



REVIEW ARTICLE

Integration of Spiritual Needs into Patient Care

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Introduction

The World Health Organization identifies health as “a state of complete physical, mental, and social well-being”, and views spirituality (a function of the soul) as an important factor in the quality of life and wellness of individuals regardless of their religious affiliations [1].

Family medicine should validate comprehensive, holistic patient care, including spiritual health [2,3]. Muslim people believe in God or a universal spirit and frequently consider religion important [4]. Furthermost, people in crisis believe that spiritual power is important in physical and mental health [5]. Habitually, Muslim people use faith and prayer for healing or to cope with illness [6,7].

Religion in Arab countries is very important for this population’s belief, values, faith in destiny, and to improve coping and healing [2,6,7]. While different spiritual wellness in different communities may have altered meditation, prayer, affirmations, or specific spiritual practices that support people connected to a higher power or belief system.

Physicians require training in spiritual medicine to help patients with chronic pain [8,9], palliative care [10], dying [11], hospitalized patients, acute crises, worsening illness or persistent health disease, incurable disease, mental illness, grief, domestic violence, and broken relationships [12].

The use of spiritual practice in primary or secondary care will increase professional satisfaction and prevent burnout [13].

There are many negative correlations between im-

proper patient’s spirituality and health in many domains; physical, mental, physiological and behavioral health statuses. In the physical domain, it will aggravate hypertension, cardiac arrhythmias, chronic body ache, premenstrual syndrome, migraine and cluster headaches. While in the mental domain it will exacerbate anxiety, insomnia, depression and low self-esteem. Although in the physiologic effects, it will worsen metabolism, rate of breathing, blood pressure, muscle tension, heart rate and increased brain waves. Whereas in the behavioral domain, it will increase drug abuse, alcohol consumption, smoking addiction, and increase destructive behavior [14-16].

There are many barriers for physicians to practice spiritual medicine including; lack of physician time, experience, and suspicion of the role of physician in spiritual medicine respectively (71%, 59%, 31%) [17].

Spirituality vs. Religion

Spirituality is a multifaceted, multidimensional human experience that includes religious and nonreligious. Spirituality has three components; cognitive, experiential and behavioral dimensions (Figure 1). The cognitive is the mental framework, which consists of meaning, purpose, truth beliefs and values [18-29].

Experiential is the quality of an individual’s inner resources which consists of hope, love, connection, inner peace, comfort, support, the ability to give and receive spiritual love, and the types of relationships [26-29].

Behavior perspectives are the way a person externally manifests individual spiritual beliefs and their inner spiritual state [16,30-32].

Many people find spirituality either through religion or through connection to scientific truth, arts, prayer, meditation, yoga, t'ai chi, walks in the country or listening to soothing music [16]. While different types of religious try to help answer mankind's spiritual questions,

each has developed a specific set of beliefs, teachings and practices [16,32].

The patient may develop spiritual distress when individual's resources are not enough to cope with crisis demand (weak meaning, hope, love, peace, comfort, strength and connection in life). This has a detrimental effect on physical and mental health [26-29].

Conducting the Spiritual Assessment

The physician should assess his/her personal belief, values, faith in destiny and comfort in practicing spiritual medicine. There are many history tools to assess patient's spirituality and its impending effect on the patient's health; FICA mnemonics (Table 1) [32], HOPE mnemonics (Table 2) [32], and open Invite spiritual history tools (Table 3) [32].

Incorporation of Spiritual Needs into Patient Care

The physician should listen attentively to patient spiritual need with empathy and provide the patient with compassionate support. The physician then will identify patient's spiritual needs and dimension of their lives. The physician should document helpful spiritual viewpoints that may be used in future crisis [31].

Physicians should understand different traditions and practices may affect faith in healing. Patients of Muslim population have religious practices that may influence on acute or chronic health status. Most Muslim populations fast during Ramadan from sun rise to sun set. This impacts glucose control and other biological factors. Most Muslim population eats Halal meat slaughtered in an Islamic way. Strict dietary codes need research to determine effects on health. Physicians need to know that Muslim people don't drink alcohol or may need to alter the traditional nutritional advice or receive alcohol counseling. Furthermore, Muslims believe practicing prayer which enhances spiritual health. Physicians should allow patients to identify spiritual beliefs, practices, and resources by asking: [16,32].

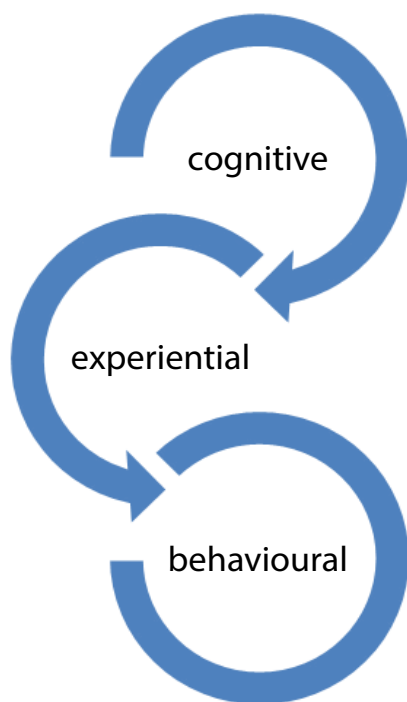


Figure 1: Multidimensional of spiritual perspectives.

Table 1: FICA spiritual history tool [32].

Category	Sample questions
F: Faith and belief	Do you have spiritual beliefs that help you cope with stress? If the patient responds "no," consider asking: what gives your life meaning?
I: Importance	Have your beliefs influenced how you take care of yourself in this illness?
C: Community	Are you part of a spiritual or religious community? Is this of support to you, and how?
A: Address in care	How would you like me to address these issues in your health care?

Table 2: HOPE spiritual history tool [32].

Category	Sample questions
H: Sources of hope	What are your sources of hope, strength, comfort, and peace? What do you hold on to during difficult times?
O: Organized religion	Are you part of a religious or spiritual community? Does it help you? How?
P: Personal spirituality and practices	Do you have personal spiritual beliefs? What aspects of your spirituality or spiritual practices do you find most helpful?
E: Effects on medical care and end-of-life issues	Does your current situation affect your ability to do the things that usually help you spiritually? As a doctor, is there anything that I can do to help you access the resources that usually help you? Are there any specific practices or restrictions I should know about in providing your medical care? If the patient is dying: How do your beliefs affect the kind of medical care you would like me to provide over the next few days/weeks/months?

Table 3: The open invite spiritual history tool [32].

Category	Sample questions
O: Open (i.e., open the door to conversation)	May I ask your faith background?
	Do you have a spiritual or faith preference?
	What helps you through hard times?
I: Invite (i.e., invite the patient to discuss spiritual needs)	Do you feel that your spiritual health is affecting your physical health?
	Does your spirituality impact the health decisions you make?
	Is there a way in which you would like for me to account for your spirituality in your health care?
	Is there a way in which I or another member of the medical team can provide you with support?
	Are there resources in your faith community that you would like for me to help mobilize on your behalf?

1. “Do you have spiritual practices? (e.g. praying, meditating, listening to music, or reading sacred text)?”
2. “Are you part of a faith community? (e.g. home visitation program, a food pantry, or health screening program)?”
3. Physicians can reinforce positive coping behaviors and, with the patient’s permission, offer to contact the patient’s spiritual community to mobilize community faith resources as appropriate.
4. Physician and patient faith traditions coincide by offering faith-specific support.

Potential Benefits in the Physician-Patient Relationship

Physicians that use and integrate spiritual medicine will enhance patient’s trust, rapport and improve patient-doctor relationships. It will increase patient’s compliance, and motivate patients to change destructive behaviors. Patients will recognize their spiritual needs and search for effective resources for healing and coping with a difficult crisis. Mostly the physician with limited medical solutions for incurable disease greatly enhances patient wellbeing and increase physician’s professional pleasure and satisfaction [13,32]. There are many research which verifies the beneficial effect of multidisciplinary spiritual, compassionate care for patients. Also, support towards patient spiritual evidence based care, and it helps patients and families during malignancy stages. While many researchers proceeds patient’s views of spiritual health experience [33-36].

Conclusion

The physician should always think about their role as a healer rather than curer. The magical skills from the spiritual arts will comfort patients by focusing on patient-centered; cooperative-partner; and the healing relationship. As physicians, we need to integrate spirituality into medical practice by “doing no harm” and preserve the patient’s autonomy, freedom of thought and belief.

Potential Conflicts of Interest

None.

Competing Interest

None.

Sponsorship

None.

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