

Religion, spirituality and coping mechanisms: use of religious coping among parents in neonatal intensive care unit.

Religión, espiritualidad y mecanismos de afrontamiento: uso de mecanismos de afrontamiento religioso entre padres en la unidad de cuidados intensivos neonatales

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Abstract

In this article, we discuss religion, spirituality, coping mechanisms, and religious coping strategies used by parents in neonatal intensive care unit (NICU) to attract attention to the importance of religion and religious coping. Religion and spirituality are completely different concepts. Religion is more comprehensive than spirituality and spirituality is a part of religion. The relationships among coping mechanisms are very close and interconnected and often intertwined. Religion and spirituality are not only linked to religious coping, but also have an impact on other coping mechanisms including problem-focused, emotion-focused, meaning-focused, social, and maladaptive copings. Parents with an infant in the NICU are suffered from various emotional and psychological problems. These parents adopt several strategies to cope with these stressors. Religious coping is frequently used by parents in many cultures in the world and religion has an effective role in enhancing and bettering the stress of parents in NICU. Religion provides a number of special coping methods by which people attempt to conserve the things they care about most deeply. Many studies show that positive and negative forms of religious coping are related to positive and negative psychological adjustment to stress, respectively.

KEYWORDS: religion, spirituality, coping mechanisms, religious coping, NICU.

Resumen

En este artículo analizamos la religión, la espiritualidad, los mecanismos y estrategias de afrontamiento religiosas utilizadas por los padres en la unidad de cuidados intensivos neonatales (UCIN), para llamar la atención sobre la importancia de la religión en este periodo. La religión y la espiritualidad son conceptos completamente diferentes. La religión es más integral que la espiritualidad y la espiritualidad es parte de la religión. Las relaciones entre los mecanismos de afrontamiento son muy estrechas e interconectadas y, a menudo, entrelazadas. La religión y la espiritualidad no solo están vinculadas al afrontamiento religioso, sino que también tienen un impacto en otros mecanismos de afrontamiento, incluidos los mecanismos de afrontamiento centrados en los problemas, centrados en las emociones, centrados en el significado, sociales y desadaptativos. Los padres con un bebé en la UCIN sufren varios problemas emocionales y psicológicos. Estos padres adoptan varias estrategias para hacer frente a estos factores estresantes. En muchas culturas del mundo, los padres utilizan con frecuencia métodos de afrontamiento religiosos, y la religión desempeña un papel eficaz a la hora de mejorar y aliviar

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el estrés de los padres en la UCIN. La religión ofrece una serie de métodos especiales de afrontamiento mediante los cuales las personas intentan conservar las cosas que más les importan. Muchos estudios muestran que las formas positivas y negativas de afrontamiento religioso están relacionadas con el ajuste psicológico positivo y negativo al estrés, respectivamente.

PALABRAS CLAVE: religión, espiritualidad, mecanismos de afrontamiento, afrontamiento religioso, UCIN.

INTRODUCTION

Religion is a Divine law that calls those who have reason to adopt the truths communicated by the prophet¹. Spirituality in its general meaning is the quality or state of being spiritual or being attached to questions and values concerned with religion. It is also frequently used in a non-religious sense to designate a capacity to understand fundamental moral and existential questions regarding the nature of the soul². Religious coping, specifically turning to Allah, is a means of seeking comfort, support, and/or guidance from a divine being either within the domain of an organized religion, or on a more informal path through one's own spirituality³. Religious coping is frequently used by both child and adult patients and their parents and caregivers in many cultures around the world. Recently, there is also a significant increase in the number of studies on religion, spirituality, and religious coping in the literature⁴.

Throughout the hospitalization of infants in neonatal intensive care unit (NICU), multiple stressors that interfere with the parent-infant relationship have been reported among parents. The stressors perceived by parents in NICU vary considerably depending on the development

level of countries, sociocultural characteristics of societies, rules applied by hospital management, physical conditions of NICU, working conditions of healthcare professionals and other personnel, demographic characteristics of parents, etc.⁵⁻¹⁴ (**Table 1**). Parents use many coping strategies to cope with stressors in NICU such as problem-focused (task-oriented) coping, emotion-focused (emotion-oriented) coping, social coping (support-seeking), maladaptive (dysfunctional or negative) coping, meaning-focused (meaning-making) coping, or religious coping (turning to religion)¹⁵⁻²³. (**Table 2**). In this article, we discuss religion, spirituality, coping mechanisms, and religious coping strategies used by parents in neonatal intensive care unit (NICU) to attract attention to the importance of religion and religious coping.

RELATIONSHIP BETWEEN RELIGION, SPIRITUALITY AND COPING MECHANISMS

Religion is usually mistakenly used synonymously with spirituality in the literature. Although there is a very close relationship between them, in fact, religion and spirituality are different. Religion is more comprehensive than spirituality and spirituality is a part of religion²⁴⁻²⁶. (**Table 3**) Religion is an examina-

Table 1. Stressors among parents in neonatal intensive care unit

Stressors related to infant	Stressors related to healthcare
<ul style="list-style-type: none"> • Infant's birth weight or immaturity • Infant's grave medical condition • Appearance and behavior of infant • Parents' inability to recognize infant's behaviors <ul style="list-style-type: none"> • Parents' inability to focus on infant's cues • Lower responsiveness to social interactions of infants <ul style="list-style-type: none"> • Limited availability of infant • Vital signs monitor alarm activation <ul style="list-style-type: none"> • Respiratory distress of infant • Necessity of mechanical ventilatory support 	<ul style="list-style-type: none"> • Complexity of neonatal intensive care unit environment <ul style="list-style-type: none"> • Unknown specific smells and lights • Noisy life support and monitoring equipment • Constant presence of healthcare professionals • Parents' concern that the healthcare team may misunderstand infant's needs • Providing all non-technical care including tube or breast feeds day and night <ul style="list-style-type: none"> • No engaging parents in the care of their infants • No providing adequate information about diagnosis, treatment and progression • No flexible visiting time for parents to connect with their infants <ul style="list-style-type: none"> • Remaining in hospital throughout infant's stay <ul style="list-style-type: none"> • Prolonged hospitalization • Lack of an effective approach to parents' needs <ul style="list-style-type: none"> • Lack of privacy and psychosocial support • Difficulty finding food and somewhere to sleep <ul style="list-style-type: none"> • Shortage of medicines • Financial worries
<p style="text-align: center;">Stressors related to parent</p> <ul style="list-style-type: none"> • Parents' age • Educational level of parents <ul style="list-style-type: none"> • Parents' occupation • Presence of chronic diseases in parents • Previous miscarriages or complicated births <ul style="list-style-type: none"> • Parents experienced emotional burdens • Stressors related with the transition process to parenthood <ul style="list-style-type: none"> • Adaptation to having a sick infant • Adaptation to neonatal intensive care unit environment • Interaction with people (healthcare providers and fellow parents) <ul style="list-style-type: none"> • Perceived incompetence in taking care of infants <ul style="list-style-type: none"> • Kangaroo mother care • Loneliness from lack of visitors • Separation from their infants • Concern about family at home 	

tion. It is a test, proposed by Allah so that in the competition arena elevated spirits and base spirits may be distinguished from one another²⁷. Religion is the light of happiness, sublimity of feeling, and salvation of conscience²⁸. Religion is the very life of life, its light and its basis. Those who suppose religion and life can be separated are the cause of disaster²⁹. Religion, the main basis of life, regulates the entire life of a human from fetal life until death. Some aspects of religion are consistently associated with adjustment to illness, and religion is a stress buffer and stress deterrent³⁰. Religion serves as a source of emotional support, as a vehicle for positive reinterpretation and growth,

or as a tactic of active coping with a stressor¹⁶. Therefore, incorporating religion into therapy may help individuals create meaning from loss and aid in the process of coping with stressful events³¹. Spirituality is the high states, blessings, tastes, and happiness that a person feels in his own conscience and soul when he fulfills the de facto gratitude by acting in accordance with Allah's orders and prohibitions with his material organs, intangible feelings, and subtle faculties^{25,32}.

Coping, defined as the thoughts and behaviors used to manage the internal and external demands of situations that are appraised as stressful,

Table 2. Classification of coping mechanisms

<p>Emotion-focused (emotion-oriented) coping</p> <ul style="list-style-type: none"> • Acceptance <ul style="list-style-type: none"> • Hope • Positive reframing (positive reinterpretation and growth) • Venting (focus on and venting of emotions) <ul style="list-style-type: none"> • Humor <p>Problem-focused (task-oriented) coping</p> <ul style="list-style-type: none"> • Planning • Active coping • Restraint coping • Suppression of competing activities <p>Meaning-focused (meaning-making) coping</p> <ul style="list-style-type: none"> • Benefit finding • Benefit reminding • Adaptive goal processes • Reordering priorities • Infusing ordinary events with positive meaning <p>Maladaptive (dysfunctional or negative) coping</p> <ul style="list-style-type: none"> • Avoidance • Disengagement (behavioral disengagement) <ul style="list-style-type: none"> • Hostile confrontation • Emotional suppression <ul style="list-style-type: none"> • Denial • Self-blame • Distraction (self-distraction) • Addictions (substance use) 	<p>Social coping (support-seeking)</p> <ul style="list-style-type: none"> • Seeking instrumental (informational) support • Seeking emotional support <p>Religious coping (turning to religion)</p> <ul style="list-style-type: none"> • Meditations such as mindfulness, transcendental, nature-inspired, etc <ul style="list-style-type: none"> • Believing, trusting and surrendering to Allah • Believing in destiny (qadar) and Divine Decree (qada). <ul style="list-style-type: none"> • Everything happens by “Allah’s will” • Believing in the day of judgment and life after death <ul style="list-style-type: none"> • Finding comfort in religion • Praying and worshipping Allah more than usual <ul style="list-style-type: none"> • Asking Allah’s help, goodness and healing • Repenting and asking Allah to forgive one's sins and faults • Reading holy books and sacred texts such as Quran and Bible <ul style="list-style-type: none"> • Attending at masjids or churches • Involvement in prayer or tafsir groups • Giving alms to the poor and donating to charities for the sake of Allah • Sacrifice (slaughtering an animal) for the sake of Allah
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has been a focus of research in the science since the publication of Richard Lazarus’s 1966 book, *Psychological Stress and the Coping Process*^{33,34}. Coping mechanisms are generally categorized into six major categories as follows:

1. Problem-focused coping is a phenomenon to indirectly regulate emotions by focusing on the problem and trying to do something about it³⁵. Problem-focused coping strategies are associated with a task-orientation. Task-orientation refers to strategies used to solve a problem, reconceptualize it (cognitively), or minimize its effects³⁶.
2. Emotion-focused coping refers to a person orientation and can include such responses as emotional responses or self-preoccupation³⁷. Person orientation refers to strategies that may include emotional responses, self-preoccupation, and fantasizing reactions³⁶.
3. Social coping in which an individual reduces stress by seeking emotional or instrumental (informational) support from their community²³.
4. Maladaptive coping refers to coping mechanisms that are associated with poor

Table 3. Comparison of religion and spirituality^{7,28}

Religion	Spirituality
<ul style="list-style-type: none"> • The founder of the religion is Allah. Religion is the law set by Allah. Religion is a declaration, a manifesto, describing both the One who made this beautiful universe and the universe itself. 	<ul style="list-style-type: none"> • Spirituality is a degree of spiritual attainment that emerges in a person when he fulfills the de facto gratitude by acting under Allah's orders and prohibitions with his material organs, intangible feelings, and letaif (subtle faculties).
<ul style="list-style-type: none"> • Religion includes the basic tenets of Islam, which never changed in the course of human history. 	<ul style="list-style-type: none"> • Spirituality is variable. It can weaken or strengthen a person over time.
<ul style="list-style-type: none"> • Religion is broader than spirituality and it encompasses spirituality. 	<ul style="list-style-type: none"> • Spirituality is a dimension of religion.
<ul style="list-style-type: none"> • Allah teaches the principles of religion to the prophets, and the prophets convey them to people. True religion cannot be of human origin. 	<ul style="list-style-type: none"> • Spirituality is the high states, blessings, tastes, and happiness that a person feels in his conscience and soul. It is strengthened by the application of religious principles.
<ul style="list-style-type: none"> • Religion is effective in functioning the entire universe, including man (from outside to inside). 	<ul style="list-style-type: none"> • Spirituality is within man. It is affected by the order, arrangement, and functioning of the universe (from inside to outside).
<ul style="list-style-type: none"> • Religion is the very life of life, its light, and its basis. There is no life without religion. 	<ul style="list-style-type: none"> • There is life without spirituality.
<ul style="list-style-type: none"> • Religion is the light of happiness, sublimity of feeling, and salvation of conscience. The revival of religion is the revival of the nation. No nation can continue in existence without religion. 	<ul style="list-style-type: none"> • Spirituality is nourished and strengthened by religion. There is no spirituality without religion.

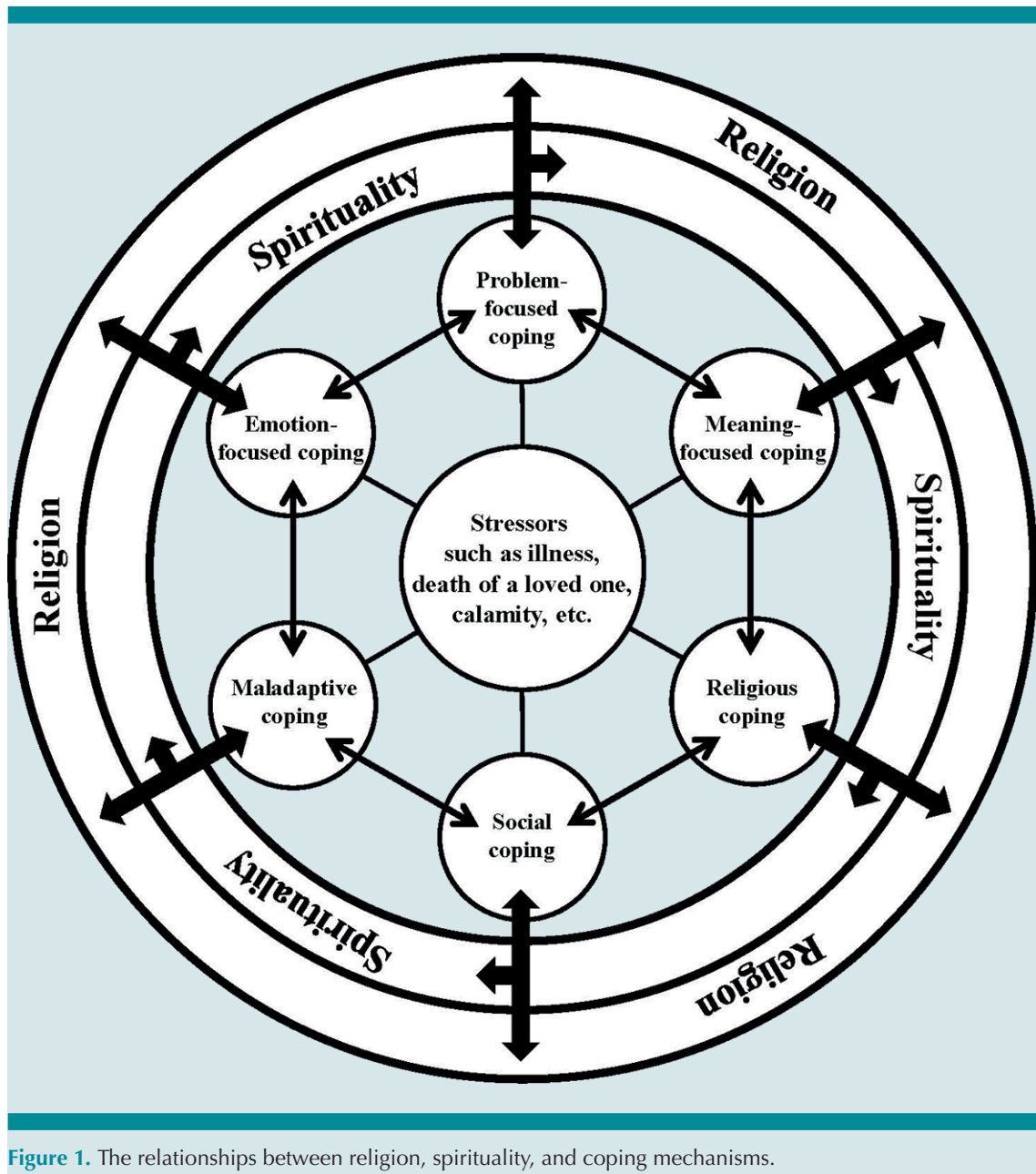
mental health outcomes and higher levels of psychopathology symptoms²³.

5. Meaning-focused coping, in which an individual uses cognitive strategies to derive and manage the meaning of the situation²³.
6. Religious coping is a means of seeking Allah's help, trusting and taking refuge in Allah, finding solace in religious provisions/teachings, and praying/worshiping more than usual during stressful events of life such as illness, calamity, death, or circumstances where a person is helpless²⁴.

The relationships among coping mechanisms are very close and interconnected and often intertwined (**Fig. 1**). Conceptually and empirically distinct kinds of coping seem to travel together. Problem-focused coping, for example, is usually used in tandem with positive reappraisal, a form of emotion-focused coping, or meaning-

focused coping. This partnership suggests that these two forms of coping facilitate each other. Looking for the positive in a grim situation, for example, may encourage the person to engage in problem-focused coping. Conversely, effective problem-focused coping can lead to a positive reappraisal of the individual's competence (or luck), or it may lead to an appreciation of another person's contribution to the solution³⁴. Positive reappraisal, for example, involves a reinterpretation of the event in terms of benefits to one's values, beliefs, and goals. Problem-focused coping, when effective, is associated with feelings of mastery and control, goals that are generally valued in Western culture. Positive meaningful events are linked to positive emotion precisely because they reaffirm what one values and help one to focus on those values while coping with the ongoing stressful event³⁴.

Meaning-focused coping is said in turn to generate positive emotions and their underlying appraisals, and these emotions and appraisals



influence the stress process by restoring coping resources and providing motivation needed in order to sustain problem-focused coping over the long term. In addition, positive emotions were hypothesized to provide relief from distress¹⁷. The four types of coping that were associated with positive psychological states have a com-

mon theme: searching for and finding positive meaning. Positive reappraisal, problem-focused coping, spiritual beliefs and practices, and infusing ordinary events with positive meaning all involve the activation of beliefs, values, or goals that help define the positive significance of events³⁸.

Maladaptive (dysfunctional or negative) coping mechanisms may lead to additional problems or more serious emotional distress²¹. Avoidance-oriented coping, one of the maladaptive coping mechanisms, refers to avoiding the stressful situation by seeking social support (i.e., social diversion) or distracting oneself with other tasks³⁷. Avoidance-oriented coping, involving both task-oriented, and person-oriented strategies. Task-oriented avoidance is conceptualized as distraction, while person-oriented avoidance takes the form of social diversion. A person may avoid a stressful situation by engaging in substitute activities (distraction—for example, watching television) or seeking out other people (social diversion). “In task-oriented coping, the person is confronting the stressful task. In distraction coping, the person is substituting an alternative task of his or her choosing.” On the other hand, social diversion is “person-oriented in that the individual tries to “lose himself or herself” by being with other persons rather than confronting the stressful situational task.”³⁶

An old adage from World War I states that “There are no atheists in foxholes.” Despite the widespread popular acceptance of the notion that many people turn to religious and spiritual beliefs and practices to help them cope with extreme stress, until recently psychologists have tended not to include these phenomena in models of coping³⁸. One of the central tasks in coping with severe stress is to integrate the occurrence of the stressor with one’s beliefs about the world and the self.³⁴ Under conditions of chronic and severe stress, spirituality and religiosity facilitate positive reappraisals of the difficult situation, and these reappraisals in turn help support positive psychological states³⁸. Many studies show that positive and negative forms of religious coping are related to positive and negative psychological adjustment to stress, respectively³⁹⁻⁴¹.

Religion provides a number of special coping methods by which people attempt to conserve

the things they care about most deeply. In the process of coping, religion may serve as the independent variable, shaping coping outcomes, and as the dependent variable, shaped by the coping transaction⁴². The study of Western religious philosophies and practices shows that religion serves two principal functions in coping. First, the act of believing in a higher power is associated with individuals finding both emotional comfort and personal meaning from painful events. Belief in Allah helps some individuals construct meaning for events that are dissonant to a worldview of justice and fairness. Second, regular attendance at religious services such as being involved in prayer groups and attending at churches or masjids enhances an individual’s social support network⁴³.

Religion and spirituality are not only linked to religious coping, but also have an impact on other coping mechanisms including problem-focused, emotion-focused, meaning-focused, social, and maladaptive coping (**Fig. 1**). Park reported that religion was a significant predictor of subjective well-being and that its effect was mediated through meaning-making coping. Religion was also a significant predictor of stress-related growth and that its effect was partially mediated through meaning-making coping⁴⁴. Participants who relied on Allah in a collaborative way were more likely to utilize problem-focused coping than those who did not⁴⁵.

Religion increases the likelihood of engaging in emotion-focused coping. Furthermore, inasmuch as religion is associated with adaptive beliefs about emotion, clearly defined emotion goals, and effective emotion regulation strategies, religion increases the effectiveness of emotion-focused coping⁴⁶. Positive correlations were found between negative religious/spiritual coping and emotion regulation difficulties and expressive suppression, and a negative correlation was found between negative religious/spiritual coping and psychological well-being.

Positive religious/spiritual coping was positively associated with emotion regulation difficulties and cognitive reappraisal⁴⁷. Ong and Moschis⁴⁸ reported that those who were the most religious had the lowest level of employment of emotion-focused strategies among three different religious groups including Buddhist, Hindu, and Muslim.

There is increasing evidence that positive beliefs, emotions, and life changes among people experiencing adversity are common, that they facilitate attention to useful negative information, and that they do not lead to maladaptive ways of coping⁴⁹. Social support, active coping, and avoidant coping responses mediated the relationship between religious involvement and psychological distress in mothers⁵⁰. Higher levels of social support and mature religiosity were significantly associated with higher problem- and emotion-focused engagement scores and lower problem- and emotion-focus disengagement scores. In people experiencing high psychological distress, having low mature religiosity was significantly associated with higher problem-focused disengagement, seen at all levels of social support⁵¹. Forgiveness was significantly associated with an increase in self-blame (positively), and decrease in refocusing, planning (both negatively), and putting things into perspective (negatively). In contrast, a deeper personal religious history was positively associated with self-blame, rumination, and refocusing⁵². Recently, Dolcos *et al.*⁵³ showed that religious coping was positively associated with cognitive reappraisal and coping efficacy, and negatively associated with symptoms of anxiety and depression. Moreover, reappraisal and coping efficacy mediated the protecting role of religious coping strategies against symptoms of anxiety and depression.⁵³

RELIGIOUS COPING AMONG PARENTS IN NICU

Parents with an infant in the NICU experience a variety of emotional and psychological prob-

lems. Shock, anger, crying, sadness, frustration, dissatisfaction, regret, disappointment, anguish, feeling bad, feeling of powerlessness, self-blaming, nervousness, disturbance, and lack of self-control are major emotional problems raised by the parents. In addition, psychological problems like a state of confusion, worry, loneliness, hopelessness, stress, anxiety, and depression are noted in parents during hospitalization of their infants in NICU⁵⁴⁻⁵⁹. Parents report multiple stressors related to infant, parent, and healthcare during hospitalization of their infants in NICU. These parents adopt several strategies to cope with these stressors. Religious coping, one of the coping mechanisms, is frequently used by parents in the NICU in many cultures in the world^{21,60-64}.

The interest in religious coping is spurred in part by evidence that religion plays an important role in the entire stress process, ranging from its influence on the ways in which people appraise events to its influence on the ways in which they respond psychologically and physically to those events over the long term³⁴. People use religion specifically to help cope with the immediate demands of stressful events, especially to help find the strength to endure and to find purpose and meaning in circumstances that can challenge the most fundamental beliefs³⁴. Potential pathways by which religion may influence adjustment to illness are as follows: (1) providing an interpretive framework or cognitive schema; (2) enhancing coping resources; and (3) facilitating access to social support and promoting social integration³⁰.

The main themes about stress management among the parents in NICU were as follows: (1) spirituality, (2) seeking information, (3) seeking hope, (4) maintaining calm, (5) attachment to infant, and (6) communicating with the medical team.⁶¹ Alinejad-Naeini *et al.*⁶⁵ found four themes on forming the concept of “self-reinforcement” of mothers in NICU as follows: “support seek-

ing”, “spiritual getting in the mood”, “hope creation”, and “getting energy from the baby.” The themes garnered from another study describing the ways that the mothers were being the mama and making a connection to the nurses, family, community, and spirituality. These ways led to an understanding for these women of the ways they learned to survive and cope with this stressful time in the NICU⁶⁶. In another series, the major themes of parents were panic sequence, social support, emotional upheaval, faith, and adjusting in the NICU⁶⁷.

Most parents of infants in the NICU identified themselves as spiritual or sometimes spiritual. Many parents described their spirituality as a personal experience. Many parents have similar spiritual needs, and their spiritual needs are met outside of the hospital⁶⁸. Lloreda-Garcia⁶⁹ noted that 60.2% of parents perceive religion and spirituality as playing a relevant role in neonatal care. Actual use of prayer by parents while in the unit was 55.9%. Parents believe that religion and spirituality affect outcomes indirectly, mediating through caregivers⁶⁹. Brelsford and Doheny⁷⁰ reported that parents who come to the NICU with a religious or spiritual background report that their faith has increased as a result of their experience in the NICU. Parents without a religious or spiritual worldview also reported being able to adequately manage their NICU experience and little or no change in their religious or spiritual life⁷⁰. Parents' religious and worldly coping was significant concerning the functioning of family relationships in the NICU. Specifically, negative religious coping (that is, feeling abandoned or angry with Allah) was associated with poorer family adjustment and use of denial⁷¹.

Religion has an effective role in enhancing and bettering the stress of parents in the NICU⁷². Spiritual coping was used by 80.97% and 68.65% mothers in NICU in two series, respectively^{60,64}. Malliarou *et al.*⁷³ reported that parental stressor scale-NICU was correlated positively with reli-

gion in parents of preterm infants in the NICU. Spirituality and religion help them to face the challenges of having their baby hospitalized in a NICU⁷³. A significant difference was also found in favor of the spiritual care group between parental stressor scale-NICU scores of the mothers following spiritual care⁷⁴.

Similar to the findings of Merey and Lokmanoğlu⁷⁵, many parents have used religious coping in our NICU. Most parents pray to Allah more and ask Allah for healing for their baby to get well because they believe the following religious teachings: Supplication is the spirit of worship and results from sincere belief. For the person who makes supplication shows that there is someone who rules the whole universe, saying: “He knows the least significant things about me, can bring about my farthest aims; who sees every circumstance of mine, and hears my voice. He hears the voices of all beings, and He hears my voice too. He does all these things, so I await my smallest needs from Him too. I ask Him for them!”⁷⁶

There are 128 medical faculties and hundreds of public hospitals in Türkiye as of 2026. Almost all of them have pediatric clinics, some of which are children's hospitals; however, none of them have pediatric spiritual and/or pastoral services. In Mexico, religious affiliation is very high, with a vast majority (82.7%) being Catholic, and only 4.7% having unaffiliated⁷⁷. However, currently there are approximately 20 pediatric palliative care teams in Mexico. Overall, there is only one complete unit (“PediPali” at Hospital Civil de Guadalajara) that provides comprehensive care with a multidisciplinary team of medicine, psychology, rehabilitation, nutrition, nursing, spiritual counseling, as well as dog-assisted therapy⁷⁸. Several barriers have been identified to successful palliative care provision for children in Mexico. The three most severe barriers reported were: (a) Few teams and/or networks of out-of-hospital/domestic support; (b) Absence

of training centers and continuing medical/paramedical education in pediatric palliative care; and (c) Lack of legal, labor, and economic protection for parents who must stop working to be with their children.⁷⁹

CONCLUSIONS

Religion and spirituality are not the same things, rather spirituality is a part of religion, which is more comprehensive than spirituality. The relationships among coping mechanisms including problem-focused, emotion-focused, meaning-focused, social, maladaptive, and religious copings are closely interconnected and often intertwined. Religion provides a number of special coping methods by which people attempt to conserve the things they care about most deeply. Many studies show that positive and negative forms of religious coping are related to positive and negative psychological adjustment to stress, respectively. Religion and spirituality are not only linked to religious coping, but also have an impact on problem-focused, emotion-focused, meaning-focused, social, and maladaptive copings.

Parents whose infants are admitted to NICU experience various emotional and psychological problems. Parents report a variety of infant, parent, and healthcare-related stressors during their infant's NICU stay. Religious coping, one of the coping mechanisms, is frequently used by parents in many cultures in the world and religion has an effective role in enhancing and bettering the stress of parents in NICU.

Lastly, we would like to emphasize that health-care professionals should be aware of and take into account the religious and spiritual needs of parents during their infants' hospitalization in NICU. On the other hand, health care providers and policymakers should be informed and encouraged to provide spiritual care to parents of infants in the NICU in particularly developing countries such as Türkiye and Mexico where

comprehensive spiritual care services are not widespread.⁷⁸⁻⁸¹

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