Original Article

Spiritual care in hospitalized patients

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Abstract

BACKGROUND: Spiritual needs are among an individual's essential needs in all places and times. With his physical and spiritual dimensions and the mutual effect of these two dimensions, human has spiritual needs as well. These needs are an intrinsic need throughout the life; therefore, they will remain as a major element of holistic nursing care. One of the greatest challenges for nurses is to satisfy the patients' spiritual needs.

METHODS: This is a qualitative study with hermeneutic phenomenological approach. Data were collected from 16 patients hospitalized in internal medicine-surgery wards and 6 nurses in the respective wards. Data were generated by open-ended interview and analyzed using Diekelmann's seven-stage method. Rigorousness of findings was confirmed by use of this method as well as team interpretation, and referring to the text and participants.

RESULTS: In final interpretation of the findings, totally 10 sub-themes, three themes including formation of mutual relation with patient, encouraging the patient, and providing the necessary conditions for patient's connection with God, and one constitutive pattern, namely spiritual need of hospitalized patients.

CONCLUSIONS: Spiritual needs are those needs whose satisfaction causes the person's spiritual growth and make the person a social, hopeful individual who always thanks God. They include the need for communication with others, communication with God, and being hopeful. In this study, the three obtained themes are the spiritual needs whose satisfaction is possible in nursing system. Considering these spiritual aspects accelerates patient's treatment.

KEY WORDS: Spiritual needs, hospitalized patients, phenomenology.

One of the greatest challenges of a nurse is to provide comfort for patients. In recent years, with scientific advances in health care society, belief in the significance of human spiritual nature has increasingly become more complex especially regarding health and disease. Researchers have recently come to the point that the real and complete health care is possible through being sensitive to patients' spiritual needs.[1] Holistic nursing believes in the relationships among body, mind, and spirit. Nursing therefore requires considering all of these dimensions and the relationships among them. In chronic diseases, in addition to enduring physical discomfort the patients are disturbed by spiritual stress and frequent change of behavior.[2]

Patients enter an unfamiliar environment, so the care system must assign a person for this purpose and give him/her the essential trainings. Patients must be aware of the existence of a person who can help them.[3] When a patient gets engaged in therapeutic activities, he/she has a great deal of time to think about the meaning of life and the disease experience. Physical engagement may remarkably cause spiritual changes in patient's past and his/her future attitudes and behaviors.[1] It is common in every group and culture to connect to God and power sources which can make clear the goal of the patient's life by which the patient would tolerate the discomfort caused by the disease; only the power sources to which attention is paid may be different.[4] The Holy Quran states:

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"You humans are always dependent to the needless God." This need always accompanies human and is expressed more during disease. God in another verse states: "And when they board a ship, they supplicate Allah, sincere to Him in religion. But when He delivers them to the land, at once they associate others with Him" (Sura Ankabut, 65).[5] As a result, nurses should accept the religiousness of human society in order to provide health behavior of the patients.[6] According to Leininger, human care is a universal phenomenon; however, its expressions, process, and care patterns differ among the cultures. In his mind, care is meaningful in spiritual context.[7]

There may be problems in saying prayers during acute situations. In such cases, blessing for the patients and his/her attendants can be an important spiritual care intervention. One of the most useful prayers is to request God for patient's needs, fear and hope, and reminding that God is able to meet the patient's demands in these circumstances. Prayer and religious traditions must be performed in appropriate conditions so as not to have negative effect.[1]

Attending the patient in hospital has a general meaning. From the patient's viewpoint, attending includes considering all his/her care issues. So, respecting the patient and taking into consideration his/her humanistic dimensions is a part of attending; also, chatting with and communicating with the patient is a part of nursing and attendance. Holistic nursing emphasizes respecting the patient's viewpoints and demands. Nurses should get assured that they accomplish case based upon what the patient requests, rather than what the nurse wants.[8] In the patient-nurse relationship, communication is a significant part of nursing daily performance. Communication is the foundation of the relation between them. The power of effective attendance is reinforced and improved by good communication. As nurses possess a specific position in health care system, they spend much time in speaking with patients and listening to their concerns, feelings, and needs. Some of these conversations are difficult for nurses and are accompanied by serious feelings such as nervousness, sadness, the problems caused by diseases which threaten the life, or family problems.[9] On the other hand, the highest level of dissatisfaction in hospitals relates to communication.[10] Though disease may change the life course of the patients, they never get disappointed and every patient is yet hopeful; this is however in the form of "silent hope".[11] In this hermeneutic phenomenological work, we studied the experience of hospitalized patients regarding their spiritual needs, which is presented in the form of a constitutive pattern as the spiritual needs of hospitalized patients.

Methods

This is a qualitative research with hermeneutic phenomenological approach. Hermeneutics (interpretive, Heideggerian) emphasizes understanding more than description and is based on interpretation.[12] Since the aim of this study was to know the nature of spiritual needs of hospitalized patients, qualitative method with phenomenological approach was employed.

Access to the study environment

After obtaining the required permissions from the faculty, the researcher visited the study environment and got permission from hospital's manager, nursing officials, and the patients' nurse. Participants were chosen from hospitalized patients. Especially in ICU, the researcher made interview with some of nurses. The necessary information about the project and its goals was provided to them and their written consent to participate in the research was obtained. Then they were interviewed in a quiet room.

Data collection

Conducting a phenomenological research involves acquiring rich explanations of a phenomenon and its collections; this was accomplished in the present study via depth interview and note-taking. The goals of study and interview were first explained to the participants. We made nondirective open interview so that the participants could state their experiences as narration. In this stage, they were requested to

express their experienced needs. All interviews were recorded on tape with the participants' consent. The research was directed based on data obtained from the participants and the next samples were chosen according to these data. Each interview was assigned a code, for anonymity of the participants. This code was written down along with the interpretations yielded from each interview. As soon as possible, the interviews were listened and written down.

Data sources

The objective of qualitative sampling is to understand the phenomenon under study; therefore, qualitative study is based upon purposeful sampling. Samples are chosen according to researcher's judgment and study goals, and we look for those who have experience about the phenomenon under study. In the present research, samples were chosen from among the hospitalized patients in different units of the hospital. Boyd considers 2-10 participants or study samples sufficient to reach saturation.[13] Sampling in this study was purposeful. Information saturation was reached after interviews with 16 patients and 6 nurses, and sampling was stopped at this stage.

Data analysis

Researcher's goal of data analysis in phenomenological study is to discover and generate a description of the live experience. Practical steps for reaching this goal are different according to the approach followed by researcher. The current study was performed using Diekelmann's seven-stage method (Panel 1). After each interview, it was transcribed and the text was first reviewed by the researcher. The research team included two PhD students and a nursing associate professor. The team members extracted the quotations as well as implicit and explicit meanings from the interview written texts. These meanings not only involved the participant's statement, but also included the interview atmosphere and how the participant responded the questions. The hermeneutic summary of interviews was written by the re-

searchers based upon meaning, quotations, and interpretations provided. Conceptual codes were then extracted from this resultant text. When other interviews continued, the related themes were formed through induction of the conceptual codes; so the previous themes were made more obvious, and possibly some themes were removed or new themes could come into existence. This was accomplished through conversation of the team members. During finding the themes, interpretations and patterns were formed as well.

Panel 1. Analytic stages using Diekelmann's method
1. Reading the transcript interviews to acquire a general understanding of the text;
2. Extraction of implicit and explicit meanings;
3. Writing the hermeneutic summary and extracting the codes and meanings;
4. Extension of sub-themes and themes by team work;
5. Determination of patterns related to the themes;
6. Confirmation of the constitutive pattern by referring to the interpretive team, the text, and the participants;
7. Use of quotations and interpretations in the final pattern.

Rigorousness of data

In qualitative studies, validity and reliability of the research and its findings are confirmed through using systematic methods and procedures, triangulation (simultaneous use of several research methods, and data collection for confirmation), peer debriefing, and member checking.[14] Systematic methods of data collection and information analysis were used in the present study as mentioned above. Using Diekelmann's method, team interpretation, and referring to the text (which included revision of interview transcript in different interpretation stages) and participants, rigorousness of findings was confirmed.

Ethical considerations

The following ethical considerations were observed: To enter the research environment and

conduct the study, approval was taken from the faculty, and the officials of the hospital and wards were consent for the researcher's presence in the environment and conducting the study. Written consent was also taken from the participants. They were assured that their information will be kept secret and the research results will be published without mentioning their names. To observe this issue, all names were changed into codes during transcription of interviews and the participants were referred only by those codes during data analysis and statement of the results. By giving the phone number and address of the researcher to the participants, it was possible to have communication if further information was needed, as well as to provide the participants a copy of the paper resulted from the study, if they liked. The study steps were approved by research board of the faculty with regard to observing the ethical considerations.[15]

Results

Based upon analysis using Diekelmann's method, the conceptual codes were induced and so smaller classifications or sub-themes were reached. Subsequently the themes were formed by merging the sub-themes according to the interpretive team's opinion, and finally the constitutive was yielded (Table 1). In this section, the resultant themes are explained.

Hopefulness

It is sometimes neglected that the aim of establishing a hospital and collecting the medical and care team is the patient. The concerns of the patient from being hospitalized and the patient's ambiguous information during the course of treatment are sufficient to make him/her very anxious and even desperate. The feeling of being lonely in hospital is perhaps the strangest atmosphere for the hospitalized patient.

"It would be better to have good communication. I have fear when the doctor comes. For example, I fearfully asked whether the patient should eat his tablet or not. They face us very seriously."

"I tell them that I take refuge to you. I have pain. I have come here to take refuge to you."

Imperious behavior of medical team members toward the patient causes the patient to hesitate about remaining in hospital. This indicates that the patient has trusted the medical

Table 1. Sub-themes, themes, and constitutive pattern.

Sub-themes	Themes	Constitutive pattern
Need to refuge		
Need to a familiar person	Hopefulness	
Need to hope		
Need to esteem		
Need to verbal communication	Comprehensive relation	Spiritual needs of hospitalized patients
Need to sympathy and attendance		
Need to connect to God		
Need to worship conditions		
Need to being familiar with religious laws	Performing religious practices	
Need to keep respect the patient's beliefs		

team to alleviate his/her pain and disturbance, and requires a refuge for him/herself. By being hospitalized, the patient tends to alleviate his/her physical and spiritual problems some-how and trust the members of medical team. A nurse mentions the patient's need to refuge as following:

"The patient likes to alleviate his/her spirit; for example something has happened to him/her and he/se has been then hospitalized before telling others the event. Through telling others about that event, the patient would like to lessen the spiritual burden…"

Familiarity of the attendant with the patient often lightens his/her fear and anxiety. It is usually observed that the patients who are hos-pitalized several times in the same hospital would like that their previous nurse attends them. Considering the nursing system in Iran, small ratio of nurses to patients, and allocation of activities which are based on case or perfor-mances, most nurses do not have much time for supporting aspects; they often perform the rou-tine activities in the ward and neglect suppor-tive care toward patients. On the other hand, the patients are satisfied by supportive care and require a nurse to support and attend them.

"I expect the nurses to understand the pa-tient. They should not think that the patient has come to be hospitalized and his/her place will be changed to another patient in future days. They should collaborate with sympathy. We have much pain in our body."

The patient has compulsorily come to hos-pital. He/she would like to be paid attention, rather than being considered as the patient No. (). The ward nurse states that: "In the emergen-cy ward, the patients like to see somebody fa-miliar and they introduce that person. Probably they believe that they will receive more atten-tion if they know somebody there. I myself al-ways explain that I try to do my best."

Even when patients enter the emergency ward, they look for a person who recommends them. Our interpretation in this section was as "need to a familiar person".

Often patients visit hospital to relieve their physical pains, but physical engagement causes spiritual and mental engagement.

"Currently I dislike life and have no feeling about it. I only count the days to go to dialysis and then sleep. This is my life." After being hospitalized, patients need many spiritual sup-ports, such as being encouraged and receiving hope. Hope is a significant condition for contin-uation of human life, and being desperate ex-presses many negative feelings, even suicide, in the patient. This is reflected especially for the case of diseases such as renal failure. Getting hopeful again can bring back the life to these patients.

Comprehensive relations
Entering the hospital, the patient feels that he/she has lost his/her social roles.

"Though I wear patient's clothes, I am not a low person. They don't care these things…" He/she feels not to be paid enough attention and negligence has occurred for him/her. Pa-tients need to admit them as they were before getting sick and respect their social roles.

Attendance and sympathy cause the state-ment of patient's problems and his/her spiri-tual relief.

"Last night the nurse had a very hopeful personality. When I was discomfort, she told me not to worry. What would happen if they attended us? Treatment is not the only impor-tant thing. It was good if they could talk to us sometimes. Perhaps a word by them could calm us, but when the patients speak, they only watch and don't listen and go…"

The patient in solitude and disease expects to find a person to relieve his/her spiritual prob-lems and considers this sympathy even better than medication. Though listening to the patient and paying attention to him/her may not alle-viate the disease problems, this calms the patient spiritually. Communication and answering the questions are among important nursing respon-sibilities and it should receive attention since it causes that the patient's problem are expressed during this communication and the ambiguities in the patient's mind can be elucidated.

"They are busy and have no free time to talk with a person like me. I see that they go and come, or they write something. I see that they

don't spend their time coming to me and talk with me."

The only information resource of the patient in hospital is generally physician and nurse. Since the nurse spends more time with the patient, so the patient expects him/her to answer the questions so the patient can feel more calmly by resolving the ambiguities. Statements of patients indicate that they need verbal communication and expect more from nurses, compared to other personnel of hospital.

Respecting the patient, attendance and sympathy, and correct verbal communication are issues which are satisfied in a comprehensive relation with the patient. Resolving the problems which disturb these issues will sustain the spiritual need of the patient.

Performing religious practices

A significant aspect of patients' spiritual need is performing religious practices. Doing these practices is obligatory for adults and if the conditions for doing these practices are not suitable, the patient gets anxious. On the other hand, performing these practices is the patient's request for more rapid cure and makes disease and its accompanying problems to be tolerated easier. This has a specific position in Shia beliefs which will be mentioned later. "Certainly I get angry, very angry. I tell God why I have become patient while others are still healthy. I see others laughing. I have much pain, but I say that God tests people differently, and this is my test. I tell God to give me patience to tolerate the pain." Looking for the cause of their disease, patients pay attention to origin of existence. They feel the need to connect to God. An ICU nurse states that: "For example they frequently give us written prayers and green bands, and request us to tie them to the patient's bed. This is their belief and culture, and we respect it."

Our religious beliefs for recourse (Tavassol) are of importance from the viewpoint of patient and him/her attendants, such that it is followed with different intensities in the hospital when the patient is hospitalized. This has also different aspects and originates from Shia culture. Recourse (Tavassol) in this culture and the need

to connect to God have higher intensity in the patient. Saying prayers is obligatory for Muslim adults in every condition; however it has specific conditions in different situations and the patient must know it or be informed about it. A patient says: "Since the day I was hospitalized, I have quitted saying my prayers, because there is sprinkle here when I go to wash my hand, which causes me not to feel good for saying my prayers, and I have quitted it to say it whenever arrive my home. I know that saying prayers must be done in all conditions, but I don't feel good." Such statements indicate the patient's unfamiliarity with flexibility of religious laws for saying prayers. Informing the patient is to some extent effective to calm him/her. The practical strategy in performing the religious practices considering the specific situations can assist the patient in performing them, while unfamiliarity to it causes discomfort of the patient and not performing these practices.

What does not change with patient's hospitalization is his/her cultural identity. "There are some situations that we cannot tell them to female nurses and it would be better if the nurse was male. If the nurses are male, I chat with them; otherwise, I don't chat." The patient needs to maintain his/her beliefs and this extends even to gender of the nurse, such that the patient prefers a nurse of the same gender. From sub-themes including need to connect to God, need to worship conditions, need to being familiar with religious laws, and need to keep respect the patient's beliefs, the extracted theme was "performing religious practices".

Discussion

In the current study, patients expressed their spiritual needs as hopefulness, comprehensive relations, and performing religious practices. In Kolcaba's opinion, patients' needs for comfort include physical, psychospiritual, sociocultural, and environmental needs. Spiritual needs regarding the presence of a familiar person in hospital and comprehensive relations are in accordance with Kolcaba's psychospiritual and sociocultural needs. Juybari has stated the patients' comfort in physical, psychospiritual, and cultural dimensions as well as environmental

factors and organizational issues.[16] The themes yielded in our study are in agreement with Juybari's findings concerning the presence of a familiar person in hospital and comprehensive relations. The theme "performing religious practices" is a different finding.

Theme 1: Hopefulness
Patients tend to be hospitalized in a familiar environment and especially encounter persons who are familiar to them; this acquaintance can assure them. Johnston in a study reported the perceptions of nurses and patients regarding expert palliative nursing care. In the theme "meet my demands", a sub-theme is "he/she is beside me" in which patients speak about the presence of nurse besides them, especially when they feel anxious. Some patients and nurses have also mentioned the theme "being accessible and being beside the patient".[17] It should be noticed that looking for a familiar person in hospital has become a routine, which is different from the mentioned study.

Theme 2: Comprehensive relations
Comprehensive relations with patient in hospital cause the decrease of patient's discomfort and bring back the hopeless patients to life. Hope has a fundamental role in life and is especially an essential dimension to successfully confront the disease and getting prepared for death.[18] In a hermeneutic phenomenological study with Ricœur approach, the aim was to show the experiences of patients with spinal cord injury from hope and hopefulness; they interviewed 10 patients with spinal cord injury. The results with the theme "power of hope" indicated that the hope experience is of importance for all patients and provides energy and power for the trying process, since hope is necessary for personal advancement and development.[11] In our study, patients with chronic diseases were seriously desperate and this hopelessness caused them to wait for death instead of paying attention to future.

Respecting the patient's personality and privacy is another important aspect of comprehen-

sive relations. This was not observed in some cases for the patients under study and the patients were seriously disturbed by negligence of their privacy and dignity. Baillie's study about the impact of urological condition on patients' dignity indicates that these methods threaten the patient's dignity; however, being in an environment next to similar patients as well as patient's attitude and nurse's proper behavior can influence the observing of patient's dignity in threatening situations, and providing a private environment helps in this regard.[19]

In our study, patients emphasized issues such as attendance and verbal communication of nurses with them. It seems that attendance was meant to encompass all aspects of care, and when answering the question "What do you need?" patients frequently mentioned it. Therefore, communication and being respondent are a kind of care which shows that the medical team are responsible when confronting the patients.

Theme 3. Performing religious practices
Sincere and practical belief of Muslims in God as well as performing divine practices leads to complete comfort in individuals, especially in patients. This has been explicitly mentioned in Holy Quran that "without doubt in the remembrance of God do hearts find satisfaction" (Sura Al Ra'd, 28) and also "Seek (God's) help with patient perseverance and prayer: It is indeed hard, except to those who bring a lowly spirit" (Sura Al Baqarah, 45).[5]

In a study by Narayanasamy et al conducted with the aim of exploring the nurses' role in sustaining the spiritual needs of older people as well as the structure of this care, the findings revealed that the spiritual needs of patients were factors such as religious beliefs and practice (prayer); absolution; seeking connectedness, comfort and reassurance, healing or searching for meaning and purpose. Also, the interventions to meet patients' spiritual needs included respect for privacy; helping patients to connect; helping patients to complete unfinished business; listening to patients' concerns; comforting and reassuring; using personal religious beliefs

to assist patients and observation of religious beliefs and practices.[20] Our study as well refers to specific points with regard to performing religious practices, such that though the patient is dependent on routine treatments in hospital, requests cure from God and talks with his/her own words with God. The patient would like that in addition to his/her disease to be treated, his/her spirituality and privacy would not be disturbed. The patient wants to perform the necessary religious practices and requests the prerequisite conditions. Another important issue in our patients which has not been mentioned in similar studies is their recourse (Tavassol) as well as belief in avow and charity, which is deeply connected to Shia beliefs and culture,

and it exists with its exclusive characteristics in Iran.[21]

Conclusions

Sustaining the spiritual needs of hospitalized patients requires forming trust and sympathy with patient, providing desirable environment, appropriate communication of medical team with patient, and respecting the patient's dignity and beliefs. These issues can receive sufficient attention from nursery team and be provided according to the patient's demand. Therefore, it is suggested that in addition to general evaluation of patients, their spiritual needs in hospital would also be taken into consideration.

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