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physical space [37, 74] and necessary facilities and equipment for spiritual interventions [20, 37, 74]. Abedi and colleagues believe that if a hospital lacks physical space, spiritual care for patients can be provided by making changes in the existing physical space [78]. The process of providing spiritual care includes assessing the needs of patients and providing specialized spiritual services, which must be defined according to the specific framework and religious spirit in the hospital. The doctor evaluates the patients' spiritual health needs using the tool of history taking and spiritual counseling by the selected consultant [20]. In order to provide spiritual health services in hospitals and clinics, patients in need of spiritual counseling should be identified by general practitioners and specialists. Then, spiritual care should be provided to the patients. After the patient is discharged, they should receive regular counseling sessions at the spiritual counseling unit on an outpatient basis [76]. In providing direct spiritual support to the patient, it is important to examine the patients' spiritual condition, determine their spiritual perspective and needs [95], document all spiritual interactions [20, 37, 74], follow the referral process [20, 24, 26, 74], and provide education to the patient and their companion [24] as part of a structured flowchart. In this regard, each department should establish protocols for counseling, prescribing, and prohibiting spiritual care. Spiritual care services should also be tailored and developed based on the target group [20]. Spiritual care interventions often help individuals undergoing palliative care or cancer treatment gain a clearer and deeper understanding of life's meaning and purpose, as well as their relationships and experiences with death. Additionally, these interventions typically address patients' emotional and psychological needs, fostering feelings of relief, comfort, and inner peace [8]. In the physical dimension of trans-religious interventions, the goal is to create peace for the patient so that the patient can cope with his illness and facilitate communication with himself, God, others, and the environment. In this category, techniques such as relaxation, exercise, massage, aromatherapy, and meditation are used according to physical conditions and available facilities, which, based on the results of the present study and the results of the study by Ghorbani et al., this type of intervention is considered one of the types of spiritual care interventions in the hospital [70]. One of the dimensions of spiritual care interventions in relation to trans-religious interventions is the spiritual-psychological dimension, which has been mentioned in our study and other studies, including the study by Chen et al. Spiritual-psychological interventions are typically relevant at every stage of care to enhance patient outcomes and help them cope with their illness. These interventions encourage patients to express both positive and negative experiences, while also prompting them to reassess their sense of spiritual peace and overall life satisfaction [103]. In the social dimension, spiritual interventions support patients nearing the end of life by fostering a sense of connection with their inner selves (helping restore integrity in the final stage of life) and with others, particularly family members [8, 104]. Another type of spiritual care interventions in the hospital is individual religious interventions, which in the study by Rahmati et al. also refers to types of religious interventions such as motivating individuals to consult religious experts and clergy, repenting and seeking forgiveness from God for sins, motivating members to pray and read the Quran [105]. Providing spiritual care interventions in hospitals depends on the patients' values, cultures, and desires [106]. Spiritual care interventions can vary widely based on the diversity of hospitals and their clients. For example, some hospitals may prioritize religious interventions, while others may favor non-religious interventions based on patient preferences [47]. The limitation of this study was that this study reviewed only published studies. Because the research is limited to certain databases, not all the components of providing spiritual care in the hospital may have been identified. The present study, which was conducted using a scoping review method, provides the basis for conducting studies using a systematic review method on the key elements of providing spiritual care in hospitals. Therefore, it is suggested that future studies use a systematic review with regard to the issue of qualitative assessment of studies and by selecting higher-quality evidence in the field of spiritual health to conduct a more detailed examination in this field. The findings of this study highlight the pivotal role of spiritual care in hospitals, encompassing a broad range of goals, principles, components and interventions. Spiritual care positively influences patients' physical, psychological, and social well-being by fostering life purpose, spiritual growth, and emotional resilience. It reduces physical pain, improves symptoms, and supports coping mechanisms, ultimately enhancing the quality of life. Additionally, it strengthens patients' capacity to face challenges, reduces anxiety, and provides mental clarity and social support. From the healthcare systems perspective, integrating spiritual care contributes to faster recovery, reduced hospital stays, and greater patient satisfaction, emphasizing its effectiveness in promoting holistic care. To achieve these outcomes, attention to ethical principles, patient values, and adequate resources is essential. This includes tailored spiritual programs, interdisciplinary collaboration, and proper infrastructure like physical spaces and training. Policies should reflect the integration of spiritual care as a healthcare priority, supported by monitoring and evidence-based practices. By combining trans-religious, religious, and hybrid interventions, hospitals can cater to diverse patient needs, providing not only medical healing but also spiritual and emotional support. The study underscores the importance of embedding spiritual care as a standard component of healthcare to ensure comprehensive, patient-centered treatment. Below is the link to the electronic supplementary material. Not applicable. MHM, MS and VYF designed and conducted research. PKK gathered data. MHM and PKK and RR analyzed data, and PKK wrote the paper. All authors read and approved the final manuscript. There was no financial support for writing this article. The data analyzed is available from the corresponding author upon reasonable request. Not applicable. The authors declare no competing interests. Mohammad Hossain Mehrolohasani, Email: mhhealth@gmail.com. Robaneh Rahmisisadeh, Email: rhh.rahimi@gmail.com.1.Peters MDJ, Marnie C, Colquhoun H, Garrity CM, Hempel S, Horsley T, et al. Scoping reviews: reinforcing and advancing the methodology and application. *Syst Reviews*. 2021;10(1):263. [DOI] [PMC free article] [PubMed] [Google Scholar]2.Khalil H, Peters M, Godfrey CM, McInerney P, Soares CB, Parker D. An evidence-based approach to scoping reviews. *Worldviews EvidenceBased Nurs*. 2016;13(2):11823. 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Oup Usa; 2012.This section collects any data citations, data availability statements, or supplementary materials included in this article.The data analyzed is available from the corresponding author upon reasonable request.Articles from BMC Palliative Care are provided here courtesy of BMC

Principles of spirit. Basic principles of spirituality. Spiritual principles of the steps. Spirituality principles and practice. What are spiritual principles. What are the 12 spiritual principles.