence, authors from these countries begin to imitate the worst aspects of the nursing literature. In my view, that’s what happens here. I think a worthwhile paper can distilled from this submission, but it will need a bit more work before it can be offered publication.

[1] The idea of conducting research on Iranian patients’ understanding of spirituality and religion in relation to health and illness is a good one. I do not question that. But it only makes sense if there is an explicit comparison with studies from other countries: perhaps the US (another country with a very religious culture), one or two secular countries in Europe, and perhaps another largely Muslim country. This study follows the unfortunate precedent of interviewing a group of patients, and then classifying what they say into predictable and rather unimaginative categories.

[2] The categories are so predictable that, in a study whose topic is “perceptions of spirituality”, “one of the extracted themes was spirituality”. That alone suggests that something is wrong. In a study of X, one of the extracted themes was... X? Moreover, this theme has two sub-themes, one of which “embodies religion”, while the other goes “beyond from religion”. But this is exactly the claim which the nursing literature on “spirituality” already takes as its premise. “Spirituality” includes religion, but also refers to other aspects of life. That these authors should arrive at the same familiar point is a trifle disappointing.

[3] To undertake a research study, and arrive back at the very point from which you started – a routine assumption, characteristic of the literature – seems like a wasted opportunity. The same is true of the finding that spirituality and spiritual practice are “multidimensional concepts”. Again, this is a familiar theme in the literature. The authors are in a position to say something genuinely interesting about how Iranian patients construe what happens to them from a spiritual and religious point of view, and in what respects their understandings are different from (or similar to) those of patients in other countries. But their attempt to imitate the current English-language nursing literature has led them to repeat what that
literature has already stated on many occasions. I am confident they can improve on that.

[4] In a country that is, according to the authors, 98% Muslim, it is not surprising to learn that, for most patients, spirituality is closely associated with religion. After all, the authors cite Cheragi’s claim that “according to the Quran and Hadiths, there are no differences between spirituality and religion”. The authors claim that this view is different from the results obtained in this study. But I’m not sure that it is. Look, for example, at the “Spirituality beyond from religion” section on page 5. Many of the respondents emphasise that spirituality is not *just* religion. But saying that it is not *just* religion is consistent with the belief that it necessarily *incorporates* religion; and the respondents do seem to regard it in this way, even if it also extends to charitable works and relationships. It is hard to imagine any of these respondents claiming that they are “spiritual but not religious”, an idea that is now familiar in western countries. But the difficulty of imagining that is, in itself, potentially interesting.

[5] I think this material can be worked with. The very fact, if it is one, that for Iranian patients spirituality is, so to speak, “religion-plus” makes their perspective different from most people in the UK (and various other European countries). It is also distinct (but in a different way) from perspectives in the US. The authors could be encouraged to develop these comparisons. Rather than settle for the rather predictable “spirituality is a multidimensional concept”, and the idea that “spirituality is a theme with two sub-themes”, they could explore more systematically the differences between Iranian ideas and those in other countries. There is plenty of material in the literature on which such a comparison could be based... and the results could be extremely interesting.

[6] For what it’s worth, the interesting differences that strike me includes these. (a) In Iran, the idea of spirituality is necessarily associated with religion, in a way that is not true of secular Europe, and which bears comparison with the US. (b) It is not, however, identical to religion – the authors are right about this, I think. (c) But the way in which it goes beyond religion – conceptualised as various beliefs, and certain practices such as prayer – is confined to a rather narrow spectrum: having a clean heart, good relationships with others, doing good deeds, sincerity, charity, and so on. It is essentially a *moral* concept; and this is unlike the highly variegated idea which has been promoted in the west, and which includes sport, music, art, work, an appreciation of nature, alternative therapies, and so on. I think this difference in particular could be developed. As it stands, the authors are working with the crude distinction between “religious” and “non-religious” (or “beyond religion”). So they do not see that there are different ways of being “beyond religion”, and that this distinction is not the same in Iran (arguably) as it is in the US and most of Europe. At least, it is not the same as the distinction currently being promoted in the west

[7] The design of the study is not fully described. For example, we do not know what questions were asked about spirituality... although we do know that the patients were asked about, among other things, the nursing care they experienced. Data analysis is somewhat sketchily described. “Important
statements were underlined”. Okay, but how do you determine which are the “important statements”? “To extract the essence of proposed ideas, the paragraphs and sentences were coded.” But what is an “essence”, and how do you code the data in order to “extract” it? “To achieve credibility, the author had enough cooperation and interaction with the participants.” What is “enough” interaction? And so on. A publishable version of the paper would need a fuller account of how the study was conducted.

[8] Like most papers on spirituality-in-health-care, this one makes a number of assumptions that have yet to be justified. For example: “even nonreligious individuals want the caregivers pay attention to their spiritual needs” (page 2). There is no real evidence for that; and 95% of the authors who make this claim have religious backgrounds. Take this (or any other variation on the belief that “all human beings have a spiritual dimension”) as an assumption, and you have already begged the question.

[9] “Research conducted during the last decades supports that spiritual beliefs of the individual can have a positive role on their health improvement” (page 2). No references here. Not surprising, as it would be a hard claim to substantiate. There is plenty of research which claims to show that Christian beliefs can have a positive role; but (a) much of it has been heavily criticised from a methodological point of view; (b) there is also research showing that Christian beliefs do not have a positive role, and can have a negative one; and (c) religious beliefs are supposed to be different from spiritual beliefs, so any research on the former would prove nothing about the latter..

[10] Points [8] and [9] both reflect further consequences of merely imitating the current literature. I honestly think these authors should be less deferential to what they have read, and be more inclined to explore the specific differences between Iran and the cultures which are more extensively represented in the nursing literature.

[11] There are a few less substantial issues. The referencing system is not one I am familiar with. There is a repeated passage on pages 7-8. Before resubmission, the paper would, I think, benefit from being edited by someone with a more secure grasp of idiomatic English.

In summary, there is a potentially interesting paper here. The problem is that, in its present form, the submission is compromised by its undue deference to the current literature. I would recommend:

* Focus on how Iranian perspectives on spirituality are different from those reported in the literature.
* This means getting beyond the simplistic religious/non-religious distinction (the two “sub-themes”).
* It also means exploring and elaborating (what I interpret as) the moral dimension characteristic of what these Iranian patients say.
* Emphasise that spirituality (for these Iranian patients) is definitely associated
with religion, but it is not identical with religion. It denotes a moral theme which is not just a question of prayer and religious observance.

* Provide a fuller description of the design and methods.
* Drop the unwarranted assumptions, referred to in [8] and [9].

I would be interested to see a revised version of this paper... which would hopefully be publishable.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests