THE ROLE OF SPIRITUAL CARE IN THE HEALTH OF WOMEN WITH CHRONIC DISEASES

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INTRODUCTION

In recent years, the topics of spiritual care are one of the main topics of educational, research and care in chronic diseases. Despite the fact that spiritual care plays an important role in achieving the desired results in women with chronic diseases, the concept of spirituality and spiritual care has been remained a mental, ambiguous and complex concept. Therefore, the aim of this study is to investigate the status and role of spiritual care in the health of women with chronic diseases.

Method

In this review study, articles and texts related to spiritual care were searched using computer and library searches with Persian and English keywords including chronic diseases and spirituality through databases PubMed, SID, Magiran, and Google Scholar search engine. Some of the articles and books searched for this article were found to be appropriate and used.

Conclusion

Based on the results, spirituality is one of the key areas in the care of patients with chronic diseases that can guarantee the high quality of care provided for this group of patients. Spiritual care is not dedicated to a specific time and place, and a group approach to participating in spiritual programs in spiritual care is recommended. Recognizing the barriers to spiritual care in the areas related to the patient, caregiver and environmental barriers can be useful in comprehensive patient care. Spiritual care can have consequences such as adapting to circumstances, enhancing life expectancy, and improving quality of life.

Keywords: spirituality, chronic disease

I. INTRODUCTION

The term "chronic condition" encompasses a wide range of chronic and complex health conditions. Both contagious and non-communicable diseases can become chronic, however, monitoring chronic conditions in developed countries is primarily a non-communicable disease. Chronic diseases usually have many complex causes and may affect people alone or in combination with other diseases. These diseases usually have a gradual onset, occur throughout the life cycle, and are long-lasting and persistent. In people with chronic diseases, the quality of life is endangered and they are limited and disabled.

Chronic diseases cause significant health problems and have a wide range of possible effects on individuals’ conditions. The ten most common chronic diseases include osteoarthritis, asthma, low back pain, cancer, chronic obstructive pulmonary disease, diabetes, heart failure, stroke and vascular disease, chronic kidney disease and osteoporosis. According to a 2017 Australian survey, Australian women suffer from one or more chronic diseases out of every 10 common diseases. According to a 2017 Australian survey, Australian women suffer from one or more chronic diseases out of every 10 common diseases. According to this survey 26 percent of them suffer from one disease, 13 percent two diseases and ten percent three or more chronic diseases. Australian women have also experienced a mental health problem during their lifetime (1).
Over the past few decades the pattern of diseases has changed from contagious diseases to chronic and non-communicable diseases (2). It should be noted that most chronic diseases such as cardiovascular disease, cancer, chronic obstructive pulmonary disease and diabetes are directly related to preventable risk factors including smoking, poor nutrition and lack of physical activity (3, 4).

Chronic disease is a long-term disease that causes physical changes in the body and limits a patient's ability to function. Chronic diseases are usually incurable and their treatment period is long and the treatment periods are complex and in some cases they are incurable and there is no definitive treatment for them (5). The number of deaths from chronic diseases is now rapidly increasing. The cost and duration of treatment of chronic diseases is twenty to thirty times that of acute diseases and the effect of care on increasing their lifespan and efficiency is very small (6). People with chronic diseases often experience a heavy burden of disease that negatively affects their health-related quality of life (7). One of the chronic diseases is cancer.

Despite significant advances in medical science, cancer remains one of the deadliest and most important growing diseases (8) and one of the major health problems in the world that many people die due to its types each year (9). Cancer was recognized as a malignant disease in the 1970s and is now a chronic disease, with two-thirds of patients living with it only for five years after diagnosis (10). According to the World Cancer Organization, in 2018, about 18 million new cases of cancer and about 9.5 million deaths due to cancer were diagnosed in 20 regions of the world. 1 in 5 men and 1 in 6 women will develop cancer during their lifetime. Also, 1 in 8 men and 1 in 11 women die from this disease (11). This disease is the third leading cause of death in Iran after heart disease and accidents (12).

Cancer will have serious effects on the psychological, social and economic issues of an individual, the family and ultimately the society (13). Living with any type of cancer and the measures taken to treat it can be a source of serious psychological or social harm to the patient and his family and lead to a serious and severe crisis in the family (14). Therefore, cancer is of special importance due to its outbreak, life threatening, complications and emotional and psychological effects on the patient, family and caregivers (15).

In cancer patients, like other chronic diseases, maximizing quality of life is the primary goal of care, and the goal of the health care team in treating patients is to maximize job skills and improve performance in quality of life. Therefore it is possible to increase the quality of life, accelerate recovery and reduce the length of hospital stay by performing the necessary interventions, and ultimately reduce hospital costs in these patients (16).

Since technical interventions related to life-threatening factors have not yet been able to fully address the problems facing incurable patients, attention to strong parameters such as spirituality, religion and hope is expanding in different societies (17). According to the study of Mardani et al (2013) from the perspective of nurses, spirituality means believing in a superhuman force that gives people the power to understand the meaning of present and future life. Nurses also believe that spiritual and religious beliefs create a kind of worldview with optimism and hope (18). Spirituality is influential from the beginning of illness to the time of death because of the individual and social infrastructures it creates. Cancer patients who have spiritual health better adapt to pathogenic conditions and the possibility of successful treatment in them also increases. Having spiritual health can create a new definition of end-of-life for a cancer patient that cannot be achieved with any other psychiatric rehabilitation structure (19). Patients whose spiritual health is enhanced can effectively adapt to their illness and even go through the final stages of their illness well (20). Therefore, religious and spiritual resources for cancer patients are important sources of adaptation that are used during the disease process and the cause of adaptation is diagnosed and treated with various effects. These resources are associated with a person's self-satisfaction with life, better adaptation, and pain reduction. Thus, support from spiritual or religious sources and contact with transcendental forces is beneficial and can be useful for improving the quality of life, interpersonal support, reducing the severity of symptoms, and appropriate medical outcomes (21). Considering the effect of spiritual health, it is necessary to pay attention to various dimensions of spirituality in providing spiritual care to patients with chronic diseases, including cancers, and to recognize these dimensions as much as possible, because patients feel comfortable with their spiritual needs being met, and in the absence of spirituality, patients will not receive comprehensive care. (22).

With these interpretations and considering the increasing prevalence of chronic diseases, especially cancers and the importance of these diseases on all aspects of patients’ lives, especially women, this review study was conducted to investigate the role of spiritual care on the health of women with chronic diseases.
Method
In this review study, articles and texts related to spiritual care was searched using computer and library searches with Persian and English keywords including chronic diseases and spirituality through databases PubMed, SID, Magiran, and Google Scholar search engine. Some of the articles and books searched for this article were found to be appropriate and used. These articles focused on the concept of spiritual care, the characteristics of spiritual care, barriers to spiritual care, and the consequences of spiritual care in chronic diseases.

Findings
Due to the importance of the subject, the contents in the findings section have been arranged in order to introduce and steps taken to apply spiritual care in chronic diseases, especially cancer in women, which begins with a definition of spirituality and spiritual care and then the features, barriers and consequences of spiritual care will be discussed.

II. SPIRITUALITY
Spirituality is derived from the word Spiritus, which means soul, and represents the life that comes from the soul. Accordingly, spirituality can be anything that relates to the human soul. Spirituality may be perceived and defined differently by different people. But this term is generally a way of discovering the basic and valid concepts of human life and states that life is beyond the material and refers to the basic nature of human, the power of his goals and his psychological powers. Spirituality includes all aspects of human existence and means the experience of life and is defined as an integral dimension of health and wellness in each individual. There are many definitions of spirituality based on the philosophical views and belief systems of individuals, some of which are mentioned.

Henry (2003) states that "spirituality is the connection of the metaphysics and the supernatural with something greater than itself". Krebs (2003) writes that "spirituality is the beliefs, behaviors, and actions that lead man toward God with a supernatural force in the world, because human beings want to move toward evolution, on which their existence depends".

According to Scholes (2002), spirituality is the experience of a meaningful relationship with oneself, others, the world, and the superior power, which is expressed in the form of reactions, narratives, and actions (23).

III. SPIRITUAL CARE
One type of care is spiritual care. Spiritual care is a care based on professional ethics, humanist and sensitive to all parts of the patient's existence and is a valuable part of the patient's overall care (24). The results of spiritual therapy studies from 1984 to 2005 have shown that spiritual therapy has beneficial effects in people with mental health problems such as eating disorders, stress, anxiety and depression (25). Hoggs et al. (2004) showed that religion and social support are considered as a neutralizing factor against anxiety in cardiovascular patients (26). According to Koing (2009) during prayer the secretion of stress hormones (cortisol, epinephrine and norepinephrine) is stopped and the body's defense system is strengthened which calms the person (27). The results of studies show that spiritual therapy has reduced physical symptoms, anxiety and sleep disorders (28). Research shows that people with spiritual beliefs who use their beliefs to cope with illness and life stress have better attitudes and a better quality of life (29). The results of a study of heart transplant patients showed that patients who participated in religious activities were in a better position in terms of follow-up programs and physical activity, self-confidence, anxiety and less worries about their health (30). Therefore, spirituality is one of the key areas in palliative care for cancer patients in the last stages of life, which can guarantee the high quality of care provided for this group of patients. Despite these interpretations, it is necessary to pay attention to various aspects of spirituality in caring for cancer patients and to recognize these dimensions as much as possible, because patients feel comfortable with their spiritual needs being met and it is difficult to take care of the patients suffering from cancer in the absence of spirituality, so in order to provide comprehensive care for these patients, it is necessary to pay attention to their spiritual and religious needs (22).

IV. FEATURES OF SPIRITUAL CARE
1- It is not exclusive to a specific time like the end stage of life and it is performed for all other stages as well. Global organizations and health institutions of countries have been very sensitive in eliminating risk factors and preventing physical illnesses, but have not paid attention to the risk factors of spiritual diseases and have
not made any efforts to eliminate the risk factors, while the proliferation of mass media, the Internet and virtual networks, these risk factors have increased dramatically in the last three decades due to the influence of degenerate human cultures and threaten the spiritual health of the human race. due to the influence of degenerate cultures, these risk factors have increased sharply in the last three decades and threaten the spiritual health of the human race. Therefore, attention to spiritual health in all stages of life should be considered through the media and families (31).

2- There is no specific place in the monopoly, as this care can be provided in the patient's home or in the hospital and is not confined to the palliative care unit in the hospital environment.

Today, in the health centers of some developed countries such as the United States, Canada and the United Kingdom, special attention has been paid to spiritual care and appropriate methods are being applied for caring for and treating patients who have been hospitalized due to illness, incurable disease or are in the final stages of life (32,33). It is obvious that the way of providing these cares in an Islamic society requires a different approach. The following spiritual health measures are recommended in Muslim communities:

- Needs Identification: To evaluate the individual's spiritual health with a few questions and identify his needs.
- Paying attention to the origin: what the source of human spiritual health is.
- Proper communication with others and around oneself: which is the result of proper spiritual health in cases of illness.
- Attention to religion: which in many people leads to spiritual health through prayer and recourse (31).

3- It has a group and interdisciplinary approach; In addition to the health team, it also includes other groups such as: patients' families, doctors and health professionals (31).

V. BARRIERS TO SPIRITUAL CARE

There are barriers to spiritual care that can be related to the patient, caregiver or the environment. Barriers to caregiver can include feelings of dailiness, feelings of inadequacy, high expectations of the patient, being beginners, fatigue, lack of awareness, lack of reflection, lack of strength, and frustration. The results of a study showed that barriers to spiritual care at the time of hospitalization can include a lack of enough staff to provide comprehensive care, lack of private space to talk to patients, high workload and fatigue, inadequate training, major attention to physical needs lack of organizational support, insufficient time, inability to communicate, gender differences between nurse and patient, and belief in better spiritual care by clergy and psychologists (34).

There are many obstacles to how to provide spiritual care, and this shows that providing spiritual care is not easy. These barriers are divided into two categories: internal (intrapersonal) and external (external environmental situations). Internal barriers that focus on barriers in the patient, such as inability to communicate, lack of awareness and knowledge about the spirituality of individual beliefs and values, and external barriers that focus on environmental barriers include environmental constraints (providing a solitary environment for the patient). Many people do not feel comfortable meeting the spiritual needs of their patients. Numerous reasons such as embarrassment, lack of sense of responsibility for patients' spiritual needs, lack of education and lack of access to their spiritual resources can cause unpleasant feelings when faced with patients' spiritual needs (35).

VI. OUTCOME OF SPIRITUAL CARE

The results of the study by Moghimiyani et al. (2021) showed that effective spiritual care leads to increasing patient care, improving the ability to resist the problems caused by the disease, improving mood, creating a sense of satisfaction, adapting to current conditions, achieving peace of mind and reducing expectations and mental diseases (36).

The results of the study by Sanke et al. (2017) showed that presenting patients' opinions and participating in spiritual activities as a supportive factor can improve stress, anxiety and depression by creating hope, strength and meaning in life (37). Psychological reinforcement including characteristics like optimism and self-esteem along with other spiritual considerations are associated with life satisfaction and quality of life of patients (38).

Arian in 2017 in his study explained the consequences of care in family caregivers of cancer patients in the final phase of the disease. The method of this research was qualitative and content analysis and sampling was
Purposeful and continued until data saturation. Data were collected through in-depth semi-structured interviews and then analyzed by content analysis method. Out of a total of 18 interviews, 413 initial concepts were obtained. After analyzing the data, three main concepts were finally extracted, which are: 1- Inhibition which includes two subcategories of information inhibition and emotional inhibition 2- Challenges and consequences of care which include four subcategories of economic pressures, physical problems, family challenges and psychological-emotional pressures, and 3- Supportive-palliative factors which also consists of sub-classes of those around, spirituality and a sense of growth and excellence. The concept of inhibition refers to the emotional and information inhibition in which caregivers try to conceal or censor information about the disease from the patient and other family members. In emotional inhibition, caregivers try not to express their emotions to the patient in order not to make them aware of the situation, to keep their spirits up, and to give the patient hope. The concept of care challenges reflects the high burden of care among family caregivers of cancer patients in the final phase of the disease, which includes financial, physical, psycho-emotional and family problems. The third concept that is palliative-supportive factors indicates that caregivers in Iranian culture are influenced by religious-spiritual beliefs and use religion and spirituality to adapt and deal with critical situations, and also their experiences and positive meanings of illness and caring bring them peace and adaptation. In total, according to the three concepts developed, family caregivers face several challenges in the final phase of the disease. On the other hand, they have effective strengths to deal with this critical stage of their family member's illness. It seems that due to the special conditions of these family caregivers, the need for counseling and social, psychological, emotional, informational and spiritual support in order to reduce the challenges ahead and reinforcing strengths to deal with these critical care-related conditions in this area is essential (39).

MomeniGhale'hGhasemi et al. (2010) in a study examined the effect of spiritual care on patients with ischemic heart disease. They found that the spiritual care program, including protectionist presence, support for the patient's religious rituals, and the use of support systems, promoted patients' spiritual health (40).

VII. CONCLUSION

Chronic diseases are one of the main health problems in women in Iran and the world, and due to the situation of these diseases, a large number of patients with chronic diseases need spiritual care. Based on the findings of this article, it is necessary to know more about spirituality-based care and better understand the spiritual needs of patients with chronic diseases. According to the study of Zamanzadeh et al. (2013), patients considered chronic diseases such as cancer as an opportunity to correct their beliefs and closeness to God and they considered awareness of death as another birth. This study showed that the health team was a source of energy, happiness, hope and strength with empathy, kindness and openness for patients. (22). Stress can significantly affect the physical and mental health of patients and their families, so spiritual care is a vital aspect of providing appropriate medical care (41). Evidence suggests that spiritual interventions can be effective in preventing or improving a wide range of physical problems and adapting to acute pain, illness, and death (42). In this article, the concept of spiritual care, features, barriers and consequences of spiritual care were discussed. Although spiritual care is not limited to a specific period of life, but the need to develop effective spiritual care in women with chronic disease shows the necessity to pay attention to the role of spiritual care by the individual, community and health team. Therefore, in addition to creating spiritual bases and preparing appropriate educational content, the community and the health system should develop their relationship with experts in this field so that they can use the latent spiritual force of the relevant specialists to support patients. Therefore, the importance of the role of each individual in health care systems, family and society, as well as their commitment to promote spiritual care should be considered more than ever. Perhaps effective steps can be taken to improve the quality of life and even use these ideas as a kind of treatment strategy by strengthening religious beliefs through holding religious programs and meetings for patients with chronic diseases and knowing more about their religious spirit and views.

Thus, spirituality is one of the key areas in the care of patients with chronic diseases, which can guarantee the high quality of care provided for this group of patients. One of characteristics of spiritual care is that spiritual care is not dedicated to a specific time and place, and a group approach is recommended by participating in spiritual programs in spiritual care. Recognizing the barriers to spiritual care in areas related to the patient, caregiver and environmental barriers can be useful in comprehensive patient care. Spiritual care can have consequences such as adapting to circumstances, increasing life expectancy, reducing anxiety and stress, and improving quality of life.

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