Developing The Spiritual Health Curriculum Approach Based on Tyler's Model in Iran

Seyedeh Zahra Nahardani[1,2], Kamran Soltani Arabshahi[1,3], Marzieh Pashmdarfard[4]*

Abstract

Background: Spiritual health education is known as an important element in its implementation in the health system, which has different approaches to its implementation. Spiritual health has a positive effect on health, longevity, and recovery from physical ailments. Without spirituality education, education cannot function properly in biological, psychological, spiritual, and social dimensions or reach its maximum capacity. The present study aimed to develop the spiritual health curriculum approach based on Tyler's model in Iran between 2020 and 2021.

Methods: In this qualitative study, by using a directed content analysis method and using validated curriculum models (Tyler's model), we developed a new spiritual health curriculum approach for Iranian society. This study was done between April 2021 and February 2022.

Results: Because the spiritual health curriculum in Iran should be based on the philosophical and social principles of Iran, a new approach to spiritual health education based on Tyler's model was developed.

Conclusion: Tyler's Iranian-Islamic model, which is suitable for our Iranian-Islamic culture and is valid for developing spirituality, was introduced.

Keywords: Spiritual Health, Curriculum, Tyler Curriculum Model, Educational Design

Introduction

Spirituality is one of the inner needs of human beings and is considered a vital element of human functioning (1). Recognition of spiritual dimensions is one of the basic pillars of human health that increases the interest in spirituality education. Spiritual health has a positive effect on health, longevity, and recovery from physical ailments (2). Without spirituality education, education cannot function properly in biological, psychological, spiritual, and social dimensions or reach its maximum capacity (1).

Osman and Russell's proposal to include the dimension of spiritual health in the concept of health presented an important dimension of individual and group life to health thinkers. Spiritual health is a sense of acceptance, positive emotions, morality, and a sense of positive interaction with a sovereign and superior power of holiness, others, and oneself that is achieved through a dynamic and harmonious

Corresponding author: Dr Marzieh Pashmdarfard, mpashmdarfard@sbmu.ac.ir

1. Center for Educational Research in Medical Sciences (CERMS), Iran University of Medical Sciences, Tehran, Iran
2. Spiritual Health of the Academy of Medical Sciences of the Islamic Republic of Iran, Tehran, Iran
3. Department of Medical Education, Faculty of Medicine, Iran University of Medical Sciences, Tehran, Iran
4. Occupational Therapy Department, Shahid Beheshti University of Medical Sciences, Tehran, Iran

↑What is "already known" in this topic:
Spirituality is one of the inner needs of human beings and is recognized as the fourth domain of health in the global health community; and the medical schools in the world understood the necessity of spiritual health. Spiritual health education is known as an important element in its implementation in the health system.

→What this article adds:
In this article, we tried to present an Iranian-Islamic model that is suitable for our Iranian-Islamic culture and is also a valid model to develop a spirituality curriculum; thus, Tyler's Iranian-Islamic model was introduced.

process of cognition, emotion, action, and personal consequence (1, 2).

Since spiritual health is recognized as the fourth domain of health in the global health community (3) the medical schools in the world understood the necessity of spiritual health (4). As a result, various research and opinion have been developed around the world (5). To apply spiritual health in health services, it is necessary to begin the necessary education (6). Research has shown that one of the main reasons for not applying spiritual health in the field of health services is the lack of education in this area (7). Spiritual health education is known as an important element in its implementation in the health system, which has different approaches to its implementation (8). The main questions of the present study are as follows:

"What is the optimal spiritual health curriculum in Iran?
What are the basics of the optimal spiritual health curriculum?

Curriculum

The curriculum is a context-based cultural topic and has a strong relationship with the principles of attitude, belief, and value; As a result, it also examines the psychological principles of curriculum planning as well as the philosophical and social foundations, and because of that, the curriculum had a clear focus. Therefore, the curriculum should be designed based on native context (9). The basic elements of any educational system differ according to the educational nature of that community. Values, beliefs, and ideologies shape the various functions of the education process, and all of these elements are interactive together (10). Curriculums are combined intricately with social and value patterns. An effective curriculum requires changes in the normative system of education, human communication, attitudes to values, community understanding of knowledge, and other components (11).

Curriculum models can be broken down into 2 broad categories. Within a category, there are technical models where the educational objectives are precisely defined and can be expressed in a linear fashion; in contrast, there are nontechnical methods that are heuristic and subjective (12).

Methods

In this qualitative study, using a directed content analysis method and validated curriculum models, we developed a new spiritual health curriculum approach for Iranian society. Because the spiritual health curriculum in Iran should be based on the philosophical and social principles of Iran, we decided to come up with a new approach to spiritual health education (12, 13). therefore, in answer to the research question (What are the principles of spiritual health education in Iran?), after developing valid curriculum models, we outline the spiritual health education approach. Finally, the characteristics of the optimal spiritual health curriculum are presented.

Tyler's Curriculum Model

The Tyler model, developed by Ralph Tyler in the 1940s, is the quintessential prototype of curriculum development in the scientific approach. The oldest curriculum theory is Tyler's rationale, stated in the Basic Principles of Curriculum and Education book. He asks 4 fundamental questions: What educational purposes should the school seek to attain? What educational learning experiences can be provided that are likely to attain these purposes? How can these educational experiences be effectively organized? How can we determine whether these purposes are being attained (13)?

In Tyler's model, information is embraced from 3 sources—the student, subject matter, and society—for formulating educational goals. The general objective that successfully passes through the 2 screens becomes what is now commonly referred to as the instructional objective. Tyler, who adheres to the technical approach, takes into account both the philosophy of education and the psychology of learning in his model (13-15) (Fig. 1).

Next, Tyler considered organizing experiences. In his approach, curriculum elements play an important role in teaching and linking different learning experiences (9).

Spiritual Health

The definition of spiritual health is very broad and there is no consensus on what it means (15). A subconcept of
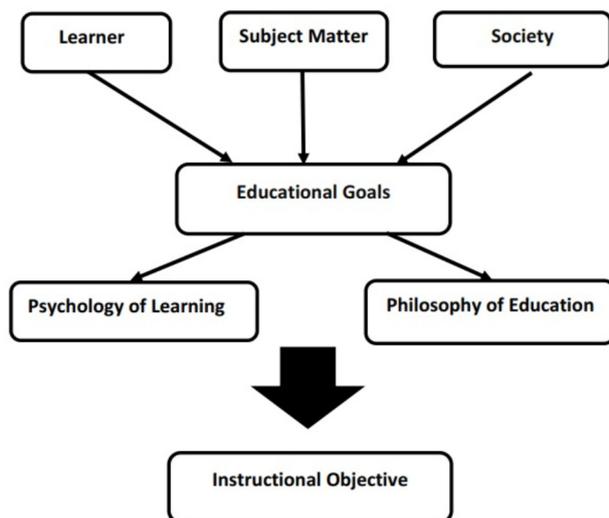

Fig. 1. Tyler Curriculum Model

spirituality, spiritual health has undergone numerous interpretations due to inaccurate usage of the term (16). The inevitable relationship of spiritual health with its cultural and social contexts is another issue that cannot be easily overcome. Thus, a comprehensive definition of spiritual health is not yet found in the texts (17). Finally, what is the spiritual aspect of health? And what spiritual well-being means is a matter of serious debate, and it may be difficult or impossible to reach a common definition. Although it has not yet been significantly incorporated into practical dimensions, the spiritual component has now found its place in the scientific recording of health, whether in the individual or the collective dimension (18). Engaging in the right and receiving the benefits of heavenly ethics and worship is necessary for maintaining spiritual health. Therefore, believers who uphold their moral principles and fulfill their heavenly obligations are spiritually healthy, even though their bodies may be ill (17).

Differences of views on spiritual health are caused by disagreements on the fundamentals of spiritual health that vary in each society depending on the type of culture, values, and beliefs. The state of spiritual health in Iranian and Islamic society is one that is impacted by a variety of factors. The spiritual health of people in Iran and the Islamic world depends on their capacities, insights, attitudes, and abilities, which are essential for the transcendence of the spirit, as well as their connection to the Almighty God. All of the corresponding internal and outward possibilities regarding God, the person, society, and nature are revealed (19).

Spiritual Health Based on the Tyler's Curriculum Model

As previously said, Tyler's logic uses three sources—society, learners, and subject matter—to achieve educational objectives. Tyler begins with the analysis of society because the goals of the curriculum must be tailored to the circumstances and capabilities of the community and its needs. Essential elements including the system of values and beliefs, politics, economy, and culture are taken into account in the study of society (14). Since all spiritual health texts are conceptually context-based, one of the most important things in writing curriculum goals is to address society and consider its needs.

The curriculum is considered to be dynamic when it is based on the learner's activities to obtain appropriate learning experiences that are consistent with their age, fitness, interests, needs, and developmental tasks. An effective curriculum should be tailored to the learner's mental abilities and interests (19). The point of connection between the learner's needs and mental abilities with the curriculum is the goal of the curriculum. Therefore, the goals of the curriculum must be consistent with the learner's situation and capabilities and be tailored to their immediate and future needs (20). The target group must be determined in the Islamic spiritual health curriculum before goals are created in accordance with the fundamental traits and characteristics of that group. At the high school level, learners differ, and even these differences can change from one discipline to another. Each curriculum has a direct connection to a certain discipline. Understanding the structure of the discipline is essential to identifying educational goals. The concepts,

principles, skills, and attitudes, the method of research in that science, and the specific goals of that science are aspects that should be taken into account in each discipline. It should also be used by curriculum experts to determine the curriculum goals (12). Given that the Islamic spiritual health curriculum is still in its infancy, it is crucial to focus on its fundamental ideas as well as its abilities and attitudes. A group of experts in various fields, including medicine, health, medical education, and professors of Islamic law, should view Islamic spiritual health as a scientific discipline with its own unique concepts, principles, skills, attitudes, and goals in order to be a reliable source for establishing this objective. Of course, the 3 sources of information chosen as the sole or primary basis for curriculum decisions are influenced by the value system accepted by the planner. This is his answer to the question of "What kind of growth and perfection in a curriculum should help or make it happen?" (11) Given the valuable nature of Islamic spiritual health, it seems that society can be the dominant basis for decision-making. Using this source of information will lead to a specific curriculum that is valued as a way of understanding and reforming society. The advantage of this template emphasizes the unity and applicability of the program content. After the learning objectives are derived from the 3 sources stated above, according to Tyler, the philosophy and psychology of education must be used. The curriculum must be based on a particular philosophical perspective. This philosophical view belongs to the people whose curriculum is designed and planned (9). Therefore, Islamic spiritual health planners should first of all have a good understanding of the philosophical perspective of their culture and country and make decisions about other sources of information and their goals. Then, with the knowledge of educational psychology and the basic principles of learning, develop specific educational goals. In Tyler's rationale, after defining educational goals, education practitioners should prepare and adjust educational experiences related to those goals. Learning experiences—the interplay between the learner and the external environment to which the learner responds—help students achieve their learning objectives (11). There are 2 main issues in choosing learning experiences: one is to determine the type of experiences that can lead us to educational goals and the other is how to create conditions and identify situations that motivate the type of learning activities and learning experiences desired by learners. Since there are many reliable and diverse scientific resources in both health and spirituality within the rich Iranian-Islamic culture, it is necessary to gather and prepare educational experiences rather than translate and use nonnative Western sources to teach the subject of Islamic spiritual health. Existing national and Islamic sources have emerged and are used to build learners' experiences at any age (19). Some people think that taking a particular course, like religious education, can help them grow spiritually, however all school curricula can help each student develop their spiritual side. And in human brain and soul, it can cause excitement, curiosity, craving, emotion, enjoyment, and amazement (21). Therefore, the content intended to achieve the goal of the Islamic spiritual health curriculum must be proportionate to the purpose. Second,

the learner's mental, emotional, intellectual, and physical conditions are taken into consideration. Third, religious principles are considered; in other words, the program's design must be in line with the goal of creation. For Tyler, these experiences are carefully organized according to rational principles. According to Clark (1997), the spiritual curriculum includes symbolic, temporal, and universal concepts in addition to traditional subject matter (22). For educational activities and experiences to have a unified effect, they must be adjusted to reinforce each other. Therefore, organizing learning experiences is an important issue in curriculum design because it has a great impact on the efficiency of the training and the number of changes that need to be made to the learner (11). The topic of interest in Islamic spiritual health education is how it is presented through other learners' education. The spiritual health curriculum should be taken into account in all facets of life. Everyone must be both a teacher and a learner in education, just like they are in their homes, communities, and throughout the world. Perhaps the least important component of the educational experience in this class is the kind of educational subject or content that is traditionally taught today, which emphasizes the necessity of teaching Islamic spiritual health from childhood (23). The process of evaluation allows for the realization and assessment of the degree to which learning events, as they are planned, truly result in the desired outcomes. In order to validate the basic assumptions behind the curriculum and to establish the effectiveness of specific components, such as the instructor and other circumstances to be examined, the assessment process, therefore, entails evaluating the strengths of the project design (24). The evaluation process is the process of determining the extent to which the goals of education are achieved through curricula because the main purpose of setting goals is to make desirable changes in learners' behavioral patterns; thus, evaluation will also include changes in the rate of change (11). Evaluation is regarded as an integral component of everyday work and daily life as a teacher and translator and is considered to be a part of the complex picture of Islamic spiritual health education.

Therefore, it is essential to assess feedback and share it in order to grow learners' skills and their spiritual dimensions, which primarily center on the monotheistic concept (25). Following the indications and standards presented into spirituality can help reach this type of accountability, which represents the fundamental meaning of accountability. The most appropriate strategy for evaluation in the spiritual curriculum seems to be to integrate self-assessment (self-computing) approaches, with teacher-centered and process-based evaluation models to improve case-based improvement measures (26).

Results
Spiritual Health Curriculum
Islamic spiritual health curriculum is based on 3 important sources of goal extraction. The program emphasizes the role of Islamic-Iranian culture and Islamic values and beliefs. According to education experts, the birth of spirituality is done through the implementation of a spiritual curriculum. Spiritual education results in the growth of abilities, inner and exterior skills, being and achieving perfection, and serving God (27). Feeling and being is the result of spiritual health education in the Islamic dimension that gives meaning to life. Since spirituality is a subject of education and the field of education is the best opportunity for the development of the spiritual dimension of man, it is necessary to devise a plan based on the cultural context of society. In this study, a strategy that might be used to educate Islamic spiritual health was attempted to be extracted from the numerous texts that adhere to Tyler's curriculum model. This approach is shown in Figure 2. Therefore, the Islamic spiritual health curriculum includes elements of goals, content, training, and evaluation that can generate the attitudes, or interpreters of Quran-endorsed Islamic spirituality in human beings. The Islamic spiritual health curriculum is a comprehensive program that takes into account both learners' interests, needs, and wants as well as religious theoretical underpinnings including religious concepts (27).
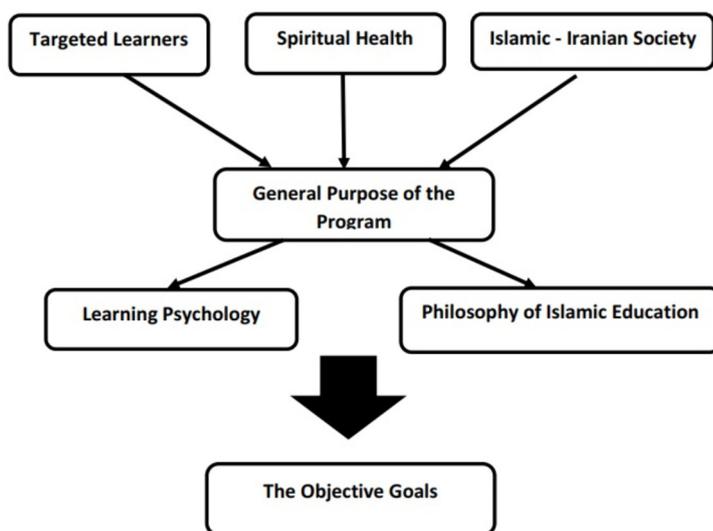

Fig. 2. Iranian spiritual health curriculum approach

Discussion

Due of their empowerment in terms of style and industry as well as their weakness and sense of purposelessness, industrial communities have a shallow and informed culture today. As a result of religious fervor, mystical feeling, and spiritual upbringing, the human being's oneness and spiritual equilibrium have vanished (13, 14). Humans are multidimensional beings, and systems and curriculum have shifted away from holistic approaches to 1-dimensional ones. Ignoring any one of these characteristics diminishes humanity (28). The later spirituality of man has been identified and defined as the transcendent relationship and unity with the divine essence, and the relationship with humans, nature, and the attainment of oneness and unity with being. The Islamic spiritual health curriculum is a culturally intertwined subject and has a strong relationship with intellectual needs, beliefs, and values, so it also discusses the philosophical and social basis along with the psychological foundations of curriculum planning (27). As a result, in this study, we made an effort to concentrate on the Islamic spiritual health curriculum from a methodical and scientific standpoint.

In Godarzi et al study, which was conducted to identify the necessary factors and components in the social education curriculum based on the Tyler model, the results showed that the characteristics of the elements of the social education curriculum include categories such as purpose (cognitive, emotional, psychological and movement), content (selection and organization), teaching and learning methods (selection and methods), and evaluation (principles and methods). In this study, the use of the Tyler model met the basic needs of the curriculum (29).

The existential need and need to belong to God, the need for spiritual security, the need for friendship with God, the need for self-respect, and the need for spiritual self-fulfillment were identified as the most significant factors and components related to the spiritual needs of students in the study by Khorashadizadeh et al (28). In the present study, since religion and Islamism are mixed with our culture and context, in developing the spiritual health curriculum based on the Tyler model Islamic-Iranian Society and the philosophy of Islamic Education were taken as 2 important and influential factors in the relevant model.

In a study by Haghparst Lati, which was done for the development of spiritual health of Four essential components—purpose, content, implementation, and evaluation—were accomplished for the learners. The social studies curriculum approach that incorporates spirituality was applied in this study. In this study, it was underlined that Islamic-Iranian content should be included in the pertinent curricula and that Islamic values should be strengthened in the learning category via participatory methods and group discussions. In addition, in this study, it was found that the curriculum that emphasizes the spiritual dimension of learners is based on self-assessment and performance evaluation and leads to the growth and excellence of individuals (1).

In the present study, an attempt was made to develop the spiritual health curriculum based on the Iranian-Islamic culture and context so that it can be more in harmony with the context of the current society.

Conclusion

Using a valid curriculum development model (Tyler model) can strengthen the foundations of the developed curriculum. In this study, we tried to present an Iranian-Islamic model that is suitable for our Iranian-Islamic culture and is also valid to develop a spirituality curriculum. Thus, it should be applied to develop the spirituality curriculum and should be used as an approach to spiritual health education.

Conflict of Interests

The authors declare that they have no competing interests.

References

1. Haghparast Lati T, Naderi E, Seif Naraghi M. The Spiritual Curriculum Model in Social Studies Course for the Development of Spiritual Health of Learners. Educ Strategy Med Sci. 2018;11(3):149-157.
2. Maaref M, Asadi F. Factors to achieve spiritual health from the perspective of the Quran and Hadith. Islam Stud. 2017;14(41):9-40.
3. Lucchetti G, Lucchetti AL, Espinha DC, de Oliveira LR, Leite JR, Koenig HG. Spirituality and health in the curricula of medical schools in Brazil. BMC Med Educ. 2012;12(78).
4. Borragini-Abuchaim S, Alonso LG, Tarcia RL. Spirituality/Religiosity as a Therapeutic Resource in Clinical Practice: Conception of Undergraduate Medical Students of the Paulista School of Medicine (Escola Paulista de Medicina) - Federal University of São Paulo (Universidade Federal de São Paulo). Front Psychiatry. 2021;12.
5. Harbinson MT, Bell D. How should teaching on whole person medicine, including spiritual issues, be delivered in the undergraduate medical curriculum in the United Kingdom?. BMC Med Educ. 2015;15(96).
6. King DE, Blue AV, Mallin R, Thiedke CC. Implementation and Assessment of a Spiritual History Taking Curriculum in the First Year of Medical School. Teach Learn Med. 2004;16:64-68.
7. Barnett KG, Fortin AH. A workshop for medical students and residents. J Gen Intern Med. 2006;21(5):481–485.
8. Akbari Lakeh M, Shamsi Gooshki E, Abbasi M. Spiritual health in the program of medical science education. J Med Ethics. 2011;4(14):113-130.
9. Eisner EW. The educational imagination: Macmillan New York; 1985.
10. Khan A.R, Amin H.U, Rehman Z.U. Application of Expert System with Fuzzy Logic in Teachers' Performance Evaluation. Int J Adv Comput Sci Appl. 2011;2(2).
11. Tyler RW. Basic principles of curriculum and instruction: University of Chicago press; 2013.
12. Tyler RW. The curriculum-then and now. Elem Sch J. 1957;57(7):364-74.
13. Antonelli GA. Ralph W. Tyler: The man and his work. Peabody J Educ. 1972;50(1):68-74.
14. Tyler RW. Educational evaluation: New roles, new means: NSSE; distributed by the University of Chicago Press; 1969
15. Culatto A, Summerton C. Spirituality and health education: a national survey of academic leaders UK. J Relig Health. 2015;54(6):2269-75.
16. Jafari N, Loghmani A, Puchalski CM. Spirituality and health care in Iran: Time to reconsider. J Relig Health. 2014;53(6)L:1918-1922.
17. Memaryan N, Rassouli M, Nahardani SZ, Amiri P. Integration of Spirituality in Medical Education in Iran: A Qualitative Exploration of Requirements. Evid.-Based Complementary Altern Med. 2015;793085.
18. Pashmdarfard M, Shafaroodi N. Factors affecting the clinical

education of rehabilitation students in Iran: A systematic review. Med J Islam Repub Iran. 2018 (18 Nov);32:114.

19. Koenig HG. Religion, spirituality, and health: the research and clinical implications. Int Scholar Res Notice. 2012;278730.

20. Khaghanizadeh M, Maleki H, Abbasi M, Abbaspoor A. Identity of medical ethics curriculum based on the experiences of medical ethics educators, qualitative study. J Med Ethics. 2012;1(1):56-67.

21. Sheldrake P. A brief history of spirituality: John Wiley & Sons; 2009.

22. Clark E. Designing and implementing an integrated curriculum. 1997.

23. Iannone R. V, Obenauf P. A. Toward spirituality in curriculum and teaching. Education. 1999;119(4):737-737.

24. Tyler RW, Gagné RM, Scriven M. Perspectives of curriculum evaluation: Rand McNally; 1967.

25. Mesbah A. Analysis of the concept of spirituality and the issue of meaning, J Med Ethics. 20111;4(14):23-39.

26. Marzband R, Hosseini SH, Hamzehgardeshi Z. A Concept Analysis of Spiritual Care Based on Islamic Sources. Religions. 2016;7(6):61.

27. Amini M, Mashaalahi Nejad Z. Rethinking the place and how of bringing up spirituality in higher education centers. Quart J Islam Edu. 2013;8(16):7-29.

28. Khorashadizadeh F, Heydari A, Nabavi FH, Mazlom SR, Ebrahimi M, Esmaili H. Development and psychometric assessment of Islamic Spiritual Health Scale for Muslim patients based on Islam teachings. Development. 2016;11(4).

29. Goudarzi F, Maleki H, Khosravi M, Abbaspour A. Elements of the Secondary School Social Education Curriculum Based on the Tyler Model: characteristics and Requirements. Res Teach. 2021;9(1):254-234.