

Principles of spiritual communication based on religious evidence in the “Sound Heart Model”

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Abstract

Background: Spiritual care requires understanding the patients' opinions and values. The behaviours of the Abrahamic religion's followers are based on their religious orders. The study was conducted to “investigate the principles of spiritual communication based on religious evidence in the Sound heart model.”

Methods: This evolutionary study has focused on this question: “what are the principles of spiritual communication in religious evidences?” The following stages were carried out to promote and complete the available knowledge by using a systematic, scientific, and justifiable process. After specifying the needs, aim, and population, content analysis of religious evidence was carried out. Considering the constructs of spiritual care model of Sound Heart, after adopting appropriate themes, the principles of spiritual communication was extracted. The principles were accredited by ten professors of nursing and health education in two rounds of Delphi.

Results: Initiating therapeutic communication, knowing patient's as brother, maintaining dignity, respecting beliefs, observing privacy, talking with proper title and smiling, looking with chastity, avoiding from looking with regret, avoiding from whispering and any judgment about the patient and family, empathy, compassion, kindness in care, strengthening the hope and optimism, confirmation of patient's faith, encouraging for forgiveness, awareness about “Divine Examiner”, were basic principles of spiritual communication in religious evidence.

Conclusion: Abrahamic religions include the spiritual attitude toward the world. “Their orders are: doing things for the pleasure of God, which enhances the relationship between man and God. For spiritual care, it is essential to use the problem solving method in nursing process. But it is a simple idea to summarize the implementation of spiritual care only in the principles of communication, or only applying the moral standards of communication. Because spiritual problems and different emotional reactions of patients require the use of a spiritual care model.

Introduction

The disease is a disorder in the structure or function of the body organs [1]. Medicine is responsible for the treatment and cure of this disorder with a medication or surgery [2]. The disease has physical signs and symptoms, but in addition to the physical dimension, it also affects other aspects of the person's health. The onset of illness causes the emergence of spiritual needs and raises the spiritual response who need pastoral care [3]. For many patients, it's important to clarify the cause of their illness. Questions like: Why am I sick? Is my disease a punishment for my mistakes? Is it a punishment of God? These questions require a philosophical answer. Otherwise, if the care providers cannot answer to the patient's questions, her/his spiritual health will be damaged [4]. Therefore, for “holistic” care, bio-psycho-socio- spiritual reactions of patient and family should be considered [5]. The nurse should consider and evaluate the patient's spiritual responses to the illness [6]. Obviously, “gaining patient confidence” and creating a sense of security while communicating causes the patient to be honest and calm, and to express all the problems and issues. This trust leads to the collaboration and participation of the patient with the treatment team [7].

Today, the World Health Organization (WHO) has emphasized the impact of patient's beliefs on the healing of disease [8]. Some organizations that evaluate health care centers, suggest that patients' spiritual needs should also be assessed at health centers. The American

Psychiatric Association [APA] recommends that physicians must seek the religious and spiritual orientation of patients. The basis of these recommendations is that patient care is far beyond the treatment of disease and involves different needs [9]. The International Nurses Forum also recognizes the role of nurses in promoting an environment in which the human rights, values, habits and beliefs of a person, family and society are respected. On the other hand, according to the ethical codes of most universities, nurses are expected to provide care based on the physical, psychological, social and spiritual needs of patients [10]. A decade ago, all European governments signed the Copenhagen Declaration on Social Growth, which pledged them to meet the spiritual needs of their peoples. Recently, the emphasis was placed on the spiritual dimension of health in the Bangkok Charter [11].

Basically, spiritual care involves understanding the patient's spiritual beliefs and recognizing the spiritual needs [12]. Spiritual needs

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of patients such as: the need for meaning and purpose in life, the need for love, charity and communication, hope and creativity, the need for forgiveness and the honest relationship with self, others, nature and god [13] should be considered when “getting the spiritual history of patients” along with the following items: the concept of the individual from god, the source of power and hope, the importance of performing religious rites for her/him, understanding of the relationship between personal beliefs and treatment methods [14].

The results of studies showed that four parts of spirituality that are commonly evaluated include: fear of medical practices, internal strengths of patients, sense of hope, and religious practices related to surgery but the patient integration is the aspect of spiritual evaluation that nurses reported less [15]. Unfortunately, the tool for assessing the spiritual needs of patients or the method of obtaining spiritual history in nursing schools and global care models has not been raised [16]. Nurses and members of the health team are not familiar with the principles of spiritual communicating with the patient and family [17]. This study was conducted to “investigate the principles of spiritual communication based on religious evidence in the Sound heart model.”

Methods

This evolutionary study [18] has focused on this question: “what are the principles for spiritual communication in religious evidences”? The following stages were carried out to promote and complete the available knowledge by using a systematic, scientific, and justifiable process. After specifying the needs, aim, and population, the content analysis of religious evidence was carried out. Considering the constructs of spiritual care model of Sound Heart, after adopting appropriate themes, the principles of spiritual communication was extracted. The principles were accredited by ten professors of the nursing and health education in two rounds of Delphi.

Inclusion criteria for selecting evidences included:

- Persian or English articles that focus on nursing spiritual care available in internal and external information databases [Request PubMed, Google Scholar, Elsevier, SID, Cochrane, Magi ran].
- Articles have to be written in 2005-2017 with the key words: “communication, principles, spiritual care”.
- Essay based on evidence-based pyramid in order of priority from the systematic review studies, meta-analysis, clinical trial tests, cohort, case study, case report, laboratory studies, as well as opinions of specialists and experts [19].
- According to the Inclusion criteria and “targeted sampling”, religious evidences were selected which formed the sample size of the study.
- Verses interpretations have been collected from the authentic reference books.
- Islamic evidences were taken from the verses and narrations related to the word “ Religious orders about the looking and touching “, “The way believers behave together” using al-Mu’ayyim, authentic Shi’a commentary books, related reliable hadiths from Bihar al-Anwar, Kaphy principles, ethics in the Qur’an, narratives of the Hadith of Imam Sadiq [peace be upon him], the Book of Sins, the Sound Heart and Ethics.
- Articles that did not have entry criteria were not included in the study from the beginning, so there were no exclusion criteria in this study.

Results

Initiating therapeutic communication, knowing patient’s as brother, maintaining dignity, respecting beliefs, observing privacy, talking with proper title and smiling, looking with chastity, avoiding from looking with regret, avoiding from whispering and any judgment about the patient and family, empathy, compassion, kindness in care, strengthening the hope and optimism, confirmation of patient’s faith, encouraging for forgiveness, awareness about “Divine Examiner”, were basic principles of spiritual communication in religious evidence (Table 1)

Discussion

In 1950, Hildegard Peplau called nursing as interpersonal relationship that aims to relieve the patient’s sense of insecurity and dissatisfaction, with paying attention to “patient anxiety”. She described steps on “communicating with the patient.” She believed that nursing care should start at the request of the patient and end with the patient’s will [7].

However, in many cases, the patient may not be aware of the need for treatment due to the lack of awareness [52]. So, in Sound Heart Model the nurse as a “social reformer,” should be the initiator of therapeutic communication for assisting the patient. This relationship must end with the empowerment of the patient and family. The model intends to focus on fears and anxiety about the future and the sadness of losing health and regret the past events of life, as two major harm to the patient’s spiritual health. The goal of spiritual care is to help the patient and family to achieve a “Sound Heart” with sense of satisfaction from the past and optimism about future [53]. If a nurse attempts to fulfil his/her duty based on humanity and religious orders, then nursing is a worship in the first place of worships [54]. Nurses providing spiritual care are at the heart of those who take care of them. So that, this level of care creates: tastes, meanings and memories for the nurse and for the patient, which are memories of life and health [55].

Nursing interventions classification system introduces spiritual interventions such as: giving hope, spiritual support and facilitating spiritual growth [12,56]. In order to provide spiritual care, the needed skills are: coordination with attention, non-verbal communication, sensitivity, honesty, trust, interpersonal communication skills, self-awareness, effort sharing, self-knowledge and religious needs [13]. Spiritual care includes exercises and activities in areas such as: maintaining the privacy and value of the patient, listening to the patient, enabling the individuals to practice their religion, respecting and maintaining the patient’s dignity, and helping the patient to understand the meaning of illness [56]. Spiritual interventions also include: Listening to fears and worries, worship with the patient, reading sacred religious texts, expressing hopes and explaining the importance of spiritual concerns at the end of life, referring the patient to the clergyman [57]. These interventions are consistent with the findings of this study. Sound heart model focuses on the “perceived threat of disease” and seeks to create the courage to face the disease crisis by strengthening faith and belief in god’s power [58].

The goal of nursing is promoting health, preventing disease, maintaining health and relieving patient’s pain and discomfort. Spiritual care has an effective role in achieving these goals [57] by reducing the psychological stresses of the patient during hospitalization, which is done by creating a therapeutic environment focusing on the psychological needs of the patient [59]. Sound Heart Model emphasizes the need for spiritual care at all levels of prevention for healthy clients,

Table 1. Principles of spiritual communication based on religious evidence

S.No	Nursing intervention	Evidence& Reasons
1	Maintaining patient dignity	-From the point of view of Islam, man has "authority and honor" [20]. The patient is the "gift of God" and causes of "closeness to God" for medical personnel because God responds to the prayers of patients [21]. -Respecting the patient's interests and respecting his favorite things that are not harmful to his health [22].
2	Knowing patient as brother	-Respecting patients with any culture, any language and any race, Providing care and treatment in a fair manner. -Observe justice -The Qur'an says: The only criterion for human superiority is faith and piety [23]. -The nurse treats the patient and his family. As if he would like others to behave with him. -Imam Ali [AS]: My son! Set yourselves as the criterion and scale of judgment between yourself and others! So, love for others, the same things you "love for yourself". Do not want for others what you "do not want for yourself" [24].
3	respecting patient's beliefs	-Nurses who intend to guide the patient should be trained to the patient with kindness and logic. -The Holy -Quran says: - Talk to people in a decent manner [25]. -Do not insult the gods of those who do not read Allah [26]
4	Initiating therapeutic communication with patient	-Every time serving the patient, it is worship. -Prophet Muhammad [peace be upon him] says: If someone cares for the sick one night, God will guide him with Ibrahim [peace be upon him]. Then, he passes through the path like the electric shine, on the Day of Judgment [27]. -Imam Sadiq said: One who tries to meet the needs of the patient, his sins are erased, like the day he was born from his mother [28].
5	Observing patient privacy	-"knock " Before entering the patient's room, obtain permission before caring [29]. -By doing so, the patient's comfort and frustration are provided, and his "privacy" is respected [30].
6	Talking to the patient with proper title:	-For the patient it is the most precious thing but forgetting the name of the patient makes him annoyed. -The patient's name also helps to the patient orientation. --avoiding naming the patient with the ugly title, and any insult to the patient's personality [31,32] -Avoid ridicule and humiliating the patient
7	smiling	-The Qur'an says: Always smile at the people, even against the blind [33]. -The smile keeps hope in the heart of the sick person.
8	Looking at the patient with chastity	-The Qur'an says: Preserving the look -Avoiding mixing between men and women with an emphasis on "preserving pride and purity" [34] -Maintaining the patient's cover and respecting his privacy [35]. -Maintaining the veil of the patient and respect to the patient privacy [36] -"Covering the Genital Area of the Patient" [37]
9	Avoiding from looking with regret	-This look disturbs patients. -Imam Sadiq says: Do not look at those who are afflicted with an unusual look that causes their grief [38]
10	Avoiding from whispering in the presence of the patient:	-The patient finds that there are inaccuracies in his illness that the people around him do not want to be aware of. The patient therefore experiences anxiety and discomfort. -Imam Sadiq says: "If the number of people reaches three, then two of them should not whisper and conceal their conversation from the other person, because such dialogue causes that person to be distressed and disturbs him [39].
11	Empathy with the patient	-Congratulations to the patient for the success of the treatment and expressing empathy for the patient's failures [40] -Sympathizing with the patient leads him to trust and cooperation.
13	Avoiding from judgments about the patient's life and health	-Hiding any errors in the patient's lifestyle and Hiding his mistakes: -Imam Kazem said: The one who covers the secret of his Muslim brother, on the Day of Judgment will be in the "Shadow of the Divine [41]. -Maintaining the credibility and reputation of the patient. The credibility of the believer is as respected as the Ka'bah's house [42]. -Loyalty and concealment. Do not mention to the patient's secrets. -Imam Ali [as]: The Prophet told me three times a day of his death: " trusteeship", whether the owner is trustworthy or not, he is guilty or innocent, even if that, is a needle or thread [43].
13	Compassion, kindness in care	-Mercy is the divine name, and "divine prophets" have all been merciful to the world. -The Prophet [pbuh] said: "As my Lord commanded me to do the duty, he has commanded tolerance with the people [44] -Believers are kind to each other [45]. -God said to Moses, I got sick, did not you come to see me? Moses said: God is far from illness. He said: "My servant was sick. If you went to visit him, you would see me.
16	Strengthening hope:	-Imam Sadeq [AS]: When you go to see the patient, you, make him "optimistic" that he will regain his health and will "have a long life". Although this hope is not effective in his fate but makes the patient happy and soothes and relieves his suffering. In this case, even if the patient goes out of this world, goes with this hopeful and sweet soul, and this is valuable to you [46].
17	Confirmation of patient's faith:	-Faith gives hope. Hope to resolve the current illness, happening "happy events", which is accompanied by a sense of security due to "God's protection". -God introduces faith as a calm and free from grief and worry [47].
18	Strengthening "optimism toward God and man"	-Imam Reza [AS] said: Have optimism toward God. It is true that God is in the good suspicion belief of "believer servants". If they have optimism, they will see good things. If they have suspicion, they will see evil [48]. -Imam Ali [as]: Everyone who thinks well about you, has to acknowledge his beliefs and Treat him the way he thought about you. -Such a good idea is from the examples of "optimism toward God [49].
19	Encouraging for forgiveness	-The Prophet [sa] said: You need to pass and forgive; Because the passage is nothing but dignity and greatness. -Passing and forgiving; destroying the feeling of revenge and grudge and giving the patient a peace of mind [50].
20	Awareness about "Divine Examiner"	-The nurse never thinks himself safe from divine insecurity, because he or she may become ill and needs care. -Imam Sadeq [as]: People are two categories: one is a sick person and the other is in health. So, be patient to those who are suffering from the disease, and despise them, and thank God for your health and well-being [51].

patients and families, with a team working (physician, nurse, cleric, psychologist, and social worker). Model invites the patient and the family to participate in empowerment programs of spiritual self-care and home-care, which are in line with the scientific views [60].

Conclusion

Abrahamic religions include the spiritual attitude toward the world. Their orders are: doing things for the pleasure of god, which enhances the relationship between man and God. For spiritual care, it is essential to use the nursing process. But it is a simple idea to summarize the implementation of spiritual care only in the principles of communication, or only applying the moral standards of communication. Because spiritual problems and different emotional reactions of patients require the use of a spiritual care model.

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