OPEN PEER REVIEW

Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Open Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
- More motivations for all involved roles in the review process
- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

You can find out more at:
https://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

Iranian Journal of Psychiatry and Behavioral Sciences
Article DOI: 10.5812/ijpbs.108933
Published in: Iranian Journal of Psychiatry and Behavioral Sciences: 14(4); e108933

Peer Review Report for "Nurses and Midwives Are on the COVID-19 Frontline: Spiritual Care Matters"

Author(s): Fereshteh Narenji, Nazi Nejat

Review Timeline:

Submit Date: 28 Aug 2020
Revised Date: 21 Sep 2020
Accepted Date: 25 Oct 2020

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (0) — 6 Sep 2020

Dear AE,
This is a good article and deals with one of the topics of the day. Only one sentence needs to be edited.
Thanks.

REFEREE: Associate Editor | **Revision** (0) — 6 Sep 2020

Dear EIC,
The paper has been evaluated by external peer reviewers. The authors should do their revisions according to the reviewer's comments. I appreciate them doing the revisions as soon as possible by using the track changes mode in MS Word and using colored text.
Thanks.

REFEREE: EIC | **Revision** (0) — 6 Sep 2020

Dear Author,
Your paper has been evaluated by external peer reviewers. Please do your revisions according to the reviewers' comments. I appreciate you to do the revisions as soon as possible by using the track changes mode in MS Word and using colored text.

We look forward to receiving your revised manuscript. Thank you for sending your work to the Iranian Journal of Psychiatry and Behavioral Sciences.

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Nurses and midwives are on the COVID-19 frontline: Spiritual care matters

Keywords: Nurses, midwives, COVID-19, spiritual care

Dear Editor,

Nurses and midwives are at higher risk than the general population in the care of patients with infectious diseases due to frequent and close contact with patients (1). Therefore, in their educational training, importance and methods of self-care in these patient's care have been considered (2). However, in the pandemic crisis of infectious diseases the chances of infection and mortality in the medical staff, especially nurses and midwives, have increased. The COVID-19 virus is unknown, highly contagious, rapidly spreading, and in severe cases can be fatal, and there is no specific drug or vaccine for it. There are unprecedented levels of overwork by nurses and midwives "~~those most directly involved in the response to the COVID-19 pandemic, oftentimes without adequate time for rest and recuperation, without support and assistance, with limited considerations for their mental health and wellbeing~~who are on the front line **of the battle against the coronavirus** pandemic, **without enough support and assistance, without adequate time for life routines such as sleep and rest, and with limited considerations for their mental wellbeing. (3) Covid-19 is a major threat to the health and lives of nurses and midwives. These factors and the high mortality rate of patients have a great impact on the emotional responses and strategies used by nurses and midwives in dealing with the disease and patients. Although all individuals and groups in society experience varying degrees of psychological crisis (4) nurses and midwives at the core of the crisis are affected by high psychological pressures.**

The most nurses and midwives are exposed to the COVID-19 virus, are more anxious, and may experience a cycle of fear and difficulty coping with the problem. Anger, emotional problems, and especially the focus on coping with the conditions, anxiety, and sadness have been reported in the study of Hang et al. (2020) in nurses exposed to patients with COVID-19 (5).

To empower nurses and midwives for emotional management, to use effective coping strategies, and to provide a strong guarantee for their decisive victory in the battle to prevent and control epidemics, provide timely service support and psychological assistance, and teach strategies to deal with crises, is recommended. One of the best psychological supports is to pay attention to spiritual health as one of the dimensions of health. Although many studies have referred to the training of nurses in providing spiritual care to patients, especially patients with incurable disease or in the end stages of life, attention to the spiritual health of nurses and midwives in such crises is less studied and considered.

Although the choice of different spiritual resources to meet spiritual needs is an individual matter, the cultural background and nationality of individuals should be considered as important factors in assessing and addressing the needs of professional caregivers, including nurses and midwives. Taylor (2006) believes that spirituality manifests itself in three spiritual needs: intrapersonal, interpersonal, and transpersonal. Examples of transcendental spiritual needs include the desire to communicate and worship a superior being (God), while the desire for forgiveness, love, and affection reflects interpersonal spiritual needs (6).

Spiritual care can be very effective in crises that disrupt the individual's belief system and values and ultimately affect all aspects of human existence (physical, mental, psychological, and social). Organize the values, relationships, meaning, and purpose of life and provide spiritual health as one of the aspects of well-being. Creating a sense of personal growth and, as a result, coping with the crisis, evokes positive emotions such as hope and satisfaction, optimism, a sense of inner peace, and the ability to enjoy life. Training and providing spiritual care for nurses and midwives based on their needs in the Fisher model (1998), including individual, social, environmental and transcendental dimensions (belief in a superpower, need to communicate with others, internal coordination, maintaining one's existential integrity and Strong support systems, nature care and a sense of connection with the world around them using individual methods of acquiring and promoting spirituality, such as mindfulness methods, prayer, yoga, etc.) can be reduce the physical and emotional stress of caring of the patients, promote nurses and midwives' health status, and consequently improve the quality of service and care for the patients(7).. Therefore, community health managers and policymakers should provide their spiritual health by continuously reviewing the spiritual needs of nurses and midwives and providing appropriate spiritual care programs.

Reference

1- **Baldacchino DR. Teaching on spiritual care: The perceived impact on qualified nurses. Nurse education in practice. 2011 Jan 1; 11(1):47-53.**
2- **Bernard H, Fischer R, Mikolajczyk RT, Kretzschmar M, Wildner M. Nurses' contacts and potential for infectious disease transmission. Emerging infectious diseases. 2009 Sep; 15(9):1438.**

3- United Nation News. COVID-19 highlights nurses' vulnerability as backbone to health services worldwide. https://news.un.org/en/story/2020/04/1061232. Retrived.25.8.2020.
4- World Health Organization. Mental health and psychosocial considerations during the COVID-19 outbreak, 18 March 2020. World Health Organization; 2020.
5- Huang L, rong Liu H. Emotional responses and coping strategies of nurses and nursing college students during COVID-19 outbreak. MedRxiv. 2020 Jan 1.
6- Taylor EJ. Prevalence and associated factors of spiritual needs among patients with cancer and family caregivers. In Oncology Nursing Forum 2006 Jul 1 (Vol. 33, No. 4).
7- Fisher J. Development and application of a spiritual well-being questionnaire called SHALOM. Religions. 2010 Dec; 1(1):105-21.
8-

OPEN PEER REVIEW

Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (1) 25 Oct 2020

Dear AE,
This article is accepted with the corrections made.
Thanks.

REFEREE: Associate Editor | **Revision** (1) 25 Oct 2020

Dear EIC,
I fully agree with the publication of this letter.
Thanks.

Mehran Zarghami: EIC | **Revision** (1) 25 Oct 2020

Dear Author,
We have completed our review of your manuscript and are pleased to inform you that it is considered for publication in the IJPBS. Note that the publication of your article will only be finalized upon your cooperation with the editorial processing.
Thank you for your fine contribution. On behalf of the Editors of IJPBS, we look forward to your continued contributions to the Journal.
Thanks.