Designing and Validation Islamic Evidence-Based Spiritual Care Guidelines of Sound Heart Model in the Dying Patients

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Abstract

Objectives: Due to the severity of the patient’s illness and high probability of death, in ICUs patients, it is necessary to point out the concept of death for the patients and families’ spiritual needs, for the implementation of the spiritual care at the end of life. The purpose of this study is designing and validating Islamic evidence-based spiritual care guidelines of the Sound Heart Model in dying patients.

Methods: This is a “developmental research” with an Islamic evidence-based as well as sound heart model approach, which was done on ICU patients of Baqiyatallah in 2016. Instructions were designed based on the Settler model in 4 phases: preparation, accreditation, comparative study, and application. The content validity of the instructions was assessed through the Delphi method by obtaining the opinions of 10 faculty members of different Universities. Applicability was assessed through focused group discussions with the comments of 10 experienced nurses in ICUs. The quality of the new guidelines was evaluated desirable, by Agree and Glia Tools.

Results: Lack of preparation for death, fear of death, risk for quicken hard, and risk for grave horror were 4 nursing diagnoses of the dying patients. Four spiritual care instructions were designed and validated. Love to God and faith in God’s love for His servants, destroys the fear of death. For the owners of sound heart, death is a continuation of the soul’s life and entering to a better world. They prepare for dying with a relaxed and confident soul as well as a hopeful and satisfied heart since they are going to meet God.

Conclusions: Negligence of nurses to spiritual care needs in dying patients can cause fear of death in patients and encounters their spiritual health with crisis. Therefore, it is recommended to apply these designed spiritual care instructions for dying patients that are muslim.

Keywords: Nursing Care Instructions, Evidence-Based Nursing, Spiritual Care, Sound Heart Model, Dying Patients

1. Background

Being close to death may have some spiritual reactions for the patient and his/her family depending on their philosophical attitudes and beliefs, which require spiritual care (1). Patients’ spiritual reactions depends on their answers to the following questions: Is death equal to destruction or is it the beginning of a new life? Is there life after death or not? Is there convenience and comfort after the death? Or is death the beginning of an endless suffering (2, 3)? There’s a dramatic difference in the concept of death among different cultures (4, 5). Interpretations of death in the words of the Great Prophet of Islam and Imams are positive, for example death is moving from a home to another (6), it is a bridge that brings the believers to the paradise and disbelievers into hell (7), it is like taking off your dirty clothes and unlocking the heavy chains and putting on the finest clothes and the best perfumes (8), it is passing through the darkness and losses, it is going to the great paradise and eternal blessings, it is smelling the best flowers and end of all pains and suffering (9). These expressions make a positive attitude towards death for the owners of sound heart with spiritual health. They are eager to meet God, therefore death, is sweeter than honey for them (10). Furthermore, they are prepared for dying with a relaxed and confident soul and a hopeful and satisfied
heart since they are going to meet God (2). While on the contrary, followers of absolute sensory approach, consider death as an insult, the stupidest and ugliest happening for the human beings (11); therefore they repress death in their thoughts and dread in terms of talking about it (12); when they are encountering death, they are really afraid and anxious (13) as well as suffer from harmful spiritual emotions (14).

In the perspective of holistic nursing, spiritual care identifies and responds to human needs when faced with psychological harm, grief, anxiety, and fear (15, 16). Nurses are responsible for understanding the concept of death, listening without judgment about the patient and families’ beliefs and requirements, preparing the conditions for comfortable death along with maintaining patient’s personality, respect, and human dignity (17). Nurses should identify the causes of patients’ fears of dying and also have to help them change their attitude towards death and to decrease their fear, anxiety, and grief of dying (18). When preventing death is impossible and long-term medical care is not useful, nurses should try to provide comfort for the patient and his/her relatives in the last days of the patient’s life through preparing comfort and removing pain (19). Deciding to stop curative care and accepting death as the definite feature of living and beginning palliative care to reduce pain and suffering of disease are the most important clinical decision in the final stages of life, and they are the first tangible signs of death (20). The patient should receive appropriate spiritual care to leave this world with a quiet, confident, and hopeful heart; actually they have to consider death as a gateway for the soul flight to heaven (21-23). It should be done by assessing the patients’ spiritual reaction to death, identifying patients’ spiritual needs, and planning spiritual care based on prescriptive spiritual care model (24, 25). This model should define some duties for different members of the health team (doctor, nurse, clinical psychologist, social worker and the supreme clergyman) and uses the spiritual care instructions to create feeling-centered compatibility in patients and their relatives (26).

Due to complicated treatments as well as health care and difficult clinical decision-making based on patients’ benefit and financial interests of the organization, it has been decided to publish information as clinical instructions to facilitate clinical decision-making (27). These are the key components in clinical policies and the most important tools for increasing care quality (28). Evidence-based nursing and medicine is applying results of the best studies along with knowledge, expertise, and clinical experiences; it is also considering patients’ beliefs and prioritizing their benefits (29). However, unfortunately, literature review showed that inadequate training is one of the weaknesses in this area. There were no valid instructions for dying patients to be applicable for all care institutes (1). Provided spiritual care by the medical system is still assessed inadequate by patients, thus more studies are required in this regard (30). No study has ever succeeded in expressing patients’ spiritual needs clearly and explaining the cause of inadequate cares in dying patients (1). A study done in Mines as well as Berlin universities, knowledge and attitude of medical students regarding ethical and legal issues related to the dying patients were assessed. Among 569 medical students, only a few were educated in this regard (31). Some of the verdicts of a dying patient for spiritual care is obligatory in Islam, 50.1% of Iranian nurses stated that these verdicts are not being done in their workplace, due to inadequate training (15.51%) or lack of equipment (13.79%) (32). Deputy director of education and research of the medical council as well as the head of the Iranian society of anesthesiology and critical care, said: about 10% to 12% of health per capita in developed countries is consumed for end-of-life care and everywhere in the world, a series of instructions are being coded and implemented, unfortunately, in Iran, despite the necessity of providing guidelines for end-of-life care in the health system from the view point of Islam, there is no end-of-life care instruction (33). Due to the lack of spiritual nursing care instructions for dying patients, this study was conducted with the purpose of “design and validate Islamic evidence-based spiritual care guidelines of sound heart model in the dying patients”.

2. Methods

This evolutionary study has focused on this question: “what are the instructions for spiritual care of dying patients”; the following stages were carried out to promote and complete the available knowledge by using a systematic, scientific, and justifiable process according to the Sound heart model approach, which is strengthening the patient’s relationship with God through faith therapy to create optimism and hope for God’s mercy and create spiritual self-awareness and strengthen communication with people and nature for love and kindness.

1. Specifying the needs, aim, and population: in this regard, initially, all the spiritual care instructions available in ministry of health and treatment, which were written based on Nanda nursing diagnoses and instructions of intensive units of Baqiyatallah hospital in Tehran were selected. Their quality was assessed by Agree and Gila standard tools (2006).

2. Reviewing the evidences: Searching and studying articles were done based on the PICO method during the following stages:
Instructions of this study are inconsistent with the findings of the study in 2006, which was a survey of 861 ICU nurses in America regarding the way of taking care of dying patients; this survey included 485 suggestions, containing analysis of those suggestions, following issues regarding spiritual care are documented in this study: Dying patients should not be alone in the last moments of suffering analysis of those suggestions, following issues regarding spiritual care are documented in this study: Dying patients should not be alone in the last moments of suffering. 4. Application: the way of using these instructions at bedside were determined during focus group discussions. Final instructions for operation were provided for the hospital wards in the form of operating codes. 4. Performing and evaluating instructions: clinical performance and evaluation were not possible in this study (34).

3. Results
Lack of preparation for death related to: sudden death
Fear of death related to: Lack of knowledge of death, seeing the world of grief, dependence on loved ones, belonging to the world, lifetime errors, fear of God’s greatness, fear of lack of good deeds
Risk for quicken heard related to: the sadness caused by the separation from the person’s favorite world, Fear of unknown realms, the pressure to detach the soul from the body
Risk for grave horror. They were 4 nursing diagnoses of the dying patients. Four spiritual care instructions were designed and validated. One example of the designed instructions is in Table 1.

4. Discussion
Limitations of this research were lack of: spiritual care instructions in Iran, sufficient clinical trial research by using the pastoral care instructions, interdisciplinary research in medicine and religion. Therefore, establishment of a spiritual care department in Iran’s hospitals, clinical trial research on spiritual care instructions is suggested. Based on belief in divine spirit and life after death, which are accepted by Muslims, 4 Islamic evidence-based spiritual care instructions were designed and validated (35-37). Death is one of God’s creatures, the same as living in religious evidences (38) and it is going to happen in a special time and place by the permission of God; death means complete separation of the soul from the body, taking the soul completely and transferring it to the other world (39) it doesn’t mean deterioration and destruction (40, 41), it is the beginning of a new life (42) for an eternal living (43). This study is not in consistent with the studies that introduce death as destruction (44, 45).

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their lives, effective communication with patients should be maintained, their last wishes and demands should be met, their pain should be controlled and managed, their anxiety and stress should be reduced, as well as aggressive and painful procedures should not be performed or it should be done in the shortest time (46).

One study was done in Japan; findings of this study was reporting good death from the patients, their families, nurses, and physicians’ approach; they reported the following cares: removing pain or physical and mental problems, having a good relationship with the family and health team, dying at the patient’s favorite place, maintaining social dignity of the patient, living up to the last moment, being hopeful, maintaining honor and dignity, controlling future, not being aware of death, appreciating and thanking others, having faith (47, 48). In a study done in Iran, dying patients’ rights include: providing a respectful and relaxed environment, the presence of close friends alongside him/her, carrying out proper care, avoiding discomfort in the patient by systems that are used to maintain life; these rights are in consistent with the findings of the present study (49), in addition, it is while, religious instructions is much more comprehensive.

Considering Cicely Saunders’ action in 1967 for setting up end of life home in England, which made it possible for the patients’ relatives to visit the patient frequently; permanent taking care and following up after patient’s death was also facilitated. Cutting off monitors, peripheral catheters and even auxiliary oxygen and treatment of physical symptoms and psychological problems make it possible for the patient to have a comfortable and dignified death in a quiet place alongside his/her family (20). Nowadays, in America and some other countries of the world, it has been emphasized on taking care of it at home by the volunteers to control the dying patients’ pain by using narcotic drugs and controlling other symptoms of disease with interdisciplinary approaches (50). Physicians try to respond to spiritual and religious needs of the patients to make a quiet end of life for them; also the health team clergymen try to serve the dying patients by listening, talking and spiritual comprehension, and counseling (51). It is necessary to provide spiritual care for the dying patients by using scientific and religious evidence-based clinical instructions in Iran. Care teams should provide the possibility of home visit and providing care for the patients while they are with their family. Such services are being done in a limited form in some charitable foundations in Iran, which need to be expanded. Spiritual care should be based on a problem-solving method and a scientific model of care. The purpose of the spiritual care in the Sound heart model is providing conditions for spiritual well-being [death with a calm, safe heart and hope for God’s mercy] along with preserving personality and respect, which is done with spiritual skills training in counseling sessions and uses instructions for emotionally-focused adaptation and relieves the spiritual distress of the patient and his family.

Fear and anxiety of the patient and his family from death as well as quality of separation of soul from the body, is the fear of the unknown. Lack of knowledge about dying process and post-death events are problematic. Nurses’ awareness of these issues is necessary to reduce patients...
fear by training and carrying out the end of life spiritual care. Therefore, use of spiritual instructions is recommended.

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Footnote

Conflicting of Interest: This article is taken from MA thesis with P340.200 number and IR.BMSU.REC.1394010 ethical committee and there is no conflict of interest in its performance.

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