

Health: Perceived by Spirituality and Religion

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Abstract

Now a days, we can see an undoubtedly groundswell support for the idea of spirituality and spiritual care in the area of health care setting. This article emphasis the needs of spirituality, how the rituals influence the health of a person, the importance of knowledge of spirituality among health care givers and the other related factors of spirituality and religions, such as rituals practiced by different religions. Some of the tools and ideas mentioned in this article may help a nurse to assess, plan and implement the health care by including the spiritual dimension of health. So by training our self and clearing all the barriers which obstruct the spiritual-health care, we can render a holistic health care to a patient and his family.

Keywords: Spirituality; Religion; Rituals.

Introduction

Health and illness are the two inevitable experiences that a human being has to face in his life. We can see these two experiences has a direct or an indirect influence to all our other life experiences; if we are healthy we can do our work with perfection, there Will not be any frustrations or resentments and if not it will be just opposite. Obviously, good health is happy and illness has its own bitter experience. Facing a serious illness or disability makes us feel powerless, helpless and a hatred experience of dependency. In such a situation we may loose our control and start to think of our own being, in other words, illness will smack-off our hectic life style and give us time to think about the reality. This is the time were we usually think of god, spirituality, our past life experiences, our loved ones, how much we need them and some times a fear of destiny. In some terminally ill patients or in geriatric patients, we can see a fear of death or an immense desire to meet the spiritual or religious needs. The

rituals are the factors that influence person daily activities, as a ritualized diet, dress code or any articles used for prayer/ worship. If and only if a care giver, a doctor or a nurse, understand the rituals and spiritual needs of the patient and picturise the health care plan by keeping it in mind along with the other dimensions of health, they can render a holistic care to the patient.

Spirituality

Spiritual means relating to people's thoughts and beliefs than to their bodies and physical surroundings. Spirituality is defined as the basic quality in all humans that involves a belief in something greater than the self and a faith that positively affirms life. Spirituality most often refers to personal beliefs transcendent experience and principles.[1]

Religion

A particular organization which belief, worship god or gods and practice the activities connected with this belief such as praying, following special diets, dress codes etc.[1]

Influence of Rituals and Spirituality in Health and Medical Treatment

Optimal health care support of families can be given by recognizing variance between families and ensuring their unique cultural beliefs are incorporated

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into care delivery practice (Tradition and science). Seventh Day Adventists is a good example for the religion that promotes a healthy lifestyle, the followers are strictly instructed by their Church not to consume alcohol, smoke, tobacco use and not to eat pork. In a 10 year study of Seventh Day Adventists in the Netherlands, researchers found that Adventist men lived 8.9 years longer than the national average, and Adventist women lived 3.6 years longer. For both men and women, the chance of dying from cancer or heart disease was 60 - 66% less, respectively, the national average. Male circumcision (Brit Milah) is another example, a Jewish religious ceremony practiced on the eighth day of life by a trained Mohel, which reduces the future risk for infections like HIV and other sexually transmissible *infection* (STI).[1]

Some Christian faith groups avoid conventional medical practices; for example one group is the Church of Christ, the followers promote healing of physical and mental illnesses and disorders through prayer. They do compromise somewhat in the case of broken bones, by setting the broken bones by a physician and then seek healing from a Christian Science Practitioner. Many Christian Scientists do not use medicine or go to doctors; they choose prayer when faced with a medical problem, in themselves or any members of the family. They base these beliefs on the many passages in the Christian Scriptures (New Testament) which describe Jesus Christ or the apostles healing sick people in the first century CE. The Watchtower Society is another group, which refuses blood transfusion; the practice may result in risk of life of a needed patient. All or essentially all other Christian groups believe that the passages refer to dietary laws.[7]

The Hindu religion which follows 'Ahimsa', and traditionally vegetarians has a great respect for medical professionals, but many are quite wary of drugs and pills. If drugs are given, some of the Hindu patient's needs explanation; what it is for and what the effects are. Natural and homeopathic medicine is preferred over drugs and surgery in most cases. Many Hindu diabetics do not take insulin made from animals, so explain what insulin contains before administering it. This means will not consume meat, fish, or eggs. Beef is especially taboo. They usually consume very little garlic, onions, and salt, as these are restricted, but not forbidden. Milk products such as cream and yogurt are well-liked.[8]

Before prayer, a Muslim requires an ablution with water. Washing with water is also required after urination or defecation. A full bath is required after seminal discharge or after menstruation and post-natal bleeding. If washing with water or having a bath is not medically advisable or possible, an alternative method of purification, called Tayammum, can be performed. In Tayammum, the patient strikes the palms of both hands on any unbaked earthly matter e.g. stone or sand and symbolically washes in two simple steps. Muslims are required to follow a halal diet. Halal means lawful and is used to designate food which is permitted in Islam. The food that not permitted is pork and any other pork product, meat and derivatives not killed ritually and alcohol. They usually remove armpit and pubic hair and also follow other hygiene like, keeping nostrils clean and fingernails trimmed and clean.[9]

However, in common all the religion emphasize to follow a good life style, a peaceful heart and good manners. As per researchers, those who practices these religious activities and so with an inner peace, sympathy and empathy towards others have a better chance to live longer than others who did not. Some of the rituals and the spiritual qualities like faith, hope, forgiveness and the use of social support, prayer seems to have a noticeable effect on health because it will alleviate stressful feelings, positively influence the immune, cardiovascular (heart and blood vessels), hormonal, and nervous system. While planning health care module a care giver should keep in mind all the rituals of the patient and his family; otherwise providing health care will result in emotional draining.[1,6]

Barriers to Spiritual Care

Even though technology has got advanced, as we can provide a high tech care now a days, because of poor staffing and economic restraints only a few nurses is being focusing on to the spiritual needs of the patient. Although spirituality is one of the dimensions of health, as because of the above mentioned reasons, nurses are forced to focus on physical needs to the exclusion of spiritual needs.[3]

Some of the barriers that can arise in the path of spiritual care are:

- *Lack of General Awareness of Spirituality*

If and only if a care giver has a wide awareness of spirituality in general, then only an uninterrupted spiritual communication will arise and the spiritual needs of the patient get tuned up. Generally we can see that nurses usually forgot or won't give any importance to spiritual needs of the patient as may be because of the lack of general awareness of spirituality. A study conducted by oncology nurses concluded that more than half nurses incorrectly identified the patient's religion and that only 16% included any kind of spiritual assessment into their care.

- *Lack of Awareness of Your Own Spiritual Belief System*

To perform a good spiritual care, a care giver needs more than just theoretical knowledge. You will have to travel a lot in your spiritual path, to conquer the spiritual dimension of the health and to a successful implementation into the health care planning of the patient. First of all, we need to nurture our own spiritual needs to meet the spiritual needs of the patient; otherwise, providing spiritual care will result in emotional draining. We must check where we are standing in the spiritual path; what rituals are we following; how could we feel if our spiritual needs didn't get fulfilled. If we have a good awareness of our own spiritual belief system, it will be much easy to attain in others, especially for a poor helpless dependent patient.

- *Differences in Spirituality between Nurses and Patient*

Each and every individual will stand in different levels in terms of spirituality; individual differences in the ritual practices may make the care giver to take false assumptions. In a health care setting there won't be any guarantee to get a same religious patient for a nurse. The cultural, ritual and spiritual difference, clashes may lead the nurse- patient relationship to an awful situation. Possibility to impose our belief into the patient will make a hostile situation and the nurse- patient relationship outcome will be much worse. To avoid these dangers a nurse should aware and respect of the patient's religion, rituals and spiritual needs and should keep all these things in mind while planning the care.

- *Fear of Where Spiritual Discussion may Lead*

Most of the care givers usually fears to discuss about the spirituality with the patients, as if they fear it may end with some misunderstanding or resentments. The reason that we can see here is, neither care giver don't have a proper answer to the patient's spiritual/ religious questions nor have an answer from their own views only. However, for giving a spiritual advice/ intervention it's not necessary that we should be a chaplain, a nun or have some extraordinary talent to deal with all spiritual matters, you can seek the help of a chaplain, a nun or a spiritual leader and can do the necessities.[3]

- *Practical Knowledge: Knowing how to Include Spiritual Care in Nursing Process*

Hospital forms usually have a question about the religious preference to fill, usually nurses will stop by completing this step; this may be because of the fear of lack of awareness of the needs of the importance of spiritual dimension.[3]

- *Assessment*

Spirituality is one of the dimensions of health and meeting this need is as important as the other dimensions of health. Many nurses are unaware about what spiritual care involves and lack confidence in this area. Assessment will be difficult when patient presents no clues to their spiritual or religious matters or has one which nurses are unfamiliar. However, there are simple, easy-to-use assessment tools that can help us to do quick assessment plans and evaluation.[4,5]

- *Sources of Spiritual Data*

- *Patient's Environment:* You will get hints from the patients environment, like presence of any sacred books, pictures or any instruments for prayer etc.
- *Patient's Questions:* Patient may ask questions like where he/ she can pray, or they may ask what's your opinion about the making of prayer.

- *Patient's Behavior, Mood and Feelings:* Patients emotion will tell us about the struggling, issues in his/ her life and what they feel about the spiritual needs that they looking forward.
- Nonverbal communication:- patient's body language will give us some hints about the spiritual needs. For example, shaking heads, crossing fingers etc while talking about some spiritual matters.[3]

Spiritual Assessment Tools

Two popular tools are *Hope* and *Spirit*.

Hope

- *H (Hope Sources):* Here care givers should assess the source of patient's spiritual support, that from any religion, or self.
For example we can ask, what are your sources of internal support? What spiritual care you usually take to go through your difficult times?
- *O (Organized Religion):* Here we can assess; in which religion does the patient belongs to and how much it supports them to enrich their spiritual dimension of health.
For example we can ask, do you belong to any particular religious community? In which all aspects your religion is helpful to you?
- *P (Personal Spirituality):* In this section we can assess whether a client has any belief in his religion or in God and if so what they are and how it influence there spirituality.
For example, questions like, do you believe in God? How much your belief helps you to enhance your spirituality?
- *E (Effects on Medical Care and End-of-Life Issues):* Here we can assess whether spirituality has any relationship with patients health and illness.
For example, we can ask questions like, are you following any special diet or dress code which is prescribed by your religion? Would you like to speak with a spiritual leader? Is there any relation with your rituals and the treatment plan?

Spirit

- *S (Spiritual/ Religious Belief System):* Here care giver can assess the client's belief in sufferings, terminal or chronic illness and relationship between health and illness. Care giver should collect name, address and phone number of any supporting religious organization, were patient has faith.
- *P (Personal Spirituality):* Assess the level of comfort of client, while discussing about spiritual matters and how the client views his spirituality, in time of illness, in a positive or negative way.
- *I (Integration with in a Spiritual Community):* Record the name, address and phone number of the religious community and the spiritual leader ands here.
- *R (Ritualized Practices and Restrictions):* Here care giver must assess, whether patient is following any special rituals like dressing codes, specific diet, articles for prayer/ worship and any beliefs or needs in lab test, drawing blood or any individual faith that the patient or family encourages.
- *I (Implications for Medical Care):* While providing care, care giver should keep in mind that what beliefs and practices that the patient and family follows, because certain medications and medical procedures like pain control, abortion, blood products etc have a direct relation with patient's belief or rituals. Also you should not impose any personal belief into the patient that it may result in any kind of resentment.
- *T (Terminal Events Planning):* Care giver should clarify the patient's/ family wishes for advance directives like Cardio Pulmonary Resuscitation (CPR), Intubation, Ventilator assistance, feeding tubes and the organ donation. Check for any need for religious services like baptism, last rites and funeral planning.

Analysis/ Nursing Diagnosis

Spirituality is an inseparable part in the realm of nursing, so that NANDA has included it as a part of nursing diagnosis.

NANDA – Spiritual Diagnosis

- *Moral Distress*: This is a state where a person feels difficulty to carryout the chosen decision, like powerlessness, guilty etc.
- *Impaired Religiosity*: Impaired ability to participate in rituals and not much exaggerated in their faith, person feel difficulty in exercise reliance on beliefs.
- *Readiness for Enhanced Religiosity*: Here patient is not experiencing a problem but readiness to enhance his spirituality even better.
- *Readiness for Enhanced Spiritual Well-being*: Describes healthy spirituality as “Ability to experience and integrate meaning and purpose in life through connectedness with self, others, art, music, literature, nature, or a power greater than oneself that can be strengthened”.
- *Risk for Impaired Religiosity*: This condition can seen when risk factors are present, like pain, depression, social isolation etc can lead a person to impaired religiosity.
- *Risk for Spiritual Distress*: Risk for altered sense of harmonious connectedness with all of life and the universe in which the self may be disrupted.
- *Spiritual Distress*: Here the patient will express impaired ability to experience and integrate meaning and purpose in life through the connectedness with self, others, art, music, literature, nature, or a power greater than oneself.

Planning Intervention/Implementation

Spiritual nursing interventions are to address the spiritual related problems of the patient illness. Prayer, active listening, accepting client’s feelings, referral to a spiritual leader etc are some of the frequently implementing nursing interventions.

By standardized NIC (Nursing Intervention Classification), active listening is one of the major intervention or a quality that a care giver should possess in his/ her career.

Active Listening

Care giver should be an active listener, and so

that a trustful relationship can be build up with the patient. You should not impose your ideas into the patient, but should hear, understand what patient says and support them.

Main 4 NIC interventions for active listening are:-

- *Presence*: By NIC presence means, the care giver should present with the patient and their family members and should maintain a sincere communication with them. This will enhance the client’s trust in you and ease your implementation.
- *Touch*: NIC describing a caring touch, such as touching in the arm, shoulder may reduce the stress and make the patient feels comfort and ease the communication.
- *Exploring Meaning*: A non-standardized NIC point refers to the concept of finding the purpose of life and a clear understanding of the illness of the client.
- *Reminiscence Therapy*: By NIC, recalling and sharing the past life events will reduces the severity of stress, helps to re-think and take a new supportive decision in life. So in the path of reminiscence therapy the client may express their spiritual/ religious belief and seek spiritual support.

Other spiritual nursing activities:

- Maximize the clients comfort.
- Encourage to express feelings.
- Be an active listener.
- Make adequate referrals.
- Arrange the necessary needs as ritualized diet, articles to pray/ worship, dress etc.[3]

Negative Impact of Spirituality in Health

Spirituality will not guarantee health, but it will support the medical treatment for a fast healing. If people substitute prayer for medical care there will be a chance of delay of medical treatment and so the disease may get worse/complicated. If the religion impose guilt, fear or lowered self worth into a person it may impose a negative impact on health. If the care giver impose their beliefs/ideas in the treatment process and is not acceptable by the patient or his family, it may result in resentment or hostility.[6]

Future of Spirituality in Medical Practice

Now a day, it appears a growing belief in the connection between spirituality and health in the medical practice. Many medical schools in the United States have included the spiritual teaching in their curriculum. Healing the body by including spiritual dimension of health, the mind and spirit is a new area in medical researches. Cunningham (2008) pointed out a self-healing programme for cancer patients, in which the psychological and spiritual practice helps the patient's and their family to cope-up with the disease and stress. He highlighted the importance of this therapy and advocate for research in this area. However, what role a care giver will perform in this area is been remaining controversial. But experts reveal that in future the inclusion of spirituality in health care will be an inevitable part, as it helps the patient and family to attain a holistic health.[5,6]

Conclusion

Addressing spiritual needs and incorporating spiritual care in the treatment module will enhance patient's wellbeing and satisfaction. This article encompasses the needs of the spirituality in nursing care, some of the ways to perform spiritual care and the necessary factors that to be considered in this area. We can see a hand full of innovative examples of spiritual care in Pugh *et al*, 2010; Cunningham, 2008, which could be adapted and apply in healthcare settings. However, the health care modalities will complete only if we met the spiritual dimensions along with the other dimensions of health, so hope the care givers confidently take this challenge and do the necessities.[5]

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