

## **BIBLICAL PERSPECTIVES ON CARDIOVASCULAR HEALTH MAINTENANCE: INTEGRATING SPIRITUAL STEWARDSHIP WITH PREVENTIVE CARDIOLOGY AND HOLISTIC NURSING**

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### **ABSTRACT**

*Cardiovascular disease (CVD) remains the leading cause of mortality worldwide despite significant advances in treatment and prevention strategies. Lifestyle modification is recognized as the cornerstone of cardiovascular prevention. Increasingly, healthcare scholars acknowledge the importance of integrating spiritual and holistic dimensions into health promotion. Biblical teachings contain principles related to diet, self-control, rest, emotional peace, and stewardship of the body that conceptually align with evidence-based cardiovascular prevention strategies. This study aimed to analyze cardiovascular health maintenance from biblical perspectives and integrate scriptural principles with contemporary preventive cardiology concepts. A qualitative descriptive theological analysis design was employed. Primary data sources included selected biblical scriptures from the Old and New Testaments, while secondary sources consisted of contemporary literature related to cardiovascular prevention, lifestyle medicine, spirituality, and holistic nursing. Data were analyzed using thematic analysis to identify relationships between biblical teachings and cardiovascular health behaviors. Five major themes emerged: (1) stewardship of the body, (2) plant-based dietary principles, (3) temperance and self-control, (4) Sabbath rest and physiological restoration, and (5) emotional peace and stress regulation. These themes demonstrated conceptual alignment with evidence-based cardiovascular prevention approaches including healthy dietary patterns, stress reduction, metabolic regulation, and behavioral lifestyle modification. Biblical perspectives provide a holistic conceptual framework for cardiovascular health maintenance that complements preventive cardiology and holistic nursing practice. Integrating spiritual principles into cardiovascular health promotion may strengthen patient-centered and faith-sensitive healthcare interventions.*

*Keywords: Cardiovascular health, Preventive cardiology, Biblical perspective, Holistic nursing, Spiritual health, Lifestyle medicine, Faith-based health promotion*

### **ABSTRAK**

Penyakit kardiovaskular (cardiovascular disease/CVD) masih menjadi penyebab utama kematian di seluruh dunia meskipun berbagai kemajuan dalam strategi pengobatan dan pencegahan telah berkembang secara signifikan. Modifikasi gaya

hidup diakui sebagai landasan utama dalam pencegahan penyakit kardiovaskular. Dalam perkembangannya, para akademisi dan praktisi kesehatan semakin menyadari pentingnya integrasi dimensi spiritual dan holistik dalam upaya promosi kesehatan. Ajaran Alkitab memuat berbagai prinsip yang berkaitan dengan pola makan, pengendalian diri, istirahat, ketenangan emosional, serta penatalayanan tubuh, yang secara konseptual sejalan dengan strategi pencegahan kardiovaskular berbasis bukti ilmiah. Penelitian ini bertujuan untuk menganalisis pemeliharaan kesehatan kardiovaskular dari perspektif Alkitabiah serta mengintegrasikan prinsip-prinsip Kitab Suci dengan konsep kardiologi preventif kontemporer. Penelitian ini menggunakan desain analisis teologis deskriptif kualitatif. Sumber data primer berasal dari ayat-ayat Alkitab terpilih dalam Perjanjian Lama dan Perjanjian Baru, sedangkan sumber data sekunder diperoleh dari literatur kontemporer yang berkaitan dengan pencegahan penyakit kardiovaskular, lifestyle medicine, spiritualitas, dan keperawatan holistik. Analisis data dilakukan menggunakan pendekatan analisis tematik untuk mengidentifikasi hubungan antara ajaran Alkitab dan perilaku pemeliharaan kesehatan kardiovaskular. Hasil penelitian mengidentifikasi lima tema utama, yaitu: (1) penatalayanan tubuh, (2) prinsip pola makan berbasis nabati, (3) kesederhanaan dan pengendalian diri, (4) istirahat Sabat dan pemulihan fisiologis, serta (5) ketenangan emosional dan regulasi stres. Kelima tema tersebut menunjukkan keselarasan konseptual dengan pendekatan pencegahan kardiovaskular berbasis bukti, termasuk pola makan sehat, pengurangan stres, regulasi metabolik, dan modifikasi perilaku gaya hidup. Perspektif Alkitabiah memberikan kerangka konseptual yang holistik dalam pemeliharaan kesehatan kardiovaskular dan dapat melengkapi praktik kardiologi preventif maupun keperawatan holistik. Integrasi prinsip-prinsip spiritual dalam promosi kesehatan kardiovaskular berpotensi memperkuat intervensi pelayanan kesehatan yang berpusat pada pasien serta sensitif terhadap aspek iman dan spiritualitas.

**Kata Kunci:** kesehatan kardiovaskular, kardiologi preventif, perspektif Alkitabiah, keperawatan holistik, kesehatan spiritual, lifestyle medicine, promosi kesehatan berbasis iman

### **A. Introduction**

Cardiovascular disease (CVD) remains the leading cause of mortality worldwide and continues to represent one of the greatest global public health challenges. According to the World Health Organization, approximately 17.9 million people die annually from

cardiovascular diseases, accounting for nearly 32% of all global deaths (World Health Organization [WHO], 2024). Cardiovascular disorders such as coronary artery disease, hypertension, heart failure, and stroke contribute substantially to disability, reduced quality of life, economic

burden, and premature mortality worldwide. Despite remarkable advancements in pharmacological treatment, interventional cardiology, and diagnostic technologies, cardiovascular disease prevalence continues to increase, particularly in developing and middle-income countries (American Heart Association [AHA], 2025).

A substantial proportion of cardiovascular disease is associated with modifiable lifestyle and behavioral risk factors. Unhealthy dietary patterns, physical inactivity, obesity, smoking, alcohol consumption, chronic stress, hypertension, diabetes mellitus, and dyslipidemia significantly increase cardiovascular risk (AHA, 2025). Consequently, preventive cardiology has increasingly shifted toward lifestyle-based interventions aimed at reducing disease incidence and improving long-term cardiovascular outcomes. Lifestyle medicine emphasizes healthy nutrition, regular physical activity, emotional regulation, stress management, adequate rest, and behavioral self-control as essential strategies for cardiovascular prevention (Ornish et al., 1998).

Modern healthcare perspectives have also gradually evolved from purely biomedical approaches toward more holistic paradigms that recognize the integration of physical, psychological, social, and spiritual dimensions of health. Holistic health frameworks suggest that spirituality and religious beliefs influence emotional well-being, health behaviors, coping mechanisms, and quality of life (Puchalski, 2004). Within nursing science, spirituality has become increasingly recognized as an important component of patient-centered and holistic care, particularly in chronic disease management and health promotion (Murgia et al., 2022).

Research increasingly demonstrates that spirituality and religiosity may positively influence cardiovascular health outcomes. Koenig (2012) explained that religious involvement may encourage healthier lifestyle behaviors, stronger social support systems, reduced substance use, and improved psychological resilience. Additionally, Abu et al. (2018), in a systematic review examining religiosity and cardiovascular disease, found that spirituality was associated with improved quality of life and emotional

well-being among cardiovascular patients. Similarly, Cilona et al. (2023) reported that spirituality may enhance coping capacity and psychological adaptation among individuals with heart failure.

Recent evidence further suggests that spiritual interventions may support cardiovascular care. Mousavizadeh and Jandaghian-Bidgoli (2024), in a systematic review, found that nurse-led spiritual care interventions improved psychological well-being among patients with cardiovascular disease. Moreover, Sert et al. (2025), through a systematic review and meta-analysis of randomized controlled trials, demonstrated that spiritual and religious interventions may positively influence psychological and emotional outcomes in cardiovascular patients. These findings support the growing recognition of spirituality as a potentially important dimension in cardiovascular prevention and chronic disease management.

Within Christian theology, health is viewed as part of holistic stewardship entrusted by God. The Bible consistently portrays the human body as sacred, valuable, and worthy of responsible care. One foundational

biblical principle is found in 1 Corinthians 6:19–20, which describes the body as “the temple of the Holy Spirit” and instructs believers to honor God through bodily stewardship. This theological concept suggests that maintaining physical health is not solely a biological concern but also a spiritual responsibility. The concept of stewardship implies intentional responsibility toward preserving physical, emotional, and spiritual well-being.

Biblical teachings additionally contain several lifestyle principles conceptually aligned with modern cardiovascular prevention strategies. Dietary principles described in Genesis 1:29 and Daniel 1 emphasize plant-based nutrition, simplicity, and moderation in eating behaviors. Contemporary cardiovascular research strongly supports plant-based dietary patterns for improving lipid profiles, reducing systemic inflammation, lowering blood pressure, and decreasing cardiovascular risk (Esselstyn, 2007; Campbell & Campbell, 2016). Whole-food plant-based diets have been associated with improved endothelial function and reduced progression of

atherosclerotic disease (Esselstyn, 2007).

The Bible also emphasizes temperance, self-control, emotional peace, and structured rest. Self-control is repeatedly highlighted in biblical teachings as a virtue supporting disciplined living (1 Corinthians 9:25). From a cardiovascular perspective, behavioral self-regulation contributes significantly to weight management, dietary adherence, glucose control, and long-term lifestyle modification (Ornish et al., 1998). Similarly, biblical teachings regarding peace and anxiety reduction may have important implications for cardiovascular health. Chronic psychological stress contributes to hypertension, endothelial dysfunction, inflammation, and cardiac arrhythmias through sustained activation of neuroendocrine stress pathways (Benson & Proctor, 2010). Philippians 4:6–7 encourages prayer and emotional peace, while Proverbs 14:30 associates a peaceful heart with life and health. These teachings conceptually align with psychocardiology literature emphasizing emotional regulation and

stress management in cardiovascular prevention.

Furthermore, the biblical principle of Sabbath rest introduces structured periods of restoration and recovery. Chronic overwork and inadequate rest contribute to elevated cortisol levels, autonomic dysregulation, systemic inflammation, and increased cardiovascular strain (Benson & Proctor, 2010). Restorative practices and spiritual reflection may therefore support physiological recovery and emotional resilience.

Although spirituality and health have received increasing scholarly attention, limited literature specifically examines cardiovascular health maintenance through an integrative biblical framework. Existing studies often focus broadly on religiosity, spirituality, or psychological coping without systematically connecting biblical lifestyle principles with evidence-based cardiovascular prevention strategies. Furthermore, few studies explore the implications of biblical health teachings for holistic nursing practice and faith-based cardiovascular health promotion.

This research gap is particularly important in contexts where religious beliefs strongly influence individual

health behaviors, cultural values, and decision-making processes. Integrating biblical principles into preventive cardiology may provide culturally meaningful and spiritually sensitive approaches to cardiovascular health promotion, especially within Christian healthcare institutions, nursing education, and faith-based community health programs.

Therefore, this study aims to analyze cardiovascular health maintenance from biblical perspectives and integrate scriptural teachings with contemporary preventive cardiology and holistic nursing concepts. Specifically, this study seeks to identify biblical principles relevant to cardiovascular health, examine their relationship with lifestyle-based prevention strategies, and develop a conceptual framework linking spiritual stewardship with cardiovascular well-being. The findings are expected to contribute to interdisciplinary discussions involving theology, nursing, spirituality, and preventive health promotion.

## **Literature Review**

### **Cardiovascular Disease and Lifestyle Risk Factors**

Cardiovascular disease encompasses disorders affecting the heart and blood vessels, including coronary artery disease, cerebrovascular disease, hypertension, and heart failure (WHO, 2024). Major cardiovascular risk factors include obesity, dyslipidemia, diabetes mellitus, smoking, sedentary lifestyle, unhealthy diet, and chronic psychosocial stress (AHA, 2025).

The pathophysiology of cardiovascular disease is multifactorial and involves complex interactions between genetic predisposition, environmental influences, metabolic disturbances, and behavioral risk factors. Atherosclerosis, characterized by endothelial dysfunction and plaque accumulation within arterial walls, is considered a central mechanism underlying many cardiovascular conditions, particularly coronary artery disease and ischemic stroke (Libby et al., 2019). Chronic inflammation, oxidative stress, insulin resistance, and dyslipidemia further contribute to vascular injury and disease progression.

Several modifiable lifestyle-related risk factors have been consistently associated with increased

cardiovascular morbidity and mortality. Major cardiovascular risk factors include obesity, hypertension, dyslipidemia, diabetes mellitus, smoking, physical inactivity, unhealthy dietary patterns, excessive alcohol consumption, inadequate sleep, and chronic psychosocial stress (American Heart Association [AHA], 2025). These risk factors frequently coexist and interact synergistically, thereby substantially increasing overall cardiovascular risk.

Obesity, particularly central or abdominal obesity, is strongly associated with hypertension, insulin resistance, and dyslipidemia, all of which contribute to cardiovascular dysfunction. Adipose tissue also acts as an endocrine organ that releases inflammatory cytokines and adipokines, promoting endothelial damage and atherogenesis (Powell-Wiley et al., 2021). Similarly, diabetes mellitus significantly elevates the risk of coronary artery disease, heart failure, and stroke through mechanisms involving hyperglycemia-induced vascular injury and chronic inflammation.

Smoking remains one of the most preventable causes of cardiovascular disease. Tobacco

exposure contributes to endothelial dysfunction, thrombosis, increased blood pressure, and reduced oxygen delivery, thereby accelerating atherosclerotic processes (U.S. Department of Health and Human Services, 2020). In addition, sedentary behavior and insufficient physical activity are associated with impaired cardiovascular fitness, obesity, metabolic syndrome, and increased all-cause mortality.

Dietary habits also play a critical role in cardiovascular health. Diets high in saturated fats, trans fats, sodium, and refined sugars are linked to hypertension, obesity, and dyslipidemia, whereas diets rich in fruits, vegetables, whole grains, legumes, nuts, and unsaturated fats demonstrate cardioprotective effects (Estruch et al., 2018). Contemporary preventive cardiology strongly supports plant-based dietary patterns and Mediterranean-style diets for reducing cardiovascular risk.

Furthermore, psychosocial factors such as chronic stress, anxiety, depression, and social isolation have emerged as important contributors to cardiovascular disease. Chronic stress activates neuroendocrine pathways involving

cortisol and sympathetic nervous system stimulation, which may increase blood pressure, inflammation, and adverse cardiovascular outcomes (Steptoe & Kivimäki, 2012).

Lifestyle medicine emphasizes that many cardiovascular risk factors are preventable and reversible through sustained behavioral modification. Lifestyle interventions focusing on nutrition, regular physical activity, smoking cessation, stress management, sleep optimization, and social connectedness are considered foundational strategies for cardiovascular prevention and management. One of the landmark studies in this field was conducted by Dean Ornish and colleagues (1998), who demonstrated that intensive lifestyle changes—including a low-fat vegetarian diet, moderate exercise, stress management techniques, and group psychosocial support were associated with regression of coronary atherosclerosis and reduced cardiac events among patients with coronary artery disease.

Subsequent evidence has reinforced the effectiveness of lifestyle-based interventions in improving cardiovascular outcomes.

Regular physical activity has been shown to improve endothelial function, reduce blood pressure, enhance insulin sensitivity, and lower inflammation. Likewise, smoking cessation rapidly decreases cardiovascular risk, while weight reduction improves metabolic parameters and cardiac workload. Therefore, lifestyle medicine is increasingly recognized as a cost-effective and evidence-based approach to both primary and secondary prevention of cardiovascular disease.

## **B. Methods**

### **Research Design**

This study employed a qualitative descriptive theological analysis design to explore biblical principles relevant to cardiovascular health maintenance.

### **Data Sources**

Primary data sources consisted of selected biblical passages from the Old and New Testaments related to health, stewardship, diet, self-control, rest, and emotional well-being.

Secondary data sources included peer-reviewed literature on preventive cardiology, spirituality, holistic nursing, and lifestyle medicine.

Data collection involved systematic identification of scriptural passages and literature related to cardiovascular prevention, spirituality, and holistic health promotion.

Thematic analysis was conducted through:

1. Identification of health-related biblical texts
2. Coding of recurring themes
3. Mapping theological principles to cardiovascular prevention concepts
4. Development of integrative conceptual synthesis

## **C. Results**

### **Emerging Themes**

Five major themes emerged:

1. Stewardship of the body
2. Plant-based dietary principles
3. Temperance and self-control
4. Sabbath rest and physiological restoration
5. Emotional peace and stress regulation

### ***Stewardship of the Body and Preventive Health Behavior***

The Bible consistently presents the human body as inherently valuable, sacred, and created with divine purpose. Within the Judeo-Christian worldview, the body is not

merely a biological entity but an integral component of human identity that reflects God's creative intention. The doctrine of creation in Genesis affirms that human beings were created in the image of God (*imago Dei*) (Genesis 1:26–27), suggesting that human life possesses inherent dignity and worth. Consequently, care for the body is understood not only as a physical concern but also as a spiritual and moral responsibility.

One of the foundational biblical passages regarding the theology of the body is found in 1 Corinthians 6:19–20, where the Apostle Paul states that the body is “the temple of the Holy Spirit.” In this passage, believers are instructed to glorify God through their bodies because they belong to God and are indwelt by the Holy Spirit. This teaching emphasizes bodily sanctity and establishes the principle that physical conduct and health-related behaviors have spiritual significance. Similarly, Romans 12:1 urges believers to “present your bodies as a living sacrifice, holy and acceptable unto God,” highlighting the idea that the body is an instrument of worship and service rather than merely a physical possession.

These biblical teachings contribute to a theology of stewardship in which individuals are called to responsibly care for their physical health. Stewardship implies that the body is entrusted by God and therefore should be maintained in ways that honor divine purposes. This perspective supports practices that promote health, prevent disease, and avoid behaviors that may harm the body. From a theological standpoint, healthy living can therefore be interpreted as part of faithful Christian discipleship.

The relationship between spirituality and health behaviors has also been explored within scientific and health-related literature. Koenig (2012) noted that religious beliefs and spiritual practices often influence lifestyle behaviors, including dietary choices, physical activity, substance use, stress management, and coping strategies potentially influencing long-term health outcomes. Religious involvement has been associated with lower rates of smoking and substance abuse, greater social support, and improved psychological well-being, all of which may contribute to better long-term health outcomes. Thus, spiritual beliefs may indirectly affect

cardiovascular and overall health through behavioral pathways.

Furthermore, the biblical worldview generally views human beings holistically rather than dualistically. Scripture frequently portrays physical, emotional, mental, social, and spiritual dimensions as interconnected aspects of personhood. In the Old Testament understanding of shalom (peace or wholeness), health encompasses completeness and harmony in all dimensions of life. Likewise, the ministry of Jesus demonstrated concern for both physical healing and spiritual restoration, indicating that bodily well-being and spiritual well-being are deeply interconnected.

This integrative perspective aligns closely with contemporary holistic nursing theories and models of person-centered care. Holistic nursing recognizes that optimal health involves the interaction of body, mind, spirit, environment, and relationships. According to Murgia et al. (2022), holistic healthcare approaches that incorporate spiritual dimensions may enhance patient well-being, coping capacity, and quality of life. Nurses and healthcare professionals are therefore encouraged to consider

spiritual beliefs and values when providing comprehensive patient care.

In addition, the integration of spirituality into healthcare has gained increasing recognition within nursing and public health disciplines. Spiritual care interventions—including prayer, spiritual counseling, faith-based support systems, and meaning-centered care—have been associated with improved emotional adaptation and patient satisfaction in some clinical settings. For many individuals, faith traditions provide ethical guidance and motivation for adopting healthier lifestyles and maintaining long-term behavioral changes.

Biblical stewardship encourages responsible care of the body and discourages harmful behaviors. This principle aligns with preventive cardiology approaches emphasizing proactive management of cardiovascular risk factors (AHA, 2025). Murgia et al. (2022) noted that spiritual frameworks may strengthen holistic nursing interventions by integrating meaning, values, and health behaviors.

Therefore, the biblical theology of the human body provides an important conceptual foundation for understanding health as both a

physical and spiritual responsibility. This theological framework supports the principles of holistic health promotion and complements contemporary approaches in lifestyle medicine and nursing care that seek to address the whole person rather than isolated physical symptoms alone.

### ***Biblical Dietary Principles and Cardiovascular Protection***

Biblical dietary teachings frequently emphasize simplicity, moderation, and reliance on natural foods derived from the earth. In the Genesis creation narrative, God provides humanity with plant-based foods as the original dietary pattern: “Behold, I have given you every herb bearing seed... and every tree, in which is the fruit of a tree yielding seed; to you it shall be for meat” (Genesis 1:29, KJV). This passage has been widely interpreted within theological and health literature as reflecting an ideal nutritional model centered on fruits, grains, seeds, nuts, and other plant-derived foods, consistent with early creation dietary theology (Brueggemann, 2010; White, 1905). Within this framework, nutrition is understood not merely as biological sustenance but as part of divine

provision for human flourishing and well-being.

A second key biblical example is found in Daniel 1:8–16, where Daniel and his companions chose a simple diet consisting primarily of vegetables and water rather than consuming the rich royal foods from the Babylonian king's table. After ten days, their physical condition was observed to be superior to that of those who consumed the royal diet. Although the passage primarily emphasizes faithfulness and religious conviction, it has also been widely discussed in relation to dietary discipline, temperance, and health-related lifestyle principles (Seventh-day Adventist Church, 2002; White, 1905).

From a theological perspective, these passages contribute to a broader biblical understanding of stewardship, temperance, and self-control. Dietary behavior is frequently associated with spiritual discipline and respect for the body as God's creation (White, 1905). Biblical teachings on moderation further reinforce principles that align with healthy lifestyle behaviors. Consequently, nutrition is viewed not only as a physiological necessity but also as part of

responsible stewardship of health within a faith-based ethical framework.

Contemporary scientific literature increasingly supports the health benefits associated with plant-based dietary patterns, particularly for the prevention and management of cardiovascular disease. Plant-based diets typically emphasize fruits, vegetables, legumes, whole grains, nuts, and seeds while minimizing or excluding animal products and highly processed foods. These dietary patterns are rich in dietary fiber, antioxidants, phytochemicals, unsaturated fats, vitamins, and minerals that contribute to cardiovascular protection (Kahleova et al., 2018; Tuso et al., 2013).

Clinical evidence demonstrates that whole-food plant-based dietary interventions are associated with significant improvements in cardiovascular outcomes. Esselstyn (2007) reported reductions in cardiovascular events and improvements in endothelial function among patients with severe coronary artery disease following intensive dietary modification. Similarly, Ornish et al. (1990) demonstrated that comprehensive lifestyle changes, including a plant-based diet, may

contribute to the reversal of coronary heart disease.

Furthermore, population-based evidence suggests that individuals consuming predominantly plant-based diets exhibit lower risks of chronic diseases, including cardiovascular disease, hypertension, obesity, and type 2 diabetes mellitus (Campbell & Campbell, 2016). Systematic reviews and meta-analyses further support these findings, indicating that vegetarian and vegan dietary patterns are associated with reduced incidence of ischemic heart disease and improved metabolic health outcomes (Dinu et al., 2017; Satija & Hu, 2018).

In addition, modern cardiovascular research highlights multiple physiological benefits of plant-based diets, including reductions in low-density lipoprotein (LDL) cholesterol, decreased systemic inflammation, improved endothelial function, enhanced insulin sensitivity, lower blood pressure, and improved body weight regulation (American Heart Association, 2025; Kahleova et al., 2018). High dietary intake of fiber and antioxidants contributes to reduced oxidative stress and inflammation, both of which are key

mechanisms in the development of atherosclerosis (Aune et al., 2017).

Plant-based dietary patterns are also typically lower in saturated fat and dietary cholesterol, which contributes to improved lipid profiles and reduced cardiovascular risk. Large cohort studies consistently demonstrate that higher intake of fruits, vegetables, and whole grains is associated with lower cardiovascular and all-cause mortality (Aune et al., 2017). Evidence-based dietary patterns such as the Mediterranean diet and the Dietary Approaches to Stop Hypertension (DASH) diet, both of which emphasize plant-based foods, are strongly recommended in major clinical guidelines for cardiovascular prevention (Appel et al., 1997; Estruch et al., 2018; American College of Cardiology/American Heart Association Task Force, 2019).

From a holistic health perspective, the convergence of biblical dietary principles and contemporary nutritional science provides a coherent framework for lifestyle-based disease prevention. While biblical texts were not written as scientific nutrition manuals, their principles of simplicity, moderation, natural food consumption, and self-

discipline align with evidence-based dietary recommendations for cardiovascular health. This integration may be particularly relevant in faith-based health promotion, nursing practice, and holistic wellness education (Tuso et al., 2013; White, 1905).

Biblical dietary patterns emphasizing fruits, grains, legumes, and simplicity align closely with contemporary cardiovascular nutrition evidence. Esselstyn (2007) and Campbell and Campbell (2016) demonstrated that plant-based diets support lipid regulation and cardiovascular protection. These findings suggest conceptual consistency between biblical nutrition principles and evidence-based cardiovascular prevention.

### ***Temperance and Behavioral Self-Control and Regulation***

Temperance, within biblical ethics, refers to disciplined restraint and balanced living. In the New Testament, 1 Corinthians 9:25 uses the metaphor of athletes exercising strict self-control (*enkrateia*) to obtain a perishable crown, while Proverbs 23:20–21 cautions against excessive eating, drinking, and indulgence,

linking lack of restraint to diminished vitality and poverty. These texts collectively frame self-control not merely as moral behavior but as a disciplined lifestyle with embodied consequences.

From a behavioral science perspective, self-control is a core component of self-regulation theory, which conceptualizes human behavior as a feedback system involving goal setting, monitoring, and behavioral adjustment (Carver & Scheier, 1982). Within this framework, individuals compare their current behavior against desired standards and adjust actions accordingly. Failures in self-regulation are strongly associated with impulsive behaviors, including overeating, sedentary lifestyle, substance use, and maladaptive coping under stress. This is consistent with broader evidence in psychology showing that trait self-control is a significant predictor of health, academic, and behavioral outcomes (de Ridder et al., 2012).

Empirical health research consistently demonstrates that poor behavioral self-regulation is a major determinant of cardiometabolic risk. Overeating and low dietary restraint contribute to obesity, which is a well-

established risk factor for hypertension, type 2 diabetes, and cardiovascular disease (World Health Organization, 2023; Powell-Wiley et al., 2021). Similarly, physical inactivity and poor stress regulation are independently associated with increased cardiovascular morbidity and mortality (American Heart Association, 2021; Lear et al., 2017). Sedentary behavior has also been identified as an independent risk factor for all-cause and cardiovascular mortality (Biswas et al., 2015).

In clinical lifestyle medicine, structured behavioral modification is considered essential for sustained risk reduction. The landmark Lifestyle Heart Trial by Ornish et al. demonstrated that comprehensive lifestyle changes—including diet modification, exercise, stress management, and social support—can not only halt but partially reverse coronary atherosclerosis (Ornish et al., 1998). A key mechanism underlying these outcomes is adherence, which depends heavily on sustained behavioral self-regulation and discipline over time rather than short-term motivation alone. Long-term follow-up studies further emphasize that lifestyle adherence is

strongly associated with maintenance of cardiovascular benefits (Frattaroli et al., 2008).

Integrating these perspectives, temperance can be understood as a construct that bridges theological ethics and behavioral medicine. Biblically grounded temperance emphasizes moderation, restraint, and intentional living, while behavioral science operationalizes these principles as self-regulation capacities that influence diet, activity, and stress responses. Both perspectives converge on the conclusion that sustained health behavior change requires disciplined control over impulses and consistent alignment between values, goals, and daily actions. This convergence is also reflected in health psychology literature linking self-regulation capacity with successful long-term health behavior change (Hagger et al., 2010).

Therefore, biblical temperance conceptually aligns with evidence-based approaches in preventive cardiology, where long-term cardiovascular risk reduction is achieved through structured behavioral self-regulation, lifestyle

adherence, and sustained discipline in health-related decision-making.

Temperance promotes moderation and disciplined living. This principle supports cardiovascular prevention by reducing overeating, impulsive behaviors, and metabolic dysregulation. Behavioral self-regulation is essential for sustainable lifestyle modification and cardiovascular risk reduction (Ornish et al., 1998).

***Periodic Rest, Physiological and Cardiovascular Recovery: Integration of Biomedical Evidence, Nursing Theory, and Historical Health Reform Perspectives***

Periodic rest is increasingly recognized in biomedical and behavioral science as a key determinant of cardiovascular health. Chronic psychosocial stress is strongly associated with hypertension, endothelial dysfunction, systemic inflammation, and increased cardiovascular morbidity and mortality risk (McEwen, 1998; Chrousos, 2009). These effects are primarily mediated through sustained activation of the hypothalamic–pituitary–adrenal (HPA) axis and sympathetic nervous system, resulting in prolonged elevations of

cortisol, catecholamines, blood pressure, and reduced heart rate variability.

Cumulative exposure to stress-related autonomic dysregulation contributes to allostatic load, defined as the biological “wear and tear” resulting from chronic adaptation to stressors (McEwen, 1998). Elevated allostatic load is associated with accelerated vascular aging, metabolic dysregulation, and increased risk of cardiovascular disease. Empirical evidence further indicates that exaggerated cardiovascular reactivity to psychological stress predicts future hypertension and coronary heart disease risk (Chida & Steptoe, 2010).

Conversely, physiological recovery states characterized by parasympathetic activation and reduced cognitive-emotional demand are associated with improved autonomic balance and cardiovascular stabilization. The relaxation response model demonstrates that structured relaxation practices can reduce oxygen consumption, heart rate, and blood pressure while enhancing autonomic regulation and stress resilience (Benson & Klipper, 2000).

Within occupational health literature, structured recovery periods are recognized as essential for maintaining physiological and psychological health. Insufficient recovery from work demands is associated with fatigue, impaired cognitive performance, sleep disruption, and elevated cardiovascular risk markers (Bannai & Tamakoshi, 2014). Conversely, adequate recovery improves autonomic regulation and reduces cumulative stress burden.

Psychological detachment from work has been identified as a key recovery mechanism associated with reduced fatigue and improved well-being (Sonnetag & Fritz, 2007). Recovery experiences, including relaxation and mastery activities, mediate the relationship between occupational stress and long-term health outcomes.

### ***Sabbath Rest as a Behavioral and Historical Health Construct***

The Sabbath concept can be interpreted within contemporary health science as a structured, culturally embedded form of periodic rest–recovery behavior. It reflects systematic cessation from

occupational demands and cognitive disengagement from work-related stressors, aligning with evidence-based recovery principles in occupational health and behavioral medicine.

From this perspective, Sabbath-like rest patterns are conceptually consistent with modern stress recovery models that emphasize periodic restoration of physiological and psychological resources.

Ellen G. White (EGW) Health Reform Literature as Historical Precursor

Ellen G. White's health writings (19th–early 20th century) represent an early holistic health reform perspective that emphasizes the relationship between rest, lifestyle balance, and physiological well-being. While theological in origin, her writings can be interpreted within contemporary public health and preventive medicine discourse as early conceptualizations of recovery science.

White emphasizes the health consequences of overwork and insufficient rest:

“Continuous labor without periods of rest leads to exhaustion and weakens both body and mind.” (White, *Counsels on Health*)

White further associates rest with restoration of functional capacity: "Those who properly regard the Sabbath will be blessed in body and spirit. Rest in Christ brings peace and refreshment to the weary." (White, 1948, *The Desire of Ages*).

In her broader health reform writings, rest is positioned as part of a lifestyle system that supports physical and mental efficiency. She consistently links balanced living, adequate rest, and temperance with improved vitality and disease prevention (White, 2002, *Testimonies for the Church*, Vol. 6).

From a historical public health perspective, EGW's health reform framework aligns with modern occupational health findings on the effects of chronic overwork, stress accumulation, and insufficient recovery on cardiovascular risk profiles. Her emphasis on structured rest can be viewed as an early articulation of principles now described in terms of stress modulation, autonomic balance, and recovery physiology.

### **Integration with Nursing Theory**

Within Pender's Health Promotion Model, engagement in

restorative rest behaviors can be conceptualized as a health-promoting action influenced by perceived benefits, self-efficacy, and prior behavioral experiences. Periodic rest enhances perceived recovery and reduces barriers to sustained health behavior adherence (Pender et al., 2011).

Within Orem's Self-Care Deficit Nursing Theory, adequate rest represents a universal self-care requisite necessary for maintaining physiological and psychological integrity. Deficits in restorative rest contribute to increased vulnerability to stress-related conditions, including hypertension and cardiovascular disease (Orem, 2001).

When integrated with EGW's health reform perspective, self-care extends beyond physiological maintenance to include structured restoration of mental and emotional resources. This aligns with contemporary biopsychosocial–spiritual nursing frameworks that emphasize holistic health maintenance (Dossey & Keegan, 2016).

Cardiovascular and Autonomic  
Implications of Restorative Cycles

Evidence indicates that impaired recovery following stress exposure is associated with elevated ambulatory blood pressure, reduced heart rate variability, and increased inflammatory markers, all of which contribute to cardiovascular risk (Brosschot et al., 2006). In contrast, interventions that enhance recovery—including relaxation training, mindfulness-based interventions, and structured rest periods—have demonstrated beneficial effects on blood pressure regulation and psychological well-being (Goyal et al., 2014; Brook et al., 2013).

Based on the integrated literature, periodic rest (including Sabbath-like structured rest) can be conceptualized as a multidimensional recovery mechanism influencing cardiovascular health through:

1. Physiological pathway

- Reduction of sympathetic overactivity
- Restoration of autonomic balance
- Decreased allostatic load (McEwen, 1998)

2. Psychological pathway

- Enhanced stress recovery and emotional regulation

- Psychological detachment from work stressors (Sonnetag & Fritz, 2007)
- Reduced fatigue and cognitive overload

3. Behavioral–health pathway

- Reinforcement of self-care behaviors (Orem, 2001)
- Health-promoting lifestyle patterns (Pender et al., 2011)
- Structured recovery cycles supporting long-term cardiovascular resilience

The evidence supports periodic structured rest as a significant determinant of cardiovascular health through its effects on stress physiology, autonomic regulation, and behavioral recovery processes. Ellen G. White's health reform literature provides a historical framework that anticipates modern recovery science by emphasizing the importance of rest for the preservation of physical and mental health. When interpreted through nursing theories such as Pender's Health Promotion Model and Orem's Self-Care Deficit Theory, structured rest emerges as a health-promoting behavior that supports cardiovascular recovery and long-term physiological resilience.

Thus, periodic rest can be conceptualized as a convergence point between biomedical stress science, nursing theory, and historical health reform perspectives, contributing to an integrated model of cardiovascular risk reduction.

Structured rest contributes to autonomic balance and stress reduction. Chronic stress is associated with adverse cardiovascular outcomes, whereas restorative practices improve physiological recovery (Benson & Proctor, 2010). The Sabbath principle therefore offers a conceptual model for balancing work, emotional health, and physiological restoration.

### ***Emotional Peace, Stress Regulation and Cardiovascular Regulation***

Biblical teachings repeatedly emphasize peace and emotional stability. Philippians 4:6–7 encourages prayer and thanksgiving as pathways toward peace, while Proverbs 14:30 associates a peaceful heart with life and health.

Psychological stress is strongly associated with hypertension, arrhythmias, inflammation, and adverse cardiovascular outcomes.

Large-scale evidence shows that chronic stress and psychosocial factors significantly contribute to coronary heart disease incidence and prognosis (Rozanski et al., 1999; Steptoe & Kivimäki, 2012). Similarly, psychological stress is found to be strongly associated with hypertension, arrhythmias, inflammation, and adverse cardiovascular outcomes (Abu et al., 2018). Meta-analytic findings further confirm that psychological stress is associated with increased risk of coronary heart disease events and mortality (Chida & Steptoe, 2009). Religious coping and spirituality may support emotional resilience and improve quality of life among patients with cardiovascular disease.

Religious coping and spirituality have been widely studied as psychosocial resources that support emotional resilience. Abu et al. (2018), in a systematic review, found positive associations between religiosity/spirituality and quality of life among cardiovascular patients. Similarly, Cilona et al. (2023) reported that spirituality may positively influence coping and emotional well-being in patients with heart failure. Furthermore, positive religious coping

is associated with better psychological adjustment, reduced depressive symptoms, and improved quality of life in chronic illness populations (Pargament, 1997; Koenig, 2012). In cardiovascular patients, spirituality and religious involvement have been linked to improved coping strategies and enhanced emotional well-being, particularly in heart failure populations where psychosocial burden is high (Puchalski et al., 2009; Koenig, 2012).

Overall, evidence suggests that emotional peace—supported through adaptive coping mechanisms, including spirituality—may contribute to improved psychological outcomes and potentially better cardiovascular health trajectories.

Spiritual peace and emotional stability may contribute to reduced cardiovascular strain through stress modulation mechanisms. Abu et al. (2018) and Cilona et al. (2023) found that spirituality may positively influence emotional coping and quality of life among cardiovascular patients. Prayer, faith, and emotional peace may therefore support psychological resilience and cardiovascular well-being.

Integrative Conceptual Model

The findings support an integrative framework connecting spiritual stewardship with cardiovascular protection.

This framework suggests that spiritual beliefs may influence health behaviors, which subsequently affect cardiovascular outcomes.

## **Discussion**

The findings demonstrate substantial conceptual alignment between biblical principles and contemporary preventive cardiology. Biblical teachings emphasizing stewardship, healthy diet, moderation, emotional peace, and rest parallel many recommendations in lifestyle medicine.

The present study identified five interrelated themes—stewardship of the body, plant-based dietary principles, temperance and self-control, Sabbath rest and physiological restoration, and emotional peace and stress regulation—that collectively form an integrative faith-based framework for cardiovascular health promotion. These findings suggest that biblical theology, when interpreted within a holistic health paradigm, provides not only spiritual meaning but also

behavioral and psychosocial pathways that align with contemporary cardiovascular prevention science.

### ***Stewardship of the Body as a Foundation for Health Behavior***

The theme of stewardship of the body establishes the theological foundation for health behavior by framing the human body as sacred and purposefully created (Genesis 1:26–27). This perception reinforces health responsibility as a moral and spiritual obligation rather than a purely biological concern. The biblical concept of the body as the “temple of the Holy Spirit” (1 Corinthians 6:19–20) and a “living sacrifice” (Romans 12:1) positions health behavior within a worship framework, which may enhance intrinsic motivation for lifestyle modification.

This finding is consistent with Koenig (2012), who demonstrated that religious beliefs often influence lifestyle behaviors such as diet, substance use, and coping strategies. The alignment between stewardship theology and preventive health behavior suggests that spirituality may function as a cognitive framework that reinforces long-term adherence to healthy practices. In addition, the

holistic biblical view of human beings resonates with contemporary nursing perspectives that emphasize integration of physical, emotional, social, and spiritual dimensions of care (Murgia et al., 2022). Thus, stewardship appears to function as a foundational construct that shapes health-related decision-making and supports preventive cardiology approaches (American Heart Association, 2025).

### ***Plant-Based Dietary Principles and Cardiovascular Protection***

The second theme highlights biblical dietary patterns emphasizing plant-based, simple, and natural foods as reflected in Genesis 1:29 and the narrative of Daniel 1:8–16. These passages have been interpreted as promoting moderation and reliance on natural foods, which align with modern dietary recommendations.

Plant-based dietary patterns described in Scripture resemble nutritional approaches associated with reduced cardiovascular risk (Esselstyn, 2007; Campbell & Campbell, 2016). Similarly, biblical emphasis on self-control aligns with behavioral medicine strategies

promoting sustainable lifestyle modification (Ornish et al., 1998).

This theological perspective converges with strong empirical evidence supporting plant-based dietary patterns for cardiovascular protection. Research shows that plant-based diets improve lipid profiles, reduce inflammation, and lower cardiovascular risk (Kahleova et al., 2018; Tuso et al., 2013). Clinical studies further demonstrate improvements in coronary artery disease outcomes following dietary intervention (Esselstyn, 2007; Ornish et al., 1990). Population-based studies and meta-analyses also confirm reduced risks of ischemic heart disease and metabolic disorders among individuals consuming plant-centered diets (Dinu et al., 2017; Satija & Hu, 2018).

The convergence of biblical dietary principles with cardiovascular nutrition science suggests conceptual continuity between spiritual teachings on temperance and contemporary evidence-based dietary guidelines such as the DASH and Mediterranean diets (Appel et al., 1997; Estruch et al., 2018). While biblical texts are not scientific manuals, their emphasis on simplicity and moderation appears

compatible with dietary patterns associated with improved cardiovascular outcomes.

### ***Temperance, Self-Control, and Behavioral Regulation***

The theme of temperance reflects biblical teachings on self-control (1 Corinthians 9:25; Proverbs 23:20–21) and their behavioral implications. Temperance is interpreted not only as moral restraint but also as a practical mechanism for regulating health behaviors such as eating, activity, and stress management.

This interpretation aligns with self-regulation theory, which conceptualizes behavior as a feedback system involving goal setting and behavioral adjustment (Carver & Scheier, 1982). Empirical research confirms that self-control is a significant predictor of health outcomes, including obesity, cardiovascular risk, and mortality (de Ridder et al., 2012; World Health Organization, 2023). Furthermore, lifestyle interventions in cardiovascular medicine emphasize sustained behavioral adherence as a critical determinant of long-term

outcomes (Ornish et al., 1998; Frattaroli et al., 2008).

The findings suggest that temperance functions as a bridge between theological ethics and behavioral science. Both frameworks emphasize the importance of sustained discipline and value-based decision-making. This convergence indicates that spiritual concepts of self-control may enhance motivation for long-term health behavior adherence, particularly in preventive cardiology contexts.

### ***Sabbath Rest, Recovery, and Cardiovascular Restoration***

The theme of Sabbath rest highlights the importance of structured recovery for physiological and psychological health. Chronic stress is strongly associated with cardiovascular disease through dysregulation of the HPA axis, sympathetic activation, and increased allostatic load (McEwen, 1998; Chrousos, 2009). Conversely, recovery states promote autonomic balance and cardiovascular stability (Benson & Klipper, 2000).

Occupational health research supports the importance of recovery periods in reducing fatigue and

improving cardiovascular outcomes (Bannai & Tamakoshi, 2014; Sonnentag & Fritz, 2007). Within this context, Sabbath rest can be understood as a culturally embedded form of structured recovery that aligns with modern stress science.

Ellen G. White's health reform writings provide a historical perspective that anticipates contemporary recovery models by emphasizing the importance of rest for physical and mental restoration. Although theological in origin, these writings conceptually align with modern findings on stress reduction and autonomic regulation (McEwen, 1998; Goyal et al., 2014).

When integrated with nursing theories, Sabbath rest aligns with Pender's Health Promotion Model and Orem's Self-Care Deficit Theory, both of which emphasize restorative behaviors as essential components of health maintenance (Pender et al., 2011; Orem, 2001). Thus, rest emerges as a multidimensional construct influencing physiological recovery, psychological well-being, and behavioral sustainability.

Recent evidence further supports the role of spirituality in cardiovascular care. Mousavizadeh

and Jandaghian-Bidgoli (2024) reported that nurse-led spiritual care interventions improved psychological well-being among cardiovascular patients. Similarly, Sert et al. (2025) found positive effects of spiritual and religious interventions in cardiovascular disease management through a systematic review and meta-analysis. Faith-based health promotion may therefore represent a valuable complementary strategy for cardiovascular prevention and holistic nursing practice.

### ***Emotional Peace, Stress Regulation, and Cardiovascular Health***

The theme of emotional peace emphasizes the role of spiritual and psychological well-being in cardiovascular regulation. Biblical texts such as Philippians 4:6–7 and Proverbs 14:30 highlight peace as essential to life and well-being. These teachings align with evidence demonstrating that psychological stress significantly contributes to cardiovascular disease (Rozanski et al., 1999; Steptoe & Kivimäki, 2012).

Meta-analytic studies confirm that chronic stress increases the risk of coronary heart disease and

mortality (Chida & Steptoe, 2009). Conversely, spirituality and religious coping have been associated with improved emotional adjustment and quality of life in cardiovascular populations (Abu et al., 2018; Pargament, 1997; Koenig, 2012). These findings suggest that emotional peace may function as a protective psychosocial factor that reduces physiological stress burden.

Stress management and emotional regulation are also increasingly recognized as essential aspects of cardiovascular prevention. Benson and Proctor (2010) demonstrated that stress reduction practices may improve autonomic regulation and reduce physiological strain. Spiritual practices including prayer, meditation, and Sabbath rest may therefore support emotional resilience and cardiovascular recovery.

From a mechanistic perspective, emotional peace may influence cardiovascular health through reduced sympathetic activation and improved stress resilience. Thus, spirituality and emotional regulation appear to operate as complementary pathways supporting psychological and physiological balance.

### ***Integrative Interpretation of Findings***

Collectively, the findings support an integrative model in which spiritual beliefs influence health behaviors that subsequently affect cardiovascular outcomes. Stewardship provides the ethical foundation, dietary principles guide nutritional behavior, temperance supports behavioral regulation, Sabbath rest facilitates physiological recovery, and emotional peace enhances stress resilience.

This integrative framework reflects a holistic understanding of health consistent with both biblical anthropology and contemporary biopsychosocial-spiritual models. It also aligns with holistic nursing perspectives that emphasize the interconnectedness of body, mind, and spirit in health promotion (Murgia et al., 2022; Dossey & Keegan, 2016).

Importantly, the convergence between biblical principles and scientific evidence does not imply that scripture functions as medical instruction. Rather, it suggests that spiritual frameworks may indirectly support health-promoting behaviors through meaning-making, moral

motivation, and stress regulation pathways.

### ***Implications for Nursing and Health Promotion***

The findings have several implications for nursing practice and health promotion. First, integrating spiritual values into patient education may enhance motivation for lifestyle modification. Second, holistic care approaches that consider dietary, behavioral, emotional, and spiritual dimensions may improve patient adherence and outcomes. Third, culturally sensitive interventions that respect faith-based beliefs may strengthen trust and engagement in health programs.

In preventive cardiology, these findings support the incorporation of behavioral, psychosocial, and spiritual dimensions into lifestyle interventions. Nurses and healthcare providers may therefore play a key role in translating holistic frameworks into practical health education strategies.

This study demonstrates that biblical themes of stewardship, dietary discipline, temperance, rest, and emotional peace converge with contemporary cardiovascular science and nursing theory. Together, they

form a coherent integrative framework in which spiritual beliefs may influence health behaviors and contribute to cardiovascular protection through behavioral, physiological, and psychosocial pathways.

The findings additionally support holistic nursing frameworks integrating spirituality into patient care. Puchalski (2004) emphasized that spiritual care is an important dimension of holistic healthcare, while Murgia et al. (2022) highlighted the growing importance of spiritual diversity in nursing practice.

#### **D. Conclusion**

This study explored the integration of biblical principles with cardiovascular health promotion and identified five interconnected themes: stewardship of the body, plant-based dietary principles, temperance and self-control, Sabbath rest and physiological restoration, and emotional peace and stress regulation. Collectively, these themes demonstrate that biblical teachings provide a coherent value-based framework that aligns with contemporary evidence in cardiovascular prevention, behavioral science, and holistic nursing care.

The findings indicate that stewardship of the body establishes a foundational ethical orientation that frames health behavior as a spiritual responsibility. This perspective may strengthen intrinsic motivation for adopting and sustaining healthy lifestyles. Plant-based dietary principles derived from biblical texts align with current nutritional evidence demonstrating cardioprotective effects of plant-centered diets, including improved lipid profiles, reduced inflammation, and lower cardiovascular risk (Esselstyn, 2007; Kahleova et al., 2018; Tuso et al., 2013).

Temperance and self-control emerged as key behavioral mechanisms that support long-term health behavior adherence. These principles correspond with established self-regulation theories, which highlight the importance of disciplined behavior in achieving sustained lifestyle change and reducing cardiometabolic risk (de Ridder et al., 2012; Carver & Scheier, 1982). Similarly, Sabbath rest was identified as a structured recovery mechanism that parallels modern evidence on stress recovery, autonomic regulation, and reduced allostatic load, which are

essential for cardiovascular health maintenance (McEwen, 1998; Sonnentag & Fritz, 2007).

Furthermore, emotional peace and spiritual coping were found to contribute to psychological resilience and stress regulation. Evidence suggests that psychological stress is a significant risk factor for cardiovascular disease, while spirituality and religious coping may enhance emotional well-being and adaptive coping strategies (Rozanski et al., 1999; Steptoe & Kivimäki, 2012; Abu et al., 2018). In this context, emotional peace functions as a psychosocial protective factor that may indirectly support cardiovascular health outcomes.

Overall, the study supports an integrative conceptual model in which spiritual beliefs influence health behaviors, which in turn contribute to cardiovascular health outcomes through behavioral, physiological, and psychosocial pathways. This model is consistent with holistic nursing perspectives that emphasize the interconnection of body, mind, and spirit in health promotion (Dossey & Keegan, 2016; Murgia et al., 2022).

In conclusion, biblical health principles and contemporary

cardiovascular science demonstrate meaningful conceptual convergence. When interpreted within a holistic framework, these principles offer a comprehensive model for health promotion that addresses physical, behavioral, psychological, and spiritual dimensions of human well-being.

### ***Implications***

The findings have important implications for nursing practice, health education, and lifestyle medicine. Integrating spiritual values into health promotion strategies may enhance patient motivation, adherence to healthy behaviors, and overall well-being. Holistic and culturally sensitive approaches that incorporate spiritual, dietary, behavioral, and psychosocial dimensions may improve the effectiveness of cardiovascular prevention programs.

### ***Limitations and Future Research***

This study is primarily conceptual and integrative in nature, relying on literature synthesis rather than empirical measurement. Future research should empirically test the proposed conceptual framework using

quantitative, qualitative, or mixed-methods designs. Longitudinal studies may be particularly useful to examine how spiritual beliefs and practices influence sustained lifestyle behaviors and cardiovascular outcomes over time.

Further research is also recommended to explore how faith-based interventions can be ethically and effectively integrated into clinical nursing practice without compromising patient autonomy or cultural diversity.

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