

Replenishing the Spiritual Needs in Patients with Infaust Prognosis in Praguean and the Central Bohemian Region's Hospitals (Research Note)

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Original Article

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Source: Clinical Social Work and Health Intervention
Pages: 79 – 85

Volume: 8
Cited references: 19

Issue: 4

Reviewers:

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Key words:

Spirituality. Measuring Spirituality. Patients with Infaust Prognosis.

Publisher:

International Society of Applied Preventive Medicine i-gap

CSWHI 2017; 8(4): 79 – 85; DOI 10.22359/cswhi_8_4_10 © 2017 Clinical Social Work and Health Intervention

Abstract:

Objective: The aim of our research was to determine the current situation at Praguean hospitals and hospitals of the Central Bohemia Region regarding the replenishing of spiritual needs in patients with infaust (unfavorable) prognosis.

Design: Pilot study.

Participants: The criteria for selection of respondents were age (people over the age of 65), diagnosed with chronic disease with complications, infaust prognosis of their health condition and hospitalization in a healthcare facility in Prague and the Central Bohemia Region.

Methods: Investigation and evaluation of the current situation regarding this research problem was conducted using the FICA questionnaire, a tool of spiritual assessment that helps to discover personal spiritual history and provides guidelines for pastoral care in clinical practice. The research was conducted in hospitals in Prague and the Central Bohemia Region.

Results: During the research, we identified that the satisfaction of spiritual needs is at an insufficient level, and this deficit leads to a deterioration of the mental state of the patients.

Conclusion: In line with the research, the authors describe the appropriate forms of spiritual care that can be provided in the context of health care.

Conflict of interest:

The authors of this article certify that they have NO affiliations with or involvement in any organization or entity with any financial interest (such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, or other equity interest), or non-financial interest (such as personal or professional relationships, affiliations, knowledge or beliefs) in the subject matter or materials discussed in this manuscript.

Introduction

The multi-dimensional constitution of humans includes also spirituality. Replenishing their spiritual needs is at high demand in different kinds of personal struggles especially in patients with infaust prognosis. It is found, that many people experience spirituality as an important support aid while trying to cope with a chronic or life-threatening disease (1).

Palliative Medicine should not only be used to suppress physical pain, but also discomfort, anxiety, and other disease-related problems. Individually perceived loss of personal dignity; sense of life or hope can be reasons for giving up and the desire to die soon. Awareness of finitude; of one's mortality does not inevitably have to lead to minimization of the meaning of remaining

life. According to Baars, it relativizes cultural idols and poses the question of what life as a whole is really about (2). Ensuring the best possible quality of life for infaust patients is mainly helped by psychological, social and spiritual support (3). Keenan states, that by enhancing spiritual security, the professional can reduce the patient's/service user's spiritual vulnerability, risk and distress (4). Border issues in both Christian Pastoral Care and Clinical Psychology are concerned with in Pastoral Psychology (5).

The National Health Service Scotland has differentiated between spiritual care and religious care suggesting that, "spiritual care is usually given in a one to one relationship, is completely person-centered and makes no assumptions about personal conviction

or life orientation”; it could be provided by all health care staff, by carers, families, and other patients. In contrast, “religious care is given in the context of shared religious beliefs, values, liturgies and life style of a faith community“ (6).

Academic Medical Centers, Medical and Nursing Schools, residency programs, and hospitals in the USA began to recognize the role of spiritual care as a dimension of palliative care in the early 1990s. Puchalski *et al.* came to a conclusion, that principles of spiritual care can be applicable across all phases and settings for seriously ill, without regard to culture, religious tradition, or spiritual frames of reference. They have defined spirituality as the aspect of humanity that refers to the way individuals seek and express meaning and purpose; the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred. The most recognized models of spiritual care were considered as a bio-psycho-social-spiritual model of care and an inter-professional spiritual care model (7).

However, so far, attention for the spiritual needs of patients and dying in the Czech Republic has been implemented in health care facilities unsystematically and very diversely (8). In order to satisfy the spiritual care in the conditions of the Czech health care system, we refer to the Act on Health Services: Act No. 372/2011 Coll., where it is stated in detail that the patient is entitled in the provision of health services: “To receive spiritual care and spiritual support in medical facility at the patient department or daycare facilities from spiritual leaders of churches and religious societies registered in the Czech Republic or from persons charged with performing spiritual activities in accordance with the internal order and in a way that does not violate the rights of other patients and regarding their health status“ (9).

As we can see, there is no distinction between the spiritual and the religious care in Czech legislation, as mentioned above regarding Scotland.

Patients and Methods

Investigation and evaluation of the current situation regarding our research issue was made upon the questionnaire FICA, spiritual assessment tool developed by Dr. Christina Puchalski and a group of Primary Care Physicians. It helps to discover any personal spiritual history and the guidelines for the Pastoral Care in clinical praxis. The FICA questionnaire is the only validated screening questionnaire, which was also described in the Czech Republic. Health professionals can, using this tool deal with patients with spiritual issues that are important to them. According to the author of the Puchalski Questionnaire, the method of asking FICA questions is applicable across different cultures.

In all, 318 respondents aged 65 to 91 were involved in the survey. To comply with ethical considerations and to protect the rights of participants, the authors obtained permission; introduced themselves to participants; explained objectives of the study; obtained their informed consent; assured them of confidentiality of data; emphasized that they could withdraw from study as and when they wished. They were also assured that their names w not be disclosed.

Results

Based on this review of the literature, this paper addresses two research questions:

- Does infaust prognosis affect spiritual needs?
- Are the spiritual needs in hospitals sufficiently replenished?

Question 1a: From the following variants of answers choose the one that characterizes your spirituality the most. Respondents could choose only one answer.

Table 1: Variants of answers regarding the spirituality of patients.

variant of answer	n _i	f _i
practicing believer	120	37.7%
believer	82	25.8%
atheist	97	30.5%
I do not want to answer	19	6%
Total	318	100%

Question 1b: In the case you have stated that you are a believer, did your infaust prognosis affect this fact? Respondents could choose only one answer.

The total number of respondents (based on the question number **1a**) is 202.

Table 2: Variants of answers on influence of infaust prognosis on spirituality of patients.

variant of answer	n _i	f _i
I have been believer since my childhood	72	35.6%
my disease has brought me faith	94	46.5%
some other factors brought me faith	35	17.4%
I do not want to answer	1	0.5%
Total	202	100%

Question 1c: In the case you have stated that you are an atheist, did your infaust prognosis affect this fact? The total number of respondents (based on the question number **1a**) is 97.

Table 3: Variants of answers on influence of infaust prognosis on their atheistic approach.

variant of answer	n _i	f _i
I have an atheistic approach since birth	59	60.8%
I have an atheistic approach based on the other factors	15	15.5%
I have an atheistic approach based on an infaust prognosis	14	14.4%
I do not want to answer	9	9.3%
Total	97	100%

Question 2: What does the collocation of spiritual need mean to you? Respondents have chosen from the below-listed variants of responses (**Table 4**) all of those, which they consider important for the replenishing of their spiritual needs (they could have multiple answers).

Table 4: Variants of answers on comprehending the spiritual needs.

variant of answer	n _i	f _i
interview with chaplain or priest	136	42.8%
the need for faith	172	54.1%
securing the life safety	144	45.3%
satisfaction of religious needs	64	83%
care for the soul and the feelings	86	58.5%
the need for well-being	259	81.4%
the need for love	32	73%
the need for consolation	25	39.3%
reconciliation with death	245	77%

Question 3: To what extent have you been satisfied with replenishing your spiritual needs during hospitalization at the health

facility? Respondents have chosen from the following variants of responses (**Table 5**) the one that characterizes the most the degree of replenishing their spiritual needs during hospitalization (they could choose only one).

Table 5: Variants of respondents' answers regarding satisfaction with replenishing the spiritual needs in the health facility.

variant of answer	n _i	f _i
absolutely satisfied	29	9.1%
rather satisfied	36	11.3%
satisfied	67	21.%
rather dissatisfied	39	12.2%
dissatisfied	45	14.2%
I did not feel the need to replenish my spiritual needs	102	32.1%
Total	318	100%

Evaluation of the first research question:
Does infaust prognosis affect spiritual needs?

On the basis of the results of our research, we can state that the influence of the infaust prognosis on the assumption of faith and spirituality was demonstrated in 94, ergo **46.5%** of the respondents (**Table 2**).

Evaluation of the second research question:

Are the spiritual needs in hospitals sufficiently replenished?

On the basis of the evaluation of the results of our research, we can state that of the 216 respondents (the total number of respondents was 318 and 102 of them did not have the need to replenish their spiritual needs - that is to say 216), 132 (61.1%) respondents were satisfied and 84 (38.9%) of respondents were dissatisfied with replenishing

their spiritual needs during hospitalization at the health care facility (**Table 5**).

Discussion

In this part of the article we will focus on comparing our findings with the results of other authors. We were wondering if an infaust prognosis had an impact on the development of spiritual needs. Our results affirm the results of the group of authors Samson *et al.* (2003). In the article titled, *The experience of spirituality in hospitalized patients*, they concluded that more than 93% of patients with cancer believed spirituality helped them to strengthen their hope. Researchers emphasized the importance of the relationship with God as an aspect of spirituality that may provide some hope, optimism, and inner strength in adapting to stress (10). According to Samson *et al.* experiences of cancer patients also indicated that their transformation led to changes in their value system and priorities and they found a new perspective on life. All of these matters lead the individual to a position where life is meaningful and useful (11). The existence of a strong relationship between overall patient satisfaction and spiritual needs confirms the findings of the authors Ong *et al.* (12).

The authors Narayanasamy *et al.* dealt with the issue of satisfaction and the importance of spiritual needs. They reported correlation between the satisfaction of the spiritual needs and the satisfaction of the patient. In providing health care, they recommended interventions to meet the spiritual needs of the patient; including respect for privacy; helping patients connect with medical personnel; listening to their concerns; comforting and reassuring; using personal religious beliefs to assist patients; observation of their religious beliefs and practices (13).

Spirituality plays a significant role in the life of both the believer and the atheist.

Especially in the occurrence of complications of chronic disease or infaust prognosis, the spiritual aspect of human personality is of great importance. Insufficient care for patients' spiritual needs may have a significant effect on the quality of life and well-being of the patient but may also cause a deterioration in overall health.

Conclusion

The results of this research study on a sample of 318 respondents (people over the age of 65), diagnosed with chronic complications or infaust prognosis clearly indicate that the following recommendations are needed to improve the state of care in the health care sector. These proposals mainly relate to attitudes of Doctors and General Nurses:

- Get acquainted with the Pastoral Care of the given hospital by healthcare professionals as part of the adaptation process.
- Inform patients (family) about the possibility of using spiritual services during reception and hospitalization.
- Create a unified recording system to identify the patient's spiritual needs in Nursing documentation.
- Establish the assessment of the patient's spiritual needs by an objective method - a questionnaire (for example FICA or HOPE).
- Improve communication between Medical Staff and Hospital Chaplains, and Pastoral Assistants.

It is also desirable to continue with a discussion of this issue.

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